City of BRADFORD METROPOLITAN DISTRICT COUNCIL

# Annual Complaint Handling Performance & Activity Report

## 2024/25

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

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# 1.0 Introduction

1.1 The City of Bradford Metropolitan District Council remains committed to delivering a high standard of customer service and values customer feedback as a key indicator of performance. Complaints provide an important opportunity to assess the quality of services delivered and to identify areas for improvement.

1.2 This Annual Report outlines the Council's complaint handling activity and performance during the 2024/25 financial year. It provides assurance that complaints were processed and, in most cases, responded to within the specified timescales, concerns raised by complainants were appropriately addressed, and corrective actions were taken where necessary. However, the volume of complaints that were either partially or fully upheld remains a concern and highlights the need for continued focus on service improvement and accountability.

1.3 The report reflects on the work undertaken during **the financial year ending 31st March 2025** and highlights;

- progress made, including improved response times for Stage 1 (8%) and Stage 2 (9%) complaints compared to the previous year;
- areas where further improvement is required to ensure compliance with Council policy and relevant legislation;
- plans in place to mitigate risk and enhance performance; and
- the Council's preparations for the implementation of the new Complaint Handling Code introduced by the Local Government and Social Care Ombudsman.

# 2.0 The Council's Complaint Handling process

## 2.1 Definition of a complaint

2.1.1 The Council has complaint handling procedures and a policy which define a concern or complaint as an expression of dissatisfaction about one or more of the following: -

- *The provision of a Council service*
- *A Council Policy or Procedure*
- *The way in which the Council's staff carry out their duties.*

## 2.2 Making a Complaint

2.2.1 The Council provides the facilities for customers to report complaints in a variety of accessible ways and will accept a complaint from a person (or anyone acting on behalf of a person who has the appropriate authority and full consent), in any of the following formats: -

- Email to complaint.officer@bradford.gov.uk
- Via the Council's website Make a complaint about Bradford Council | Bradford Council
- Letter
- Telephone call
- In person – any Council office

2.2.2 Since April 2023 complaints in relation to Children's Social Care (CSC) are dealt with by Bradford Children's & Families Trust (BCFT). To enable direct comparisons, the

information within this report **excludes** all historic complaints that related to CSC at each stage.

2.2.3 For context, as Children's Services relating to education and school improvement remain service areas of the Council, they are including in the data provided.

## 2.3 Complaint investigation

2.3.1 Formal Complaints received are grouped and recorded as either statutory or non-statutory.

- **Statutory** i.e. Those complaints which the Council must investigate by law. These relate solely to Adult Social Care; and
- **Non - statutory** i.e. Those that whilst the Council does not have a statutory duty to investigate it is recommended, by the Local Government Ombudsman, as best practice.

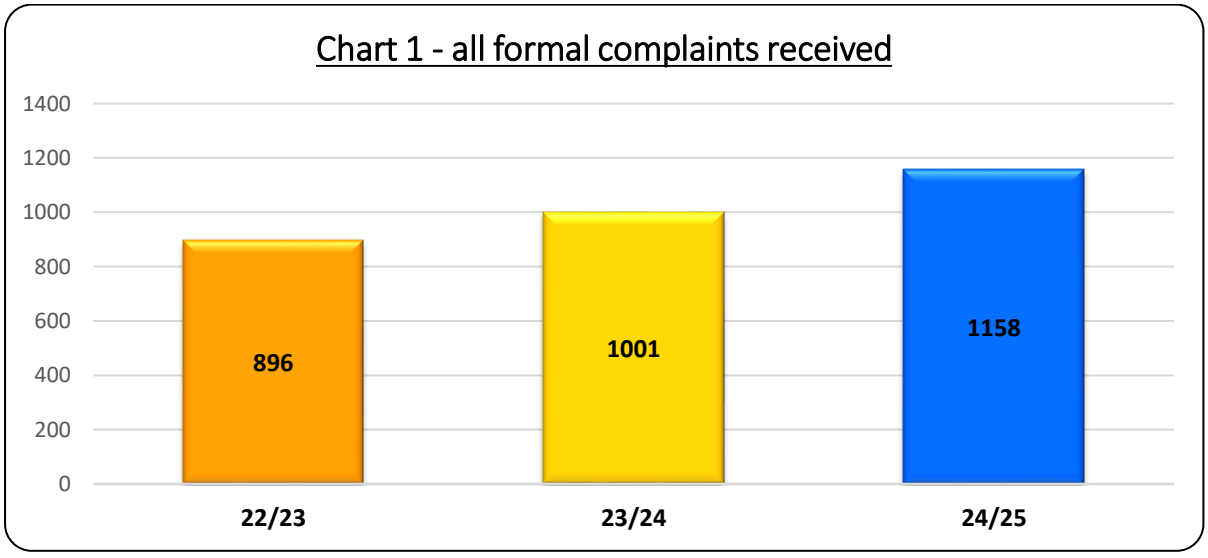
2.3.2 During 2024/25, 13% of the complaints received were statutory and the remaining 87% were non-statutory.

## 2.4 Stages of a complaint investigation and timescales

2.4.1 The Council operates a two-stage formal complaints procedure, which is clearly accessible via the external website. The majority of complaints are resolved at Stage 1, where they are investigated and responded to by a manager within the relevant service area. Where a complainant remains dissatisfied and escalates the matter to Stage 2, an independent review is undertaken by an officer from the Corporate Complaints Team to ensure impartiality and consistency in complaint handling.

**Appendix 1** details the investigation stages for all types of formal complaint and associated timescales.

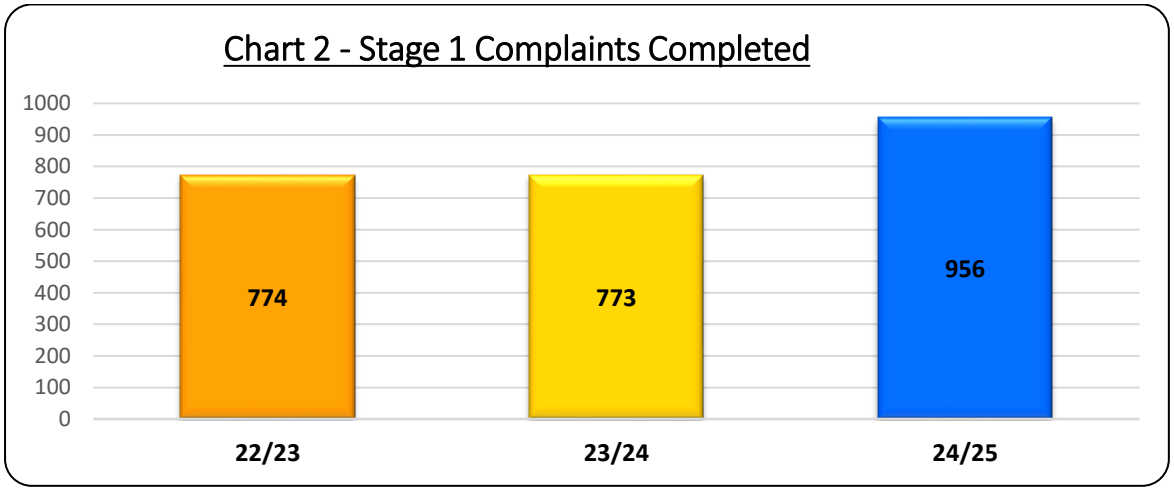
**Chart 1 below** represents the total number of **all formal** complaints received over the last 3 financial years. In 2024/25, the 1158 complaints received were split into **996** Stage 1 complaints and **162** stage 2 complaints.



2.4.2 Additionally, during 2024/25, the Corporate Complaints Team received 802 complaints that were assessed as suitable for informal resolution. These cases were referred to the relevant service areas to be addressed as part of "business as usual" activity, enabling swift and effective resolution without the need for escalation through the formal complaints procedure. This approach supports early intervention, promotes efficiency, and helps maintain customer satisfaction by resolving issues promptly

2.4.3 The 1158 formal complaints received were split departmentally as follows; Corporate Resources 41%, Chief Executives Office 0.2%, Childrens Services 11.8%, Adults 13% and Department of Place 34%.

**Chart 2 below** represents the total number of **Stage 1 complaints completed** in the last 3 financial years




2.4.4 Departmentally, the number of complaints completed were as follows; Corporate Resources 383, Place 308, Adults 149, Childrens Service 114 and Chief Executives Office 2.

**Chart 3 below** represents the **% of Stage 1 complaints responded to within the specified timescales** in the last 3 financial years

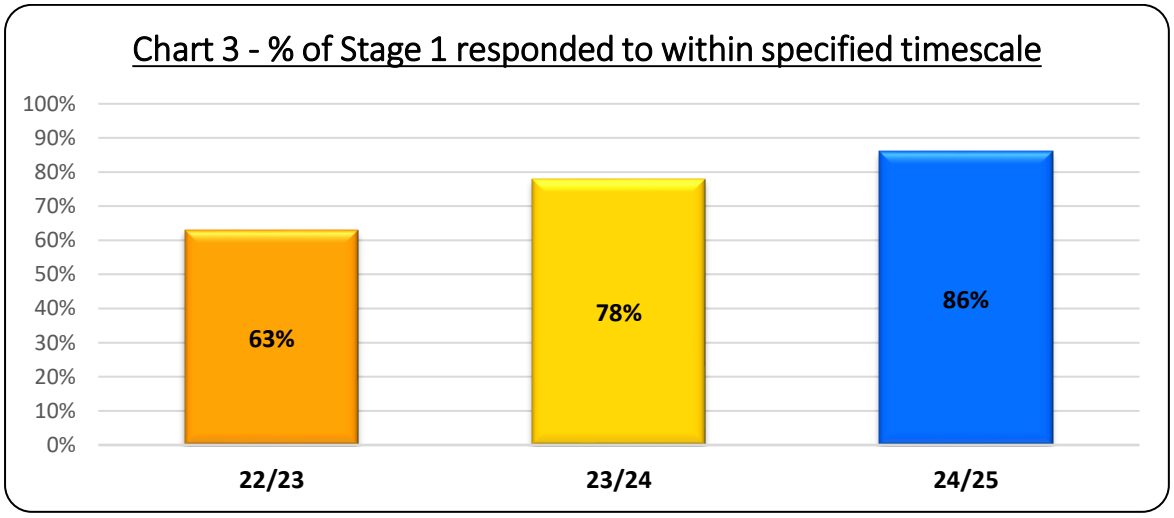
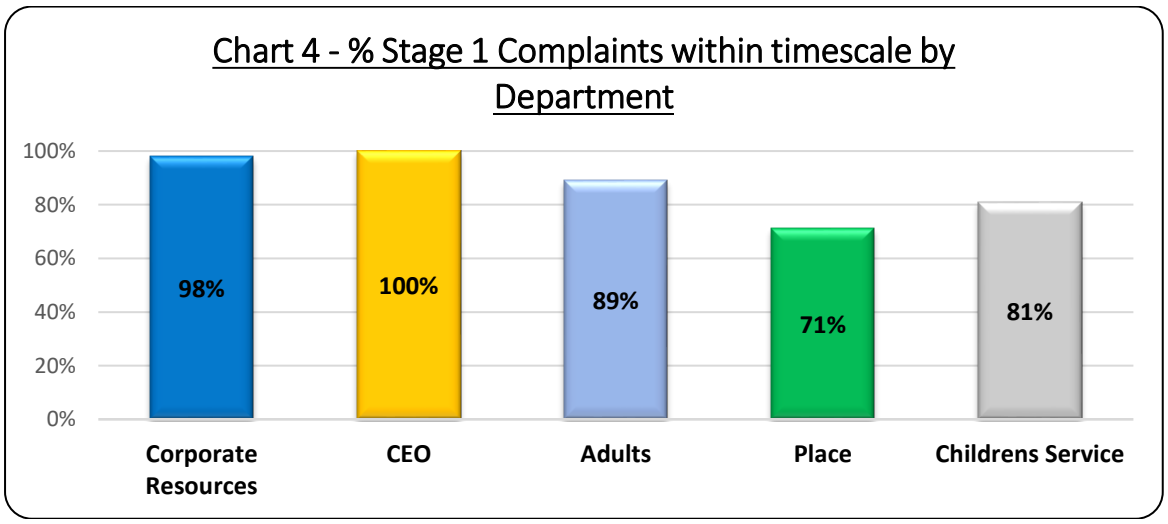


**Chart 4 below** represents the **% of Stage 1 complaints concluded within the specified timescales** in 2024/25 by Council Department




2.4.5 The Local Government and Social Care Ombudsman (LGSCO) apply a key performance indicator of 90% for Stage 1 complaint responses within the specified timescales. In 2024/25, Corporate Resources was the only department to meet this benchmark. To support improvement, monthly and quarterly performance reports are provided to the Corporate Management Team (CMT), ensuring senior leadership is aware of any non-compliance with this indicator. This reporting mechanism enables individual departments to assess their own performance and implement targeted measures to embed complaint handling as a core element of officers' daily responsibilities.

**Chart 5 below** represents the total number of **Stage 2 complaints completed** in the last 3 financial years

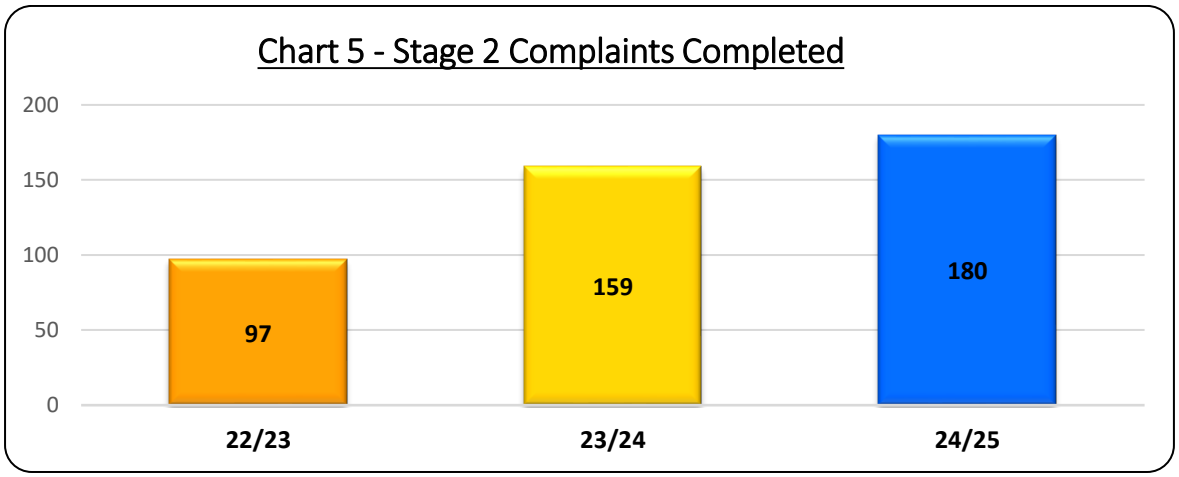
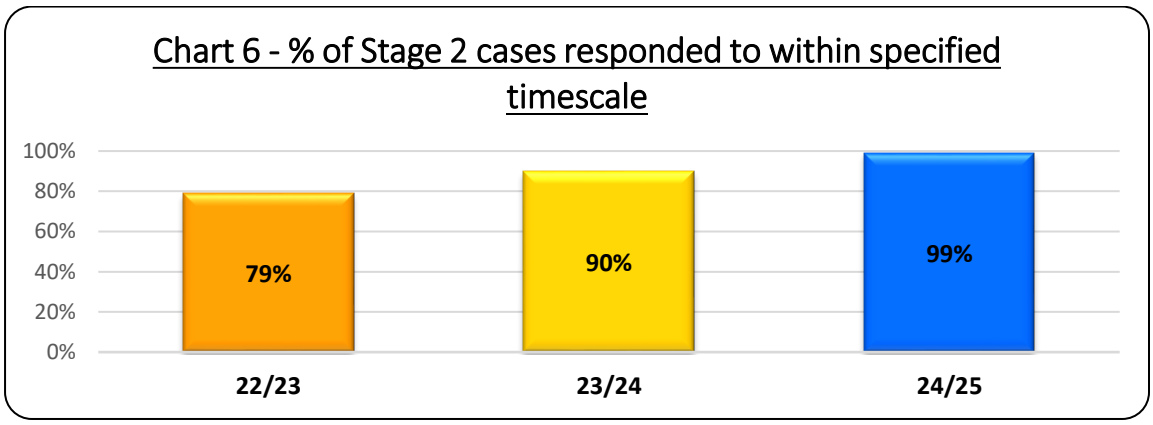


**Chart 6 below** represents the **% of Stage 2 complaints responded to within the specified timescales**, over the last 3 financial years




2.4.6 As with stage 1 complaints, the key performance indicator applied by the Ombudsman for stage 2 complaints completed within timescale is 90% and it is pleasing to report that this level was achieved in 2024/25.

2.4.7 Stage 2 investigations, whilst independently responded to by the Corporate Complaints Team, require input by departments to provide specialist knowledge of the complaint in hand and to comment on how and why they may have taken a specific action.

**2.5 Formal complaint investigation outcomes**

2.5.1 Complaint investigation outcomes normally fall into the following **3** categories;

- **Not upheld** – The investigator found **no fault** in the Council's actions
- **Partially upheld** – The investigator found **some fault** the Council's actions
- **Upheld** – The investigator found **fault in all** of the Council's actions

2.5.2 While reporting on the volume of complaints received and closed provides useful insight, it is equally important to assess this data against the number of complaints that have been upheld, where fault has been identified. This approach offers a clearer indication of where issues exist within service areas and should be used to inform remedial actions. Where appropriate, these findings should be incorporated into service improvement plans to support targeted interventions and drive continuous improvement.

**Chart 7 below** represents the **% of concluded Stage 1 complaint outcomes** in 2024/25

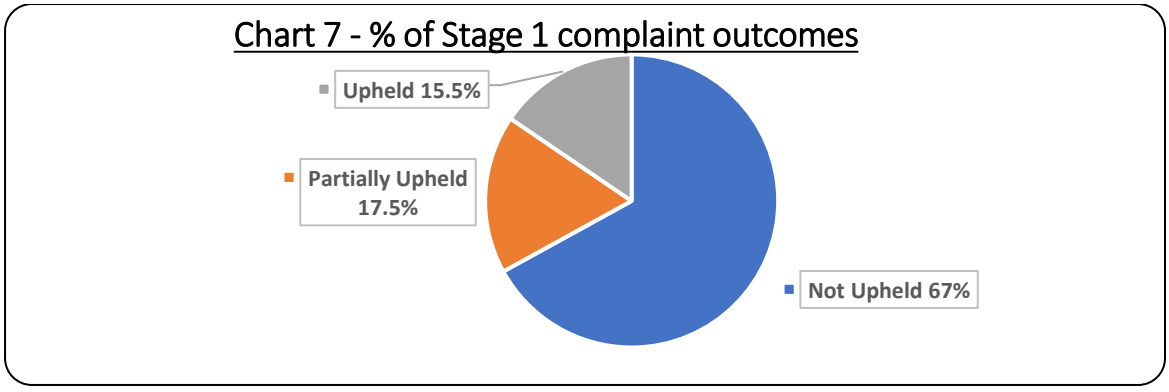


**Table 1** below represents the **% of Stage 1 complaints UPHELD** (either fully or partially) **by Council Department**

| **Table 1 - % of Stage 1 complaints upheld by Department** | **Fully Upheld** | **Partially Upheld** |
|---|---|---|
| Corporate Resources | **13%** | **14%** |
| CE Office | **50%** | **0%** |
| Adults | **7%** | **28%** |
| Place | **13%** | **19%** |
| Childrens Service | **44%** | **15%** |

2.5.3 A RAG rating system is applied to monitor upheld complaint rates across the Council. Where upheld rates exceed 20%, the Corporate Complaints Team (CCT) undertakes further root cause analysis and engages with the relevant departments to identify underlying issues contributing to the complaints. This approach supports targeted service improvements and promotes accountability in complaint handling.

Of the cases **FULLY UPHELD** at Stage 1, the **most common themes and number of instances, by Council Department**, are detailed in **Table 2** below;

| **Table 2 – common themes of fully upheld cases** | **Corporate Resources** | **CE Office** | **Adults** | **Place** | **Childrens Service** |
|---|---|---|---|---|---|
| Staff conduct / attitude | **8** | **0** | **2** | **6** | **2** |
| Communication | **8** | **0** | **1** | **5** | **11** |
| Financial / Charges applied | **15** | **0** | **2** | **9** | **1** |
| Delays | **11** | **1** | **0** | **8** | **19** |
| Failure to provide a service | **0** | **0** | **1** | **1** | **3** |
| Poor quality of the service provided | **5** | **0** | **3** | **10** | **14** |
| Inaccurate Information | **1** | **0** | **0** | **1** | **1** |

**Table 3** below details the **most common themes and number of instances, by Council Department** of **PARTIALLY UPHELD** stage 1 complaints

| **Table 3 – common themes of partially upheld cases** | **Corporate Resources** | **CE Office** | **Adults** | **Place** | **Childrens Service** |
|---|---|---|---|---|---|
| Staff conduct / attitude | **9** | **0** | **1** | **9** | **1** |
| Communication | **8** | **0** | **9** | **8** | **4** |
| Financial / Charges applied | **27** | **0** | **5** | **3** | **0** |
| Delays | **5** | **0** | **5** | **5** | **5** |
| Failure to provide a service | **1** | **0** | **3** | **5** | **4** |
| Poor quality of the service provided | **1** | **0** | **18** | **21** | **0** |
| Inaccurate Information | **1** | **0** | **0** | **0** | **1** |
| Policy Issues | **0** | **0** | **0** | **5** | **0** |

2.5.4 Stage 2 Escalated Complaints

Where complainants remain dissatisfied following a stage one complaint further investigation and independent review of the complaint is undertaken by an Officer from the CCT.

**Chart 8 below** represents the **% of completed Stage 2 complaint outcomes** in 2024/25

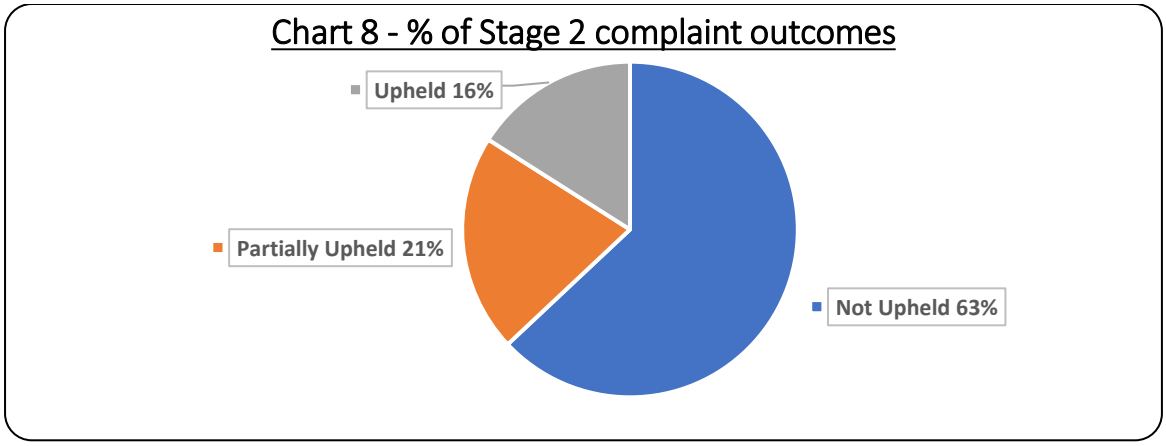



**Table 4** below represents the **% of Stage 2 complaints UPHELD** (either fully or partially) **by Council Department**

| **Table 4 - % of Stage 2 complaints upheld by Department** | **Fully Upheld** | **Partially Upheld** |
|---|---|---|
| Corporate Resources | **14%** | **22%** |
| CE Office | **0%** | **100%** |
| Adults | **NA** | **NA** |
| Place | **7%** | **15%** |
| Childrens Service | **47%** | **34%** |

2.5.5 Similarly, as with stage 1 complaints, the percentage of upheld complaints at stage 2 is RAG rated and where this exceeds 20% discussions are held with senior managers to consider improvements. This includes where process changes can be made to manage service user expectations within service provision limitations.

Of the cases **FULLY UPHELD** at Stage 2, the **most common themes and number of instances, by Council Department**, are detailed in **Table 5** below;

| **Table 5– common themes of fully upheld cases** | **Corporate Resources** | **CE Office** | **Adults** | **Place** | **Childrens Service** |
|---|---|---|---|---|---|
| Staff conduct / attitude | **1** | **0** | **0** | **0** | **1** |
| Communication | **2** | **0** | **0** | **3** | **4** |
| Financial / Charges applied | **0** | **0** | **0** | **0** | **0** |
| Delays | **3** | **0** | **0** | **1** | **4** |
| Failure to provide a service | **0** | **0** | **0** | **0** | **3** |
| Poor quality of the service provided | **1** | **0** | **0** | **2** | **2** |
| Inaccurate Information | **0** | **0** | **0** | **1** | **1** |

**Table 6** below details the **most common themes and number of instances, by Council Department** of **PARTIALLY UPHELD** stage 2 complaints

| **Table 6 – common themes of partially upheld cases** | **Corporate Resources** | **CE Office** | **Adults** | **Place** | **Childrens Service** |
|---|---|---|---|---|---|
| Staff conduct / attitude | **3** | **0** | **0** | **0** | **1** |
| Communication | **3** | **2** | **1** | **5** | **1** |
| Financial / Charges applied | **0** | **0** | **0** | **0** | **0** |
| Delays | **1** | **0** | **0** | **5** | **3** |
| Failure to provide a service | **0** | **0** | **0** | **0** | **4** |
| Poor quality of the service provided | **3** | **0** | **0** | **2** | **0** |
| Inaccurate Information | **1** | **0** | **0** | **0** | **1** |
| Policy Issues | **0** | **0** | **0** | **1** | **1** |

2.5.6 Importantly, where Stage 2 investigations are upheld, the Complaints Officer within the CCT consistently provides detailed feedback to the relevant service area manager. This includes advice on service improvements and identification of lessons learned to support continuous improvement and prevent recurrence of similar issues.

### 2.6 Complaint remedy

2.6.1 Where a complaint investigation identifies that an individual has experienced injustice, the Council will offer a remedy that is proportionate, appropriate, and reasonable, based on the specific circumstances of the case. Remedies may include a formal apology, a review of relevant procedures or policies, improvements to service delivery processes, staff training, and—in exceptional cases—a financial payment. Such payments are typically modest and symbolic in nature, rather than compensatory.

2.6.2 The Local Government and Social Care Ombudsman (LGSCO) has reported that, of the complaints escalated to them, 23% of upheld cases had already received a satisfactory remedy from the Council prior to their involvement. This figure is notably higher than the national average of 13% for similar authorities, reflecting the Council's commitment to early resolution and accountability.

## 3.0 The Local Government and Social Care Ombudsman (LGSCO)

3.1 The Commission for Local Administration is an independent body funded by government grant which runs and oversees the work of the Local Government and Social Care Ombudsman (LGSCO).

3.2 A complainant can approach the LGSCO at any time after making their complaint, however, the LGSCO will not normally take any action until the Council's own investigations have been concluded. When cases are accepted and investigated by the LGSCO consideration is given to assess any maladministration or fault by the Council and whether this has caused an injustice to the complainant.

3.3 Following the 2024/25 reporting period, the LGSCO have stated that nationally they *"have received a record number of complaints, over 20,000 for the first time, marking a 16% increase in each of the last 2 years. In addition to this, we are upholding 83% of*

*the cases we investigate".*

3.4 The LGSCO have imposed the following deadlines that local authorities are expected to adhere to:

- information related to the assessment team is requested within 5 working days;
- investigators requesting information within 20 working days;
- comments on draft decisions within 10 working days; and
- recommendations to action from final decisions – 1 month (apologies and payments) to up to 3 months (service improvement).

3.5 In order to facilitate the management of LGSCO information requests, the Council apply local procedures as follows:

- requests for information are sent to the individual service area within 24 hours of being received into the dedicated inbox;
- set internal deadlines including response due one day prior to the Ombudsman's deadline;
- 1st reminders issued up to a week prior to the deadline date;
- 2nd reminder sent day before the deadline date;
- final reminder sent on date due where Assistant Directors are copied in; and
- all communications are sent from the dedicated LGO Link email address to ensure they are easily identified by services, with the action required stated in the subject matter where necessary.

### 3.6 LGSCO Annual Performance Summary

3.6.1 Each year the LGSCO shares with every Council, and online as public information, a summary of complaints they have received and an average marker of performance across similar Councils for comparison. The statistics focus on 3 key areas: -

- **Complaints upheld** – The LGSCO uphold complaints when they find fault in the Councils actions, including where the organisation accepted fault before the LGCSO investigated. The total number of investigations completed is shared to provide important context for the statistic.

- **Compliance with recommendations** – The LGSCO recommend ways for Councils to put things right when faults have caused injustice and monitor their compliance with LGSCO recommendations. The LGSCO suggest that failure to comply is rare and a compliance rate below 100% is a cause for concern.

- **Satisfactory remedy provided by the authority** - In these cases, the Council upheld the complaint and LGSCO agreed with how the Council offered to put things right. The LGSCO encourage the early resolution of complaints and credit Councils that accept fault and find appropriate ways to put things right.

**Table 7 below** demonstrates the key annual LGSCO statistics for Bradford over the last three financial years and whether performance has improved, maintained or deteriorated.

| **Table 7 – Bradford's Annual Performance** | **2022/23** | **2023/24** | **2024/25** | **Direction of Travel** |
|---|---|---|---|---|
| **LGSCO Investigations** | 34 | 29 | 34 |  |
| **LGSCO Upheld Decisions** | 26 (76%) | 20 (69%) | 26 (76%) |  |
| **Compliance with LGSCO recommendations** | 100% | 100% | 100% |  |
| **Satisfactory remedy provided by the Council before reaching LGSCO** | 0% | 0% | 23% |  |

3.6.2 There has been some improvement over the last 3 years in Bradford providing remedies before the matter reaches the LGSCO, resulting in outturn of 23% in 2024/25.

### 3.7 Public Reports

3.7.1 The LGSCO are one of the few Ombudsman schemes to publish the decisions they make and cases that raise serious issues or matters of public interest are issued as public reports. Bradford has had **nil** public reports since 2022.

### 3.8 Comparisons

3.8.1 The following section details Bradford's performance in comparison to other Met Councils (peers deemed by the LGSCO), and additionally, comparators against neighbouring West Yorkshire local authorities.

**Table 8 below** demonstrates **Bradford's performance** against the **key LGSCO statistics** in 2024/25 compared with the average of all similar Councils.

| **Table 8 – Bradford's Performance against key LGSCO statistics** | **2024/25** | **2024/25 Average – Similar Councils** |
|---|---|---|
| **LGSCO Complaints upheld** | **76%** | 81% |
| **Compliance with LGSCO recommendations** | **100%** | 100% |
| **Satisfactory remedy provided by the Council before reaching LGSCO** | **23%** | 13% |

**Table 9 below** demonstrates **Bradford's performance** against the **key LGSCO statistics** in 2024/25 compared with neighbouring West Yorkshire Councils.

**West Yorkshire Authorities comparison**
**(* 1st = best performing to 5th = worst performing)**

| Table 9 – West Yorks Comparison | Complaints Upheld | Position in WY Councils* | Satisfactory Remedies provided % | Position in WY Councils* | Compliance with Recommendations % |
|---|---|---|---|---|---|
| **Bradford** | 76% | = 2nd | 23% | 2nd | 100% |
| **Calderdale** | 76% | = 2nd | 0% | = 4th | 100% |
| **Kirklees** | 94% | 5th | 31% | 1st | 100% |
| **Leeds** | 91% | 4th | 10% | 3rd | 100% |
| **Wakefield** | 60% | 1st | 0% | =4th | 100% |

## 3.9 LGSCO Financial remedy

3.9.1 When a complainant has suffered an injustice the LGSCO tries to put them back into a position where they would have been had that error not occurred, with a focus on restoring services that have been denied and taking practical steps to put things right.

3.9.2 When the LGSCO decide that an organisation need to learn from the fault to prevent likely injustice to others in the future, they can recommend the action that the organisation needs to take known as service improvement. In almost all cases the LGSCO publish service improvement remedies on their website.

3.9.3 In 2024/25 the LGSCO upheld **24** complaints related to Bradford Council and awarded a total of **£58k** in financial remedy.

3.9.4 Individual cases upheld by the LGSCO are detailed in Appendix B.

## 3.10 LGSCO comments

3.10.1 The LGSCO have commented that they have encountered **5** instances in the reporting period where Bradford have failed to respond to their enquiries on time and extensions were requested. This marks a significant improvement compared to previous years, with **23** instances recorded in 2022/23 and **11** in 2023/24.

3.10.2 Analysis of the 5 instances during 2024/25 shows that 2 were for BCFT, 1 was for Children's Services SEND and 2 were for Legal. When put into context, the LGSCO requested information on 106 cases in total, to enable them to decide on how to progress, therefore the 5 instances for extensions resulted in less than 5% requiring extensions of between 5 to 10 working days.

3.10.3 Additionally, the LGSCO have commented that "there were four cases where investigators had concerns about Bradford's application of the Children's Statutory Complaints procedure". All 4 of these relate to Children's Social Care and this information has therefore been provided to Bradford Children and Families Trust who deliver Children's Social Care on behalf of the Council and have responsibility for responding to the related complaints. On analysis of the LGSCO Decision Notices we can provide further comment on these 4 cases as follows;

1. Delays identified in concluding children's complaints process
2. Not considering all issues as part of the complaint
3. Correctly followed procedure but at fault for delay in responding to Children's Statutory stage 2 complaints
4. Delay in applying the Children's Statutory stage 2 stage to the complaint

3.10.4 BCFT have responded to the annual letter feedback shared from the LGSCO and they have confirmed that "a progress review is intended to be completed by the auditors in September 2025. A key element of this work is to contract out the completion of the majority of the Statutory Stage Two backlog of complaints that still exist due to internal capacity, and in-time reduce the delays in assigning and completing LGSCO complaints".

## 4.0 Training, Learning & Service Improvement

4.1 In terms of the training mentioned in the LGSCO annual review letter, which relates to training provided solely by the LGSCO, the Corporate Complaints Team (CCT) can confirm the following;

- the corporate complaints officer attended the LGSCO training when new in post;
- all LGSCO free training resources and webinars have been attended by CCT staff and training videos on the new complaints code are available on Bradnet for all staff to access;
- the internal Complaints Handling e-learning available on Evolve has been updated and refreshed and is available for all staff. Links to the course are also provided on Bradnet. (The course provides information not only on the Council's complaints procedure but also LGSCO cases and reiterates to services the need to provide information on time);
- guidance sheets are provided on Bradnet to support staff responding to complaints; and
- bespoke face to face training has been delivered by CCT to key areas such as Adult Social Care managers and SEND senior caseworkers and team managers and, resource permitting, is available to any service area upon request.

4.2 It is widely recognised that complaints serve as a valuable mechanism for driving service improvement and organisational learning. Outcomes from complaints can lead to general reminders for staff, the identification of specific learning points resulting in changes to processes, and the sharing of good practice across service areas.

4.3 The following tables present examples of feedback and learning provided by the Corporate Complaints Team (CCT) to individual service areas, following reviews of Stage 1 complaint responses and Stage 2 complaint investigations. These examples illustrate how insights from complaints have been used to support service

improvement and promote best practice.

**Table 10 below** demonstrates where general complaint handling has been identified as being below the required standard. Staff training and good practice guides are provided for Responding Officers by CCT.

| **Table 10 – Complaint handling Findings** | **Lessons Learned** | **Service Improvement Actions** |
|---|---|---|
| Service not responding to complaint within 20 working days | Feedback and reminder of corporate timescales provided | Individual service performance against timescales monitored to ensure improvement |
| Not all issues addressed as part of stage 1 response | Reminder and staff training provided to ensure stage 1 response is comprehensive | Link to TORs guidance and complaint handling e-learning |
| Stage 1 interpreted as biased and defensive | Ensuring that responses to complaints use neutral, evidence-based language, particularly in situations where events are contested. | Guidance on writing complaint responses shared with manager |
| Stage 1 response delayed, and no update or communications provided to customer | Recognised gap in complaints handling when individual services responsible for keeping complainants updated | CCT taken responsibility for keeping complainants updated and liaising with service to provide extensions where necessary |
| Outcome of complaint not applied correctly | Advice to service where recognising fault, should take ownership and complaint should be fully upheld | Link to guidance and complaint e-learning shared |
| Complainant informed need to contact other service where not part of remit | Feedback provided to ensure collated response is given where complaint crosses over different services | Link to e-learning shared |
| Stage 1 response recognised and upheld delay but no apology given | Reminder and staff training given on complaint handling and upheld complaints | CCT performance MI updated to monitor upheld complaints to ensure all elements of good complaint handling included in responses |

**Table 11 Service Specific Lessons Learned** below gives some examples of where stage 2 investigations identify the need for working practices to be reviewed or remedial action to be undertaken.

| **Table 11 – Service Specific Findings** | **Lessons Learned** | **Service Improvement Actions** |
|---|---|---|
| **Revenues and Benefits** | | |
| Complaint did not address request for contact not to be made by phone | Reasonable request for telephone number to be removed under UK GDPR | Staff reminded of UK GDPR obligations regarding data erasure and contact preferences |
| Complainant unable to attach evidence/information using CT Contact Us form. | Not fit for purpose and hinders customers where accessibility needs and reasonable adjustments are identified | Service to liaise with IT about adding facility to attach information to the online Contact Us form. |
| Complaint of delays and lack of communication for blue badge application despite email to CEO office | Feedback to ensure inbound emails processed correctly by CEO admin and blue badge team to review communication and engagement with customers | Working practices reviewed by service team to ensure updates are provided to customers in timely manner |
| **Clean Air Zone** | | |
| Grant decision queried by customer | After speaking to licensing, agreed wrongly assessed grant. Accepted this should have been done earlier in process. | Working processes updated by service team to reflect learning and ensure early intervention. |
| **Theatres** | | |
| Concern from member of public that theatre entrance had no member of staff present causing a security risk | Feedback provided to service that whilst aware of reasons why this happened, further action is needed to mitigate and prevent a reoccurrence. | Service reviewed operational procedures to ensure consistent staffing at all entry points, including the potential introduction of entry-point scanning. |
| **Leisure Centres** | | |
| Parent complained of rash on child following swimming session | Identified that clearer information should be made available for customers regarding potential skin sensitivity when using certain equipment | Leisure centre to explore ways of clearer signage or verbal guidance to inform customers about potential minor skin irritations that can occur and staff guidance reviewed to ensure health and safety concerns are more informative and reassuring. |
| **SEND** | | |
| Complaints received identifying service provision failings and delays | Stage ones acknowledged and upheld but no remedial action in place | Meeting held with SEND team to reinforce importance of complaint handling and timely updates. |
| Complainant not clear of process or the explanation given | Complaint feedback to consider use of acronyms and not to assume complainant knows the process involved | Feedback provided to ensure plain English is used and acronyms are avoided in communications. |

## 5.0 Complaint Handling Code

5.1 During 2023 the LGSCO published a Complaint Handling Code for consultation to all Local Authorities. The aim of the code is to provide a consistent approach to the handling of non-statutory complaints across all local authorities. Following extensive feedback, a re-drafted version was released by the LGSCO for Councils, as advice and guidance and good practice. A link to the code is here;

Complaint Handling Code - Local Government and Social Care Ombudsman

5.2 The main aspects of changes to be introduced through the Complaint Handling Code include;

Complaint Handling Resources

- 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).
- 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.
- 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.

New Complaint Timescales

- Acknowledgement of all complaints within 5 working days.
- Stage 1 complaints to be resolved within 10 working days, with Councils able to apply a further 10 working day extension when considering complexity of individual cases.
- Stage 2 complaints to be resolved within 20 working days, with Councils able to apply a further 20 working days extension when considering complexity of individual cases.

5.3 Following consultation and feedback, the LGSCO made changes to their proposed complaint handling code. The main changes are;
(i) The LGSCO have decided to remove their decision in the new code to no longer apply partially upheld as an outcome, so this will continue to be applied in future.
(ii) The LGSCO has also decided to remove reference to accepting complaints via social media whilst stating that Council's should continue to allow complaints to be accepted from various channels.

5.4 The guidance aims to assist Councils to embed the new code and timescales into their working practices over the course of 2025-26. All Councils are expected to fully implement the new code from April 2026 when the LGSCO will then also apply the code to their own processes and decision making from financial year 2026-27.

5.5 The CCT have commenced work in April 2025 to ensure that the Council are well placed to ensure compliance with the Ombudsman's new Complaint Handling code. To date this includes;

- providing understanding and knowledge of the LGSCO Complaints code to key stakeholders by the offer of updates and training, in particular, engagement with designated reps from Childrens Services on a monthly basis to discuss performance and learning actions;
- Engagement with Adults department and regular attendance at their 'Learning From' practice group meetings;
- In July 2025, introduced changes to the complaints process to ensure all Strategic Directors are included in draft LGSCO decision notices for awareness and intervention;
- Provided feedback to the Customer Experience Strategy in July 2025 to enable consideration of how complaints can assist planning of the new strategy;
- introducing the new timescales for responding to complaints to align with the complaints code expected turnaround;
- reporting functionality amended so performance can be measured against new timescales to provide a baseline of where we are now;
- complaints templates updated to reflect LGSCO recommended wording;
- Complaints Handling e-learning reviewed and updated on Evolve to include awareness of new complaints code for all staff; and
- Bradnet updates and complaints newsletter introduced to provide key messages during April 2025 and July 2025 and further ones scheduled periodically in the run up to implementation in April 2026.

5.6 The roll out programme, designed for the 2025/26 year, to ensure a smooth transition to incorporate the new changes is on track to be completed in readiness for the changes in April 2026. The full programme is added as Appendix 2 at the end of this document.

## 6.0 Key improvement actions implemented in 2024/25

| | |
|---|---|
| **1. Endorsing responsibilities and accountabilities for complaint handling across Departments and Services to improve performance** | All Services now have a complaint handling champion known as a "Link Officer". Bi-annual network meetings have been held and a MS Teams channel created to provide them with regular support, advice and updates to be cascaded through the services they represent. This also provides an opportunity for discussion within the Link Officer network on complaint handling and sharing of good practice.<br><br>Improved Complaint handling performance reports issued monthly to CMT in relation to all Council Departments following feedback from service areas with additional attendance at DMTs to provide further discussion and advice. |
| **2. Reviewing the Councils Policy for managing vexatious complainants and vexatious requests** | The Council's policy for managing vexatious complainants was reviewed and relaunched in August 2024 to include vexatious requests and Complaints Link Officers across the |

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| | authority have been made aware, the Evolve training has been updated to reflect the change and the policy is displayed on the Council's external website.<br><br>Support and guidance are also provided to services where individuals are identified as meeting the vexatious criteria and the CCT Manager leads on applying the policy and introducing sanctions where necessary to manage unreasonable contact. |
| **3. Reviewing the content of all external and internal websites to ensure up to date information is available for employees and Service users.** | Both external and internal websites have been reviewed and updated during the reporting period to provide clarity, support and guidance to both complainants and responding officers. |
| **4. Ensuring all those involved in complaint handling have access to specialist advice, support, guidance, and training material, including delivery of specific training were deemed necessary** | A bespoke training package" Complaint Handling for Managers" was created and initially delivered to a number of Managers within Adult Social Care and Special Education Needs service. This is now offered Council wide via both e-learning and face to face sessions. |

## 7.0 Conclusion

7.1 Overall, the Council's complaint handling performance has shown notable improvement compared to the previous financial year. Response rates for Stage 1 and Stage 2 complaints increased by 8% and 9% respectively. However, as outlined previously in this report, further improvement is required across service areas in responding to Stage 1 complaints to meet the Local Government and Social Care Ombudsman's (LGSCO) expected minimum standard of 90%.

## 8.0 Key improvement actions for 2025/26 in summary

**1. Further Improve Complaint Handling Performance**

To build on the progress made in 2024/25, the Council will implement the following actions to further enhance complaint handling performance:

- **Ensure Realistic and Ambitious Timescales:** Review and align complaint response timescales to ensure they are realistic, achievable, and comparable with neighbouring councils, while reflecting the Council's ambition to improve both the timeliness and quality of responses.
- **Benchmarking:** Undertake benchmarking exercises with comparable local authorities to assess performance and identify best practice.

- **Preparation for the New Complaint Handling Code:** Embed revised processes and practices in readiness for the implementation of the new Complaint Handling Code in 2025/26.
- **Targeted Support and Training:** Provide tailored support, advice, and training to underperforming service areas, alongside quality assurance where specific needs are identified.
- **Improved Collaboration with BCFT:** Continue working closely with colleagues in Bradford Children and Families Trust (BCFT) to enhance communication and responsiveness to LGSCO enquiries. This has already led to improved outcomes in the first half of 2025/26, with only one extension request recorded.
- **Quarterly Deep-Dive Reviews:** Maintain quarterly deep-dive reviews of departmental complaint performance. One review was completed in August 2025, with the next scheduled for November 2025. These reviews include analysis of complaint themes and lessons learned, providing valuable insights to inform service-specific improvement plans for CMT and DMT.
- **Procedure Review:** Conduct a comprehensive review of current complaint handling procedures to identify opportunities for streamlining and improving efficiency, particularly in relation to Stage 1 complaints.
- **Timely Sharing of LGSCO Decision Notices:** Share LGSCO decision notices and recommendations with senior management within five working days of receipt, ensuring timely awareness and action.
- **Engagement with LGSCO Draft Decisions:** Ensure senior managers have the opportunity to review and comment on LGSCO draft decision statements within five working days of receipt, and agree on required actions prior to the final decision notice being issued

**2. Ensuring Effective Complaint Handling Remains a Priority Across Council Departments and Services**

To embed a culture of effective complaint handling and support continuous improvement, the following actions have been undertaken:

- **Complaint Handling Newsletter:** A dedicated newsletter has been developed to highlight current issues, share key messages, and provide ongoing updates related to the new Complaint Handling Code. Two editions have been published to date (April and July 2025) and circulated to all staff via the Council's intranet. Copies have also been provided to Link Officers for further dissemination within their service areas.
- **Internal Website Review:** The content of internal platforms is regularly reviewed to ensure that up-to-date guidance and resources are available for employees involved in complaint handling.
- **Training Provision:** Complaint handling training is available via the Evolve platform for Managers and Responding Officers. In addition, four bespoke training sessions have been delivered to designated managers within Adult Social Care and SEND services.
- **Customer Strategy Experience Project:** Complaint handling has been integrated into the Council's Customer Experience Strategy project to ensure staff are equipped to resolve issues at the first point of contact, thereby reducing unnecessary escalation to formal complaints. Training rollout under this initiative is scheduled for late 2025/26

### 3. Reducing the Number of Complaints Received

To proactively reduce the volume of complaints received, the following measures have been implemented:

- **Root Cause Analysis Reporting:** Timely root cause analysis reports are produced for individual services and departments. The frequency of these reports is dependent on departmental performance; where performance is lacking, reports are issued monthly to support targeted improvement.
- **Service Improvement through Complaint Outcomes:** Themes arising from upheld complaints are discussed with senior managers to ensure that outcomes lead to tangible improvements in service delivery.
- **Reducing Escalation to Stage 2:** The Council is actively investigating and developing strategies to reduce the number of complaints escalating to Stage 2. Analysis has shown that high-quality, thorough Stage 1 responses significantly reduce the need for further investigation, allowing resources to be focused on cases where fault is identified.
- **Addressing Increasing Uphold Rates:** Work is underway to understand and address the rising uphold rate. This includes providing specific examples to service managers and issuing reminders regarding expected standards of conduct, particularly in areas where staff behaviour has contributed to complaints.

### 4. Using Learning from Complaints to Shape Service Improvement

To ensure that insights from complaints are effectively used to drive service improvement, the following actions have been undertaken:

- **Trend Analysis:** Ongoing analysis of complaints data is conducted to identify emerging trends from the customer's perspective. These insights are fed into the Council's Customer Experience Strategy to inform service design and delivery.
- **Feedback to Services:** The Corporate Complaints Team (CCT) continues to provide feedback to services where complaints are upheld, highlighting common themes and lessons learned from Stage 2 investigations.
- **Embedding Learning:** Services are encouraged to apply the outcomes and learning from complaints to inform and improve operational practices.
- **Engagement with Senior Staff:** The CCT maintains quarterly attendance at Departmental Management Team (DMT) meetings and holds ad hoc sessions with designated senior staff in areas where performance issues have been identified. These sessions focus on reviewing compliance with response times and discussing key learning points.
- **'Learning From' Model Rollout:** Following the successful implementation of a 'learning from complaints' model within Adult Services, plans are in place to roll this approach out across the wider organisation to promote consistency and continuous improvement.

**Appendix 1 -** details the investigation stages for all types of formal complaint and associated timescales.

| **Complaint by Type** | **Category** | **Stage** | |
|---|---|---|---|
| **Adult Social Care** | Statutory | **1** | Investigated by Managers within the relevant Service area with assistance from the Corporate Complaints Team (CCT). |
| **Public Health** | | | |
| **All other complaint types** | Non - statutory | | |
| **Adult Social Care** | Statutory | **N/A** | Where a complainant remains dissatisfied following the outcome of their original complaint there is no Stage 2 included in the legislation governing these complaints and complainants will normally be referred to the Ombudsman. |
| **Public Health** | Statutory | **2** | Where a complainant remains dissatisfied following the outcome of their original complaint, these escalated complaints are investigated by the CCT. |
| **All other complaint types** | Non - statutory | | |

**The table below** represents the timescales for resolving a complaint either in accordance with legislation (*green*) or in accordance with Council policy (*amber*).

| **Complaints Timescales** | **Stage 1** | **Stage 2** |
|---|---|---|
| **Adult Social Care and Public Health** | **20** working days | Not applicable |
| **All other complaints** | **20** working days | **65** working days |

**Appendix 2 – Roll out programme for Complaints Handling Code**

As a council we recognise the importance of adopting the LGSCO new complaints handling code which the Ombudsman will use to measure our complaints performance from April 2026 onwards. Work has therefore commenced to prepare for the introduction of the code. Below provides a summary of the key actions within the roll out programme.

| Start | Task |
|---|---|
| 01/02/2025 | Business case for DMT / CMT consideration |
| 01/03/2025 | Newsletter draft and send to services & Bradnet |
| 23/03/2025 | Link officers meeting - 18 March |
| 01/04/2025 | Complaints Code introduced into day to day complaint handling |
| 01/04/2025 | update all templates with Complaints code recommended wording and LGSCO information |
| 01/04/2025 | start sending 10 day timescale with S1s |
| 07/04/2025 | Complaints Code training videos added to Bradnet |
| 16/04/2025 | Complaints code information added to Council's Annual Governance Statement |
| 01/04/2025 | update Civica to reflect new timescales |
| 25/04/2025 | CMT performance updated to show Council compliance to new code timescales |
| 20/04/2025 | Bradnet amendments to reflect roll out of complaints code |
| 01/06/2025 | Review training slides and amend where necessary |
| 01/08/2025 | Include complaints code in GAC report |
| 01/10/2025 | Draft and finalise updated complaints handling policy |
| 15/10/2025 | Update elected members complaints guidance (see https://www.local.gov.uk/publications/councillor-workbook-handling-complaints-service-improvement ) |
| 01/11/2025 | Ensure Bradford.gov pages reflect complaints code |
| 01/03/2026 | Complete self-assessment and upload to Bradford.gov & link on Bradnet |
| | |
| **Additional / Supporting tasks** | |
| 01/04/2025 | Service specific stage one reviews / quality assurance - deep dive |
| 01/04/2025 | Service specific guidance and training where gaps and issues identified |
| 01/04/2025 | Continue to provide feedback on individual stage 1s |

**Appendix 3 – LGSCO Upheld complaints 2024/25**
The table lists the individual complaints upheld by the LGSCO, providing further detailed information of the decisions made and remedies and recommendations which the Council has put in place.

| Summary of upheld complaint | LGSCO decision | Recommendations | LGSCO satisfied with remedy |
|---|---|---|---|
| Ms D complains about herself and on behalf of her daughter, Miss C. They complain about the Council's lack of work with Miss C about a risk of child sexual exploitation, the lack of support for both Miss C and Ms D, comments that Ms D was a reason one of Miss C's placements broke down and not acting on advice. | There was some fault by the Council and its partner organisation in a delay in supporting Ms D and Miss C. | Within one month of the final decision, apologise to Ms D and provide her with a symbolic payment of £400 for the uncertainty about whether things might have turned out differently if she and Miss C had received the support she had been requesting | Completed by BCFT |
| Ms Y complained about failings during her father's discharge planning, and delays in the repatriation of her mother | The Ombudsman found fault by the Council for failings in discharge planning. They also found fault by Bradford Trust and Chesterfield Trust for failings in the repatriation process. These faults led to avoidable expenditure and avoidable stress. | Within one month of the final decision the Council should write to Ms Y to acknowledge the failings and for the impact this had on the family's ability to make an informed decision about Mr X's post-discharge care.<br>Within two months of the final decision the Council should refund the amount Mr X's family paid for support from the time Mr X left hospital until the end of the day it completed an assessment in the community (on 17 June 2022). The family paid £1,002.27 during this period.<br>Within three months of the final decision the Council should ensure any of its staff who are involved in hospital discharge arrangements are made aware of the | Completed |

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| | | learning from this case | |
| Ms X complained the Council failed to arrange a school place or educational provision for her child Y | The Council was at fault as it failed to identify a suitable school for Y, failed to ensure Y received the provision in their Education, Health and Care Plan and has failed to issue a final Plan following Y's annual review. | Within one month of the final decision, the Council has agreed to:<br>a) Apologise to Ms X and Y for the distress and frustration caused by the faults identified. b) Issue Y's final EHC Plan.<br>c) Pay Y £6,750 in recognition of the missed provision from February 2023 to July 2024.<br>d) Pay Ms X £500 to acknowledge the distress and frustration caused to her by the Council's faults including her delayed right of appeal as it appears likely she would have wanted to appeal.<br>Within two months of the final decision, the Council has agreed to review this case and prepare an action plan setting out how it will ensure:<br>a) annual reviews are carried out on time and, where it decides to amend an EHC Plan, the final Plan is issued within 12 weeks of an annual review meeting.<br>b) it retains oversight of children out of school not receiving education | Completed |
| Mrs C complained the Council's Planning Enforcement Team did not carry out a proper investigation into a large outbuilding in a neighbouring garden. She says it is too large and the Council has not dealt with issue of increased ground levels. The Council's communications with her have been poor. Mrs C says she feels the structure is unsafe and so a danger to her family | The Ombudsman upheld the complaint, due to delay. | Within a month of the final decision<br>a) apologise to Mrs C for the disappointment and frustration its fault has caused<br>b) provide an update to Mrs C about when she can expect further action by its Planning Enforcement Team regarding the open investigation. | Completed |

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| Mr X complains about the Council's handling of his mother's (Mrs Y) care and assessment since she was admitted to hospital in September 2022. | The Council was at fault for the avoidable delay in assessing Mrs Y's needs and contribution to care costs | The Council has already taken appropriate action to remedy the injustice caused by this delay | Completed |
| Miss B says the Council accepts that, after the special guardianship order (SGO) was issued in 2015, she should have been paid an allowance at the London rate (which is higher than the national rate she received). But it has refused to properly backdate the allowance she missed out on | The Council was at fault for paying Miss B a special guardianship allowance at the wrong rate between 2015 and 2021. This meant she missed out on a significant amount of allowance | Within a month, the Council has agreed to make a payment to Miss B equal to the amount of special guardianship allowance she was underpaid between 2015 and 2021 | Completed by BCFT |
| Mrs X complained the Council has delayed in assessing the change in her father, Mr Y's care needs and has refused to backdate support to January 2023 when the care increased. As a result, Mr Y has accrued care charges he cannot afford. | The delays and failings in the way the Council dealt with Mrs X's requests for additional care and support for Mr Y are fault. This fault has caused Mrs X and Mr Y an injustice. | The Council has agreed to:<br>• apologise to Mrs X and Mr Y for the failings and delays in the way it dealt with Mrs X's requests for additional care and support for Mr Y make back dated direct payments for the increased care costs Mr Y incurred between 19 January and 14 August 2023 in respect of the additional call each day and the extended morning visit;<br>• pay Mrs X £300 to recognise the distress, anxiety, and uncertainty she experienced as a result of the Council's failings;<br>• provide training/ reminders to relevant staff of the need to provide clear advice and explanations of the process to be followed when an increased care package is requested. And of the need to fully document the advice given | Completed |

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| Mrs Y complains on behalf of Miss X about the way in which the Council managed her family's move out the Council's area in April 2023. She said that because of the Council's failures the family suffered avoidable distress and the children missed out on education and crucial social services support. | The Ombudsman found the Council was at fault for the delay in transferring some of the educational documents to the new Council and the delay in holding a transfer meeting. | Within one month of the date of the final decision statement, the Council will:<br>• apologise to Miss X for the delay in transferring C's EHC Plan assessment request within the statutory deadline, the delay in holding a CIN transfer meeting and with the support he needed in transitioning to his secondary school and the distress and frustration this has caused them.<br>• pay Miss X £400 to recognise the avoidable distress and uncertainty the Council's fault identified in this decision caused her. | Completed |
| Miss L complains the Council was at fault for suspending and then terminating her housing benefit claim. It unreasonably requested information that she could not provide. | The Council wrongly ended Miss L's claim. | The Council has remedied that fault by apologising and reinstating the suspended claim | Completed |
| Miss X complains the Council failed in its duties to provide suitable education and Special Educational Needs support to her child, D. | There was fault by the Council which caused D to miss education and SEN support. | Within one month of our final decision the Council will:<br>a) apologise to Miss X for the impact of the faults identified.<br>b) pay the family a total of £3,450.<br>Within three months of our final decision the Council will:<br>a) produce an action plan for steps it will take to ensure it:<br>i. carries out EHC needs assessments within statutory timescales, including where it concedes a SEND Tribunal appeal about its decision not to carry out an assessment;<br>ii. properly considers its section 19 duty to provide alternative education as soon as it is aware a child is out of school, properly records its considerations, and keeps arrangements under review; | Completed |

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| | | iii. meets its duty to immediately secure the SEN provision in a final EHC Plan.<br>iv. communicates properly with SEND families where they raise<br>b) issue a reminder to staff that respond to complaints about SEND, about the importance of apologising to complainants where the Council accepts fault. | |
| Mr S complained the Council delayed completing a financial assessment for his father, Mr F and failed to provide information about the charges. | The Council is at fault for failing to refer Mr F to the CHC scheme, failing to provide detailed written information about the financial assessment and failing to complete this within a reasonable timeframe. | Within four weeks<br>• Waive the invoice for the outstanding care fees detailed above.<br>• Apologise to Mr F for the financial and emotional distress caused by failing to refer him to the CHC scheme, failing to provide details in writing about the financial assessment and delay completing the assessment<br>• Remind staff about the CHC scheme and their duty to refer individuals.<br>• Review procedures to ensure detailed written information is provided at an early stage about the financial assessment and how this may impact the individual. | Completed |
| Ms X complained that her child, Y, has been out of education since January 2022.<br>In that time, she says the Council failed to provide any alternative education. Failed to provide the special education in Y's EHC Plan. Failed to issue an amended Final EHC Plan after a review in March 2023. Took too long to agree that Y needed Education Otherwise than | The Council was at fault for failing to provide education to Ms X's child Y when Y could not go to school for health reasons. The Council also failed to deliver the provision in Y's EHC plan and failed to issue a final plan following the annual review. The Council took too long to decide Y needed education otherwise than at school and delayed dealing with Ms X's complaints | Apologise to Ms X and to Y<br>• Make immediate provision for Y's education • Issue a Final EHC plan<br>• Pay Ms X £1000 in recognition of her significant and avoidable distress over an extended period<br>• Pay Y £16,800. This is £2,400 for each term of missed education.<br>The Council should also take action to improve its services | Completed |

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| at School (EOTAS) and then failed to put this in place | | | |
| Mr X complained the Council and ICB failed to work together to provide him with a budget for support. | We found fault by the Council in its reference to older legislation in its Direct Payments contracts, which caused frustration to Mr X | within three months of the final decision<br>the Council will send Mr X an updated version of the Direct Payments contract; and provide confirmation that it has changed its Direct Payment contracts to reflect the current legislation | Completed |
| Ms X complained the Council did not correctly follow policy and procedure when responding to her complaint. Ms X said this caused her to no longer be a foster carer and had a financial impact. | The Ombudsman found the Council correctly followed the statutory complaints process but is at fault for delay. | Within four weeks of the final decision, the Council agreed to apologise and pay Ms X a symbolic payment of £250 to recognise the distress caused by delay in responding to the complaint. | Completed by BCFT |
| Mrs Y complained that her late father, Mr W, experienced avoidable injuries during his short time at a Council commissioned residential care home. She also says that staff did not communicate with her properly about the incident and did not properly investigate. | The Ombudsman found the home failed to properly assess Mr W's risks and at the frequency agreed in his care plan. Although it cannot say that Mr W's fall was preventable; the fault has caused uncertainty. | Within four weeks, the Council will provide a copy of the updated smoking policy and telemedicine procedure.<br>To remedy the personal injustice experienced by Mrs Y, within four weeks the Council will also apologise and make a symbolic payment of £300 | Completed |
| Ms X complained the Council failed to provide her son with a suitable education or update his Education, Health and Care Plan for two years after they moved into the Council's area. | The Council failed to secure the provision in his EHC Plan for over two years, provided only a limited amount of tutoring and delayed reviewing the EHC Plan causing frustration and distress. | within one month - Apologise to Ms X;<br>• Make a symbolic payment of £1000 to Ms X to recognise her distress and frustration.<br>• Make a payment of £13,750 to be used for the benefit of Z to recognise the loss of education and special educational provision from September 2022 to October 2024. | Completed |

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| Mr X complained about the Council's decision to grant retrospective planning permission to his neighbours' extension | We find fault with the Council's decision-making and its delay responding to Mr X's complaint. | Within four weeks of the date of my final decision<br>• apologise and pay Mr X £300 in recognition of the distress and uncertainty caused by its delay considering his complaint;<br>• pay Mr X £1000 in recognition of the loss of amenity. | Completed |
| Mrs X complained about the way the Council dealt with her son, Y's education | The Council was at fault for failing to follow the annual review process, failing to keep proper records, issuing the final amended EHC plan before the draft amended EHC plan and failing to provide section F provision and transition support | Within four weeks the Council will:<br>• apologise to Mrs X and Y for the faults identified.<br>• make a symbolic payment of £500 to Mrs X, on behalf of Y, to recognise the frustration, distress and uncertainty caused by the delay in reviewing Y's EHC plan, failing to keep proper records, issuing the final amended EHC plan before the amended draft EHC plan and failing to provide transition support.<br>• make a payment to Mrs X, on behalf of Y, of £1000 to reflect the lack of section F provision for Y<br>• remind staff dealing with EHC plans of the importance of timely annual reviews, keeping proper records, issuing draft EHC plans before final EHC plans and providing appropriate transitional support. | Completed |