

Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: Tuesday, 7 October 2025

Committee:
Cabinet

Date: Wednesday, 15 October 2025

Time: 10.30 am

Venue: Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Tim Collard, Service Director Legal, Governance and Planning

Members of Cabinet

Heather Kidd
Alex Wagner
Bernie Bentick
Roger Evans
Andy Hall
Ruth Houghton
James Owen
Rob Wilson
David Vasmer
David Walker

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer

Tel: 01743 250893

Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes

To confirm the minutes of the meeting held on 10 September 2025.

MINUTES TO FOLLOW

4 Public Question Time

To receive any questions from members of the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 12 noon on Thursday 9 October 2025.

5 Member Question Time

To receive any questions from Members of the Council. Deadline for notification is not later than 12 noon on Thursday 9 October 2025.

6 Scrutiny Items

a Scrutiny Item - Skateboard & BMX Pump Track Provision in Oswestry

Further to the recommendations from the Economy and Environment Overview and Scrutiny Committee which were presented at the meeting held on 10 September 2025, members are asked to consider a report setting out the findings of the Portfolio Holder.

Lead Member – Cllr James Owen, Portfolio Holder for Housing and Leisure

Lead Officer – Claire Braddock, Overview and Scrutiny Officer

REPORT TO FOLLOW

b Scrutiny Item - Strategic Partnership Task and Finish Group Briefing Paper

To receive a verbal report from Councillor Dawn Husemann, Chair of the Strategic Partnership Task and Finish Group.

7 CPC Action Plan

Lead Member – Cllr Heather Kidd, Leader

Lead Officer – Tanya Miles, Interim Chief Executive

REPORT TO FOLLOW

8 Financial Monitoring Period 5 (Pages 1 - 24)

Lead Member – Cllr Roger Evans, Portfolio Holder for Finance

Lead Officer – James Walton, Executive Director (S151 Officer)

9 Draft Financial Strategy 2026/27 - 2030/31

Lead Member – Cllr Roger Evans, Portfolio Holder for Finance

Lead Officer – James Walton, Executive Director (S151 Officer)

REPORT TO FOLLOW

10 Local Government and Social Care Ombudsman's Complaint Handling Code (Pages 25 - 60)

Lead Member – Cllr Alex Wagner, Deputy Leader and Portfolio Holder for Communities

Lead Officer – Tim Collard, Service Director – Legal, Governance and Planning

11 Exclusion of Press and Public

To resolve that, in accordance with the provisions of schedule 12A of the Local Government Act 1972 and Paragraph 10.4 [3] of the Council's Access to Information Rules, the public and press be excluded from the meeting during consideration of the following items

12 Scrutiny Item - EXEMPT Report of the Highways Contract Review Task and Finish Group (Pages 61 - 80)

Lead Member – Cllr Ed Potter and Cllr Sam Walmsley

Lead Officer – Claire Braddock, Overview and Scrutiny Officer

13 Highways Future Operating Model Report

Lead Member – Cllr David Vasmer, Portfolio Holder for Highways and Environment

Lead Officer – Andy Wilde, Service Director – Infrastructure

REPORT TO FOLLOW

14 Date of Next Meeting

To note that the next meeting is scheduled to take place on Wednesday 19 November 2025.



Committee and Date

Cabinet
15th October 2025

Item

Public



Financial Monitoring Period 5 2025/26

Responsible Officer:	James Walton		
email:	James.walton@shropshire.gov.uk	Tel:	01743 258951
Cabinet Member (Portfolio Holder):	Roger Evans, Finance Portfolio Holder		

1. Synopsis

This report highlights a worsened forecast outturn position, when compared to Period 4 of £35.531m, indicating what could become an illegal financial position by year-end if not rectified. Immediate emergency measures need to continue and progress further to ensure the financial survival of the Council in the current year.

2. Executive Summary

2.1. The key issues highlighted by this report are:

- A. A worsened forecast projected outturn position as at 31 August 2025 of £35.531m - a deterioration of £0.362m from Period 4. A financial emergency was declared on 10 September 2025 and it was unlikely that this would begin to resolve the Council's financial situation before at least period 6 (Quarter 2)
- B. An initial General Fund Balance of £34.280m indicates that the projected variance would not be accommodated.
- C. This headline position projects that the authority could be in an illegal financial position by year end and that the immediate emergency measures being taken by the Council must continue and progress further to ensure the financial survival of the Council in the current year and to provide 'headroom' against further unanticipated variances

2.2. The Council is taking decisive action and working closely with the LGA to rectify the current position. This includes:

- A. Appointed an independent Chair for the Improvement Board, due to commence in early November
 - B. Secured LGA funding to provide additional support in benchmarking, Improvement Board support and action planning support.
- 2.3. The impact of these actions will be reported back to Cabinet on a regular basis and included in future Period Monitoring Reports.
- 2.4. The financial position of the council remains highly challenging. The key overall indicator of financial health for the Council is the General Fund Balance. However, a wide range of factors impact on that value. As such, the overall financial position has been analysed into seven separate areas that underpin the strategic risk "Inability to Contain overall committed Expenditure within the Current Available Resources within this Financial Year".
- 2.5. This table highlights the uncertainty of the situation and presents a range of possible outcomes summarised in table 1. A description of the 7 risks and the current perspective on these is set out in the table below, supporting the data in table 1.

Table 1- Forecast as at 31 August showing the central forecast and other possible scenarios.

Scenario	Potential variation to budget
Favourable	32.431
Central	35.531
Adverse	94.837

3. Recommendations

- 3.1. It is recommended that Cabinet Members:
- A. Ensure emergency action is continued by all Officers between October and March to improve the forecast position (currently a projected spend over budget at Period 5 of £35.531m). Such action should predominantly focus on reducing spend, increasing income, delivering remaining savings and significant mitigating actions to control in-year spending pressures.
 - B. Note that Operations Boards, which have been in place from August 2025, continue to challenge all in-year spending.
 - C. Note that the Period 5 position (as at the end of August) forecasts indicative level of savings delivery of £33.981m (57%),
 - D. Note the projected General Fund Balance is now negative (£1.251m), indicating a potentially illegal financial position by the end of the financial year if proposed action does not improve this position.
 - E. Note that, in light of the Council's current financial position and ongoing engagement with MHCLG, active discussions regarding Exceptional Financial Support (EFS) have commenced.

Report

4. Risk Assessment and Opportunities Appraisal

4.1. A more regular review of the emerging financial position for the year is an essential part of the risk management approach of the council during the coming year. The level of savings delivery and financial pressures in the current year are a recognised risk for the 2025/26 budget and continued focus and action are being put in place to address this.

4.2. Risk table

<i>Risk</i>	<i>Mitigation</i>
Savings delivery is below the targeted level; mitigations to unachieved savings are not secured at reasonable levels. Savings of £59.9m were agreed for the 2025/26 budget including £7.7m new savings, £10.9m of demand management activity in social care, and £41.3m of savings carried forward from 2024/25.	Savings delivery is divided into two main areas of activity – service-led activity and organisational-wide initiatives – each with different approaches. Organisational savings are the bulk of the carried forward savings from 2024/25 and are subject to support from the Project Management Office with further, deeper, initiatives proposed to mitigate shortfalls. Some areas of savings proposed by service leads have not yet been wholly achieved (or mitigated). Action must be taken in these areas to secure the savings as planned, or to mitigate unachieved savings through other measures.
That management actions required to bring the budget into balance do not yield the results being targeted, leading to a larger pressure on the general fund balance.	Engagement and action planning through the Leadership Board and Service Director's respective teams will provide mitigation to this risk. This includes visibility and closer scrutiny of all spending decisions in both pay and non-pay areas. Implementation of operations boards to oversee spending and recruitment will help enforce management actions.
Insufficient reserves to cover projected overspending or other deficits	Improved budget preparation process with more analysis of current and future activity trends will help mitigate this risk. Modelling of current and future reserves levels, including both earmarked and unearmarked, against likely levels of pressure and impact on securing the desirable level of unearmarked (general) reserves. Review of ways in which further funds can be brought into unallocated general fund balances and reserves to support balance sheet repair and reserves improvement. The immediate aim is to retain a General Fund Balance of at least £5m by year end and then increase within the range of £15m to £30m.
Other unbudgeted risks arise before the end of the financial year	The general fund balance is reviewed as part of setting the budget each year and compared with known areas of local risks (such as the pay settlement for staff, supply chain inflation, resident need for different services). The assessment at the start of the year indicated that the balance at 1 April would be sufficient to cover a range of risks. The current forecast indicates that risks are exceeding this assessment and cannot be sustained.

4.3. The key opportunity is that the reporting period is to the end of August, and this report will be considered in early October by Cabinet. There is therefore time left to take necessary action to secure an improved financial position in the second half of the financial year.

Table 2 – Analysis of 3 Forecast Scenarios with commentary

Survival factor		MTFS assumption		Period 5			
				Fav	Central	Adv	
1. Savings delivery	Budget and MTFS assume 100% delivery of all savings on a recurrent basis. For 2025/26 a mitigation against in-year optimism bias was included in the GFB calculation at £11.5m (equating to c75% delivery against the 2025/26 target of £59.9m (excluding demand mitigations)	24.795	Tracker reds as at 31 Aug are £25.895m. Use of £11.5m General Fund Balance available to offset some of the shortfall. Assumed further delivery on Rightsizing of £1.1m.	25.895	tracker reds @ 31 Aug are £25.895m. Use of £11.5m General Fund Balance available to offset some of the shortfall.	30.895	Tracker reds as at 31 Aug are £25.895m. Use of £11.5m General Fund Balance available to offset some of the shortfall. Potential risk around Third Party Spend savings that may not be realised in-year.
2. Social care demand pressure beyond budget estimates	Demand reduction measures assumed to support delivery within budget. Excess demand beyond that will impact overall financial performance.	22.759	No more favourable position currently identified.	22.759	Social Care Demand pressures in Adults and Childrens are not managed to available budget and General Fund Balance Contingency (£9m total) applied. Aim to mitigate against higher overspends in future months.	29.920	Social Care Demand pressures in Adults and Children's are not managed to existing overspend, generating higher overspends in future months.
3. Other unbudgeted pressures (-benefits)	The budget assumes all material considerations are included in the estimates. Other pressures outside those estimates are not included, hence the provision of a general fund balance (although other Councils include a revenue contingency budget).	-15.123	Assumes an improvement in one-off savings delivery.	-13.123	No material pressures identified beyond those in the two sections above. Significant one-off savings currently identified offsetting pressures in savings delivery and social care.	-11.123	Assumes a deterioration in one-off savings delivery.
4. Capital receipts sufficiency	Capital receipts are generated at a level that, when added to 'in-hand' and 'de-committed' amounts, will cover VR costs plus transformation costs (capitalised). Any shortfall in capital receipts generated or increase in transformation costs could cause an additional pressure	0.000	No more favourable position currently identified.	0.000	Transformation plans fully funded from existing capital receipt plans. Contingency in General Fund Balance is, however, applied elsewhere to offset overspending and under delivery of savings.	4.200	Transformation plans exceed available budget due to shortfall in capital receipt delivery. Contingency in General Fund Balance is applied elsewhere to offset overspending and under delivery of savings.
PwC	delivery of plans is not yet proven; not clear sense of deliverability, timescales etc		as above	0.000	as above		as above
5. External factors	A number of factors are known to be able to impact the financial position indirectly, but the timing or likelihood of these is unknown at the time of setting the budget. The GFB level is set on the basis of being a fund of last resort in the face of such pressures.	0.000	No more favourable position currently identified.	0.000	Assume no in-year costs arising from external factors.	0.000	No more adverse position currently identified.
6. Project risks	No direct or indirect implications are assumed in the budget. Possible risks include the withdrawal of funding for major capital projects which may lead to revenue pressure as 'sunk' costs are written off.		No more favourable position currently identified.	0.000	Assumes no in-year costs arising from major capital funding withdrawals or reductions.	38.945	Decision to cancel NWRR taken and costs to date are written off to revenue with no Exceptional Financial Support obtained from Government.
7. Cash position (Liquidity)	The MTFS assumes that day-to-day liquidity is planned for an maintained. Failure to do this, or a rapid deterioration in the council's financial position may lead to unbudgeted finance costs, and reputational damage as staff and supplier payments are placed in jeopardy.		No more favourable position currently identified.	0.000	Detailed day-to-day cash forecast in place. MUFG (treasury advisors) engaged and advising on externalisation of previous internal borrowing. Clear management with £20m cash buffer.	2.000	Potential to require further borrowing which creates an additional revenue cost
		32.431		35.531		94.837	

5. Financial Implications

5.1. Shropshire Council continues to manage unprecedented financial demands and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to

Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers and/or Portfolio Holders review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):

- scaling down initiatives,
- changing the scope of activities,
- delaying implementation of agreed plans, or
- extending delivery timescales.

- 5.2. This report sets out the financial projections for the Council in the 2025/26 Financial Year as at Period 5. A summary of the key elements for managing the Council's budget are detailed elsewhere in this report.

6. Climate Change Appraisal

- 6.1. The Council's Financial Strategy supports its strategies for Climate Change and Carbon Reduction in several ways. A specific climate change revenue budget is held. The climate change schemes involving the Council's assets or infrastructure are included within the capital programme. These two areas of expenditure are anticipated to have a positive contribution towards climate change outcomes.
- 6.2. Securing a robust and sustainable financial base will help the Council meet the challenges of climate change – this is not separate to our budget management, but integral to it, as set out in the objectives of The Shropshire Plan and our aim to secure a Healthy Environment.

7. Background

- 7.1. Given that the financial position of the council remains highly challenging, summary budget monitoring reports highlighting the anticipated year end projection are produced monthly for Cabinet, with detailed updates reported quarterly to Cabinet.

8. Forecast Outturn as at Period 5

- 8.1. At Period 5 (1 April – 31 August), the Council is reporting a forecast overspend of £35.531m. This forecast is based on the current projections for savings delivery and levels of demand and pressures being catered for that exceed available budgets. While this report provides an update on the short-term position, it is important to reference the work being done alongside this to create a more sustainable financial position over the following three years.
- 8.2. Table 3 below summarises the position by service area (see also Appendix 1),

Table 3: Projected Outturn by Service Area

	Revised Budget (£'000)	Projected Outturn (£'000)	(Under)/ Overspend (£'000)	RAGY Classification
Service Area				
Care & Wellbeing	132,794	149,879	17,085	R
Children & Young People	79,666	87,513	7,847	R
Commissioning	41,933	39,001	(2,932)	Y
Communities & Customer	14,647	12,627	(2,020)	Y
Enabling	6,059	8,627	2,567	R
Executive Management Team	5,055	5,039	(17)	Y
Infrastructure	42,419	43,328	909	R
Legal, Governance & Planning	4,826	4,074	(752)	Y
Pensions	18	18	0	G
Strategy	(239)	88	327	R
Service Delivery Budgets	327,178	350,193	23,014	
Corporate	(38,592)	(23,561)	15,032	R
Net Expenditure	288,586	326,632	38,046	
Anticipated Operations Boards		(2,515)	(2,515)	
Net Expenditure including anticipated further benefits	288,586	324,117	35,531	
Funding				
Council Tax	(219,283)	(219,283)	0	G
Business Rates	(46,683)	(46,683)	0	G
Top Up Grant	(11,025)	(11,025)	0	G
Revenue Support Grant	(8,668)	(8,668)	0	G
Collection Fund	(2,927)	(2,927)	0	G
(Surplus)/Deficit				
Total Funding	(288,586)	(288,586)	0	G
Total	0	35,531	35,531	

8.3. The current forecast overspend can be summarised as:

- £25.895m of savings not yet identified or without a clear delivery plan in place. Many of the deliverable savings are within service areas, meaning the majority of undeliverable budget reductions (and resulting overspends), are shown mostly within the 'Corporate' line in the table above. Work continues to identify a long term plan to reconfigure the Council and revise service delivery ambitions to create a sustainable financial position.
- £18.380m spend over budget against purchasing costs within Adult Social Care operations shown within the Care and Wellbeing line, a deterioration of around £1.3m from Period 4 as purchasing pressures identified in 2024/25 outturn are continuing. Demand on the service continues to rise as we see increased complexity of cases transferring of cases from health. The service is expecting to deliver mitigations of £7.1m as set out in the MTFs and are working to mitigate the growing costs from people being transferred from health services to the Local Authority and people that have funded care and fallen below the funding threshold. The service is reviewing joint funded packages, client contributions and increasing delivery of some savings targets where possible the pressure.
- £10.763m spend over budget forecast on External Residential Placements shown within the Children and Young People line, a deterioration of around £0.895m from Period 4. We continue to see similar trends to the last financial year with an increase in number of placements including across the Disabled Children's Team where placement costs are higher due to the needs of the children and young people.

- 8.4. The Council has already implemented a series of Operations Boards focussing on controlling spend within the organisation to deliver short term financial survival. These boards will ultimately report information through the independently chaired Improvement Board once this is established but have been operating since mid-August 2025.
- 8.5. There are three Operations Boards in place:
- A. Spending Control Board – overseeing all items of expenditure processed through the Council’s ERP (financial) system over £500.
 - B. Workforce Review Board – overseeing all recruitment and staffing activity
 - C. Technical Board – overseeing all income and grant funding
- 8.6. The Spend Control Board are meeting three times a week, the Workforce Review Board and Technical Board meet weekly.
- 8.7. The benefits analysis of each of the Operations Boards will feed into the Improvement Board and Member and Officer meetings.
- 8.8. There are several more detailed meetings, boards or processes that sit below the Operations Boards to inform them. These include Commissioning and Procurement Boards and Adults and Children’s Forums.
- 8.9. Initial estimates suggest the boards will help deliver reductions in spend (in-year) of approximately £2.515m. Until these boards have been operational for a reasonable period of time, their effectiveness assessed and the impact of this increased challenge reflected in budget holder projections, this figure cannot be validated with any robustness. In the absence of other impacts on the wider budget, underachievement against this target may leave little alternative other than to declare a s114 notice.
- 8.10. Emergency action is necessary to deliver reduced projected spend, increased income and greater mitigation against demand pressures. It is estimated that an improvement of between £7.5m and £15m is required to deliver a reasonable level of General Fund Balance by year end.

9. General Fund Balance

- 9.1. The Council holds earmarked reserves and a general reserve referred to as the General Fund Balance (GFB). Earmarked reserves are held for a specific purpose and cannot, generally, be used to cover the impact of overspends or non-delivery of savings proposals.
- 9.2. The 2024/25 year ended with a General Fund Balance (GFB) of £4.825m, which was brought forward into the new year. The 2025/26 budget included a contribution of £29.455m to the GFB. The total on hand in this reserve at the beginning of the year was therefore £34.280m. This was considered a safe level given the profile of financial risks as anticipated when the budget was set by Council in February and before the final outturn position for 2024/25 was established, at a significantly deteriorated position. As the current year is progressing, maintenance of our level of GFB appears, currently, impossible and it is of great concern that the Council has minimal resilience against any unforeseen variances. This was established at Period 4, and at Period 5 the projections

suggest this has not improved The GFB would be exhausted and if projections are borne out, and the authority would be in an illegal financial position. This position is under constant review with the aim to retain a higher GFB of at least £5m before year end. This is shown in the table below, and in Appendix 5.

- 9.3. Considering the Council's difficult financial position, and current GFB projections, conversations continue to be held with Ministry for Housing, Communities and Local Government (MHCLG) to discuss and consider the Council's short term financial viability and potential requirements for Exceptional Financial Support (EFS). The approach is to maintain open dialogue with MHCLG, including the intention to submit a provisional EFS request, as advised by the LGA and in line with best practice for authorities facing significant financial risk. Updates on EFS discussions and any related actions will be included in future monitoring reports, to maintain transparency and oversight of the Council's financial resilience strategy.

Table 2: General Fund Projection

General Fund Balance	£'000
Balance Brought Forward 1 April 2025	4,825
Budgeted Contribution 2025/26	29,455
Budgeted General Fund Balance as at 31st March	34,280
Projected overspend (central projection as at period 5)	(35,531)
Estimated Balance as at 31 March 2026	(1,251)

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Financial Strategy 2025/26 – 2029/30, Council 27th February 2025

Financial Monitoring Period 1, Cabinet 11th June 2025

Financial Monitoring Period 2, Cabinet 9th July 2025

Financial Monitoring Quarter 1, Cabinet 10th September 2025

Financial Monitoring Period 4, Cabinet 10th September 2025

Financial Rules

Local Member: All

Appendices

Appendix 1 - 2025/26 Projected Revenue Outturn by Service

Appendix 2 – 2025/26 Savings Delivery

APPENDIX 1

2025/26 PROJECTED REVENUE OUTTURN BY SERVICE

A2R045: Care & Wellbeing		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA002	Adult Social Care Management	941,530.00	594,386.80	(347,143.20)	Y	• (£0.335m) capitalisation of posts	(8,481.74)	• Minor movement from Period 4 to Period 5.
RSA003	Adult Social Care Provider Services	5,102,540.00	4,339,975.95	(762,564.05)	Y	• £0.107m spend over budget largely attributable to Day Service repairs £0.063m • (0.107m) additional Better Care Fund funding not previously projected • (£0.147m) spend below budget on Private Contractors mostly in Adults Prevention Services • (£0.214m) additional income largely from Four Rivers Nursing Home (£0.113m) • (£0.402m) spend below budget on salaries due to vacant posts	(399,286.24)	• (£0.143m) reduction in forecast spend on Private Contractors • (£0.113m) reduction in staffing forecast due to vacant posts not filled • (£0.107m) BCF additional funding not previously projected. • (£0.036m) minor variance from Period 4 to Period 5.
RSA005	Adult Social Care Operations	126,255,080.00	144,234,928.64	17,979,848.64	R	• £18.380m spend over budget purchasing made up of: - £13.836m SPOT purchasing - £7.636m Residential care due to an increased number of capital reductions, £3.190m increase in spend on ISF due to an increase in domiciliary care at home and £4.855m Nursing due to increased complexity and CHC cases transferring from health to local authority, an underspend of (£1.663m) in Other Spot purchasing reduction in spend forecast, (£0.98m) spend under budget on college placements and (£0.130m) spend under budget on forecast children turning 18. - £12.187m BLOCK purchasing increase in spend over budget on supported living and supported living ISF due to an increase in complexity of care and provider market challenges around capacity and uplifts - £0.636m Reablement increase in spend over budget, a BV reallocation of BCF funding to address this - (£1.448m) savings identified but not yet included in service forecast	1,294,801.63	• £1.647m spend over budget purchasing made up of: - £0.861m SPOT purchasing - £0.593m Residential care due to an increased number of capital reductions (4), £0.937m Nursing due to increased complexity and CHC cases transferring from health to local authority (8), £0.072m increase in college placements for new academic year, an underspend of (£0.669m) in ISF due to clients packages of care moving to Supported Living . - £1.762m BLOCK purchasing increase in spend over budget on supported living and supported living ISF due to an increase in packages of care moving from ISF and increase in complexity of care. - £0.153m Reablement increase in spend over budget - (£1.130m) increase income recharge for CHC joint funded packages and client contributions includes pending Deferred Payment Agreements (DPA) full recharge

						• (£6.727m) increase income from client contributions and CHC joint funded packages • £0.575m reduction in forecasted income against telecare charging project • (£0.917m) spend below budget on salaries due to vacant posts		• until charge in place. • (£0.380m) reduction in forecast on salaries due to vacant posts
RSA039	Professional Development Unit	212,740.00	215,501.08	2,761.08	G	• Minor variance to budget as at Period 5	1,353.37	• Minor movement from Period 4 to Period 5.
RSA040	Care & Wellbeing Projects	(7,080.00)	(7,080.01)	(0.00)	Y	• No variance to budget as at Period 5	(0.00)	• No movement from Period 4 to Period 5
RSA041	Enable	289,580.00	501,558.78	211,978.78	R	• £0.187m Savings to be identified	(53,569.28)	• Minor movement from Period 4 to Period 5.
Total A2R045: Care & Wellbeing		132,794,390.00	149,879,271.24	17,084,881.24			834,817.74	

A2R043/A2R044: Children & Young People		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA017	Shire Services	(0.00)	13,375.17	13,375.17	G	• Minor variance to budget as at Period 5	14,679.26	• Minor movement from Period 4 to Period 5.
RSA021	Learning and Skills	5,071,780.00	4,636,154.03	(435,625.97)	Y	• £0.103m forecast spend over budget relates to the fully-traded Schools Library Service • (£0.022m) relates to Academy conversion income from schools exceeding expenditure • (£0.039m) forecast spend under budget relates to ongoing pension compensation payments relating to former teaching staff • (£0.061m) relating to the capitalisation of a post as a one-off working on transformational projects within Learning & Skills Business Support • (£0.089m) relates to a combination of additional income generated and temporary vacancy management within the Education Improvement Service • (£0.151m) one-off efficiencies across both staffing and non-staffing budgets within Learning & Skills Business Support. • (£0.167m) savings across the Education Access service as a result of traded income exceeding costs	(92,237.07)	• (£0.041m) relates to an increase in spend under budget against Education Improvement Service • (£0.028m) decrease in forecast in-year deficit for the fully traded Schools Library Service • (£0.021m) increase in one-off efficiencies across both staffing and non-staffing budgets within Learning & Skills Business Support

RSA070	Children & Young People Management	213,280.00	217,382.25	4,102.25	G	• Minor variance to budget as at Period 5	234,852.59	• £0.226m - Removal of Corporate saving relating to VR Programme
RSA018	Children's Social Care and Safeguarding	23,057,090.00	25,672,930.41	2,615,840.41	R	• £1.278m forecast spend over budget relates to Disabled Children's budget area with £0.945m of the value explained by DCT prevention and Support payments, £0.275m explained by spend over budget on DCT Short Breaks Contracts and a further £0.058m relates to Disabled Children's Direct Payments. • £1.147m spend over budget forecast on staffing budgets across the service. The majority of this relates to Agency Social Workers covering vacancies, but in 2025/26 there is another budget pressure resulting from additional staffing implemented following the Ofsted Staff Improvement plan. £0.103m of this variance relates to Social Worker Retention Payments • £0.343m forecast spend over budget relates to Adoption Services. There is a £0.394m spend over budget on Adoption Allowances, the remaining variance relates to the Together4Children permanency hub where the percentage contribution from other another Local Authority has reduced in 2025/26. - Improvement plan. £0.103m of this variance relates to Social Worker Retention Payments • £0.130m forecast spend over budget relates to taxi costs or other transport related costs across the Social Work teams. • (£0.282m) forecast spend under budget relates Public Law Outline Support packages which includes legal fees, and other court ordered expenditure such as medical assessments	-19,361.31	• Minor movement from Period 4 to Period 5.

RSA019	Children's Placements	48,880,800.00	55,101,051.66	6,220,251.65	R	• £10.763m spend over budget forecast on External Residential Placements. £7.658m is an increase in External Residential Spot/Framework placements (28% increase between 31/3/24 and 31/3/25) leading to an increase in expenditure in 2025/26. £2.176m relates to the Disabled Children's Team residential expenditure budget where we have had 3 new high cost placements since January. The remaining £0.929m of this £10.673m pressure relates to a shortfall in contributions from other partners towards joint funded social care led residential placements. • £0.259m spend over budget forecast on Supported Accommodation or Supported Lodgings Placements for 16-18 year olds. • (£0.446m) spend under budget against Internal Residential Children's Homes due to Devon being temporarily closed until late 2025. • There is a credit of (£1.617m) relating to the capitalisation of posts as a one-off working on transformational projects (Stepping Stones Project). • (£2.725m) forecast spend under budget relates to Fostering placements budgets (£2.441m External Fostering and £0.321m Internal Fostering) where the expenditure growth has not been as high as budgeted for in the 2025/26 growth modelling	1,351,098.80	• £0.895m increase in spend over budget forecast on External Residential Placements due to 5 new external residential placements since Period 4 • £0.345m increase in spend over budget forecast on 16-18 Supported Accommodation Placements due to 5 new placements since Period 4 • £0.052m decrease in spend under budget forecast against the Council's internal residential children's homes • £0.042m decrease in spend under budget forecast against Internal Fostering fees and allowances
RSA080	Children's Early Help	1,775,850.00	1,346,825.24	(429,024.76)	Y	• (£0.429m) spend under budget against Early Help staffing and non-staffing budgets, as well as the maximisation of grants in this area.	(74,245.36)	• Minor movement from Period 4 to Period 5.
RSA081	Youth Support Services	667,240.00	525,323.00	(141,917.00)	Y	• (£0.142m) forecast under spend against budget on Youth Support Team due to temporary vacancy management savings. Recruitment has been paused while the Youth Support Service implements a new staffing structure	1,333.73	• Minor movement from Period 4 to Period 5.
Total A2R043/A2R044: Children & Young People		79,666,040.00	87,513,041.75	7,847,001.75			1,416,120.64	

A2R042: Commissioning		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA001	Adult Social Care Business Support	4,351,870.00	4,128,484.49	(223,385.52)	Y	• (£0.140m) Spend under budget in relation to Payments to contractors • (£0.083m) Spend under budget in relation to staff salaries	(134,202.63)	• (£0.134m) Spend under budget in relation to Payments to contractors
RSA006	Bereavement Services	(251,360.00)	(267,152.75)	(15,792.75)	Y	• Minor variance to budget as at Period 5	-	• No movement from Period 4 to Period 5.
RSA034	Leisure	1,734,150.00	2,161,690.14	427,540.14	R	• £0.520m Shortfall on Savings Targets • £0.154m Additional spend in relation to Contract Tender Support • £0.033m other minor variances • (£0.280m) Savings on Utility costs	(53,151.89)	• Minor movement from Period 4 to Period 5.
RSA038	Waste Management	34,796,020.00	31,980,077.65	(2,815,942.35)	Y	• £0.600m shortfall on Green Waste Income due to no price increase in 25-26 • £0.196m shortfall on PFI Grant income • (£2.615m) Contract Savings as a result of lower than budgeted inflationary increases • (£1.000m) Additional Energy Share contribution through Annual Reconciliation	(1,345,516.00)	• (£1.345m) additional savings identified through the Annual Reconciliation process
RSA048	Insurance	-	(25,810.00)	(25,810.00)	Y	• Minor variance to budget as at Period 5	-	• No movement from Period 4 to Period 5.
RSA051	Commissioning Development and Procurement	133,190.00	(80,689.33)	(213,879.33)	Y	• (£0.190m) Spend under budget in relation to staff salaries • (£0.023m) minor one-off efficiencies across supplies and services budgets	(5.24)	• Minor movement from Period 4 to Period 5.
RSA065	Housing Development and HRA	35,550.00	35,550.00	-	G	• No variance to budget as at Period 5	-	• No movement from Period 4 to Period 5.
RSA068	Armed Forces Support	8,990.00	8,990.00	0.00	G	• No variance to budget as at Period 5	0.00	• No movement from Period 4 to Period 5.
RSA069	Community Services	462,180.00	470,356.22	8,176.22	G	• Minor variance to budget as at Period 5	8,626.94	• Minor movement from Period 4 to Period 5.
RSA071	Quality Assurance & Independent Review Unit	471,590.00	447,187.50	(24,402.50)	Y	• Minor variance to budget as at Period 5	26,060.21	• Minor movement from Period 4 to Period 5.
RSA077	Child Placement Service	190,820.00	141,931.95	(48,888.06)	Y	• Minor variance to budget as at Period 5	(15,514.52)	• Minor movement from Period 4 to Period 5.
Total A2R042: Commissioning		41,933,000.00	39,000,615.86	(2,932,384.14)			(1,513,703.13)	

A2R048: Communities & Customer		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA004	Housing Services	3,964,420.00	4,360,024.04	395,604.04	R	• £0.445m Activity higher than budget for Temporary Accommodation • £0.200m Additional compliance work required on properties for the homeless • (£0. 147m) Spend under budget in relation to Salaries • (£0.103m) Spend under budget in relation to Contractor costs	250,799.57	• £0.200m Additional compliance work required on properties for the homeless • £0.033m increased activity for temporary accommodation
RSA007	Regulatory Services	1,860,500.00	1,253,834.97	(606,665.03)	Y	• (£0.014m) spend under budget in relation to vacancy management • (£0.059m) savings through management charges regarding grant funded activity • (£0.500m) savings due to additional substitutions from Public Health	(31,716.99)	• Minor movement from Period 4 to Period 5.
RSA008	Business and Consumer Protection	2,171,840.00	1,699,713.34	(472,126.66)	Y	• £0.472m payroll savings through the VR programme and vacancy management	(27,181.95)	• Minor movement from Period 4 to Period 5.
RSA010	Ring Fenced Public Health Services 2	1,214,340.00	1,214,340.01	0.01	G	• No variance to budget as at Period 5	0.01	• No movement from Period 4 to Period 5.
RSA030	Culture, Leisure & Tourism Development	61,120.00	24,281.88	(36,838.12)	Y	• Minor variance to budget as at Period 5	-	• No movement from Period 4 to Period 5.
RSA035	Libraries	3,268,690.00	3,286,714.48	18,024.48	G	• Minor variance to budget as at Period 5	(3,168.62)	• Minor movement from Period 4 to Period 5.
RSA036	Museums and Archives	1,129,960.00	951,462.40	(178,497.60)	Y	• Minor variance to budget as at Period 5	(92,745.04)	• Minor movement from Period 4 to Period 5.
RSA037	Theatre Services	221,200.00	(341,287.66)	(562,487.66)	Y	• £0.562m increased income generation	(69,751.10)	• Minor movement from Period 4 to Period 5.
RSA060	Head of Culture, Leisure & Tourism	218,120.00	123,965.66	(94,154.34)	Y	• Minor variance to budget as at Period 5	(22,619.42)	• Minor movement from Period 4 to Period 5.
RSA076	Customer Services	536,720.00	54,099.53	(482,620.47)	Y	• £0.473m Net Vacancy Management Savings identified across Customer Services budgets	(5,964.18)	• Minor movement from Period 4 to Period 5.
Total A2R048: Communities & Customer		14,646,910.00	12,627,148.64	(2,019,761.36)			(2,347.72)	

A2R029: Corporate Budgets		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA057	Corporate Budgets	(38,592,720.00)	(23,561,046.73)	15,031,673.27	R	• £15.635m savings currently unachieved, to be reallocated across services. • £2.817m pressures against interest payable relating to borrowing costs. • (£0.300m) release of funds held to cover pay award on review of estimated costs. • (£0.470m) increased income from profit share WME estimates • (£0.942m) interest receivable forecasted above budget • (£1.722m) release of funds held for minimum revenue provision in relation to financing of capital investments	(746,373.74)	• (£0.200m) projected against Executive Management Team last month but moved on budget virement to reduce the corporate saving in relation to Voluntary Redundancy. Spend over budget movement of same amount shown in Executive Management Team. • (£0.470m) increased income from profit share WME estimates
Total A2R029: Corporate Budgets		(38,592,720.00)	(23,561,046.73)	15,031,673.27			(746,373.74)	

A2R047: Enabling		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA012	Assistant Director Commercial Services	(2,953,540.00)	46,460.00	3,000,000.00	R	• £2.500m Asset rationalisation savings target unachieved. • £0.500m forecast for asset rationalisation saving achieved, showing against facilities in corporate landlord.	500,000.00	• Forecast for £0.500m asset rationalisation moved to Corporate Landlord
RSA013	Corporate Landlord, Property and Development	3,521,150.00	3,706,670.61	185,520.61	R	• £0.872m Shirehall unrealised saving • £0.202m Shortfall in capitalised works in Property Services Group • (£0.466m) Savings achieved - asset rationalisation • (£0.423m) Spend under budget on Property & Development (Staffing)	(503,321.60)	• Incorporated forecast for £0.500m asset rationalisation
RSA042	Technology	340,190.00	(1,010,069.22)	(1,350,259.22)	Y	• (£0.092m) spend under budget relating to rental costs. • (£0.401m) capitalisation of staff working on transformation activity • (£0.777m) spend under budget relating to the IT restructure which is currently being implemented as part of rightsizing.	(117.03)	• Minor movement from Period 4 to Period 5.

RSA045	Human Resources and Organisational Development	499,680.00	258,250.25	(241,429.75)	Y	• (£0.328m) net vacancy efficiencies across the service. • £0.104m income under budget relating to SLA income	(17,079.39)	• Minor movement from Period 4 to Period 5.
RSA046	Health & Safety	18,060.00	(114,185.93)	(132,245.93)	Y	• (£0.144m) spend under budget relating to VR programme and vacancy efficiencies. • remainder is income under budget relating to ceased SLA agreements.	(4,267.61)	• Minor movement from Period 4 to Period 5.
RSA047	Finance	2,264,720.00	1,782,652.53	(482,067.47)	Y	• (£0.474m) spend under budget against vacancy management and Voluntary Redundancy programme	(8,328.19)	• Minor movement from Period 4 to Period 5.
RSA049	Revenues and Benefits	2,327,880.00	3,920,514.97	1,592,634.97	R	• £1.100m relating to income not to be achieved against overpayments recovery of Housing Benefits, unrealistic when compared to last years actuals • £1.065m savings target from previous financial year of £1m achieving £0.935m relating to anticipated cost reductions arising from improvement of in-house Temporary Accommodation provision, additional savings target in current financial year unachievable. • (£0.570m) relating to spend under budget against vacancy management and Voluntary Redundancy programme	951,336.25	• £1.000m assumption of non-delivery of saving relating to Housing Benefits and use of Temporary Accommodation. • £0.050m further reduction in staffing costs in relation to vacancy management.
RSA056	Personal Assistants	40,710.00	35,962.61	(4,747.39)	Y	• Minor variance to budget as at Period 5.	-	• No movement from Period 4 to Period 5.
Total A2R047: Enabling		6,058,850.00	8,626,255.83	2,567,405.83			918,222.44	

A2R049: Executive Management Team		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA079	Executive Management Team	5,055,300.00	5,038,635.83	(16,664.17)	Y	• Minor variance to budget as at Period 5.	200,809.99	• £0.200m projected here last month but moved on budget virement to reduce the corporate saving in relation to Voluntary Redundancy. Spend under budget movement of same amount shown in Corporate Budgets.
Total A2R049: Executive Management Team		5,055,300.00	5,038,635.83	(16,664.17)			200,809.99	

A2R046: Infrastructure		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA024	Assistant Director Economy & Place	(0.00)	132,387.77	132,387.77	R	• Budget virement to clear area undertaken, costs and projection to follow in Period 6 (contra entry showing elsewhere in Infrastructure)	136,102.00	• Budget virement to clear area undertaken, costs and projection to follow in Period 6 (contra entry showing elsewhere in Infrastructure)
RSA026	Partnerships & Economic Development	1,567,090.00	1,498,581.66	(68,508.34)	Y	• Minor variance to budget as at Period 5.	(15,885.02)	• Minor movement from Period 4 to Period 5.
RSA031	Highways & Transport	12,065,680.00	14,146,104.13	2,080,424.13	R	• £1.735m shortfall on Parking Income • £0.970m shortfall of Highways staff capitalisation & Repair Gangs • £0.240m Overspend Ash Die back • £0.175m Additional Kier overheads partly offset by efficiency savings • £0.039m other minor variances • (£0.859m) additional Street works Income	(219,618.42)	• £(0.140m) additional street works income • £(0.079m) minor variances across budget areas
RSA032	Shropshire Hills National Landscape	55,720.00	55,720.00	0.00	G	• No variance to budget as at Period 5	0.00	• No movement between Period 4 and Period 5.
RSA033	Outdoor Partnerships	979,730.00	1,130,161.82	150,431.82	R	• £0.151m unachieved savings target	(641.03)	• Minor movement from Period 4 to Period 5.
RSA058	Assistant Director Infrastructure	(562,590.00)	(161,924.49)	400,665.51	R	• £0.472m unachieved savings target	(71,963.76)	• Minor movement from Period 4 to Period 5.
RSA063	Highway Policy & Strategic Infrastructure	1,731,840.00	1,681,897.49	(49,942.51)	Y	• Minor variance to budget as at Period 5.	(34,161.20)	• Minor movement from Period 4 to Period 5.
RSA064	Assistant Director Homes and Communities	-	-	-	G	• Minor variance to budget as at Period 5.	(86,773.24)	• Minor movement from Period 4 to Period 5.
RSA075	Public Transport	7,023,830.00	4,304,791.48	(2,719,038.52)	Y	• (£2.519m) additional draw down of DfT Grant • (£0.200m) savings on Concessionary Travel	(202,631.16)	• (£0.200m) savings on Concessionary Travel
RSA078	Care & Wellbeing Transport	1,422,420.00	1,441,080.00	18,660.00	G	• Minor variance to budget as at Period 5.	-	• No movement between Period 4 and Period 5.
RSA082	Home to School Transport	18,135,200.00	19,099,430.93	964,230.93	R	• £1.564m additional SEND transport costs • (£0.600m) savings on Primary & Secondary Travel	(303,429.80)	• £0.300m additional SEN Transport costs • (£0.600m) savings on Primary & Secondary Travel
Total A2R046: Infrastructure		42,418,920.00	43,328,230.78	909,310.78			(799,001.64)	

A2R041: Legal & Governance		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA009	Registrars and Coroners	592,510.00	530,951.49	(61,558.51)	Y	• Minor variance to budget as at Period 5.	343.49	• Minor movement from Period 4 to Period 5.
RSA025	Planning Services	313,760.00	109,344.28	(204,415.72)	Y	• (£0.091m) Building Control (high level of commercial activity estimated for 2025/26). • (£0.099m) Development Management additional (net) income.	-	• No movement between Period 4 and Period 5.
RSA028	Policy and Environment	1,890,070.00	1,778,207.43	(111,862.57)	Y	• (£0.112m) spend under budget in relation to vacancy management	(35,873.09)	• Minor movement from Period 4 to Period 5.
RSA053	Democratic Services	9,620.00	(54,540.86)	(64,160.86)	Y	• Minor variance to budget as at Period 5.	11,672.42	• Minor movement from Period 4 to Period 5.
RSA054	Elections	1,288,110.00	1,118,888.62	(169,221.38)	Y	• (£0.149m) increased income projection relating to Election costs and by-elections. • £0.043m minor variances under budget across the service.	(60,383.32)	• Minor movement from Period 4 to Period 5.
RSA055	Legal Services	465,880.00	506,769.77	40,889.77	G	• Minor variance to budget as at Period 5.	29,479.56	• Minor movement from Period 4 to Period 5.
RSA066	Policy and Governance	60,040.00	(128,644.31)	(188,684.31)	Y	• (£0.196m) Spend under budget relating to vacancy management	2,754.93	• Minor movement from Period 4 to Period 5.
RSA073	Overview & Scrutiny	197,230.00	241,020.35	43,790.35	G	• Minor variance to budget as at Period 5.	44,319.40	• Minor movement from Period 4 to Period 5.
RSA074	Feedback and Insights	8,760.00	(28,419.06)	(37,179.06)	Y	• Minor variance to budget as at Period 5.	(13,907.10)	• Minor movement from Period 4 to Period 5.
Total A2R041: Legal & Governance		4,825,980.00	4,073,577.70	(752,402.30)			(21,593.71)	

A2R034: Pensions		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA050	Pensions	17,850.00	17,850.00	0.00	G	• No variance to budget as at Period 5	9,270.00	• Minor movement from Period 4 to Period 5.
Total A2R034: Pensions		17,850.00	17,850.00	0.00			9,270.00	

A2R040: Strategy		Budget	Outturn	Controllable Variance	RAGY	Period 5 Narrative - variance to Budget	Movement Period 4 to 5	Period 5 Narrative - movement from Period 4 to Period 5
RSA011	Ring Fenced Public Health Services 1	(1,214,340.00)	(1,214,340.01)	(0.01)	Y	• No variance to budget as at Period 5	(0.01)	• No movement from Period 4 to Period 5.
RSA014	Adult Social Care Training	366,080.00	384,268.83	18,188.83	G	• Minor variance to budget as at Period 5.	(2,385.26)	• Minor movement from Period 4 to Period 5.

RSA015	Children & Young People Learning & Development	171,330.00	135,578.07	(35,751.94)	Y	• Minor variance to budget as at Period 5.	(35,698.77)	• Minor movement from Period 4 to Period 5.
RSA016	Partnerships & Economic Development	-	0.00	0.00	G	• No variance to budget as at Period 5	0.00	• No movement from Period 4 to Period 5.
RSA020	Emergency Planning	30,710.00	76,100.21	45,390.21	G	• Minor variance to budget as at Period 5.	-	• No movement from Period 4 to Period 5.
RSA027	Broadband	99,410.00	99,410.00	0.00	G	• Minor variance to budget as at Period 5.	11,452.51	• Minor movement from Period 4 to Period 5.
RSA029	Domestic Abuse	16,290.00	16,290.00	(0.00)	Y	• No variance to budget as at Period 5	(0.00)	• No movement from Period 4 to Period 5.
RSA043	Communications	275,610.00	102,635.59	(172,974.41)	Y	• (£0.234m) Vacancy Management efficiencies achieved. • £0.067m Public Health Grant contributions no longer applicable.	141,706.15	• £0.067m adjustment to Public Health Grant contribution • £0.041m adjustment regarding delay in staff leaving on VR
RSA044	Business Improvement: Data, Analysis and Intelligence	46,790.00	111,206.95	64,416.95	A	• Minor variance to budget as at Period 5.	3,842.63	• Minor movement from Period 4 to Period 5.
RSA052	Risk Management	(24,570.00)	(8,080.35)	16,489.65	G	• Minor variance to budget as at Period 5.	12,602.39	• Minor movement from Period 4 to Period 5.
RSA059	Commercial Services Business Development	(67,610.00)	(69,960.00)	(2,350.00)	Y	• Minor variance to budget as at Period 5.	-	• No movement from Period 4 to Period 5.
RSA062	Climate Change	(193,730.00)	73,705.15	267,435.15	R	• £0.267m shortfall on Pyrolysis and solar farm Income	5,356.00	• Minor movement from Period 4 to Period 5.
RSA067	Programme Management	255,210.00	381,390.99	126,180.99	R	• £0.126m spend over budget in relation to staffing costs	(70,438.65)	• Minor movement from Period 4 to Period 5.
Total A2R040: Strategy		(238,820.00)	88,205.42	327,025.42			66,436.99	

APPENDIX 2

2025/26 SAVINGS DELIVERY

2.1 SUMMARY

The savings projections for 2025/26 are being tracked monthly with savings delivery being mapped against projected delivery during the course of the year. The table below summarises the position as at 31st July 2025.

Savings Target	Delivered	Projected Delivery	Indicative Plans	Delivery to be Confirmed
£59,876,040	£21,858,136	£25,043,441	£8,938,086	£25,894,514
	% Delivered	% Projected Delivery	% Indicative Plans	% Delivery to be Confirmed
	36.51%	41.83%	14.93%	43.25%

Projected delivery and indicative plans are in place for 57% of the savings identified. Some of these plans may be being achieved through one off means rather than an ongoing basis. Work continues to progress to ensure that savings proposals delivered can be delivered on an ongoing basis in order to reduce any further savings pressures into 2026/27.

The table below shows the projected delivery of each saving proposal.

Individual Savings List 25/26											
Savings Name	Savings Target	Delivered to Date (One-off)	Delivered to Date (Ongoing)	Delivered to Date Total	Projected Delivery (One-off)	Projected Delivery (Ongoing)	Projected Delivery Total	Indicative Plans in Place	Delivery to be Confirmed	2026/27 Full Year Savings Delivery (Ongoing)	26/27 Savings Outstanding
EFF45 - Charge staffing costs to capital budgets where possible and appropriate (capital project support or transformation of revenue services).	£1,790,350	£1,790,350	£0	£1,790,350	£1,790,350	£0	£1,790,350	£0	-£0	£0	£1,790,350
EFF81 - New Operating Model - Charge staffing costs delivering transformation to capital budgets where possible and appropriate (Workforce and Improvement).	£645,220	£455,690	£176,460	£632,150	£455,690	£176,460	£632,150	£0	£13,070	£176,460	£468,760
EFF83 - New Operating Model - Charge staffing costs to capital budgets where possible and appropriate (Legal and Democratic).	£57,330	£57,330	£0	£57,330	£57,330	£0	£57,330	£0	£0	£0	£57,330
EFF84 - New Operating Model - Charge staffing costs to capital budgets where possible and appropriate (Finance and IT).	£20,740	£20,740	£0	£20,740	£20,740	£0	£20,740	£0	£0	£0	£20,740
MD001 - Further increase funding of public health reserves to support preventative initiatives at the children's, adults and customer front-door (earliest point of contact). Was included in the 2024/25 budget for one year only and is shown here as being removed.	-£200,000	£0	-£200,000	-£200,000	£0	-£200,000	-£200,000	£0	£0	-£200,000	£0
MD012 - Supported living - Reduce the need for 24 hour provision and increase independence through alternative resources such as technology	£873,190	£0	£345,794	£345,794	£0	£345,794	£345,794	£0	£527,396	£0	£873,190

MD016 - ASC - nighttime care and support service enabling people to stay at home	£520,000	£0	£0	£0	£0	£0	£0	£250,000	£270,000	£0	£520,000
MD019 - The council would need to encourage more people to foster across the county	£1,375,000	£0	£962,139	£962,139	£0	£1,177,159	£1,177,159	£0	£197,841	£864,268	£510,732
MD020 - Stepping Stones	£3,758,000	£0	£1,281,409	£1,281,409	£0	£3,789,706	£3,789,706	£0	£-31,706	£0	£3,758,000
MD021 - Increase in income from care contributions	£1,000,000	£0	£416,665	£416,665	£0	£416,665	£416,665	£583,335	£-0	£0	£1,000,000
MD022 - Increase in in-house provider charges	£60,000	£0	£60,000	£60,000	£0	£60,000	£60,000	£0	£0	£0	£60,000
MD023 - Partnership working CHC and 117	£650,000	£0	£507,431	£507,431	£0	£507,431	£507,431	£142,569	£-0	£0	£650,000
MD026 - Shared lives cost avoidance delivered through increase in capacity	£300,000	£0	£111,090	£111,090	£0	£111,088	£111,088	£50,222	£138,690	£0	£300,000
MD027 - Supporting independence through Reviews (including LDSL/DPs and Tech etc)	£1,610,000	£0	£1,610,000	£1,610,000	£0	£1,610,000	£1,610,000	£0	£0	£0	£1,610,000
MD028 - Fee uplift review	£1,500,000	£0	£0	£0	£0	£0	£0	£0	£1,500,000	£0	£1,500,000
MD029 - ASC contracts and performance management	£600,000	£0	£600,000	£600,000	£0	£600,000	£600,000	£0	£0	£0	£600,000
MD030 - Home to school transport - academic days	£178,900	£0	£178,900	£178,900	£0	£178,900	£178,900	£0	£0	£0	£178,900
NI003 - ASC Telecare	£500,000	£0	£0	£0	£0	£0	£0	£500,000	£-0	£0	£500,000
NI004 - Expand the Handy Person service to a wider range of customers, including fee payers, supporting independent living	£10,000	£0	£0	£0	£0	£10,000	£10,000	£0	£0	£10,000	£0
NI006 - Increase income from Museums and Archives services	£100,000	£81,440	£18,560	£100,000	£81,440	£18,560	£100,000	£0	£0	£0	£100,000
NI007 - Increase income from an enhanced memorial and ceremony offer at Council sites	£10,000	£0	£10,000	£10,000	£0	£10,000	£10,000	£0	£0	£0	£10,000
NI008 - Increase income from an improved range of wedding and partnership ceremony packages	£2,000	£0	£2,000	£2,000	£0	£2,000	£2,000	£0	£0	£0	£2,000
PPR0 - Rightsizing	£11,723,400	£0	£0	£0	£0	£0	£0	£0	£11,723,400	£0	£11,723,400
PRF&CD - Income	£3,848,740	£0	£3,892,102	£3,892,102	£0	£3,892,102	£3,892,102	£0	£-43,362	£0	£3,848,740
PRR1 - Legal & Governance Resizing	£100,000	£0	£0	£0	£0	£34,680	£34,680	£0	£65,320	£34,680	£65,320
PRR2 - Enabling Resizing	£1,256,000	£0	£0	£0	£0	£0	£0	£876,960	£379,040	£0	£1,256,000

PRR4 - Children's Rightsizing	£2,000,000	£0	£0	£0	£0	£0	£0	£2,000,000	£0	£0	£2,000,000
PRR5 - Infrastructure Resizing	£850,000	£0	£0	£0	£0	£0	£0	£0	£850,000	£0	£850,000
PRR6 - Care & Wellbeing Rightsizing	£1,300,000	£0	£0	£0	£0	£0	£0	£1,300,000	-£0	£0	£1,300,000
PRTPS0 - Third Party	£12,991,240	£0	£5,106,876	£5,106,876	£0	£5,106,876	£5,106,876	£2,000,000	£5,884,364	£0	£12,991,240
RC003 - Further increase allocation of the public health grant to support preventative initiatives at the children's, adults and customer front-door.	£70,000	£0	£70,000	£70,000	£0	£70,000	£70,000	£0	£0	£70,000	£0
RC004 - Capitalisation of reserves as one off for staff and projects relating to transformation work to further increase funding of public health reserves to support preventative initiatives. This is for 2024/25, in addition to 1,000,000 in 23/24. This is being removed in 2025/26.	-£1,000,000	£0	-£1,000,000	-£1,000,000	£0	-£1,000,000	-£1,000,000	£0	£0	-£1,000,000	£0
RC011/19 - Review and right size business support function	£312,500	£0	£312,500	£312,500	£0	£312,500	£312,500	£0	£0	£0	£312,500
RC016 - Agency Staff - reducing use of agency staff; promote permanent staffing.	£85,000	£0	£0	£0	£0	£0	£0	£0	£85,000	£0	£85,000
RC025 - Review and resize the Housing Services team	£64,000	£64,000	£0	£64,000	£64,000	£0	£64,000	£0	£0	£64,000	£0
RC026 - Review and potential reduction of some leisure provision to achieve cost reductions.	£100,000	£0	£70,000	£70,000	£0	£70,000	£70,000	£0	£30,000	£0	£100,000
RC029 - Review staffing and resize the Rights of Way team	£6,460	£0	£6,460	£6,460	£0	£6,460	£6,460	£0	£0	£0	£6,460
RC030 - Review staffing and resize the Outdoor Partnerships team	£13,840	£0	£13,840	£13,840	£0	£13,840	£13,840	£0	£0	£0	£13,840
RC032 - Review Library Services to ensure maximum efficiencies including funding reviews and reshaping/reductions of services	£220,540	£49,340	£151,200	£200,540	£49,340	£151,200	£200,540	£0	£20,000	£151,200	£69,340
RC040 - Dispose of Shirehall quicker and relocate services	£1,300,000	£0	£1,005,540	£1,005,540	£0	£1,005,540	£1,005,540	£0	£294,460	£0	£1,300,000

RC074 - Anticipated cost reductions in Revenues & Benefits arising from improvement of in-house Temporary Accommodation provision.	£1,000,000	£0	£0	£0	£0	£0	£0	£935,000	£65,000	£0	£1,000,000
RC078 - New model for future delivery of the Council's Out of Hours calls triage and Shrewsbury Town Centre CCTV monitoring	£47,310	£0	£30,000	£30,000	£17,310	£30,000	£47,310	£0	£0	£47,310	£0
RC083 - Review and secure cost reductions in the pooled training budget	£17,270	£0	£17,270	£17,270	£0	£17,270	£17,270	£0	-£0	£0	£17,270
RC087 - DSG funding of SEND pressures	£500,000	£0	£500,000	£500,000	£0	£500,000	£500,000	£0	£0	£0	£500,000
RC088 - Increased charges for car parking in Shrewsbury and Ludlow but retaining Park and Ride Services.	£250,000	£0	£250,000	£250,000	£0	£250,000	£250,000	£0	£0	£0	£250,000
RC089 - Increased charges for car parking across the County.	£500,000	£0	£0	£0	£0	£0	£0	£0	£500,000	£0	£500,000
RC090 - Residents' only parking will be enforced for an annual residents fee.	£100,000	£0	£0	£0	£0	£0	£0	£0	£100,000	£0	£100,000
RC091 - More fixed penalties issued for dog fouling, littering and illegal parking.	£300,000	£0	£0	£0	£0	£0	£0	£300,000	£0	£0	£300,000
RC092 - Large scale switch off of street lights to reduce energy costs and carbon emissions.	£150,000	£0	£226,000	£226,000	£0	£226,000	£226,000	£0	-£76,000	£0	£150,000
RC094 - Waste contract efficiencies across the waste service including review of garden waste collection costs and HRC opening times to be delivered through negotiated changes to the contract.	£987,000	£0	£700,000	£700,000	£0	£700,000	£700,000	£0	£287,000	£0	£987,000
RC096 - Asking other organisations (commercial companies) to manage our leisure centres for us.	£200,000	£0	£0	£0	£0	£0	£0	£0	£200,000	£0	£200,000
RC097 - Management of green spaces and areas of outstanding natural beauty will be passed to town or parish councils, where they choose to take that on.	£200,000	£0	£200,000	£200,000	£0	£200,000	£200,000	£0	£0	£0	£200,000
SC002 - Review education transport arrangements - changes to policy and delivery models (mainstream and SEND)	£400,000	£0	£0	£0	£0	£400,000	£400,000	£0	£0	£0	£400,000
SC008 - Review staffing and resize the Empty Homes service	£47,010	£0	£47,010	£47,010	£0	£47,010	£47,010	£0	£0	£0	£47,010
SC013 - Rationalise property and buildings to secure revenue savings (e.g. utilities, security, repairs and maintenance etc). Use reductions to secure additional capital receipts.	£3,000,000	£0	£500,000	£500,000	£0	£500,000	£500,000	£0	£2,500,000	£0	£3,000,000
TO001 - Explore shared emergency planning resource and resilience with partners.	£15,000	£0	£0	£0	£0	£0	£0	£0	£15,000	£0	£15,000
TO002 - Review the use of the UK Shared Prosperity Fund (UKSPF) to maximise grant funding	£60,000	£0	£60,000	£60,000	£0	£60,000	£60,000	£0	£0	£0	£60,000
TO004 - Review funding arrangements and contributions from external sources to higher cost placements	£500,000	£0	£500,000	£500,000	£0	£500,000	£500,000	£0	£0	£0	£500,000
TO009 - Review service synergies to secure cost reductions across Highways, Maintenance, and Outdoors services.	£1,000,000	£0	£600,000	£600,000	£0	£600,000	£600,000	£0	£400,000	£0	£1,000,000
Total	£59,876,040	£2,518,890	£19,339,246	£21,858,136	£2,536,200	£22,507,241	£25,043,441	£8,938,086	£25,894,514	£217,918	£59,658,122

This page is intentionally left blank



**Cabinet
October 15th 2025**

Local Government and
Social Care
Ombudsman's
Complaint Handling
Code

Public



Local Government and Social Care Ombudsman's Complaint Handling Code

Responsible Officer:	Tim Collard		
email:	Tim.Collard@shropshire.gov.uk	Tel:	01743 252756
Cabinet Member (Portfolio Holder):	Councillor Alex Wagner		

1. Synopsis

The report summarises the requirements set out within the Local Government and Social Care Ombudsman's Complaint Handling Code (Appendix 1) and follows the annual customer feedback report considered by Cabinet in July. The annual report included a self-assessment against the Code (attached as Appendix 2). This report summarises key features of the Code and next steps for implementation. Further internal work has taken place within the last few months to set out a detailed operational action plan to assist implementation by the Feedback and Insight Team and complaint investigators across the Council.

2. Executive Summary

2.1. Implementation of the Local Government and Social Care Ombudsman's (LGSCO) Complaint Handling Code (referred to as 'the Code') links to the Shropshire Plan priority of healthy organisation.

2.2. The LGSCO's Complaint Handling Code has been issued as "advice and guidance" for all local councils in England under section 23(12A) of the Local

Government Act 1974. The Ombudsman has asked local authorities to start applying the Code as soon as possible and to ensure implementation by the end of March 2026. The Code only applies to complaints where there is no statutory process in place although supporting guidance covers all complaint processes.

- 2.3. Baroness Taylor of Stevenage, Parliamentary Under-Secretary of State at the Ministry of Housing, Communities and Local Government, wrote to all Council Leaders at the end of August 2025 to confirm that it was the Government's view to ensure that "decisions with local implications are taken locally". This means that the Code will not become mandatory in line with the Ombudsman's request. The letter reads: *"I would encourage all councils to consider adopting the Code into their own complaint handling processes, and to consider further how best they can ensure that resident's voices are heard during the day-to-day delivery of public services."*
- 2.4. The LGSCO will use the Code within its assessment of complaints and recommendations from April 2026. From 1st April non-compliance will be highlighted by the Ombudsman within investigations and public reports.
- 2.5. The Deputy Leader as the assigned Portfolio Holder formally responsible for complaints, and the Leadership Board have indicated that the Code should be applied by Shropshire Council, although using what has been described as a 'best endeavours' approach. In other words, we will seek to implement the Code as far as possible, and as soon as possible, to meet the good practice standards set out by the Ombudsman, whilst recognising that a lack of additional resource for implementation may present practical challenges and some delays.
- 2.6. The dominant view presented at Transformation and Improvement Overview and Scrutiny Committee on 8th September 2025 is that Shropshire Council is currently not in a position to allocate additional resource to implement the Code and compliance with a best endeavours approach outlined above was supported. This report provides an opportunity for any further discussion and comment by Cabinet.
- 2.7. As part of annual reporting, local authorities are asked to complete a self-assessment to demonstrate compliance with the code. Shropshire Council presented a self-assessment within the annual Customer Feedback Report covered within Cabinet's meeting in July (attached as Appendix 2). The self-assessment highlighted the key areas of work required and these are summarised within this report.
- 2.8. The Ombudsman Code requires significant changes across a number of areas. A detailed operational action plan has been produced, and this report summarises the main areas of activity.

3. Recommendations

That Cabinet:

- 3.1 Support the application of the Code from 1st April 2026, focusing on compliance whilst acknowledging that resource challenges may lead to some practical challenges and delays and noting that action may be taken by the Ombudsman in respect of any failures to implement the Code in full from the new financial year.

- 3.2 Acknowledges that collective effort will be required across the Council to ensure that complaints are prioritised appropriately.
- 3.3 Support the requirement within the Code for Oversight and Scrutiny of the complaints handling processes and annual reporting to Elected Members (to include the Ombudsman's annual letter and performance data).

Report

4. Risk Assessment and Opportunities Appraisal

- 4.1. Effective monitoring and follow-up of complaints provides the opportunity to minimise risks through the identification of themes, areas of concern and opportunities for remedial actions, learning and improvements.
- 4.2. The complaints process plays an important part in capturing residents' opinion of Shropshire Council's services, where there may be shortcomings and how these can be rectified. Having an effective and open comment, complaint and feedback process is commonly referred to within external assessment and inspection processes including Ofsted, CQC, Corporate Peer Reviews and the recent Best Value Guidance.
- 4.3. Failure to comply with the Code will result in negative findings by the Ombudsman and potentially public interest reports (see section 11 for more information).

Risk	Mitigation
Failure to comply with the Code will result in non-compliance reported within individual case findings, public reports and annual letters.	Shropshire Council must be in a position to demonstrate action towards Code implementation and prioritise implementation of core requirements by the end of March 2026.
Staff wellbeing could be negatively impacted through the impact of the Code which adds to complaint handling requirements significantly (at the same time other pressures are increasing such as more frequent persistence and abusive behaviour from some customers)	Staff supervision and support with complex cases can help ease pressures but some additional capacity will be required to address additional requirements and growing workloads.
The Ombudsman requests use of new key performance indicators (KPIs). These new measures could highlight under performance against other local authorities (benchmarking research has suggested very different resource allocations and caseload volumes elsewhere).	Shropshire Council will need to make use of new data available from other local authorities to monitor changes and seek to make use of any good practice available.
Failure to meet new timescales for complaint handling.	Performance reporting and regular service reports highlight overdue cases. Senior manager involvement is

	necessary to promote compliance and address failure to respond.
Awareness of the Code requirements is not currently in place across the whole organisation.	Staff training, guidance and communications work will be planned to ensure all members of staff understand what will be required of them.

5. Financial Implications

- 5.1. Shropshire Council continues to manage unprecedented financial demands, and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers and/or Portfolio Holders review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):
- scaling down initiatives,
 - changing the scope of activities,
 - delaying implementation of agreed plans, or
 - extending delivery timescales.
- 5.2. Investment is required to enable Shropshire Council to fully implement and comply with the Ombudsman's Complaint Handling Code. A detailed operational action plan has been produced highlighting required resources, and this can be shared internally with the Leadership Board should closer oversight be required. It was acknowledged at Transformation and Improvement Overview and Scrutiny Committee on 8th September 2025 that it may not be possible to find additional resources to implement the Code, and any implementation will need to be possible through the re-allocation of existing resources.

6. Climate Change Appraisal

- 6.1. There are no direct effects on the council's climate change agenda. The majority of complainants now chose digital communication options, reducing environmental impact of more traditional methods (face to face and postal options).

7. Background

- 7.1. The Local Government and Social Care Ombudsman Complaint Handling Code ('the Code', see Appendix 1), sets out a process for organisations to apply with regard to non-statutory complaints (i.e. those that do not relate to the provision of social care). In the past local authorities have been able to design their own corporate complaint processes. The Code aims to bring processes in line with a single set of standards and timescales. The Ombudsman also hopes it will help to create a positive complaint handling culture amongst staff and individuals. The

Code aligns with the Housing Ombudsman's timescales, generating significant benefits for organisations managing complaints under both Ombudsman services.

- 7.2. The Code has been issued as “advice and guidance” for all local councils in England under section 23(12A) of the Local Government Act 1974.
- 7.3. The Ombudsman will use the Code within its assessment of complaints and recommendations from April 2026. From 1st April non-compliance will be highlighted by the Ombudsman within investigations and public reports. Continued/recurrent fault, serious fault or non-compliance with a recommendation are usually addressed through the use of public interest reports. Non-compliance with the Code will be considered a reason for using a public interest report. These reports require the organisation involved to make a public announcement and the Ombudsman will promote the report in the media. If a public interest report (recently renamed by the Ombudsman to just ‘report’) is used, then local authorities have three months from the date of the report to formally consider the report and any recommendations made. The report should be considered at a high decision-making level such as full Council, Cabinet or another Committee with delegated authority. The authority must then send a formal written response to the Ombudsman explaining what steps it has taken or will take to comply with the recommendations in the report. The additional requirements of Code will necessitate a significant change in ways of working across the Council.
- 7.4. Whilst there are significant resource implications of the new requirements, the Deputy Leader (as Portfolio Holder responsible for complaints), has indicated that the Code should be implemented to the extent that it is possible to do so and as soon as possible, using a “best endeavours” approach. This report provides an opportunity for any further discussion and comment by Cabinet.
- 7.5. There are limited resources available within the Feedback and Insight Team and within the service areas responding to complaints. Existing service and budget pressures mean that implementing the Code and its new requirements presents a formidable task. Collective effort will be required across the Council to enable progress to be achieved.
- 7.6. Whole organisation effort will be required to implement the Complaint Handling Code. There are actions for all members of staff and those who investigate complaints (team and service managers). Development of a new complaints handling procedure, new guidance materials, training, IT changes and other actions will need to be coordinated by Shropshire Council's Feedback and Insight Team (including complaints officers). As explained above, a detailed operational plan has been drafted to address this. Complaints officers handle the corporate and statutory processes for recording and responding to formal comments, compliments and complaints (the Complaints Monitoring Officer leads corporate stage 2 complaints and takes on the role as the Ombudsman link officer). The new Code and its associated guidance documents also impact the statutory children's and adults social care complaints procedures to a degree (the Ombudsman suggests some new ways of working should be applied across all procedures).

8. Self-assessment

- 8.1 The Complaints Handling Code includes a requirement for local authorities to undertake a self-assessment against the Code and to report progress within an annual report. A self-assessment is included as Appendix 2 (this was included within the 2024/25 annual report). The Code states *'The annual complaints performance and service improvement report should be reported through the organisation's governance arrangements and published on the section of its website relating to complaints. The response to the report from the relevant governance arrangement should be published alongside this'*.
- 8.2 The self-assessment, carried out by the Feedback and Insight Team Leader concludes compliance with those 27 elements of the code (green colour coded), 23 elements are considered partly in place (yellow), and it is considered that Shropshire Council is not complying with 16 elements (orange). There is significant work required before Shropshire Council could report compliance with all areas of the Code.

9. Main requirements of the Code

- 9.1 The detailed action plan produced to support Code implementation, covers areas of change and all implementation work. Key elements are summarised briefly below:
- 9.2 **Changes to procedures:** Shropshire Council will need to review all published complaint procedures including the statutory procedures to align them with the new Code and its guidance. Main areas of work include:
- Significant changes will be necessary to bring Shropshire Council's corporate complaints procedure in line with the Code (for example definitions, exclusions, timescales, outcomes to include resolved etc.)
 - The Ombudsman has clarified that the Code will not apply to Public Health complaints and requires local authorities to set out this process separately (in the same way as statutory complaints processes).
 - Updates for staff on applying more specialised elements of complaints procedures (e.g. joint complaints and provider complaints).
 - The Ombudsman requires local authorities to adopt a remedies policy and procedure. This may have monetary cost implications.
 - New national guidance on Unreasonable Actions means Shropshire Council's Unreasonably Persistent and Vexatious Customers Procedure will need to be reviewed and updated.
- 9.2 **Changes in complaint timescales and requirements at stages 1 and 2:** There are a significant number of requirements in this area, and a detailed action plan is in place to ensure key issues are not missed. Some examples include:
- Guidance on triage and steps to improve handling of service requests.
 - Clear recording of extension requests and reasons.
 - 10 working day stage 1 response timescales (plus a 10 working days extension).
 - 20 working day stage 2 response timescales (plus a 20 working day extension).
 - Guidance on complaint escalation.
- 9.3 **Staff training and guidance:** The Ombudsman has produced a wide range of guidance documents and requests that these are used to produce local resources

and support for staff (such as additional template letters, example responses, checklists etc.). Suggestions include:

- Guidance on how to advise someone to complain.
- Guidance and advice for staff to follow when a complaint is made about them.
- Guidance for staff when complainants make a complaint related to their human rights.
- Use of representatives and consent.
- Guidance on reasonable adjustments and accessible communications.
- Training for investigating officers.
- Updates to the guidance and templates available for the Unreasonably Persistent and Vexatious Customers Procedure.

9.4 **Public communications and support for customers:** The Code will require the following action to communicate with members of the public:

- New complaints leaflets and forms (used when online reporting is not possible).
- Changes to webpages.
- Changes to the definition of complaints and stronger signposting to service request processes to ensure formal complaint investigations are not a first step in raising a concern.
- Increased promotion of complaint processes through public surveys and engagement channels.

9.5 **Third-party complaint handling:** The Ombudsman has suggested quite significant changes to the approach taken when handling third-party complaints. The changes will mean a complete review is required locally and key areas of focus will need to include:

- A review of the current standard wording used within contracts. (This includes a range of different requirements).
- Improved reporting of complaints data by commissioned services (already required within some contracts but not consistently adhered to).
- Additional work to provide two versions of complaints responses (one for the complainant and another for the commissioned provider).
- Improved use of contracts with advocacy and advice services to support complaint handling.

9.6 **Oversight and reporting:** The Code and supporting guidance includes the following:

- Improvements to internal and external reporting of non-compliance with complaint processes.
- Improved reporting of learning from complaints, better evidencing service improvements, for both internal and public audiences (engagement is recommended through citizen forums etc.).
- More robust action in relation to remedies, particularly when serious fault has been identified and there is a need to consider financial remedies.
- The suggestion that local authorities should consider the increased use of mediation and advocacy services and alternative processes such as appeals, reviews to avoid complaint processes being used when a more suitable alternative should be in place.
- Annual self-assessment against the Code.
- Introduction of the role 'Member responsible for complaints'.
- Scrutiny of complaints processes.

- Emphasis on the role of senior oversight, with the Complaints Manager expected to engage with the Monitoring Officer and Section 151 Officer.
- Clear governance arrangements including risk assessment, business continuity planning, and quality monitoring.

- 9.7 **Data collection:** Guidance associated with the Code calls on local authorities to collect additional data for the following purposes:
- Introduce new Key Performance Indicators (to allow benchmarking with other local authorities and standardisation of complaints reporting). There is also the suggestion that these should be applied to statutory processes outside of the Code.
 - Collect and monitor equalities data.
 - Gather feedback on the complaints process and measure satisfaction.
 - Gather feedback from staff involved in the complaints process (particularly those complained about).
 - Collect data on reasonable adjustments, remedies/actions and exclusions.
- 9.8 The [Complaint Handling Code](#) is supported by 11 guidance documents (8 main documents and other more detailed guidance on key themes). These have been reviewed to develop the operational action plan and may inform further internal resources for staff members. The guidance documents demonstrate five main areas of focus: procedures and robust complaint handling; accessibility and support for complainants; improving practice to remedy of complaints early; ensuring complaint handling by commissioned services meets required standards; and the effective management of complainants' unreasonable actions.

10. Conclusions

- 10.1 The required changes set out within the Ombudsman's Complaints Handling Code and its associated guidance are significant. Full and swift implementation is challenging within the current resources available. A full implementation plan has been prepared and since it is operational will be made available to Leadership Board.
- 10.2 Prioritisation of actions will be essential to deliver as many changes as possible in advance of April 2026 when non-compliance will become part of the Local Government and Social Care Ombudsman's consideration at case level and within public reporting. It is recommended that the following actions are prioritised:
- Changes to the corporate complaints procedure to use the definitions of complaints and service requests set out within the Code, exclusions and new timescales.
 - Development of guidance for staff investigating complaints.
 - New public communication about the complaints process including leaflets and web pages.
 - Demonstration of reasonable adjustments and complaint remedies action.
 - Demonstration of management oversight, scrutiny and robust performance monitoring and reporting.
- 10.3 Members are asked to use the annual reporting and scrutiny process in 12 months' time to review progress and the self-assessment which will highlight any compliance failures.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Shropshire Council Customer Feedback Annual Report 2020/21, 2021/22, 2022/23, 2023/24, 2024/25.

Local Member:	All
----------------------	-----

Appendices [Please list the titles of Appendices]

1. LGSCO Complaint Handling Code
2. Shropshire Council's Self- assessment

This page is intentionally left blank

Local Government &
Social Care
OMBUDSMAN



Complaint Handling Code

Date published: February 2024
Page 35 Date applicable: April 2024

Contents

Introduction	3
The Local Government and Social Care Ombudsman's powers and approach	4
The Complaint Handling Code	
1. Definition of a service request and complaint	5
2. Exclusions	6
3. Accessibility and awareness	7
4. Complaint handling resources	8
5. The complaint handling process	9
6. Complaints stages	10
Stage 1	10
Stage 2	11
7. Putting things right	12
8. Performance reporting and self-assessment	13
9. Scrutiny & oversight: continuous learning and improvement	14
Appendix A: Self-assessment	15

Introduction

Good complaint handling requires effective procedures and well-trained staff alongside a positive complaints culture that enables those procedures to achieve maximum impact. This code sets out what an organisation should do procedurally to handle complaints.

Organisations should embrace complaints through increased transparency, accessibility, and complaint handling governance. Demonstrating that individuals are at the heart of its service delivery and good complaint handling is central to that.

Some organisations see complaints as a form of negative feedback. However, there are many benefits to be gained from having an effective and efficient complaints process:

- > Good complaint handling promotes a positive relationship between an organisation and service users.
- > Complaints allow an issue to be resolved before it becomes worse. Those issues not resolved promptly can take significant resource and time to remedy.
- > Involvement in complaint resolution develops staff ownership, decision-making and engagement.
- > Complaints provide senior staff with essential insight into day-to-day operations, allowing them to assess effectiveness and drive a positive complaint handling culture.
- > Data collected about complaints can be analysed and used to inform key business decisions to drive improvement in service provision.

The Complaint Handling Code ('the Code'), sets out a process for organisations that will allow them to respond to complaints effectively and fairly. The purpose of the Code is to enable organisations to resolve complaints raised by individuals promptly, and to use the data and learning from complaints to drive service improvements. It will also help to create a

positive complaint handling culture amongst staff and individuals.

The Code will act as a guide for individuals setting out what they may expect from an organisation when they make a complaint. Organisations should seek feedback from individuals in relation to their complaint handling as part of the drive to encourage a positive complaint and learning culture.

Organisations should have a single policy for dealing with complaints covered by the Code.

The principles, process and timescales in this Code are aligned with the Complaint Handling Code issued by the Housing Ombudsman. This means that organisations who fall under the jurisdiction of both Ombudsmen should be able to provide a co-ordinated complaint handling process across services covered by both Codes.

The Local Government and Social Care Ombudsman's powers and approach

The Code is issued under the Local Government and Social Care Ombudsman's powers to provide "guidance about good administrative practice" to organisations under section 23(12A) of the Local Government Act 1974. For the Local Government and Social Care Ombudsman, this Code constitutes important advice and guidance to councils, rather than instructions.

We have issued the Code for local councils in England. Other organisations in the Ombudsman's jurisdiction may find the Code helpful in setting out good practice.

We can recommend an organisation takes action to improve services or provide a personal remedy where it finds fault causing injustice to an individual or group of individuals. Unlike the Housing Ombudsman, we have no specific responsibility for monitoring compliance with the Code in addition to our role investigating complaints of maladministration and service failure.

Using the Code

We expect local councils to carefully consider the Code when developing policies and procedures. Where an organisation decides that it will depart from the Code, it should ensure local decision-making processes have been properly followed.

We may make a finding of maladministration where local councils' policies and procedures depart from the Code without sufficient explanation. We may also make a finding of maladministration where a local council, without good reason, does not meet the standards in the Code when responding to an individual complaint.

Where an organisation is unable to comply with its policies and procedures when dealing with an individual complaint, the individual should be provided with a suitable explanation and signposted to the Ombudsman.

The Code should be considered along with other guidance issued by the Local Government and Social Care Ombudsman.

The Code does not replace any existing statutory complaint processes such as The Children Act 1989 Representations Procedure (England) Regulations 2006 or Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Complaint Handling Code

1. Definition of a service request and complaint

- 1.1 Effective complaint handling enables individuals to be heard and understood. The starting point for this is a shared understanding of what constitutes a service request and what constitutes a complaint. In most cases organisations should be able to put things right through normal service delivery processes.
- 1.2 A service request may be defined as:
'a request that the organisation provides or improves a service, fixes a problem or reconsiders a decision.'
- 1.3 This provides organisations with opportunities to resolve matters to an individual's satisfaction before they become a complaint.
- 1.4 A complaint may be defined as:
'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.'
- 1.5 An individual should not have to use the word 'complaint' for it to be treated as such. A complaint that is submitted via a third party or representative should still be handled in line with the organisation's complaints policy.
- 1.6 Organisations should recognise the difference between a service request and a complaint. This should be set out in their complaints policy.
- 1.7 Service requests are not complaints but may contain expressions of dissatisfaction. Organisations should have the opportunity to deal with a service request before a complaint is made. A complaint may be raised when the individual expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. An organisation should not stop its efforts to address the service request if the individual complains.
- 1.8 Service requests should be recorded, monitored and reviewed regularly.

2. Exclusions

- 2.1 An organisation should accept a complaint unless there is a valid reason not to do so. If the organisation decides not to accept a complaint, it should be able to evidence its reasoning. Each complaint should be considered on its own merits.
- 2.2 Organisations should accept complaints referred to them within 12 months of the issue occurring, or the individual becoming aware of the issue. Organisations should consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.
- 2.3 A complaints policy should set out the circumstances in which a matter might not be considered or escalated. Organisations should ensure that these are reasonable, and should not deny individuals access to redress.
- 2.4 If an organisation decides not to accept a complaint, an explanation should be provided to the individual setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.
- 2.5 Organisations should not take a blanket approach to excluding complaints; they should consider the individual circumstances of each complaint.

3. Accessibility and awareness

- 3.1 Organisations should make it easy for individuals to complain by providing different channels through which they can make a complaint. Organisations must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of individuals who may need to access the complaints process.
- 3.2 Individuals should be able to raise their complaints in any way and with any member of staff. All staff should be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the organisation.
- 3.3 High volumes of complaints should not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that individuals are unable to complain.
- 3.4 Organisations should make their complaint policy available in a clear and accessible format for all individuals. This should detail the process, what will happen at each stage, and the timeframes for responding. The policy should also be published on the organisation's website.
- 3.5 The policy should explain how the organisation will publicise details of the complaints policy, including information about the Ombudsman and this Code.
- 3.6 Organisations should give individuals the opportunity to have a suitable representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the organisation.
- 3.7 Organisations should provide individuals with information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.
- 3.8 Where an organisation asks for feedback about its services through a survey, it should provide details of how individuals can complain so they can pursue any dissatisfaction if they so wish.

4. Complaint handling resources

- 4.1 Organisations should have designated, sufficient resource assigned to take responsibility for complaint handling, including liaison with the relevant Ombudsman and ensuring complaints are reported to the governing body (or equivalent).
- 4.2 Anyone responding to a complaint should have access to staff at all levels to facilitate the prompt resolution of complaints. They should also have the authority and autonomy to act to resolve disputes promptly and fairly.
- 4.3 Organisations are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff should be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and resourced accordingly

5. The complaint handling process

- 5.1 Organisations should have a single policy for dealing with complaints covered by the Code.
- 5.2 The early and local resolution of issues between organisations and individuals is key to effective complaint handling. Organisations should not have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.
- 5.3 When an individual expresses dissatisfaction that could meet the criteria for a complaint as set out in section 1 of the Code, they should be given the opportunity to make a complaint. Organisations should recognise that individuals may be reluctant to raise complaints out of fear it may impact services they receive in future. .
- 5.4 The person responding to the complaint should:
- clarify with the individual any aspects of the complaint they are unclear about;
 - deal with complaints on their merits, act independently, and have an open mind;
 - give the individual a fair chance to set out their position;
 - take measures to address any actual or perceived conflict of interest; and
 - consider all relevant information and evidence carefully.
- 5.5 Where a response to a complaint will fall outside the timescales set out in this Code the organisation should inform the individual of when the response will be provided and the reason(s) for the delay.
- 5.6 Organisations must make reasonable adjustments for individuals where appropriate under the Equality Act 2010.
- Organisations should keep a record of any reasonable adjustments agreed. Any agreed reasonable adjustments should be kept under active review.
- 5.7 Organisations should not refuse to escalate a complaint through all stages of the complaints procedure unless there are valid reasons to do so. Organisations should clearly set out these reasons, and they should align with the approach to exclusions set out in section 2 of the Code.
- 5.8 A full record should be kept of the complaint, and the outcomes at each stage. This should include the original complaint and the date received, all correspondence with the individual, correspondence with other parties, and any relevant supporting documentation such as reports. This should be retained in line with the organisation's data retention policies.
- 5.9 Organisations should have systems in place to ensure that a complaint can be remedied at any stage of its complaints process. Organisations should ensure that appropriate remedies can be provided at any stage of the complaints process without the need for escalation to stage 2 or the Ombudsman.
- 5.10 Organisations should have policies and procedures in place for managing unacceptable behaviour from individuals and/or their representatives. Organisations should be able to evidence reasons for putting any restrictions in place and should keep an individual's restrictions under regular review.
- 5.11 Any restrictions placed on an individual's contact due to unacceptable behaviour should be proportionate and demonstrate regard for the provisions of the Equality Act 2010.

6. Complaints stages

Stage 1

- 6.1 Organisations should have processes in place to consider which complaints can be responded to as early as possible, and which require further consideration. Organisations should consider factors such as the complexity of the complaint and whether the individual is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the individual.
- 6.2 Complaints should be acknowledged, and logged at stage 1 of the complaints procedure **within five working days of the complaint being received**.
- 6.3 Organisations should provide a full response to stage 1 complaints **within 10 working days** of the complaint being acknowledged.
- 6.4 Organisations should decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform individuals of the expected timescale for response. Any extension should be no more than 10 working days without good reason, and the reason(s) should be clearly explained to the individual.
- 6.5 When an organisation informs an individual about an extension to these timescales, they should be provided with the details of the relevant Ombudsman.
- 6.6 A complaint response should be provided to the individual when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions should still be tracked and actioned promptly, with appropriate updates provided to the individual.
- 6.7 Organisations should address all points raised in the complaint and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate. Organisations should be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.
- 6.8 At the conclusion of stage 1 organisations should provide details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.
- 6.9 Where individuals raise additional complaints during stage 1, these should be incorporated into the stage 1 response if they are related, and the stage 1 response has not been provided. Where the stage 1 response has been provided, the new issues are unrelated to the issues already being considered, or it would unreasonably delay the response, the new issues should be logged as a new complaint.
- 6.10 Organisations should have systems in place to ensure that a complaint can be remedied at any stage of its complaints process. Individuals should not have to escalate a complaint in order to get an appropriate remedy.

Stage 2

- 6.11 If all or part of the complaint is not resolved to the individual's satisfaction at stage 1, it should be progressed to stage 2 of the organisation's procedure. Stage 2 is the organisation's final response..
- 6.12 Requests for stage 2 should be acknowledged and logged at stage 2 of the complaints procedure within **five working days of the escalation request being received**. Within the acknowledgement, organisations should set out their understanding of any outstanding issues and the outcomes the individual is seeking. If any aspect of the complaint is unclear, the individual should be asked for clarification.
- 6.13 Individuals should not be required to explain their reasons for requesting a stage 2 consideration. Organisations should make reasonable efforts to understand why an individual remains unhappy as part of its stage 2 response.
- 6.14 The person considering the complaint at stage 2 should not be the same person that considered the complaint at stage 1.
- 6.15 Organisations should issue a final response to the stage 2 **within 20 working days** of the complaint being acknowledged.
- 6.16 Organisations should decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform individuals of the expected timescale for response. Any extension should be no more than 20 working days without good reason, and the reason(s) should be clearly explained to the individual.
- 6.17 When an organisation informs an individual about an extension to these timescales they should be provided with the details of the relevant Ombudsman.
- 6.18 Organisations should confirm the following in writing to the individual at the completion of stage 2 in clear, plain language:
- a. the complaint stage;
 - b. the organisation's understanding of the complaint;
 - c. the decision on the complaint;
 - d. the reasons for any decisions made;
 - e. the details of any remedy offered to put things right;
 - f. details of any outstanding actions; and
 - g. details of how to escalate the matter to the Ombudsman if the individual remains dissatisfied.
- 6.19 Stage 2 should be the organisation's final response and should involve all suitable staff members needed to issue such a response.
- 6.20 A process with more than two stages will make the complaint process unduly long and delay access to the relevant Ombudsman. A process with a single stage means the organisation may lack the ability to check its response before an individual comes to the Ombudsman.
- 6.21 Where an organisation's complaint response is handled by a third party (e.g. a contractor) or independent adjudicator at any stage, it should form part of the two stage complaints process set out in this Code. Individuals should not be expected to go through two complaints processes.
- 6.22 Organisations are responsible for ensuring that any third parties handle complaints in line with the Code.

7. Putting things right

7.1 Where something has gone wrong an organisation should acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These can include:

- > Apologising;
- > Acknowledging where things have gone wrong;
- > Providing an explanation, assistance or reasons;
- > Taking action if there has been delay;
- > Reconsidering or changing a decision;
- > Amending a record or adding a correction or addendum;
- > Providing a financial remedy;
- > Changing policies, procedures or practices.

7.2 Any remedy offered should reflect the impact on the individual as a result of any fault identified.

7.3 The remedy offer should clearly set out what will happen and by when, in agreement with the individual where appropriate. Any remedy proposed should be followed through to completion.

7.4 If a proposed remedy cannot be delivered, the individual should be informed of the reasons for this, provided with details of any alternative remedy and reminded of their right to complain to the Ombudsman,

7.5 Organisations should take account of the good practice guides issued by the Ombudsman when deciding on appropriate remedies.

8. Performance reporting and self-assessment

- 8.1 Organisations should produce an annual complaints performance and service improvement report for scrutiny and challenge, which should include:
- a. an annual self-assessment against this Code to ensure its complaint handling policy remains in line with its requirements.
 - b. a qualitative and quantitative analysis of the organisation's complaint handling performance. This should also include a summary of the types of complaints the organisation has refused to accept;
 - c. any findings of non-compliance with this Code;
 - d. the service improvements made as a result of the learning from complaints;
 - e. the annual letter about the organisation's performance from the Ombudsman; and
 - f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the organisation.
- 8.2 The annual complaints performance and service improvement report should be reported through the organisation's governance arrangements and published on the section of its website relating to complaints. The response to the report from the relevant governance arrangement should be published alongside this.
- 8.3 Organisations should also carry out a self-assessment following a significant restructure, merger and/or change in procedures.

9. Scrutiny & oversight: continuous learning and improvement

- 9.1 Organisations should look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.
- 9.2 A positive complaint handling culture is important to the effectiveness with which organisations resolve disputes. Organisations should use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.
- 9.3 Accountability and transparency are also integral to a positive organisational culture. Organisations should report back on wider learning and improvements from complaints to stakeholders, such as citizens' panels, staff and relevant committees.
- 9.4 The organisation should appoint a suitably senior person to oversee its complaint handling performance. This person should assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.
- 9.5 In addition to this, organisations should assign lead responsibility for complaints in governance arrangements to support a positive complaint handling culture. We refer to this as the 'Member Responsible for Complaints' (the Member). This role could be carried out by an individual or committee depending on the governance arrangements in place.
- 9.6 The Member should receive regular information on complaints that provides insight on the organisation's complaint handling performance. The Member should have access to suitable information and staff to perform this role and report on their findings.
- 9.7 As a minimum, the Member should receive:
 - a. regular updates on the volume, categories, and outcomes of complaints, alongside complaint handling performance
 - b. regular reviews of issues and trends arising from complaint handling; and
 - c. the annual complaints performance and service improvement report.
- 9.8 Organisations should have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to:
 - > have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments;
 - > take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and
 - > act within the professional standards for engaging with complaints as set by any relevant professional body.

Appendix A: Self-assessment

A self-assessment should be completed and shared with the organisation's governance arrangements as part of the complaints performance and service improvement report.

Evidence should show how the organisation follows the Code and its own policies. It should also set out how well it is performing and provide information about service improvements which have been implemented following complaints.

For example, this could include records of quality assurance checks on complaint responses, exclusions and feedback from relevant staff. If the failure to meet an expectation only relates to one service area or department this should be made clear.

When completing the self-assessment, organisations should not focus on the number of complaints received. Recording a high number of complaints may be an indication that the organisation welcomes complaints and that individuals are able to access the complaints process easily. Organisations should focus on timescales for responding to complaints and complaint outcomes.

A suggested self-assessment format is included here, but organisations may adopt their own version to meet local needs and reporting requirements.

Example: Self-assessment against the requirements of the Code

Code section	Action	Do we follow the code Yes/No	Explanations and Commentary
1: Definition of a service request and complaint	We recognise the difference between a service request and a complaint and these are defined in our policies and procedures.		
2: Exclusions	Our complaints policy sets out circumstances where we would not consider a complaint. These are reasonable and do not deny individuals access to redress.		
3: Accessibility and awareness	We provide different channels through which individuals can make complaints. These are accessible and we are able to make reasonable adjustments where necessary.		
4: Complaint handling resources	We have designated, sufficient resource assigned to take responsibility for complaint handling. Complaints are viewed as a core service and resourced accordingly.		

Code section	Action	Do we follow the code Yes/No	Explanations and Commentary
5: The complaint handling process	We have a single policy for dealing with complaints covered by the Code and individuals are given the option of raising a complaint where they express dissatisfaction that meets the definition of the complaint in our policy.		
6: Complaints stages (Stage 1)	We process stage 1 complaints in line with timescales and processes set out in the Code.		
6: Complaints stages (Stage 2)	We process stage 2 complaints in line with timescales and processes set out in the Code.		
7: Putting things right	When something has gone wrong we take action to put things right.		
8: Performance reporting and self-assessment	We produce an annual complaints performance and service improvement report for scrutiny and challenge which includes a self-assessment against the Code.		
9: Scrutiny & Oversight	We have appropriate senior leadership and governance oversight of the complaints process and performance.		

Local Government and Social Care Ombudsman

PO Box 4771
Coventry
CV4 0EH

Phone: 0300 061 0614

Web: www.lgo.org.uk

Twitter: [@LGOmbudsman](https://twitter.com/LGOmbudsman)

Appendix 2 - Code Self-Assessment

Shropshire Council has not yet implemented the new Complaints Handling Code outlined in section 13. A decision was taken by the previous administration to delay decision making until 2025 due to organisational pressures and other priorities. The new administration (Cabinet) will consider the requirement to implement the Code alongside this report. A step towards implementation includes the publication of an annual self-assessment to demonstrate compliance. This self-assessment acts as a baseline, pre-implementation with progress expected to be reported in 12 months' time.

Code section	Compliance?	Comments
1. Definition of a service request and complaint		
1.1 Adopt a shared understanding of what constitutes a service request and what constitutes a complaint. (1.2 to 1.4 set out definitions). This should be set out within the complaints policy.	Not yet	The complaints procedure will need to be updated.
1.5 A complaint that is submitted via a third party or representative should still be handled in line with the organisation's complaints policy.	Yes	This is in line with current practice.
1.6 Organisations should recognise the difference between a service request and a complaint . This should be set out in their complaints policy.	Partly	Differences included but wording to be updated with Ombudsman's new definitions.
1.7 Organisations should have the opportunity to deal with a service request before a complaint is made. A complaint may be raised when the individual expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing.	Yes	This is in line with current practice.
1.8 Service requests should be recorded, monitored and reviewed regularly.	No	This is an organisational issue beyond complaints processes.
1. Exclusions		
2.1 and 2.4 If the organisation decides not to accept a complaint, it should be able to evidence its reasoning and communicate to the complainant. Each complaint should be considered on its own merits.	Yes	This is in line with current practice.
2.2 Organisations should accept complaints referred to them within 12 months of the issue occurring, or the individual becoming aware of the issue. Discretion may be applied in some circumstances.	Yes	This is in line with current practice.
2.3 Exclusions should be set out within the complaints policy/procedure.	Partly	Some changes are required as the procedure is updated.
2.4 and 2.5 If an organisation decides not to accept a complaint, an explanation should be provided to the individual. Organisations should not take a blanket approach to excluding complaints; they should consider the individual circumstances of each complaint.	Yes	This is in line with current practice.
2. Accessibility and awareness		
3.1A Organisations should make it easy for individuals to complain by providing different channels through which they can make a complaint.	Yes	This is in line with current practice.

Code section	Compliance?	Comments
3.1B Organisations must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of individuals who may need to access the complaints process.	Partly	This appears to be in line with current practice although clear guidance would be helpful.
3.2 Individuals should be able to raise their complaints in any way and with any member of staff. All staff should be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the organisation.	Partly	This is in line with current practice, but staff members may need reminders.
3.3 High volumes of complaints should not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that individuals are unable to complain.	Yes	This is communicated in current performance reporting.
3.4 Organisations should make their complaint policy available in a clear and accessible format.	Yes	This is in line with current practice although an update is required.
3.5 The policy should include details about the Ombudsman and the Code.	Yes	This is in the current procedure and when updated will remain.
3.6 Organisations should give individuals the opportunity to have a suitable representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the organisation.	Yes	This is in line with current practice.
3.7 Organisations should provide individuals with information on their right to access the Ombudsman service.	Yes	This is in line with current practice.
3.8 Where an organisation asks for feedback about its services through a survey, it should provide details of how individuals can complain.	No	This is a significant additional requirement and may generate complaints.
3. Complaint handling resources		
4.1 Organisations should have designated, sufficient resource assigned to take responsibility for complaint handling, including liaison with the relevant Ombudsman and ensuring complaints are reported to the governing body (or equivalent).	Unclear	Clarification of the Ombudsman's expectation of 'sufficient' would be helpful.
4.2 Anyone responding to a complaint should have access to staff at all levels to facilitate the prompt resolution of complaints. They should also have the authority and autonomy to act to resolve disputes promptly and fairly.	Yes	Staff at all levels are engaged in the complaint process.
4.3 Organisations are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff should be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and resourced accordingly	No	A training programme will need to be implemented.
4. The complaint handling process		
5.1 Organisations should have a single policy for dealing with complaints covered by the Code.	Yes	This is current practice although the existing policy will need updating.
5.2 Organisations should not have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.	Yes	This is in line with current practice.
5.3 When an individual expresses dissatisfaction that could meet the criteria for a complaint as set out in	Yes	This is in line with current practice, but a review is

Code section	Compliance?	Comments
section 1 of the Code, they should be given the opportunity to make a complaint.		recommended in line with IT system changes.
5.4 The person responding to the complaint should: - clarify with the individual any aspects of the complaint they are unclear about; - deal with complaints on their merits, act independently, and have an open mind; - give the individual a fair chance to set out their position; - take measures to address any actual or perceived conflict of interest; and - consider all relevant information and evidence carefully.	Yes	This is in line with current good practice but will need to be included in staff training.
5.5 Where a response to a complaint will fall outside the timescales set out in this Code the organisation should inform the individual of when the response will be provided and the reason(s) for the delay.	Yes	This is in line with current practice, but a review is recommended due to limited staff capacity.
5.6 Organisations should keep a record of any reasonable adjustments agreed. Any agreed reasonable adjustments should be kept under active review.	No	The current IT system does not allow this recording. This is a new requirement.
5.7 Organisations should not refuse to escalate a complaint through all stages of the complaints procedure unless there are valid reasons to do so. Organisations should clearly set out these reasons, and they should align with the approach to exclusions set out in section 2 of the Code.	Yes	This is in line with current practice.
5.8 A full record should be kept of the complaint, and the outcomes at each stage. This should include the original complaint and the date received, all correspondence with the individual, correspondence with other parties, and any relevant supporting documentation such as reports. This should be retained in line with the organisation's data retention policies.	Yes	This is in line with current practice.
5.9 and 6.10 Organisations should have systems in place to ensure that a complaint can be remedied at any stage of its complaints process. Individuals should not have to escalate a complaint in order to get an appropriate remedy.	Partly	Recommended for review.
5.10 and 5.11 Organisations should have policies and procedures in place for managing unacceptable behaviour from individuals and/or their representatives. Organisations should be able to evidence reasons for putting any restrictions in place and should keep an individual's restrictions under regular review. Restrictions should be proportionate and have regard for the Equalities Act 2010.	Yes	This is in line with current practice.
5. Complaints stages		
6.1 Organisations should have processes in place to consider which complaints can be responded to as early as possible, and which require further consideration. Organisations should consider factors such as the complexity of the complaint and whether the individual is vulnerable or at risk. Most	Partly	The challenge is achieving any resolution or prioritisation consistently across service areas.

Code section	Compliance?	Comments
stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the individual.		
6.2 Complaints should be acknowledged and logged at stage 1 of the complaints procedure within five working days of the complaint being received.	Yes	This is in line with current practice.
6.3 Organisations should provide a full response to stage 1 complaints within 10 working days of the complaint being acknowledged.	No	This is a new requirement and significant timescale change.
6.4 and 6.5 Any extension should be no more than 10 working days without good reason, and the reason(s) should be clearly explained to the individual. When an organisation informs an individual about an extension to these timescales, they should be provided with the details of the relevant Ombudsman.	No	This is a new requirement.
6.6 A complaint response should be provided to the individual when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions should still be tracked and actioned promptly, with appropriate updates provided to the individual.	Partly	Responses are provided when the answer is known but the central team do not have the level of resources required track and report all actions.
6.7 Organisations should address all points raised in the complaint and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate. Organisations should be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.	Partly	Complaint investigators do not always reference relevant policies within responses and do not always make responsibilities clear.
6.8 At the conclusion of stage 1 organisations should provide details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.	Yes	This is in line with current practice.
6.9 Where individuals raise additional complaints during stage 1, these should be incorporated into the stage 1 response if they are related, and the stage 1 response has not been provided. Where the stage 1 response has been provided, the new issues are unrelated to the issues already being considered, or it would unreasonably delay the response, the new issues should be logged as a new complaint.	Yes	This is in line with current practice.
6.11 If all or part of the complaint is not resolved to the individual's satisfaction at stage 1, it should be progressed to stage 2 of the organisation's procedure. Stage 2 is the organisation's final response.	Yes	The current way of working is largely in line with this but this could lead to increases in stage 2 requests.
6.12 Requests for stage 2 should be acknowledged and logged at stage 2 of the complaints procedure within five working days of the escalation request being received.	Yes	This is in line with current practice although demand is currently exceeding staff capacity and delays are occurring as a result.
6.13 Individuals should not be required to explain their reasons for requesting a stage 2 consideration. Organisations should make reasonable efforts to understand why an individual remains unhappy as part of its stage 2 response.	No	This is a new requirement.

Code section	Compliance?	Comments
6.14 The person considering the complaint at stage 2 should not be the same person that considered the complaint at stage 1.	Yes	This is in line with current practice.
6.15 Organisations should issue a final response to the stage 2 within 20 working days of the complaint being acknowledged.	No	This is a new requirement.
6.16 Any extension should be no more than 20 working days without good reason, and the reason(s) should be clearly explained to the individual.	No	This is a new requirement although stage 2 responses would not usually exceed 40 days.
6.18 and 6.19 Organisations should confirm the following in writing to the individual at the completion of stage 2 in clear, plain language: • the complaint stage; • the organisation's understanding of the complaint; • the decision on the complaint; • the reasons for any decisions made; • details of any remedy offered to put things right; • details of any outstanding actions; and • details of how to escalate the matter to the Ombudsman if the individual remains dissatisfied. Stage 2 should be the organisation's final response and should involve all suitable staff members needed to issue such a response.	Yes	This is in line with current practice.
6.21 Where an organisation's complaint response is handled by a third party (e.g. a contractor) or independent adjudicator at any stage, it should form part of the two stage complaints process set out in this Code. Individuals should not be expected to go through two complaints processes.	Yes	This is in line with current practice.
6.22 Organisations are responsible for ensuring that any third parties handle complaints in line with the Code.	No	Activity will be required to communicate new expectations and monitor compliance.
6. Putting things right		
7.1 Where something has gone wrong an organisation should acknowledge this and set out the actions it has already taken, or intends to take, to put things right.	Yes	This is in line with current practice.
7.2 and 7.3 Any remedy offered should reflect the impact on the individual as a result of any fault identified. The remedy offer should clearly set out what will happen and by when and be followed through to completion.	No	This is a new requirement and require significant change including IT system changes.
7.4 and 7.5 If a proposed remedy cannot be delivered the individual should be informed of the reasons for this, provided with details of any alternative remedy and reminded of their right to complain to the Ombudsman. Organisations should take account of the good practice guides when deciding on appropriate remedies.	No	Shropshire Council will need to undertake work to develop a local policy/procedure in relation to remedies and develop resources to assist complaints investigators in identifying remedies.
7. Performance reporting and self-assessment		
8.1 Organisations should produce an annual complaints performance and service improvement report for scrutiny.	Yes	Changes to the annual report have been incorporated.

Code section	Compliance?	Comments
an annual self-assessment against this Code to ensure its complaint handling policy remains in line with its requirements.	Yes	This self-assessment
a qualitative and quantitative analysis of the organisation's complaint handling performance. This should also include a summary of the types of complaints the organisation has refused to accept;	Yes	Included within this report
any findings of non-compliance with this Code;	Partly	
the service improvements made as a result of the learning from complaints;	No	Limited examples only.
the annual letter about the organisation's performance from the Ombudsman;	Yes	Included as Appendix 1
any other relevant reports or publications produced by the Ombudsman in relation to the work of the organisation.	Yes	Not applicable – no reports from the Ombudsman.
8.2 The annual complaints performance and service improvement report should be reported through the organisation's governance arrangements and published on the section of its website relating to complaints. The response to the report from the relevant governance arrangement should be published alongside this.	Yes	This is in line with current practice other than publishing the response to the report within the report on the complaints webpages.
8.3 Organisations should also carry out a self-assessment following a significant restructure, merger and/or change in procedures.	Partly	The self-assessment is produced but significant work is required.
8. Scrutiny & oversight: continuous learning and improvement		
9.1 Organisations should look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.	Mixed	This is hard to assess for the whole organisation and varies service to service.
9.2 A positive complaint handling culture is important to the effectiveness with which organisations resolve disputes. Organisations should use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.	No	The complaints handling culture is not positive at present and requires improvement.
9.3 Organisations should report back on wider learning and improvements from complaints to stakeholders, such as citizens' panels, staff and relevant committees.	No	Complaints reports were previously shared with the Making it Real Board but there are no current arrangements.
9.4 The organisation should appoint a suitably senior person to oversee its complaint handling performance. This person should assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.	Yes	The Complaints Monitoring Officer is a senior role. The Complaints Manager role may need review following organisational changes.
9.5, 9.6 and 9.7 The 'Member responsible for complaints' should receive regular information on complaints performance (including the annual report) and have access to staff. As a minimum, the Member should receive: - regular updates on the volume, categories, and outcomes of complaints, alongside complaint handling performance - regular reviews of issues and trends arising from complaint handling; and	Yes	Reporting to the lead member is in place and quarterly reports have been/will be provided.

Code section	Compliance?	Comments
the annual complaints performance and service improvement report.		
9.8 Organisations should have a standard objective in relation to complaint handling for all relevant employees or third parties (includes taking responsibility, collaboration across departments and acting within professional standards).	Partly	Complaint handling is referred to within job description templates for managers referred to within model contracts for third party providers.

This page is intentionally left blank

By virtue of paragraph(s) 4 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank