

Complete Agenda

CABINET

GWYNEDD COUNCIL

DATE	Tuesday, 30th March, 2021
TIME	1.00 pm
LOCATION	Virtual Meeting
CONTACT POINT	Annes Siôn 01286 679490 cabinet@gwynedd.llyw.cymru

GWYNEDD COUNCIL CABINET MEMBERS

Members	
Dyfrig L. Siencyn	Leader
Dafydd Meurig	Deputy Leader, Cabinet Member for Adults, Health and Wellbeing
Craig ab Iago	Cabinet Member for Housing
Gareth Wyn Griffith	Cabinet Member for Environment
Nia Wyn Jeffreys	Cabinet Member for Corporate Support
Dilwyn Morgan	Cabinet Member for Children and Young People
Gareth Thomas	Cabinet Member for Economic Development and Community
Ioan Thomas	Cabinet Member for Finance
Catrin Elen Wager	Cabinet Member for Highways and Municipal
Cemlyn Rees Williams	Cabinet Member for Education

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THE CABINET TUESDAY, 9 MARCH 2021

Present-

Councillors: Dyfrig Siencyn, Dafydd Meurig, Craig ab Iago, Gareth Wyn Griffith, Nia Wyn Jeffreys, Dilwyn Morgan, Gareth Thomas, Ioan Thomas, Catrin Wager and Cemlyn Rees Williams

Also present-

Morwena Edwards (Corporate Director), Iwan Evans (Head of Legal Services), Dafydd Edwards (Head of Finance Department) and Annes Sion (Democracy Team Leader).

Item 6: Sioned Williams (Head of Economy and Community Department)

Item 9: Rhion Glyn (Senior Business Manager)

1. APOLOGIES

The Cabinet Members and Officers were welcomed to the meeting. Apologies were received from Dilwyn Williams, Chief Executive.

2. DECLARATION OF PERSONAL INTEREST

Councillor Ioan Thomas and Councillor Cemlyn Williams declared a personal interest in item 6 as they were members of Caernarfon Town Council.

3. URGENT ITEMS

There were no urgent items.

4. MATTERS ARISING FROM OVERVIEW AND SCRUTINY

There were no matters arising from overview and scrutiny.

5. MINUTES OF THE MEETING HELD ON 16 FEBRUARY 2021

The Chair accepted the minutes of the meeting held on 16 February 2021 as a true record.

6. TRANSFER OF LEASE AND MANAGEMENT OF COED HELEN SITE, CAERNARFON TO CAERNARFON TOWN COUNCIL

The report was submitted by Cllr Gareth Thomas

DECISION

Lease and transfer of the management of Coed Helen Park, Caernarfon to Caernarfon Town Council.

DISCUSSION

The report was submitted, and the decision noted. It was noted that, in December 2014, the Council had approved a savings programme of over £1million for the Leisure department. It was added that the department had managed to realise these savings, and as part of the savings, the Byw'n Iach Ltd. company had been established to take responsibility for the leisure service.

It was noted that the company ran 12 of the Council's Leisure Centres as well as five community resources. Parc Coed Helen was one of those community resources, which was used by local clubs within the communities. It was added that the resources had been transferred to the Company temporarily and it had been highlighted at the time that this arrangement was not the most effective for the sites. It was stated that the Economy and Community Department had been holding discussions with several groups and entities in the communities to see whether there would be any interest in having more effective arrangements to manage the resources. It was added that positive arrangements had been held with Caernarfon Town Council and it was noted that the Town Council had decided to take the transfer of the Park on a 99 year lease. It was stressed that the Town Council was happy to maintain the existing services, while also seeking opportunities to improve the facilities for the future.

Observations arising from the discussion

- It was noted that as this land was public open land, notification of this intention was a legal requirement. It was stressed that this had been undertaken and no objections had been received.
- It was noted that one of the Local Members had objected and it was asked what concerns had been highlighted by him. It was noted that he had raised several matters such as arrangements for the Caretaker, parking matters as well as the Capacity of the Town Council. It was stated that the Council had explained the situation but that the Local Member continued to object to the transfer.
- It was noted that the park was close to the hearts of many people and that securing its future was completely necessary. It was noted that the Town Council was possibly a better body to manage the resource. Concerns about the caretaker were acknowledged.
- It was expressed that there was a need to look at transferring all the community resources, as it would be possible for them to receive more investment through bodies such as Town Councils.

7. STRATEGIC SAFEGUARDING PANEL PROGRESS REPORT 2018-2020

The report was submitted by Cllr Dilwyn Morgan

DECISION

The report on the work of the Strategic Safeguarding Children and Adults Panel was accepted.

DISCUSSION

The report was submitted noting that the purpose of the report was to provide an update on the work of the Strategic Safeguarding Panel. It was stressed that safeguarding was a priority for all within the county and that it had been heightened during the Covid-19 period.

It was noted that the report summarised the work of the panel, with references to the reports of external auditors and the Annual Report of the Corporate Director for the period of two years. It was explained that, although the timing of the report had slipped, this was not a reflection of the work of the panel during the period in question.

The Corporate Director apologised that the report was late, but it was stated that it was a comprehensive report. It was noted that there was a brief delay before meeting at the beginning of the pandemic but it was stated that the panel had met throughout the past year, and this highlighted that safeguarding was a priority within the Council. Everyone's commitment to this field was appreciated.

Attention was drawn to the effect of the pandemic on safeguarding and it was noted that the number of referrals had reduced for a while but the number was increasing as aspects of the pandemic adapted. It was noted that it was encouraging that these trends were consistent with the picture seen across Wales, and that national and regional discussions were continuing to look at these trends.

It was noted that progress had been made with the work programme. Attention was drawn to the good work of raising awareness that was being done continuously, but it was stated that training data remained a concern as the figure for the number of council staff attending training was not 100%. It was added that the panel was looking at the best way of sharing the information with staff. The work that was being done in partnership and regionally and nationally was highlighted. It was further stated that the internal panel had merged community safety within the Safeguarding Panel.

Attention was drawn to the increase in the number of parents deciding to educate their children from home and it was highlighted that safeguarding guidelines were not in place for these children. It was noted that this matter should be looked into further.

Observations arising from the discussion

- A question was asked about the number of children being educated from home and the reasons for the increase. It was stated that the Head of Education Department should be asked about the reasoning behind the decisions but it was noted that procedures were in place in order to contact the individuals who choose to educate from home.

- It was noted that the domestic violence rate was low specifically after the lockdown. Concern about this field was raised and it was noted that specific officers within the field were working closely with heads to try to make everything as simple as possible for individuals who genuinely needed support. It was added that there was an expectation that numbers would increase following the pandemic and that a population needs assessment would need to be created after this period.
- The staff were thanked for their work during the pandemic.

8. RESPONSE TO THE CONSULTATION ON THE WHITE PAPER: RE-BALANCING CARE AND SUPPORT

The report was submitted by Cllr Dafydd Meurig

DECISION

The draft response to the Consultation was approved, noting the need for modifications to respond to question 3 in order to strengthen the response.

The Council's decision to disagree with the proposals included in the White Paper was supported.

DISCUSSION

The report was submitted noting that the Government had published the White Paper looking at Re-balancing Care and Support. It was noted that the White Paper highlighted the Government's vision which included moving away from complexities, moving away from prices and closer to social value and to shift from an organisational focus to focusing on effective collaboration. Support for the vision, which aligned with the vision within the Council, was expressed.

It was stressed that, from looking at the documents, the main problem was how the Government would deliver this. It was further noted that the White Paper stressed the element of simplifying, but complicated the arrangements by noting standard commissioning processes, creating a National Office and Boards, and establishing the Regional Partnership Boards as legal corporate entities. A feeling that the above intention was contrary to the vision was highlighted, and that this had been stated in the Council's response.

The Corporate Director added that, at first sight, it aligned with the Council's vision and was a good response from the Government. Nevertheless, it was noted that having taken a closer look, it was contrary to the vision noted. It was noted that the field was made more complex by adding further layers and specifically in large regions such as North Wales. It was added that this would move the far-reaching decisions further away from the individual. It was stressed that buying individual support was a large part of the document and was contrary to the principles of Gwynedd of working on the basis of the individual rather than a choice of support.

It was noted that the document highlighted the need for better terms and

conditions for care staff but that it did not note what the solution was. It was highlighted that there was mention of regional cumulative funds but it was stressed that this would not provide a solution. It was noted that there was no mention of the far-reaching document, A Healthier Wales, which clearly stated that there was a need for a regional vision but local provision. In terms of the response, it was noted that the responses were seen in the appendices but the need to send a letter as well highlighting what the Council was doing to align with the vision highlighted, was noted.

Observations arising from the discussion

- It was noted that sending a letter with the responses was acknowledged, but that it was possible they would only look at the responses. The need to highlight clearly the objection to creating a regional legal corporate entity was noted.
- Concerns were outlined about regionalisation as it would be taken further away from the citizens.
- It was noted that there were risks of creating funds and that these needed to be highlighted in the response to strengthen the objection to creating a regional body.
- It was stressed that the vision aligned with the Council's aspirations. It was noted that there was no mention of good practice that could be seen across Wales, and no mention of the public's observations either. The need to be open was stressed, and for the public to be aware of what was being offered.

9. RESIDENTIAL AND NURSING FEES 2021/22

The report was submitted by Cllr Dafydd Meurig

DECISION

The following residential and nursing fees for 2021/22 were approved for agreement with independent providers.

Category				Fee
Residential				£586.32
Dementia dependency	residential	–	high	£650.79
Nursing				£683.90
Dementia dependency	nursing	–	high	£722.33

DISCUSSION

The report was submitted noting that it was a bid to increase the fees. Attention was drawn to the preferred option.

The Business Manager from the Adults Department added that, prior to the pandemic, attention needed to be given to the fees because many providers refused the fees and charged their own fees. The need to review the fees was

acknowledged, and it was added that a piece of work had been commissioned to look at the matter further.

It was stated that, as a result of the pandemic, this work had been put to one side and was therefore not mature enough to be used to look at the fees for 2021/22. As a result, it was noted that a regional standard tool had been used to set the fees for 2021/22. The need to adapt this tool was noted, and that a regional discussion was being held with providers.

The options were highlighted, stressing that the preferred option, Option A, responded to some matters that were being highlighted together with some costs. However, it was added that it gave an opportunity for the Council to continue with the discussions to pay higher costs in the future as well as re-start the work which had been commissioned.

The Head of Finance Department noted that he was disappointed not to have been a part of the bids procedure and that it was a separate decision. He added that regional aspects were holding them back rather than working simply and clearly. It was noted that the preferred option was affordable within the budget.

10. IMPACT OF COVID-19 ON THE 2021/22 BUDGET OF BYW'N IACH COMPANY

The report was submitted by Cllr Ioan Thomas

DECISION

The Head of Finance Department was authorised in consultation with the Head of Legal Services and the Head of Economy and Community Department, to provide a letter of assurance to extend the period of assurance already given to the Byw'n Iach company until the end of the 2021/22 financial year, in accordance with the provision in the agreement with the company.

DISCUSSION

The report was presented, noting that in May 2020 a report was submitted noting a possible gap in the Byw'n Iach company 2020/21 budget as a result of Covid-19. It was added at the meeting that it was expected that Welsh Government would fund additional expenditure and it was resolved that the Cabinet would be willing to provide the necessary financial support to sustain the services of Byw'n Iach company initially until the end of the 2020/21 financial year.

It was stated that the Government had given fair contributions from the Hardship Fund towards loss of income and that the Council had claimed funds from the Furlough scheme whilst the leisure centres were shut. It was noted that the Finance Department was expecting the Council to claim a total of £3m in assistance on behalf of Byw'n Iach company.

It was noted that the side-effects of the Covid-19 crisis would continue in 2021/22

with the possibility of some sort of restrictions in place together with the challenge of re-building the confidence of the company's customers. It was stressed that the Council remained of the opinion that an arm's length company model was the most suitable one to address the aspirations in the leisure field and that a close relationship would continue to secure its financial viability.

The recommendation to extend the period of assurance to the next financial year in order to support them financially until 31 March 2022 at least, was noted. It was added that, in using 2021/22 as a basis, it was not anticipated that the cost of keeping the company viable would be above this year's sum. In addition, it was stated that there was a reasonable budgeting presumption that the Government would continue to compensate the Council for loss of income for the next financial year.

The meeting commenced at 1.00pm and concluded at 4.30pm.

CHAIR

Agenda Item 6

GWYNEDD COUNCIL CABINET



Date of Meeting: 30 March 2021

Cabinet Member: Councillors Nia Jeffreys, Dilwyn Morgan, Dafydd Meurig

Contact Officer: Iwan Evans, Monitoring Officer
Geraint Owen, Head of Corporate Support
Morwena Edwards, Director of Social Services

Contact telephone Number:

Title of Item: The Council's Complaints and Service Improvements Procedure

Decision sought

1. To adopt a new complaints procedure for the Council in accordance with Appendix 1
2. To designate the Head of Corporate Support as the Responsible Officer
3. To receive the annual reports and the Ombudsman's Annual Letter

Background

1. The Council adopted its current corporate complaints policy in 2014, in accordance with a model policy issued by the Ombudsman.
2. The Public Services Ombudsman for Wales Act 2019 has established a statutory basis for the complaints arrangements of public service providers in Wales. It enables the Ombudsman to publish a model complaints procedure and places a duty on authorities to ensure that they have compliant arrangements.
3. It should be noted that the procedure for dealing with complaints about Social Care matters in Wales continues to be set by the Social Services Complaints Procedure (Wales) Regulations 2014.
4. The Ombudsman has now issued a model process under his new powers and has sent it to public service providers. Authorities must submit their complaints handling procedures to the Ombudsman, having considered the model procedure, and do so by 31 March 2021. In introducing the arrangements, he has encouraged authorities

to reflect on how their practices and procedures comply with the guidelines, and to consider how they ensure that all complaints are properly recorded.

5. There are new requirements for the collection and reporting of statistics in the policy as the 2019 Act places a duty on the Ombudsman to monitor practices and identify any trends in the way that listed authorities deal with complaints. The authority has a statutory duty to co-operate with the Ombudsman in the exercise of this function.

6. To this end the Ombudsman has established a Complaints Standards Authority (CSA) within his office, with the aim of driving public service improvement, by working with public bodies within his jurisdiction to:

- Support the effective handling of complaints
- Collect and publish data
- Introduce bespoke training packages

7. The Council is already taking advantage of the training offered, and statistics are provided quarterly to the CSA by the Service Improvement Officer.

Concerns and Complaints Policy

8. In terms of dealing with complaints the new procedure is very similar to the Council's current procedure and it is not anticipated that it will lead to any change in the way complaints are handled by the Council on a day-to-day basis.

9. Alongside the Model Policy the Ombudsman has published '*Guidance for Public Service Providers on the Implementation of the Concerns and Complaints Policy*'. This document is intended to help public service providers implement the Policy through their own complaints processes, and the Council will therefore use these Guidelines when implementing the procedure.

10. The Policy and Guidelines are in turn based on the Ombudsman's *Statement of Principles*, which states that complaints handling processes should be:

- Complainant Focused
- Simple
- Fair and Objective
- Timely and Effective
- Accountable
- Committed to Continuous Improvement

It can be seen therefore that the arrangements are based on principles that are also consistent with the culture and principles of Ffordd Gwynedd.

These documents can be found on the Ombudsman's website

<https://www.ombudsman.wales/complaints-standards-authority/>

Responsibilities and Functions within the Authority

11. The experience of operating the current complaints procedure since 2014 has shown that the emphasis in terms of central support is on promoting good customer care practice and on using complaints to improve Council services. As a result it is felt timely to review the responsibilities under the policy to ensure that they now reflect the operation of the procedure.

12. The Ombudsman's Guidelines identify the following functions:

Cabinet –

- *ensuring that the Policy is adopted and established.*
- *receiving reports on the number and type of complaints received, their outcomes and any corrective action taken as a result. It is for the Cabinet to decide how often it should receive such reports, but this should be at least twice a year.*

Responsible Officer - *officer (eg chief executive, director, with responsibility for ensuring the Policy is adopted and guidelines followed.*

Complaints Co-ordinator - *Individual or team responsible for co-ordinating responses to all outstanding complaints not resolved at the informal stage. This person or team can also be used to help ensure consistent and high quality responses are provided to complainants.*

13. Under the current system the responsibilities within Gwynedd are as follows:

The Monitoring Officer is the Responsible Officer.

The Complaints Co-ordination Team includes:

Service Improvement Officer (Corporate Support Department), who co-ordinates the response to all complaints that are not resolved at the informal stage, and provides assistance to complainants. Also acts as contact officer with the Ombudsman's Office and ensures that responses are provided to the Ombudsman by the relevant departments in a timely manner.

Senior Solicitor (Legal Unit, Leadership Team) - responsible for determining investigations in the most complex cases and also providing advice on how to deal with individual complaints and on how to respond to the Ombudsman, as required.

In addition to the above, the Corporate Management Team and the relevant Cabinet member also receive regular reports on the type of complaints received and any lessons to be learned from them.

14. It is recommended that the Head of Corporate Support be designated as the Responsible Officer. The system now has a specific focus on customer care and service improvement and it is logical to place this responsibility within the Corporate Support Department.

15. The Monitoring Officer and his staff will continue to provide advice on specific complaints when necessary, and consider and advise on cases where the Ombudsman has found possible maladministration. These arrangements will ensure that communication arrangements are in place to support the Monitoring Officer in discharging his responsibilities under the provisions of Section 5 of the Local Government and Housing Act 1989.

16. The proposed Concerns and Complaints Policy for Gwynedd Council, based on the new model policy, is attached as **Appendix 1**

Annual Complaints Reports

17. Reports are presented annually to Cabinet to offer members a picture of the situation across the Council on how complaints are handled and how lessons are learned from them in order to improve services. To do this, three documents are presented to the Cabinet:

- Annual Report on the Corporate Complaints Procedure
- Director of Social Services Annual Report
- The Ombudsman's Annual Letter

18. The above documents relating to the year 2019/20 are presented to the Cabinet as **Appendices 2, 3 and 4**. It is acknowledged that these reports are presented later later than usual due to a number of circumstances. It can be confirmed that the requirements of the Ombudsman's Annual Letter have been addressed and this report completes this work.

Views of the local member

Not a local issue.

The views of the statutory officers

The Monitoring Officer:

A report by Legal Services

Head of Finance:

Nothing to add to the report from a financial propriety perspective.

Appendices

Appendix 1 - Gwynedd Council's Concerns and Complaints Policy

Appendix 2 - Complaints and Service Improvement Annual Report 2019/20

Appendix 3 - Annual Report on dealing with complaints and information requests by the Children and Family Support Department for 2018/2019

Appendix 4 – Annual Report on dealing with complaints by the Adults, Health and Well-being Department for 2019-20

Appendix 5 - The Ombudsman's Annual Letter 2019/20

Gwynedd Council's Concerns and Complaints Policy

Gwynedd Council is committed to dealing effectively with any concerns or complaints you may have about our services. We aim to clarify any issues you may be unsure about. If possible, we'll put right any mistakes we may have made. We will provide any service you're entitled to which we have failed to deliver. If we did something wrong, we'll apologise and, where possible, try to put things right for you. We aim to learn from our mistakes and use the information we gain from complaints to improve our services.

The principles of Ffordd Gwynedd are all about putting the people of Gwynedd at the heart of everything the Council does. A complaints procedure that puts an emphasis on learning lessons helps us to identify the needs of the people of Gwynedd and improve our services.

When to use this policy

When you express your concerns or complain to us, we will usually respond in the way we explain below. However, sometimes you may have a statutory right of appeal e.g. against a refusal to grant you planning permission or the decision not to give your child a place in a particular school so, rather than investigate your concern, we will explain to you how you can appeal. Sometimes, you might be concerned about matters that are not covered by this e.g. when a legal framework applies and we will then advise you about how to make your concerns known.

This policy does not apply to Social Services complaints when you should contact

- **Adults, Health and Well-being Department**

Customer Care Officer, Adults, Health and Well-being Department,
Gwynedd Council, Stryd y Jêl, Caernarfon, LL55 1SH

Tel: 01286 679 549

• **Children and Supporting Families Department**

Customer Care Officer, Department for Children and Family Support,
Gwynedd Council, Stryd y Jêl, Caernarfon, LL55 1SH

Tel: 01286 679 151

gqgc@gwynedd.llyw.cymru

This policy does not apply to '**Freedom of Information**' or data access issues. Please contact:

Senior Statutory Data Protection Officer, Research and Information
Service, Council Offices, Stryd y Jel, Caernarfon, Gwynedd, LL55 1SH

RhyddidGwybodaeth@gwynedd.llyw.cymru

Asking us to provide a service?

If you are approaching us to request a service, e.g. reporting a faulty street light, this policy doesn't apply. If you make a request for a service and then are not happy with our response, you will be able to make your concern known as we describe below.

Informal resolution

If possible, we believe it's best to deal with things straight away. If you have a concern, please raise it with the person you're dealing with. They will try to resolve it for you there and then. If there are any lessons to learn from addressing your concern, the member of staff will draw them to our attention. If the member of staff can't help, they will explain why and you can then ask for a formal investigation.

How to express concern or complain formally

You can express your concern in any of the following ways:

- Ask for a copy of our form from the person with whom you are already in contact. Tell them that you want us to deal with your concern formally.
- Get in touch with our central complaint contact point on *01766 771000* if you want to make your complaint over the phone.
- Use the form on our website at *www.gwynedd.llyw.cymru*
- Email us at *cwynion@gwynedd.llyw.cymru*
- Write to us at: *Swyddog Gwella Gwasanaeth, Cefnogaeth Gorfforaethol, Cyngor Gwynedd, Stryd y Jêl, Caernarfon, Gwynedd, LL55 1SH*

We aim to have concern and complaint forms available at all of our service outlets and public areas and also at appropriate locations such as libraries.

Copies of this policy and the complaint form are available in Welsh and English. For large print or braille copies or as audio please contact the Service Improvement Officer.

Dealing with your concern

We will formally acknowledge your concern within **5 working days** and let you know how we intend to deal with it.

We will ask you to tell us how you would like us to communicate with you and establish whether you have any particular requirements – for example, if you need documents in large type.

We will deal with your concern in an open and honest way.

We will make sure that your dealings with us in the future do not suffer just because you have expressed a concern or made a complaint.

Normally, we will only be able to look at your concerns if you tell us about them within **12** months. This is because it's better to look into your concerns while the issues are still fresh in everyone's mind. We may exceptionally be able to look at concerns which are brought to our attention later than this.

However, you will have to explain why you have not been able to bring it to our attention earlier and we will need to have sufficient information about the issue to allow us to consider it properly. In any event, we will not consider any concerns about matters that took place more than three years ago.

If you're expressing a concern on behalf of somebody else, we'll need their agreement to you acting on their behalf.

What if there is more than one body involved?

If your complaint covers more than one body ***e.g. a Housing Association and the Council in relation to noise nuisance***, we will usually work with them to decide who should take the lead in dealing with your concerns. You will then be given the name of the person responsible for communicating with you while we consider your complaint.

If the complaint is about a body working on our behalf **e.g. repair contractors**, you may wish to raise the matter informally with them first. However, if you want to express your concern or complaint formally, we will look into this ourselves and respond to you.

Investigation

We will tell you who we have asked to look into your concern or complaint. If your concern is straightforward, we'll usually ask somebody from the relevant service area to look into it and respond to you. If it is more serious, we may use someone from elsewhere in the **Council** or, in certain *including those concerning social services where a statutory procedure applies*, we may appoint an independent investigator.

We will set out our understanding of your concerns and ask you to confirm that we are right. We'll also ask you to tell us what outcome you're hoping for.

The person looking at your complaint will usually need to see the files we hold relevant to your complaint. If you don't want this to happen, it's important that you tell us.

If there is a simple solution to your problem, we may ask you if you're happy to accept this. For example, where you asked for a service and we see straight away that you should have had it, we will offer to provide the service rather than investigate and produce a report.

We will aim to resolve concerns as quickly as possible and expect to deal with the vast majority within 20 working days. If your complaint is more complex, we will:

- Let you know within this time why we think it may take longer to investigate.
- Tell you how long we expect it to take.
- Let you know where we have reached with the investigation, and
- Give you regular updates, including telling you whether any developments might change our original estimate.

The person who is investigating your concerns will firstly aim to establish the facts. The extent of the investigation will depend upon how complex and how serious the issues you have raised are. In complex cases, we will draw up an investigation plan.

In some instances, we may ask to meet with you to discuss your concerns. Occasionally, we might suggest mediation or another method to try to resolve disputes.

We'll look at relevant evidence. This could include information you have provided, our case files, notes of conversations, letters, emails or whatever may be relevant to your particular concern. If necessary, we'll talk to the staff or others involved and look at our policies, any legal entitlement and guidance.

Outcome

If we formally investigate your complaint, we will let you know what we find. If necessary, we will produce a report. We'll explain how and why we came to our conclusions.

If we find that we made a mistake, we'll tell you what happened and why.

If we find there is a fault in our systems or the way we do things, we'll tell you what it is and how we plan to change things to stop it happening again.

If we make a mistake, we will always apologise for it.

Putting Things Right

If we didn't provide you with a service you should have had, we'll aim to provide it now, if that's possible. If we didn't do something well, we'll aim to put it right. If you have lost out as a result of a mistake on our part, we'll try to put you back in the position you would have been in if we'd done things properly.

If you had to pay for a service yourself, when we should have provided it for you, or if you were entitled to funding you did not receive we will try to refund the cost.

The Ombudsman

If we do not succeed in resolving your complaint, you may complain to the Public Services Ombudsman for Wales. The Ombudsman is independent of all government bodies and can look into your complaint if you believe that you personally, or the person on whose behalf you are complaining:

- Have been treated unfairly or received a bad service through some failure on the part of the service provider.
- Have been disadvantaged personally by a service failure or have been treated unfairly.

The Ombudsman normally expects you to bring your concerns to our attention first and to give us a chance to put things right. You can contact the Ombudsman by:

- Phone: 0300 790 0203
- Email: ask@ombudsman.wales
- The website: www.ombudsman.wales

- Writing to: Public Services Ombudsman for Wales 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

There are also other organisations that consider complaints. For example, the Welsh Language Commissioner's Office deals with complaints about services in Welsh. We can advise you about such organisations.

Learning lessons

We take your concerns and complaints seriously and try to learn from any mistakes we've made. Our Senior Management Team considers a summary of all complaints quarterly and is made aware of all serious complaints. Our **Cabinet** also considers our response to complaints at least twice a year. We share summary (anonymised) information on complaints received and complaints outcomes with the Ombudsman as part of our commitment to accountability and learning from complaints.

Where there is a need for significant change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it. We will let you know when changes we've promised have been made.

What if you need help?

Our staff will aim to help you make your concerns known to us. If you need extra assistance, we will try to put you in touch with someone who can help.

You can also use this concerns and complaints policy if you are under the age of 18. If you need help, you can speak to someone on the Meic Helpline:

- Phone 0808 802 3456

- Website www.meiccymru.org

or contact the Children's Commissioner for Wales. Contact details are:

- Phone 0808 801 1000
- Email post@childcomwales.org.uk
- Website www.childcom.org.uk

What we expect from you

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a concern or a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We therefore expect you to be polite and courteous in your dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence. We have a separate policy to manage situations when we find that someone's actions are unacceptable.



PRAISE AND COMPLAINT FORM

Here at Gwynedd Council, we are continually working to ensure that we provide the best service for you, our residents and service users, with the aim of putting the people of Gwynedd at the centre of everything we do.

We are therefore always keen to hear about your experiences of the services you have received so that we can identify the things we are doing well, and what we could improve.

Your feedback is important to us and your observations will be used in order to improve our services.

A. Your details:

Surname:	Forename(s):	Title: Mr/Mrs/Miss/Ms/ if other, please state.
Address and postcode:		
Your e-mail address:		
Daytime contact telephone number:		

Mobile number:	

Please state by which of the above methods you would prefer us to contact you:

.....

Your requirements: if our usual way of dealing with this process makes it difficult for you to use our service, for example if English or Welsh is not your first language or you need to contact us in a particular way, please tell us so that we can discuss how we might help you.

The person who experienced the situation should normally fill in this form. If you are filling this on behalf of someone else, please fill in Section B. Please note that before taking on the matter we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

B. Completing the form on behalf of someone else. Their details:

Their name in full:	
Address and postcode:	
What is your relationship to them?	
Why are you contacting us on their behalf?	

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C. What are your reason/reasons for contacting us? (Please continue your answers to the following questions on a separate sheet(s) if necessary)

C1	Name of the relevant Service/Officer concerned:
C2	What in your opinion was done well, or what wasn't done well?
C3	Describe how this has affected you personally.

C4	If you are making a complaint, what in your opinion should the Council do to put things right?
C5	When did you first become aware of the situation? (If you are making a complaint and it is more than 6 months since you first became aware of the situation, please give the reason why you have not contacted us before now).
C6	Have you already shared your observations with the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so.

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If you have any relevant documents to support your request please attach them to this form.

Signature: Date:

When you have completed this form, please send it to :-

Service Improvement Officer

Corporate Support

Cyngor Gwynedd

Shirehall Street

Caernarfon

Gwynedd LL55 1SH

(01766 771000)

Cwynion@gwynedd.llyw.cymru

How do we use your information

We collect your personal information in order to deal with your complaint.

We do this as part of our duties as a public body.

Your details will not be shared outside the Council other than when it is necessary to do so in order to resolve your complaint.

To learn how long we keep your data, contact us.

Your rights

To know your rights and the contact details for the Council's Data Protection Officer go to :-
www.gwynedd.llyw.cymru/preifatrwydd

CABINET REPORT	30 March 2021
SUBJECT	Complaints and Service Improvement Annual Report 2019/20
CABINET MEMBER	CLlr Nia Jeffreys, Cabinet Member for Corporate Support
OFFICER	Geraint Owen, Head of Corporate Support Department
AUTHORS	Service Improvement and Complaints Coordination Team, Service Improvement Officer (SIO)

1 Purpose of the report

The Report summarises developments in Complaints and Service Improvement during 2019-20.

The report emphasises the response to Complaints in order to Improve Service, and the successes are demonstrated in the narrative of the report. Obstacles to overcome are also highlighted in order to continue to improve and develop, along with the proposed steps.

The Cabinet receives this report as part of the Council's Complaints and Concerns Policy.

Main Messages

Since 2018/19, the number of formal complaints have dropped from 49 to 44. There was a small increase in Complaints to the Ombudsman from 32 to 36, although the Ombudsman did not think that 35 of these needed to be investigated. On the whole it was seen that there was a change in culture, with Services receiving complaints in a more positive manner in order to learn from them.

2 Decision sought

To accept the Report.

3 Background

3.1 The procedure adopted by the Council is in accordance with the Model Concerns and Complaints Policy and the Guidance published by Welsh Government, and produced under the supervision of the Public Services Ombudsman for Wales. This is advantageous as it is consistent with the complaints procedures of other public bodies, making it easier for members of the public to submit complaints across public organisations.

3.2 The procedure was adopted by the Cabinet with the following aims:

- Providing a specific benefit for the citizen by focusing on the solution rather than the process. It will allow for complaints to be dealt with more swiftly, by removing one step of the current process, which is fairly laborious and lengthy.
- Allow complaints which involve more than one department to be better coordinated, and will enable the coordination of complaints which involve external agencies or partners.
- By establishing a central, comprehensive database, it will be possible to keep an overview of the pattern of complaints and to learn lessons as an organisation.

- It is anticipated that the procedure will be better aligned with the Council's new culture of empowering staff to make decisions and to deliver one of the work streams of the "Ffordd Gwynedd" project.

The Procedure

3.3 A complaint is defined as follows:

- an expression of dissatisfaction or concern
- either made in writing or verbally or by any other means of communication
- made by one or more members of the public
- it is in relation to how the Council has acted or failed to act
- or it is in relation to the standard of service provided
- and there is a need to respond to it.

A complaint is not:

- an initial request for service, such as informing about a faulty street light
- an appeal against a decision that has been 'made appropriately'
- a way of seeking a change in legislation or a policy decision that 'has been made appropriately'
- a way for lobbying groups/organisations to promote their case.

This procedure is not relevant to users of social services as there is a statutory procedure for them. Schools also operate their own complaints arrangements.

There are two steps to the procedure:

Informal Resolution

3.4 This step offers the complainant an opportunity for informal contact at the place where the service is provided in order to seek a resolution to complaints either as the concern arises or very soon thereafter. Dealing with complaints should be an integral part of service provision and staff are encouraged to consider whether the complaint can be resolved 'there and then'.

3.5 The aim of the procedure is to provide a system that is simple, flexible and places an emphasis on reaching the most appropriate outcome for individuals and services. The arrangements allow the Council to deal with concerns in a far more proactive way by focusing on people's needs. This means solving the problem rather than focusing on the complaints procedure itself.

Formal investigation

3.6 If it is not possible to resolve the complaint informally, the complainant can refer it for a formal investigation. "*Investigate once, investigate well*" is the principle for this step of the process. The emphasis is placed on one investigation to thoroughly address the concerns raised. Usually, an officer within the department who is sufficiently senior and who is independent from the source of the complaint will carry out the investigation. From time to time, this will not be appropriate and the complaint will be investigated by an officer who is independent from the

department in question. Unlike informal resolutions, all formal complaints are centrally recorded.

3.7 The complainant may take the complaint to the Ombudsman if dissatisfied with the Council's formal response.

3.8 Overview of the steps:

- Complaints come in from various directions - on-line Praise and Complaints form; via e-mail or letter; over the phone; through workplace visits or through a message from a colleague;
- The Complaints Box is monitored throughout the day and every effort is made not to have leave complaints in it without passing them on for attention;
- Every complaint that is submitted through the Complaints Box is recorded under its relevant category, as follows: Informal, Formal or Ombudsman. The name and address of the complainant, if known, and the date the complaint was received and the category to which it belongs are noted;
- Every effort is made to acknowledge a complaint on the day it comes in, wherever possible, if this is a normal working day. An e-mail or letter is sent to confirm receipt. The complaint will then be passed on to the relevant service for attention;
- The SIO, or a colleague in his/her absence, monitors the date of response to the complaint and will remind the Service of the requirement to respond promptly where possible. They are also asked to inform the customer if it is likely that they will not be able to respond in time;
- A report is presented to the Corporate Management Team every six months explaining the way services could be improved as a result of the complaints that are received. Also, in accordance with the procedure, an annual report must be submitted to the Cabinet.

The emphasis is now on Service Improvement after complaints are received, in order to avoid such complaints in future.

We aim to discover whether any patterns or trends are emerging.

By now, the report focuses on Valid Formal Complaints and Ombudsman Complaints, as Services deal with informal complaints themselves.

A 'valid complaint' means that there are valid grounds for the complaint, and if it is not satisfactorily resolved it could then become a complaint for the Ombudsman.

Type of Complaints	Numbers 2018/19	Numbers 2019/20
	Total	Total
Formal Complaints (Valid)	49	44
Complaints for the Ombudsman	32 16 No Investigation 9 No Investigation (Premature) 0 No response 5 Settlement 0 Open investigation 0 Investigation closed 2 Reports	36 22 No Investigation 11 No Investigation (Premature) 0 No response received 1 Settlement 0 Open investigation 1 Investigation closed 0 Report 1 Complaint withdrawn by customer

	0 Complaint withdrawn by customer	
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No Investigation means that the Ombudsman, following initial consideration, is satisfied with the means the authority has dealt with the matter and no further investigation is required. It could also be a matter beyond its jurisdiction.

Premature means that the Ombudsman is of the opinion that the authority has not yet had an opportunity to consider the matter. These would usually be referred to the Council for consideration under the complaints procedure.

4 Service Improvement

As previously reported, overall, the Services' have cooperated well with the procedure, and in fact several have mentioned that they have found the procedure to be very valuable.

Section 1 contains examples of the complaints received and provides detail about:

- The way services try to satisfy those who have submitted complaints
- Consequent steps taken to improve services.

Before introducing the procedure in 2015, we did not measure the length of time for which the complaints were open. Since then, we have developed a procedure to measure the average length of time that complaints are open. The figure for 2019/20 is 7 days, which has dropped in comparison to 8.6 days in 2018/19. Our intention for the future is to use this as a baseline for comparison and to provide an additional performance measure.

It must be noted that the number of complaints received by a service does not necessarily reflect the standard of service provided and these results cannot be considered in isolation. The nature of the services provided heavily influence results. Among the factors that could have an impact on the figures are the rate of direct contact with customers, the service's public profile, or whether an individual has other formal ways of rectifying issues or submitting an appeal. In order to illustrate the context, please bear in mind the number of times each day the Council's Services and the public have contact in order to provide a service, compared with the number of complaints received.

5 Looking to the Future/Next Steps

Services will be informed, when attending Management Team meetings that the Team is able to provide customer care training by using complaints as a learning tool. Services will be told about the type of training held with the Leisure Service. Some Services have shown an initial interest but have not come back with numbers/dates etc.

The Successes Wall is now live, and it is very good to see that a large number of Thanks/Compliments have come in from the public during the time of the 'virus'. Seeing the public's

appreciation is of great assistance to raise staff morale, especially front-line staff, at such a difficult time.

The comments on this wall have come from the praise received by customers on the praise form on our website. Via e-mail or letters, or over the telephone. Positive feedback is also received following a complaint, and the feeling is that it is very important to celebrate and share this positive feedback/praise among the services. A large number of the public now send their messages via Facebook/Twitter etc. as well. The document is on the Intranet and also on "Wordpress" to be available for field staff as well via a link to the Council staff Facebook page. Much of the praise is about our field staff and we believe it is important to celebrate this and ensure they are seen. This is certainly a way of raising staff morale, when they feel appreciated. Discussions are still in the pipeline with the Internal Communications Team about how to use the successes wall to coincide with the Council at its Best Awards.

The SIO and the Organisational Learning and Development Manager have mentioned the *Successes Wall* when meeting the Service Management Teams, and consequently the many examples of comments received by the Services directly praising them are forwarded to the SIO's attention.

The Management Team has seen many examples in the past where we have experienced problems with some Services' responses to the procedure and some elements still persist in these Services. If things do not change we will seek the support of the Management Team in an attempt to move things on further.

Section 1

Examples of some complaints received in 2019-20

1. Complaints

1.1. Waste and Recycling Service

1.1.1. Nature of the Complaint

Customer had to phone (on behalf of his mother) regularly due to missed waste and recycling collections.

1.1.2 Service's Response/Service Improvement

Following an investigation into the matter, and the history of previous complaints, it was realised that a back door collection would be useful for the customer. The customer appreciated this very much.

Unfortunately, further complaints were received about missed collections after putting a back door collection in place. There were a few complaints because there were different workers on the lorry and they had not realised that there was a back door collection in place. The iPad on the lorry was not working on one specific date. However, there were a few failures as the back door was not open for the workers to collect the bins. The customer had noted this and had apologised when drawing our attention to the failures.

1.1.3 Lessons Learnt

Service's Comments

The relevant crews have received notes with regard to this property and we regularly remind them that this is for a back door collection. A Recycling Officer visited the property on the collection day approximately a month ago to do a spot check, and everything had been collected at the time.

Obviously, this situation is unacceptable and it can be seen that the officers are making a great deal of effort to attempt to implement an appropriate procedure here. Due to the shift pattern, keeping on top of special collections for whatever reason is difficult. We will monitor this in order to ensure that this specific issue is resolved.

Further resolution - The service is changing from a 12 hour shift pattern (two shifts) to working regular days with the same crew on the same circuit. A difference can already be seen since the introduction of this in the Dwyfor area.

Note - Complaints were received about missed collections again in October and November. Two officers from the Waste and Recycling Service have been very good, as they went to empty the bins at the first opportunity following the Complaints, and apologised to the customer for the failures once again. The latest failures derived from staff sickness, and the new crew did not understand that this was a back door collection.

The SIO has thanked the customer for their patience with the situation and has noted that they now have a case to take to the Ombudsman. The customer did not wish to do so, but appreciated the information. The SIO has mentioned to the Service that he/she would encourage the customer to refer the matter to the Ombudsman unless the matter is permanently resolved soon.

1.2 Waste and Recycling Service

1.2.1. Nature of the Complaint

A customer had been in touch to state his disappointment in having to complain numerous times about the waste and recycling collection service.

Unfortunately, the customer now feels that the failures to return his bins to the correct place, namely the place they are picked up, is intentional. As he notes, this only happens to his bins, his neighbours' bins are all returned neatly to the places they were picked up.

1.2.2. Service's Response/Service Improvement

The Service has investigated the number of times the customer has complained about the problem, and has been speaking to the workforce about the matter, emphasising the importance of returning the bins to the place they were picked up. In addition, the Recycling Officer has asked the customer to inform her directly of any problem arising again.

1.2.3. Lessons Learnt

Service's Comments

I refer to this complaint and also our investigation and further response from the customer. The service drew the collection team's attention to the situation, and the matter has since been resolved.

We will also monitor the service.

1.3 Waste and Recycling Service

1.3.1. Nature of the Complaint

A customer has had to complain many times about failures to collect in a property.

1.3.2 Service's Response/Service Improvement

The Service has investigated the problem, and has realised that there have been regular failures. On a few occasions, the problems have arisen due to the road being closed. But this is not the case for all failures. The Recycling Officer has offered herself as a direct point of contact for the customer in order to be able to keep an eye on the situation.

1.3.3 Lessons Learnt

Service's Comments

There have been considerable problems recently with the Collection Team in the Arfon area. We have referred an officer from the back office team to the workforce in order to follow up on missed collection issues, and this has had a positive impact. A change in the collection system to 5 days will also see a further improvement.

1.4 Waste and Recycling Service

1.4.1. Nature of the Complaint

A complaint came in through the Ombudsman, as - No Investigation - Premature, as the customer had not followed the Council's complaints procedure to attempt an initial resolution. The grounds for the complaint was that the customer was unhappy with the fact that collections take place so early in the morning, at 5.30am outside his property.

He was unhappy that it was an officer from Galw Gwynedd answering the phone to him, and not someone from the Waste and Recycling Service. He felt that the Service was ignoring his messages.

1.4.2 Service's Response/Service Improvement

The Service looked into the situation, and it was seen that many other customers had complained about this, namely that collections were happening so early in the morning.

1.4.3. Lessons Learnt

Service's Comments

Following an investigation into this complaint and others of a similar nature, the Service has changed the waste and recycling collections system in the area. The new system came into force on 1 July 2019, and lorries will not leave the depot until 6.00am. This means that all collections therefore take place later on.

Following this change, no similar complaint has been received by the Service in this area.

1.5. Highways and Municipal Service

1.5.1. Nature of the Complaint

A customer had contacted the Service about a case of fly-tipping that had happened near her property. She reported the issue many times, but it was not resolved swiftly, as nobody went to pick up the rubbish/mess. The complaint had been made by the customer at the same time as another complaint to the Environment Service.

1.5.2. Service's Response/Service Improvement

In order to be able to offer a single response on behalf of both Services, the Head of Environment Department decided to lead on this case. A response was arranged for the customer, apologising for any failures etc.

1.5.3 Lessons Learnt

Service's Comments

I refer to this complaint and I note that the time between receiving the complaint and clearing up the rubbish from the site was unacceptable; however, unfortunately there were no resources available at the time to carry out the work sooner.

We acknowledge that better communication is required with our customers in order to keep them in the loop.

1.6 Highways and Municipal Service

1.6.1. Nature of the Complaint

A customer had drawn the Service's attention over three months ago to graffiti that had been written on the subway path in Caernarfon. Also, about litter/bottles etc. that were strewn about the place in general. The customer said that he had asked for an update when he contacted the second time, but has received nothing to date.

1.6.2. Service's Response/Service Improvement

The matter was investigated, and it was explained to the customer that the three matters he reported to the Council fell under different Services. An Officer in the Municipal Service co-ordinated a resolution as this case was relevant to Municipal, CCG and NMWTRA. Between them, it was arranged to clean the graffiti and the rubbish in question was collected as soon as was possible. The locations were problematic, and therefore it was arranged to monitor the situation to attempt to ensure improvement. The Officer sent the customer an apology for the delay in sending an update, and the Officer also attempted to explain to the customer the responsibilities etc.

The Head of Department also offered a further apology to the customer for the lack of a prompt update. The customer was offered a meeting on the site with an Officer from the Service if he so wished, so that he could understand the complexity of the situation.

1.6.3. Lessons Learnt

Service's Comments

The customer had reported three problems to Galw Gwynedd (the requests had been directly forwarded to the Highways Service and the Cleaning Team). Due to claims of a lack of action and feedback, the customer had contacted Complaints. After the relevant Officers received the details from Complaints, the matters received priority and very prompt attention; however, unfortunately, the customer did not receive a written response to confirm the action - which is an error.

The fact that two out of the three complaints were relevant to other agencies have complicated and contributed to the response problem. From now on, we will ensure that the Department sends a prompt letter or e-mail to provide an update on any progress or to explain the situation if the matter is relevant to another agency.

These are the specific complaints, and it must be noted that these are matters that need recurring/regular attention:

- a. Graffiti on the A487 subway (NMWTRA has taken action), and overgrowth on the land which created an obstacle which prevented it from being cleared. Contractors went out to deal with these problems following our request to NMWTRA. This has then enabled the Council to clear the areas that could not be accessed previously.
- b. Rubbish on the abutment of A487 (Gwynedd Council is responsible for cleaning and has taken action). A litter pick was arranged there, as it was realised that a large volume of rubbish with dog foul bags had been thrown there. The work was undertaken the following week, and the site is now clear and tidy. In order to try to prevent the rubbish from being thrown there again, it was arranged to install a new bin by the path.

- c. Mess and rubbish on the former site of the Maesincla garages which are the property of CCG (Gwynedd Council is partially responsible for cleaning and has taken action).

It is quite clear that antisocial behaviour has been taking place on the site, therefore it was also arranged for an Enforcement Officer to regularly monitor the site. If the problem persists, we will consider monitoring the situation with cameras and work with the Police on the matter.

The customer gave very positive feedback, he truly appreciated the work that had been carried out and was happy for his complaint to be closed.

1.7. Highways and Municipal Service

1.7.1. Nature of the Complaint

A complaint was received from a customer as her green bin was not being emptied as it should. Also, she was still awaiting new equipment, for another property. She was told that she would receive them within 6-8 weeks, but six months had gone by, and she was still waiting for them. She has to take her own rubbish to the nearby tip regularly, and of course this involves costs for her.

1.7.2. Service's Response/Service Improvement

The Service investigated the case, and following a discussion over the phone with the customer, it was realised that the customer had been using the incorrect calendar, which caused the missed collections. This meant that she was therefore waiting for the collections on the wrong days, unfortunately. The recycling collections were ongoing without any difficulties. The customer was provided with the correct calendar, but unfortunately she then mixed up the dates on occasions.

1.7.3. Lessons Learnt

Service's Comments

The importance of speaking to the customer to see what exactly was creating the problem was realised. The importance of forwarding the correct information to the customer in the first instance was noted, i.e. the right calendar in this case.

In order to attempt to monitor the situation following the complaint, the officers kept an eye on this property for some time. A Recycling Officer had also checked with the customer over the phone, to see whether things were now working properly, and received confirmation of this. The Officer has also told the customer to get in touch with her directly if the problem arises again.

1.8. Planning Service

1.8.1. Nature of the Complaint

A customer has been in contact to complain that confidential details between her and a customer i.e. a valuation for work, has been revealed on the Council's website in relation to a Planning Application.

1.8.2. Service's Response/Service Improvement

The Service investigated the case immediately. An apology was sent to the customer, as well as a confirmation that the details had been removed from the website. It was explained to the customer that any information the person making the Planning application submits as part of his/her application is usually revealed. It was noted that, unfortunately, the customer making the Planning application had not noted that he/she did not have the right to reveal any such information.

1.8.3. Lessons Learnt

Service's Comments

This complaint was odd to deal with, and it may have revealed a few things that need to be tightened, or that needs corporate consistency.

In terms of the Planning Service, here are the main points that I would propose:

- The case involved the details of a company and a quote from the company to the applicant. The quote had been signed by the company's Director. The complaint asked for compensation.
- There is not much available nationally to help with such matters. It would be useful to have clear guidelines for each Local Planning Authority or similar service, but this does not exist yet. PARSOL (a national body) has started, but it does not go far enough. Clear guidance that ensures consistency between Local Planning Authorities would be welcomed.
- In response, the Senior Data Protection Officer and I discussed the GDPR statement of other Local Planning Authorities in North Wales - there was an incredible variety in the arrangements and information.
- It is clear what we need to do with the information of applicants, sensitive information and objectors, however it is not information being presented by the applicant as part of the application - which is the case here.
- The bulk and nature of the information being received by the Service makes it impractical and unreasonable to be checking through every type of work, but I cannot see that that this is officially acknowledged.
- Since then, the Senior Data Protection Officer has worked with us on our statement, and I am satisfied that this puts us in a better position, although it will never respond to everything due to the nature of our work. Compared with other Local Planning Authorities in North Wales, our statement now goes way beyond the others.
- If the Council received a number of this type of complaint, it may be worth considering providing examples of complaints and responses on-line as guidance/good practice.
- As this is not my expertise, I appreciated the support of the Senior Data Protection Officer and an Officer from Legal, and the next time I will be more confident to resolve the complaint myself.

1.9. Legal Service

1.9.1. Nature of the Complaint

A complaint was received from the Ombudsman as No Investigation - Premature, from a customer who was having difficulties in receiving a response from the Council with regard to a decision to be able to sell his property, which was listed with S157, to someone who was not local. He felt that he was not being updated on the situation whatsoever, and the lack of response from the Council was creating extreme stress for him, and was making him lose potential customers who wanted to buy the property.

1.9.2. Service's Response/Service Improvement

The matter was investigated by the Service, however the customer was not happy with the response, therefore the complaint was escalated to the attention of the Monitoring Officer. Unfortunately, there was a delay before a full response was offered to the customer. The Monitoring Officer conducted a further investigation, and a response was arranged for the customer with an explanation on how the process worked and the delay. The customer had since received a decision on the application from the Council. A number of factors had led to the delay, matters that were outside the direct control of the Legal Service on the whole.

1.9.3. Lessons Learnt

Here are the actions for the procedure. For information, we are in the process of seeking advice on reviewing the procedure that could lead to changes, e.g. nature of the decision, responsible Department.

1-4 to be implemented immediately, 5 to be established as a priority.

1. Every application will receive a standard acknowledgement letter within 5 working days which also sets out the usual steps to award. It should note the type of period the application takes to process usually, and when the next contact will be.
2. Then, regular updates are provided to applicants during the process in order to ensure that they are kept in the loop on the progress of their application, although no live correspondence is in the pipeline.
3. When seeking the view of the local member, the objective of the consultation and what is expected if an observation wants to be submitted is explained.
4. The timescale of the response is set with the local members, and one reminder that it will be no more than one month in total.
5. A review of the Section 157 procedure is in the pipeline and we will work with the Cabinet Member on the determination arrangements during the interim period.

1.10 Maritime Service

1.10.1 Nature of the Complaint

A complaint came through from a customer who was unhappy with the decision of the Council to install boulders in an area near his home. The land in question is not the property of the customer, but he was used to parking his car in the adjacent area. He also noted in his complaint that he had discussed the matter with an Officer from the Maritime Service, and in the opinion of the customer, the officer had been disrespectful towards him. He was also unhappy with the response he received from the relevant Manager when he had a word with him about the matter.

1.10.2. Service's Response/Service Improvement

The matter was investigated very thoroughly by the Service, the grounds for the decision, legal rights of the location, etc. An apology was issued to the customer for the lack of communication prior to placing the boulders. The Service believes that informing the customers why the boulders are needed could have potentially avoided the complaint. From this complaint, the Service has learnt the importance of engaging with our customers.

1.10.3 Lessons Learnt

Service's Comments

Essentially, I believe that the grounds for this complaint is a dispute in land ownership. Legal matters are not likely to be considered valid formal complaints usually - however, in this case, we have attempted to explain the situation by dealing with the complaint. The complainant was not satisfied with the steps taken to protect the site / Council's interests. In terms of response, the Department apologised for a lack of communication - but mainly to be courteous / reasonable. In reality, if the Service had provided an advanced warning, the circumstances might have been worse. In terms of lessons - some Council sites need to be formally registered with the Land Registry - and I have forwarded the details to the Property Department.

1.11 Revenue Service

1.11.1 Nature of the Complaint

A customer had sent in a complaint about a lack of response/action to his correspondence. A final note for a fixed sum had been sent to the customer, when he had a Tax Exemption on a property. He also complained about an officer's conduct within the Service.

He was very unhappy with the situation, and insisted that he have an apology and an explanation about the blunder.

1.11.2 Service's Response/Service Improvement

The Service investigated the case, and the Manager wrote to the customer to apologise for the series of failures involving the situation, as well as the conduct of the officer in question. It was noted that an error by the Service had created the situation, and an apology was given for this. The customer was assured that the situation had now been rectified, and that he had no outstanding debts on the property until the Tax Exemption expires.

1.11.3 Lessons Learnt

Service's Comments

A combination of the backlog following annual billing and an executive error by a new staff member. Rather than implementing the exemption when the correspondence was opened, an enquiry to prove whether the property was vacant was launched. The exemption should have been approved based on the taxpayer's statement.

I have discussed such cases with the team and I am confident that no such case will arise again.

1.12 Waste and Recycling Service

1.12.1. Nature of the Complaint

A customer got in touch to complain that one of the Council's Waste and Recycling lorries had driven over grass that was his property. Unfortunately, this had caused some damage. This is the third time for this to happen.

1.12.2. Service's Response/Service Improvement

The customer discussed the matter with the driver following the incident, and the driver reported the matter to his Team Leader. The Team Leader called to see the customer to discuss the damage, and it was arranged for the matter to be resolved immediately. A worker dropped by the property to restore the land the same afternoon. Unfortunately, by the time he had finished the work, it had darkened therefore it was not possible to see the result properly on that night.

The following morning, the customer had to get in touch with the SIO once again as he was unhappy with the standard of the work that had been done. The SIO apologised to the customer and contacted the Service to explain the situation, and asked them to go back to the customer to discuss.

It was explained that the restoration was temporary work due to the weather etc., and it was noted that someone would return in the spring to better restore the land, when the weather was better, and the land had dried.

The SIO asked the Service to explain this to the customer, because this had clearly not been done, and to provide him with assurance that they would return to restore things in the near future, when the weather etc. permits. The possibility of sending a smaller lorry to the area was discussed, however the Service was not willing to do this as it was not cost effective/efficient. As there was no clear resolution available, the Head of Department was asked to intervene in the situation.

The Head of Department arranged to meet the customer on site. The customer says that he had appreciated this when the SIO went back to ask him. He agreed that he was now happier, as he had received assurance that things would be restored properly when the weather is better, etc.

1.12.3. Lessons Learnt

Service's Comments

As discussed, we will implement the below as actions to resolve the recent problems.

1. The Collections Manager and the Collections Senior Team Leader for the Meirionnydd area will remind the collection crew once again not to go on the green area near the property.
2. They will also highlight the matter to other teams in the Department - such as Distribution of Bins, Bulk and Highways)
3. In the short term, and if possible, we will look at the type of vehicle that calls in the area to see whether it is possible to exchange it for a smaller vehicle.
4. In the long term, with changes to the collection system and when arranging new routes, we will ensure that this area is part of a route with a smaller vehicle.

1.13. Waste and Recycling Service

1.13.1. Nature of the Complaint

A customer had been in direct contact with the Head of Department to complain that the recycling collectors were not putting the bins back in the correct place, where they were picked up following collections. The customer would accept if there was an obstruction there, but she had photographs to prove that there was no obstruction to return them. She said that she has had to contact many times in the past about the same problem. Her husband usually walks their child to the school bus every day. Luckily on this day, it was a bank holiday so there was no school, otherwise they both would have been prevented from being able to reach the bus.

1.13.2. Service's Response/Service Improvement

The SIO also forwarded the matter to the attention of the Equality Officer. The Head of Department got back in touch with the customer to apologise for the problem, and agreed that the situation was not acceptable at all. He noted that he would investigate the matter and report back following his investigation.

The Team Leader noted that he had reminded the collection crew not to leave the bins across the driveway. He had dropped by following a collection, and agreed, although the bins were tidier, that the situation was unacceptable. He had arranged a monitoring programme on the area's routes, and this site had actually been monitored the previous week and no problems had been reported.

1.13.3. Lessons Learnt

Service's Comments

We have apologised to the customer for these failures and are monitoring the situation.

1.14 Waste and Recycling Service

1.14.1. Nature of the Complaint

A customer had used the on-line form to get in touch to thank a Waste and Recycling collection staff member for dropping by to resolve her problem, namely that her collections had been missed again. In the correspondence, she pointed out that someone should be investigating all the problems with failures that she was having. The matter was flagged up with the Service. Unfortunately, following this praise, the customer then got in touch with the SIO every week for at least four consecutive weeks to complain about failures. The customer felt that the Service was ignoring her, and not taking her complaints seriously. The customer contacted the Cabinet Member during the following month to complain about the Service.

1.14.2. Service's Response/Service Improvement

The Recycling Officer contacted the customer and arranged for workers to drop by to collect the waste/recycling. The following weeks, the customer got in touch again. The Recycling Officer has offered herself as a direct point of contact for the customer. The customer reported that the workers had noted that they did not have a fob to go through the gates to fetch the Waste/Recycling in the collection vehicle.

It seems that the fob was broken and nobody had asked for a new one. A new one was arranged with the property owner.

Following a phone conversation with the SIO, the customer agreed to give the Service another opportunity to resolve the problem before taking the matter to the Ombudsman.

The Head of Department responded to the customer by offering a personal apology for the failures and providing an explanation of what had caused all the problems. The fob had broken, no response in the building so nobody was there to open the gates for the workers, the workers had not reported back on the problems to the Team Leader, etc.

1.14.3. Lessons Learnt

Service's Comments

To improve the situation, consideration must be given to the following:

There is a need to revisit the reporting arrangements. And when discussing, remember to give priority to updating the customer of the situation/problems.

A discussion needs to be held with the owner of the Property to see whether a resolution is possible, i.e. a better way of gaining access to the site compared to the fobs.

Unfortunately, a further complaint was received from the customer within around a month, but it was sorted quite swiftly and the customer was grateful of the speedy attention to the matter.

1.15 Social Services (Children)

1.15.1. Nature of the Complaint

A customer had complained via a phone call to the Customer Care Officer, who forwarded it to the attention of the SIO. The customer used to work in a local nursery until it closed in July 2019. The customer then went on to open her own nursery. She was eager to join the 30 hour scheme, and had contacted the relevant officer some months ago to discuss the matter. However, she received a response from the officer to say that she would not be able to join the Scheme as matters involving the former nursery she worked at were still open. The customer believes that this is completely unfair, and she had actually lost customers as she was unable to be part of the Scheme. She also wanted to complain about the attitude of the officer in question.

1.1.2. Service's Response/Service Improvement

The Service investigated the matter. Confirmation was received that it would be appropriate for the customer's business to be part of the Scheme. An apology was issued to the customer for the time taken to make the decision.

1.15.3. Lessons Learnt

Service's Comments

Staff names were offered to the customer in order to use them as points of contact to move the matter forward.

1.16. Education

1.16.1 Nature of the Complaint

A complaint was received over the phone from a customer who was unhappy to receive a letter noting that she needed to pay a fixed sum as her son had been absent from School on certain dates. The customer states that the School is aware of the reason he was away on the dates in question. The SIO explained to the customer that the complaint was under the School's system, however the customer noted that she also wanted to complain about officers in the Education Department. She had contacted the Department but nobody was available to speak with her, and she also said that the person who answered the phone to her was very unpleasant with her.

1.16.2 Service's Response/Service Improvement

An Officer got back in touch with this parent as soon as possible following her phone call. It was clearly a case relating to the Welfare Team - the parent had received a penalty charge notice following her son's lack of attendance. This is a legal process which is encouraged by the Government in order to attempt to prevent cases of a lack of attendance from reaching the Court to prosecute the parents. I received a message from the Officer following this discussion, and then I contacted the relevant Team.

Subsequently, the Welfare Officer called the parent in order to discuss with her. This was the most appropriate officer to call as she had the background of the case. She discussed the evidence behind the penalty. All processes had been followed by the school and the officer before this step, therefore it was completely timely to send the notice. The notice itself is also self-explanatory. The parent was very threatening over the phone, however the Welfare Officer felt that she had presented all the facts and had conveyed the message under difficult circumstances.

I feel that the contact with the parent had taken place within a completely acceptable timeframe. A response was received to her calls within a short timeframe on all occasions. The contact had been ongoing for a few days before it ended with the phone call of the Welfare Officer.

1.18.3 Lessons Learnt

One thing we have done following this case is update the FPN pamphlet in order to issue it on the service's website.

Section 2

Successes Wall - Examples of observations received from the Public

The internal Successes Wall is still growing - see below examples of the observations that have come in during the lockdown, which proves the appreciation of the public towards Council staff.

During this very strange virus lockdown I would like to thank all the front-line council staff for a job well done, particularly the refuse collection personnel who have continued to work on the front-line. I am of the opinion that all workers at this time deserve praise. Thank you. **Mr E - no area details** (all Council Staff, especially Waste and Recycling staff)

Mae **Mrs C from Barmouth** has called to say thank you very much to us all for continuing to work during this time. Wanted to thank everyone, especially the bins and highways workers. (all Council Staff, especially the Bins and Highways workers)

Mrs W from Arthog commented I am so grateful for the upkeep of the roads that make driving a safer experience. Being a disabled driver I know that when there are potholes the pain in my joints is unbearable and it's not good for anyone's vehicles. Please spread the word to all the hard working crews who go out in all weathers. (Highways)

Excellent. Thank you very much to everyone who has worked so hard to do this. The first supply was very much welcomed at the Arfon Food Bank on Friday. **Mr and Mrs J, Penygroes**. (Catering staff who were out helping with the Local Food Bank)

Well done Gwynedd Council. Thank you for rectifying the faulty street light (No 6) that I reported to you as not working only a couple of days ago. This has made my evening walks along the seafront so much safer which is greatly appreciated. At such a difficult time with so many other commitments, Gwynedd Council staff have demonstrated a caring and professional approach. Thank you. **Mrs A from Tywyn**. (Street Lighting)

I am sending this e-mail to say thank you very much to you for your help and response in relation to my Benefits and Council Tax. I have been so worried, but you have done miracles, and during such a difficult time. So I want to say thank you, thank you, thank you. I suffer from depression and anxiety, and of course this situation doesn't help that. But thanks to you, some weight has been lifted off me now. Once again, thank you very much. **Ms B, Pwllheli** (Benefits)

I hope you and your team are all safe and well. I would like to take this opportunity to thank you and your team (Llinos and Lydia) from my parents and myself, for your professionalism, care and quick response in sorting out a chair lift at their home, especially in these weird and dangerous times making my parents life a little safer and easier. Many thanks (stay safe) **J, J and M - no area details** (Housing and Property)

Thank you very much... I appreciate your work on our behalf x Regards S **Mrs S Penygroes** (Service Improvement Officer, a thank you from a Local Business)

Take my hat off to the binmen and all the other Council workers still working and adapting in such unsure times. Whilst I appreciate skips may be abused it's just an idea to stop the fly tipping. I, like others, have sorted out sheds etc. but have just made a nice neat pile ready for whenever it is possible to dispose of properly. It's not hard! Well done Gwynedd Council for all efforts so far. The binmen are always singing in Tregarth. **Message on Facebook.** (Council Staff, especially Waste and Recycling workers)

Gwynedd Council - thank you so much to everyone who works hard to keep our services going. **D via Facebook** (all Council staff)

Hats off to Gwynedd Council - applied for my son's blue badge renewal at 11ish this morning. Email before 1pm to say it's on its way J Great service in these "interesting times" **Mrs M Pwllheli** (Customer Contact - Corporate Support)

This message is to Olwen and Sioned who were Registrars at our wedding in the Pwllheli office today. We would like to thank you very much for making our day such a wonderful experience. Your warmth and professionalism really suited us. We apologise for being there for quite some time, we hope this didn't create a problem for you today. But we were so happy and we can't thank you enough. Once again, thank you very much. **Mr and Mrs J, Pwllheli** (Registration Staff, Corporate Support)

Revenue Dept. The lady that I spoke with at roughly 11.20am this morning was absolutely brilliant. Her manners etc. brilliant a credit to the council tax department. Made my experience much easier. **Ms D - no area details** (Council Tax)

An excellent Mapping System, especially with rights of way/public footpaths. GC need to congratulate the staff that have established the system - 10 out of 10. **David - no details.** (Countryside and IT)

We have no idea of how many, or how few staff perchance, will be on duty over the festive period, so we wish to say thank you, in fair time, to all of you. The times we have written to you with request of one sort of another, plus the times you have been in touch with us. We thank you for for-bearance, patience and the many ways on which you do add to our lives; through the highs and the lows. We wish all of you..... and your dear ones all you wish yourselves, over the festive period; and as, we say, a sincere thank you. God bless your afternoon. **Mrs B Abergynolwyn** (all Council staff)

Council lads! Thank you for emptying our waste/recycling. Please help yourselves to the duck eggs here. Xx **Ms J via Facebook (Waste and Recycling)**

Thank you Gwynedd Council. It's a shame when things are out of your control people still complain about the service. The binmen work throughout the year, only 2 days off (Christmas and Boxing Day) come rain or shine. I salute you all. As with regards to Council Tax- a small % goes towards refuse and recycling. Stay safe and thank you. **Ms C via Facebook** (Council Staff, especially Waste and Recycling).

NAME OF COMMITTEE	Meeting of Gwynedd Council's Cabinet
DATE OF MEETING	30 March 2021
TITLE OF ITEM	Annual Report on dealing with complaints and information requests by the Children and Family Support Department for 2018/2019
PURPOSE	To give an overview of the complaints and information requests received during 2019/2020
AUTHOR	Marian Parry Hughes, Head of the Children and Family Support Department
CABINET MEMBER	Councillor Dilwyn Morgan

1. Introduction

- 1.1 In accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014 that came into effect on 1 August 2014, the Director of Social Services is required to produce an annual report on how complaints are handled and investigated within the Children and Family Support Department. The report is produced by the Customer Care Officer on behalf of the Director of Social Services
- 1.2 The purpose of this report is to provide information on the number of complaints received by the Children and Family Support Department during the year, the reasons for them and the solutions. The report also contains a summary of the lessons learnt and the actions taken on the complaints received. Details are also included about the number of information requests and freedom of information requests received during this period.

2. Context

- 2.1 The Customer Care Officer deals with complaints, information requests and freedom of information requests throughout the year for the Children and Family Support Department.
- 2.2 The Customer Care Officer for the Children and Family Support Department is managed by the Senior Safeguarding and Quality Manager within the Children and Family Support Department. Although the Officer is located within the Department, it is important to note that the Officer is independent to ensure that complaints are dealt with according to the Social Services Complaints Procedure (Wales) Regulations 2014. The Social Services Complaints Procedure specifically relates to individuals who receive a service from the Department or who have the right to represent a service user.

3. Access to the Complaints Procedure

- 3.1 Individuals contact the Customer Care Officer to express their dissatisfaction with the Department's service, and deciding to make a complaint is usually their last resort. The Officer concentrates on ensuring access to the Complaints Procedure so that complainants are aware of their right to be heard and have their complaint fully investigated.
- 3.2 Information about the Complaints Procedure receives considerable publicity and the information is available in a variety of formats e.g. leaflets, 'easy read' leaflets and on-line. All the information is available in English and Welsh so that the complainant can choose his/her preferred language. Alternative arrangements such as Braille or other languages are available upon request. In addition, advocacy or other support is available to the complainant in his/her chosen language in order to assist as the Complaints Procedure progresses. Information leaflets are continuously amended and updated

Complainants' chosen language when making a complaint during 2019/2020			
	Welsh	English	Total Complaints
Stage 1	4	31	35
Stage 1	1	2	3
Ombudsman		1	1

4. Matters recorded as Enquires

- 4.1 Often, when the individual decides not to pursue the formal Complaints Procedure, the matter is dealt with as an enquiry or informal complaint. Another example of this would be a letter from a Member of Parliament or local Councillor who wishes to express dissatisfaction or wants a specific answer to a question.
- 4.2 By responding positively during these initial steps, some matters can be effectively resolved without the need for the formal Complaints Procedure as this is an opportunity to deal with any misunderstanding or to respond to enquiries. Without a doubt, this is the best result for everyone. One of the most prominent themes seen when dealing with enquiries and informal complaints is misunderstanding between individuals, such as lack of communication or clear communication.

TABLE 1. Enquires and Informal Complaints received 2019/2020		
	2018/19	2019/20
<i>Solicitors</i>	4	
<i>Ombudsman</i>		2
<i>Local Member</i>	1	
<i>Members of Parliament or Assembly Members</i>	6	16
<i>Service Users</i>	1	
<i>Relatives</i>	30	16
<i>Members of the Public</i>	3	
<i>Foster Carers</i>		
<i>Other Agents e.g. advocacy service</i>		1
Total	45	36

5. Stage 1 - Social Services Statutory Complaints Procedure - Local Resolution

- 5.1 Every effort is made to resolve complaints so that the complainant and the Department are satisfied. Clearly, a resolution is the best result for everyone and this can be achieved by investing time and effort early on. However, if the complainant decides to lodge a formal complaint, the usual procedure is to have a discussion over the telephone or face-to-face with the complainant or representative in order to attempt to resolve the matter.
- 5.2 An analysis of the Stage 1 complaints dealt with in 2019/2020 can be found in Appendix 1.

6. Stage 2 - Social Services Statutory Complaints Procedure - Formal Investigation

- 6.1 Should a complainant wish to escalate their complaint to Stage 2, they would have to provide a full record of the complaint along with any desired outcomes; this would then form the basis of what we call a Stage 2 Investigation. The investigation is conducted by two people who are independent to the Council, known as the Independent Investigating Officer and Independent Person. Their role is to meet with the complainant, interview relevant staff and read the social care file. They subsequently create a report of their findings along with any recommendations for the Department. The Department then prepares a response to these recommendations for the complainant.
- 6.2 During 2019/2020, we received three applications to escalate a complaint to Stage 2 of the Social Services Complaints Procedure was received. The analysis of this complaint can be found in **Appendix 2**.

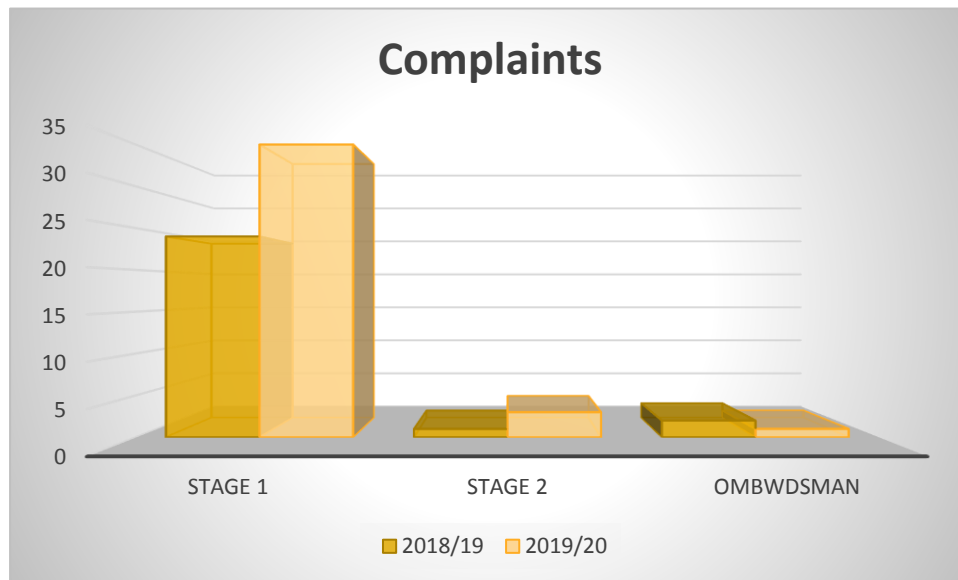
7. Complaint transferred to the Public Services Ombudsman

- 7.1 Every individual has the right to complain directly to the Public Services Ombudsman for Wales at any time during the complaints procedure if they are unhappy with the service provided by the Department.
- 7.2 Usually, if the complaint has not already been dealt with under Stage 1 of the Social Services Complaints Procedure, the complaint will be referred back to the Department in an attempt to resolve the complaint locally. If the individual is still dissatisfied after that, they have the right to escalate the complaint to Stage 2 of the Social Services Complaints Procedure or return to the Public Services Ombudsman for Wales or the Welsh Language Commissioner or the Equalities and Human Rights Commissioner, depending on the nature of the complaint, so that an enquiry can be held
- 7.3 Two enquiries were received from the Ombudsman during 2019/2020. The Ombudsman contacted to ascertain if the individuals had exhausted the complaint procedure and to receive comments on the matter. In both cases, the individuals had not presented a complaint to the Department. The Ombudsman advised the individuals to present their complaint directly to the Department to begin with. Should the individuals continue to be dissatisfied following this they would be able to contact the Ombudsman at this stage.
- 7.4 During 2019/20, we received the conclusion to an Ombudsman investigation that began during 2018/19. The complainant escalated their complaint to the Ombudsman following a Stage 2 investigation under the Social Services Complaints Procedure, which ended in 2017/18. The complainant was unhappy with the Departments response to the Stage 2 investigation amongst other matters. Please see Appendix 3 for further details.

In April 2019, the Ombudsman expressed that the family continued to be unhappy and wanted to make a further complaint against the Department. The Ombudsman therefore decided to conduct a further investigation. The conclusion of this investigation was received during 2019/20. We are still waiting for the Ombudsman's final decision on this matter. Please see Appendix 3 for further details.

During 2019/20 following Stage 2 investigations, 2 complainant contacted the Ombudsman's office, as they were not satisfied with the conclusion of the independent investigating officer's report. The Department shared all relevant information with the Ombudsman's office whilst also noting that the Department had accepted the report in full. Confirmation was received from the Ombudsman's Office that they would not be conducting an investigation.

TABLE 2 Social Services Statutory Complaints Procedure		
	2018/19	2019/20
Stage 1	24	35
Stage 2	1	3
Ombudsman	2	1
Total	27	39



As seen above. The amount of Stage 1 complaints have increased. I feel this is in response to the judgement received from the Ombudsman’s Office regarding the form of categorising and recording complaints. Before receiving the Ombudsman’s response, a number of the Stage 1 complaints would have been treated as enquiries or informal complaints, because as a Department we try to work with families to discuss and find a way forward. This approach has worked very well over the years and have been able to find resolutions successfully. Even though this work continues, we now log the matter as a Stage 1 complaint rather than an enquiry/informal complaint.

8. Adherence to the Statutory Complaints Procedure Response Timetable

8.1 The Local Authority has a duty to provide information on how it investigates and deals with complaints within the timetable noted in the Guidance and Regulations.

TABLE 3 Social Services Statutory Complaints Procedure Response Performance 2019/2020						
Stage 1 (total – 35)						
<i>Complaints received within 12 months of the incident</i>	<i>Complaints received 12 months after the incident</i>	<i>Acknowledged within 2 days</i>	<i>Discussion to resolve within 10 days</i>	<i>Decision announced within 5 days</i>	<i>Response time extended</i>	<i>Average number of days extended</i>
35	0	35	31	31	4	15

Stage 2 (total – 3)			
<i>Total acknowledged within 5 days</i>	<i>Total of responses received within 25 working days</i>	<i>Total deferred under exceptional circumstances</i>	<i>Total completed within 6 months</i>
3	2	0	1

9. Learning Lessons and Identifying Trends - see Appendix 1

- 9.1 The Customer Care Officer prepares quarterly reports discussing the number of complaints received during the quarter along with the way they are dealt with. These reports are an opportunity to analyse and discuss every complaint received during the quarter and to learn in order to continuously improve the service the Department provides throughout the year.

Complaints Trends - Children and Family Support Department

- 9.2 The Children and Family Support Department works daily with a wide range of different families. Some families come to the Department's attention through a direct request for assistance, for example, if their child is disabled. Most families come to the Department's attention because of concerns for a child or young person's health and safety.
- 9.3 Unfortunately, because of the nature of social care work, tension or conflict with families is an unavoidable at times. Social Workers have to make very difficult decisions, and families are not always happy. The Department understands and accepts that families can be dissatisfied, which can then lead them to make a formal complaint against the Department.
- 9.4 It is fair to note that it is difficult to see whether there are definite trends or themes in the complaints received during 2019/2020, as each complaint tends to be unique to each case. In accordance with the Complaints Procedure, the Team Manager or Senior Manager will discuss the complaint with the complainant. By discussing the complaint, the Team Manager is able to respond to matters directly and most cases are resolved over the phone; it is clear that this way of dealing with complaints works. In the majority of cases, the complaint stems from a misunderstanding and miscommunication. Usually, once matters have been fully explained, the complainant will be satisfied.
- 9.5 It is also very important to note, on a number of occasions when a complainant initially contacts the Customer Care Officer, they are highly emotive - they could be angry or concerned about a decision or a misunderstanding. In most cases, the complainant will be satisfied once they have been given the opportunity to discuss their concern with the Customer Care Officer, first of all, and then with the relevant Team Manager, and are happy with the outcome of these discussions.

9.6 **Communication**

During 2019/2020 there was again a tendency in complaints being made due to a lack of clear or consistent communication with families. It is clear that clear and consistent communication is important; the way things are explained to families from the outset is critical in ensuring that they understand why the Department does what it does, what the Department is able to offer and why, in some cases, it is not possible to offer any service at all. It is also important to note that the expectations of families in receiving updates and responses to enquiries made by them to Social Workers is extremely high, and in many cases is unattainable. That is to say that families often expect an immediate response if they contact the Department, and can become annoyed if the relevant Social Worker is unable to respond to them within a few hours that day, even when the matters is not urgent.

Parent Expectation

9.7 This trend is seen annually in the complaints made against the Department. It can be difficult to respond to complaints by families that feel the Department should be doing more to support them, or who believe they should be receiving more services/contact/intervention, or who believe their children should be returned to their care. Parents' expectations of what the Department is able to offer is high, if they feel they have been failed in any way by the Department, they lodge a complaint.

9.8 When such complaints are made, full investigations will be carried out and in the majority of cases there will be clear evidence that the Department has acted appropriately and in accordance with a protocol.

Vexatious complainants

During 2019/20, we have dealt with several individuals who reach the criteria of vexatious complainants. There have been several individuals who contact the Department on a daily basis; this can be on some occasions several times a day. In some instances, we have seen certain individuals contacting several members of staff within the Department daily by phone or email and expecting to receive a response straight away. On one occasion, we have had to write to a written warning regarding his behaviour towards members of staff. In the end we had to take health and safety steps to restrict how the individual contacted the Department. The Department instructed him to use email only. I believe this trend to continue into 2020/21.

10. Training and Staff Awareness

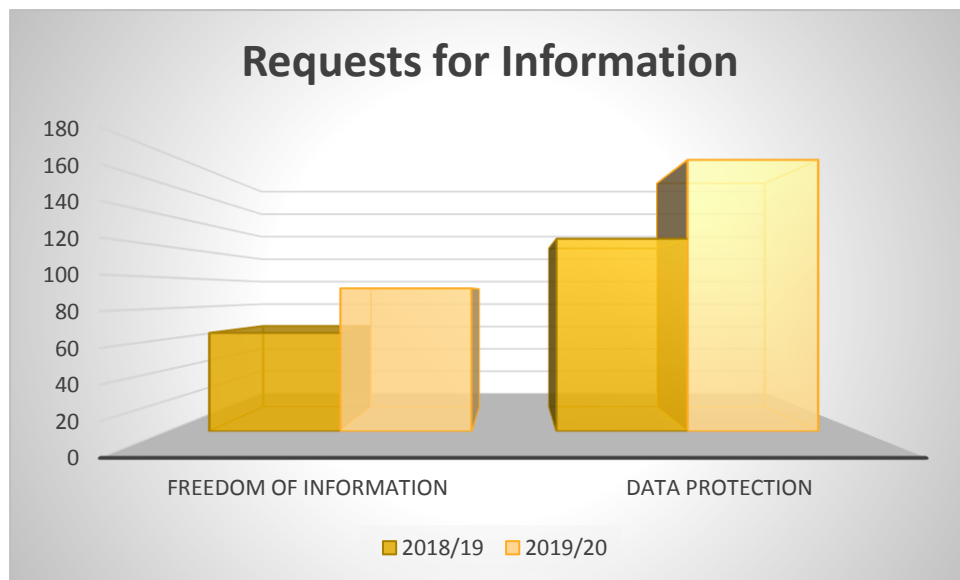
10.1 An important part of the Customer Care Officer's duty is to provide advice and training to the Department's officers about the Complaints Procedure so that staff members are fully aware of the procedure and are confident with their role.

- 10.2 The Customer Care Officer is always available to discuss any specific cases with the Department's officers and also to provide advice about the best way to deal with enquiries or complaints against the Department.
- 10.3 Specific training sessions on the Social Services Statutory Complaints Procedure have taken place during 2019/20 to raise awareness of the Social Services Complaints Procedure (Wales) Regulations 2014 with staff. The training sessions were arranged following a recent recommendation from the Ombudsman following a complaint investigation. The Department were aware that the Government had intention to update the guidelines and therefore waited before arranging the training sessions. However, more recently we have come to understand that the Government do not have an intention to review the guidelines at this time and therefore we proceeded to complete the recommendation and arranged the training sessions.

11. Other Duties

- 11.1 The Children and Supporting Families Customer Care Officer also deals with information requests in accordance with the Freedom of Information Act 2000 and the Data Protection Act 1998 / Data Protection Act 2018. The General Data Protection Regulation (GDPR) and Data Protection Act 2018 were introduced on 25 May 2018, resulting in some changes to the procedures for dealing with information requests.
- 11.2 Access to information requests under the Data Protection Act 1998 / Data Protection Act 2018 are made by individuals, the Police, Solicitors, the Health Board and other Local Authorities. In accordance with the Act, there are specific timescales to adhere to, and the response timetable has become much more challenging since the introduction of the new Act in May 2018.
- 11.3 Determining what information is appropriate to be released is work that demands skill and can be emotionally challenging at times. The Officer who deals with information requests can spend long hours on some of the more complex requests the Department receives. This means that a great many hours are spent ensuring that the information requests are responded to within the specified time.
- 11.4 It is also the duty of the Customer Care Officer to co-ordinate responses to freedom of information requests under the Freedom of Information Act 2000.

	2018/19	2019/20
Requests under the Freedom of Information Act 2000	64	93
Requests under the Data Protection Act 1998 / Data Protection Act 2018	125	176
Total	189	269



12. Expressions of Gratitude - see Appendix 4

- 12.1 It is also important to recognise and record the expressions of gratitude that we have received from our service users and their families. A further analysis of these expressions of gratitude has been included in Appendix 4.

TABLE 6. Expressions of Gratitude during 2019/2020

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13. Action Plan for 2020/2021

- 13.1 For the year ahead, the Customer Care Officer will continue to respond to any enquiries and complaints that will be received by the Children and Supporting Families Department under the Complaints Procedure. Considering the increase in the number of complaints received over the past year, I anticipate that this increase will continue.
- 13.2 Work on the new information leaflet has been completed and the leaflet has been printed. During 2020/21 the Customer Care Officer will ensure that the information leaflet will be distributed and raise awareness within the appropriate teams. We hope to design posters to go alongside the leaflet during the year to come.
- 13.3 Further work will also take place to try to encourage staff across the Department to contact the Customer Care Officer to share any compliments and 'thank you' they receive. There is a feeling at the moment that staff do not feel it is appropriate to share compliments, the Customer Care Officer is eager to change this.

APPENDIX 1 - EXAMPLES OF COMPLAINTS AND OBSERVATIONS DURING 2019/20						
Ref	Short Description	Stage	Team	Response	Lessons to be learnt	Basis for the complaint:
GC/06275-19	A parent wanted to make a complaint regarding Derwen Service. They did not feel they had been listened to as a parent. They wanted the Service to work with them hand in hand to manage the situation. The parent did not want to continue receiving service from Derwen.	Stage 1	Derwen Service	The Derwen Service Team Manager called the parent. It became clear that the parent was having difficulty coping and following discussion it was agreed that everyone would work together in order to stabilise the situation and assist the parent. This was confirmed with the parent by letter.		
GC/06716-19	A parent wanting to make a complaint against her child's Social Worker. The parent believed the Social Worker had given her incorrect information over the phone, which lead the parent to worry. In addition, the parent felt the Social Worker had broken confidentiality.	Stage 1	Arfon Children's Team	A letter was sent to the parent by the Senior Operational Manager explaining the situation and apologising for any confusion caused. The complainant was not satisfied with the response received and asked for the matter to be escalated to Stage 2 of the complaints process. Please see Appendix 2 for further information.	At the time, the Department did not feel there was a lesson learnt at this point. See conclusion of the Stage 2 for further information.	The parent felt very strongly that she had received incorrect information from the Social Worker and that confidentiality had been broken. Therefore, there was basis for the complaint.
GC/07015-19	Parents contacted wanting to make a complaint regarding the Social Worker due to lack of communication. They also felt that the Social Worker did not answer their calls.	Stage 1	Arfon Children's Team	The parents did not want to discuss their complaint with the Senior Operational Manager. Therefore, a letter was sent in response to this complaint. The parents received a full response noting although the Social Worker does respond to every message or phone call that we accept the parent's feelings and the Social Worker will work with them to communicate better in the future.	Work with the family to identify communication needs.	The family did not feel the level of communication was enough and therefore there was a basis for their complaint.

GC/06996-19	A parent contacted wanting to make a complaint against the Social Worker. The parent did not like working with the Social Worker, and felt that the Social Worker was not listening and changing what was said. The parent wanted a change in Social Worker.	Stage 1	Arfon Children's Team	The Team Manager contacted the parent over the phone to discuss the matter. Following discussion, the parent decided that they would be happy to continue working with the Social Worker and no longer wanted to continue with the complaint. The complaint was withdrawn.	No specific lesson to learn from this complaint. Continue to ensure clear communication.	There was no basis for this complaint.
GC/07889-20	Complaint received from foster parents. They were unhappy that the Social Worker had decided to begin 'Life Story Work' with the children in their care. The foster carers did not feel that the Social Worker listened to them regarding the matter as they felt they knew the children better.	Stage 1	Dwyfor Children's Team	A response was sent to the foster carers by letter along with an invitation to meet with the Team Manager and Social Worker to discuss the matter. It was explained that the 'Life Story Work' had been agreed during a LAC Review meeting and the importance of beginning the work with the children whilst they had support around them. It was agreed that the work would begin with NSPCC leading.	No specific lesson to learn. A decision was made jointly during a LAC Review meeting with all parties present.	There was no basis for this complaint.
GC/08226-20	A complaint from a father regarding the Social Worker and Team Manager. The father believed the Department was against him and refused to assist him with gaining a house in the area. The father also believed that the Department was not assisting him in gaining contact with his children.	Stage 1	Dwyfor Children's Team	A response was sent to him by letter. The parent also received a warning letter regarding his threatening behaviour towards staff. There were several reasons for the Social Workers decision and we cannot comment on these within this report. The parent received a full response by the Senior Operational Manager and the Department continue to work in line with the Court Order.	No lesson to be learnt. The Department are working in line with the Court Order.	No basis for this complaint.

APPENDIX 2 - EXAMPLES OF STAGE 2 COMPLAINTS DURING 2019/2020						
Ref	Short Description	Stage	Team	Response	Lessons to be learnt	Basis for the complaint
GC/07307-19	This complaint was escalated directly to Stage 2 of the complaints procedure. This was a complaint by a parent following the conclusion of a Section 47 child protection investigation. The parent believed that there was no basis for the investigation, and did not agree with the Social Worker's recommendations.	Stage 2	Dwyfor Children's Team	An independent investigation was held by an independent investigating officer and an independent person. There were 4 aspects to the complaint. The investigation concluded that there no basis for 3 aspects. It was noted that there was partial basis for 1 aspect. The Department accepted the report and the recommendation.	Ensure that information is available to parents regarding the S47 investigation.	There was partial basis for this complaint.
GC/05252-18	Complaint from a parent who believed that the Social Worker's report was one sided and unprofessional. The parent wanted the report re-written. The parent felt that the Service had failed the family when the baby was born, and did not provide the Service that was needed.	Stage 2	Referral Team	An independent investigation was held by an independent investigating officer and an independent person. The conclusion of the investigation was to partially upheld the complaint. The Department accepted the report and agreed to implement the recommendation.	Lesson learnt has been taken from the recommendation. The importance of ensuring that names of individuals can be identified clearly within reports.	There was partial basis for this complaint
GC/06716-19	Complaint from a parent who believed the Social Worker had given incorrect information, which led to worry. Also, felt that the Social Worker discussed the case with a family member, which broke confidentiality. It was agreed that the matter be escalated to Stage 2 and an independent investigating officer and independent person was assigned to conduct a Stage 2 investigation.	Stage 2	Arfon Children's Team	The report received from the independent investigating officer found in favour of the complainant. No recommendations were given within the report as the independent investigating officer felt that the Department has already provided the complainant with a full apology during Stage 1. The Department provided the complainant with a further apology within the Stage 2 response.	Lesson learnt is the importance of communication and ensuring that this communication is clear in order to avoid any miscommunication.	There was a basis for this complaint.

APPENDIX 3 – EXAMPLES OF COMPLAINT TRANSFERRED TO THE PUBLIC SERVICES OMBUDSMAN DURING 2019/2020

Ref	Short Description	Response	Lessons to be learnt
GC/4997-18	<p>During the end of 2018/19, the Ombudsman announced an investigation into a further complaint introduced by a family of a young person with autism. This investigation looked specifically at services that were available to individuals with autism. The investigation also addressed the Department's decision to refuse to accept and complete the recommendations set out during the Stage 2 investigation into this matter.</p> <p>The Department received the Ombudsman's final report during June 2019. The Ombudsman found in favour of the complainants and gave the Department recommendations. The Ombudsman asked the Department to apologise formally to the family for any distress caused and provide redress of £500. Another recommendation asked the Department to review Derwen Service eligibility criteria to ensure that it was in line with the Social Services Act and the Equality Act. The last recommendation asked the Department to look at the pathway within the Children's Service in relation to Autism.</p> <p>The Department agreed to the recommendations and accepted the report in full.</p>	<p>The Department accepted the recommendations from the Ombudsman. The Department sent a letter to the family apologising along with the redress of £500.</p> <p>The Department have reviewed the Derwen Service eligibility criteria; the latest copy is available on the Council's website. We have ensured that it is in line with the Social Services Act and the Equality Act. The Ombudsman's office have confirmed that this recommendation is completed.</p> <p>In order to look at autism in its entirety within the Children's Department, the Department have appointed an individual who specializes in autism to review the Departments arrangements. Unfortunately, the timeframe has slipped due to several reasons. The first reason was the individual's availability; he was unable to start straight away due to other commitments. Work began in January 2020, with the hope of completing the work by the end of March 2020. Unfortunately, the situation of the country and restrictions that came into place at the time resulted in a delay with the work.</p> <p>We can confirm that the report is now complete (September 2020). The Department have accepted the report in full. We will now move forward to create a work programme</p>	<p>Following a further investigation from the Ombudsman in 2018/19, the Department has identified that there are clear lessons to be learnt.</p> <p>Before receiving the two investigations by the Ombudsman's office the Department had very little experience of working with them.</p> <p>In order to ensure that matter receive a full response and that we are successful in responding to the Ombudsman. In the future, we will need to ensure that we understand clearly, what the Ombudsman expects of us.</p> <p>During this investigation, as a Department we have responded to the Ombudsman enthusiastically with the readiness to complete the recommendation in full. At times, we have responded to the Ombudsman and received an unfavourable response noting that we have not completed the recommendation as requested.</p> <p>It is clear that the Department have interpreted the Ombudsman's request in a different way than was expected of us. This has caused misunderstanding on occasion between the Department and the Ombudsman.</p>

		<p>deriving from this report. As part of this work, we will ensure that the work programme is coherent with the current Welsh Government's review. We have updated the Ombudsman regarding the report. We are now waiting for the Ombudsman to inform us if we have completed the recommendation in full.</p> <p>The matter is still open with the Ombudsman's office at this time and the conclusion of this investigation will be included further in our Annual Report 2020-21.</p>	<p>Moving forward, we have learnt an important lesson. At the first point of contact, we need to ensure that we read and understand the report and recommendations. If any questions arise, we need to have an open dialogue with the Ombudsman's office to confirm the steps needed to complete the recommendations in full. Beyond this, we need to continue to keep in contact with the Ombudsman's office to discuss any problems or difficulties arising that could affect our ability to conform to timescales.</p> <p>This will ensure that we can avoid any misunderstanding in the future.</p>
<p>GC/3257-15</p>	<p>In our annual report 2019/20, we discussed an investigation by the Ombudsman to a complaint by parents, which was originally received in 2016/17. Following a long period of communication with the Department regarding several matter relating to service provision for their son who was 15 years old at the time.</p> <p>During Quarter 2 2016/17, the complainant contacted the Ombudsman to complain regarding the Department's decision not to escalate their complaint to Stage 2. They did not believe that their complaint had been processed correctly. The Ombudsman contacted the</p>	<p>The Ombudsman found in favour of the complainants.</p> <p>The Ombudsman gave the Department 6 recommendations. The Department completed 5 of the recommendations within the timeframe noted by the Ombudsman during 2018/19. One recommendation continued to 2019/20.</p> <p>The Ombudsman asked the Department to arrange training sessions on the Social Services Complaints Procedures to all staff members within the Department. This recommendation slipped for several reasons. Firstly, the Department became aware that the Welsh Government were</p>	<p>In our annual report 2018/19, we noted several lessons learnt from this complaint. The Department continue to identify lessons from complaints and take matters seriously. We hope to use what we have learnt during the period of this complaint to improve our processes.</p> <p>The matter relating to training is an example of the difficulties arose, as the Department did not communicate any potential delays and barriers effectively with the Ombudsman's office. This is reflected in our lessons learnt in GC/4997-18.</p>

	<p>Department asking for any relevant documentation that would assist their investigation.</p> <p>The Department received a quick response from the Ombudsman informing that they would not be taking the matter further as they believed the Department to have followed the statutory complaints procedure correctly by not escalating the complaint to Stage 2 as the complainants had received a comprehensive response under Stage 1.</p> <p>However, during Quarter4 2016/17, the Department received further correspondence from the Ombudsman. The Ombudsman had changed their original viewpoint and therefore instructed the Council to escalate the complaint to Stage 2 of the complaints procedure.</p> <p>The Departments viewpoint did not change and therefore the Ombudsman decided to change their original decision and a further investigation would take place by the Ombudsman's office.</p> <p>The final report was received by the Ombudsman during Quarter 1 2018/19.</p>	<p>reviewing the Social Services Complaints Procedure. The Department therefore held back before starting the training sessions with the expectation of training staff with the reviewed guidelines in place. However, we received news that the Government decided not to continue with the review at this stage.</p> <p>The Ombudsman were not satisfied with the steps taken by the Department to complete the recommendation. In order to avoid any further delay and due to the workload of the officer within the Department, an external training officer was identified to conduct the training sessions on our behalf. Due to the trainer's lack of availability, this lead to further delay. We can confirm that the sessions have taken place and this confirmed with the Ombudsman's office who have confirmed that the recommendation was completed in October 2019.</p>	
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	Following this investigation (GC/3257-15) and further correspondence from the complainants the Ombudsman decided to conduct a further investigation. See above GC/4997-18.		
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APPENDIX 4 - EXAMPLES OF APPRECIATION DURING 2019/2020			
Ref	Short Description	Category	Unit / Team
GC/08199-20	"I wanted to thank you both for the support that you have given to XX and his family over the years that we have been working together. I hope that XX achieves his hopes and ambitions in the artistic world which would not have been possible without you."	Thank you	Derwen Service
GC/06539-19	"Thank you sincerely for your motivating words. Everyone has worked really hard to make this work for X. Your team equally have been amazing. No words to describe Sian Tecwyn's dedication and motivation towards the transition between the home environment and RESPITE services. She has been truly amazing to work with, and proves that by working together does provide best outcomes."	Compliment	Hafan y Sêr
GC/0	"I've just read through this. Appears like a good plan of action under the circumstances. I don't have anything to add except thanks to all the staff who work alongside XXX in Hafan y Ser and to all those who have made these sessions possible. Thanks again and have a really great weekend."	Thank you	Hafan y Sêr
GC/06508-19	"And upon it being recorded that the Court was assisted by the Section 7 report and was grateful to Ms Taylor for her sensitivity and appropriateness in how she conducted the matter. The Court requests that this Order be referred to Ms Taylor's superiors"	Compliment	Arfon Children's Team
GC/08203-20	"Dear Linda, Thank you for being my good social worker and looking after me. Love from XXXX" (Card from a child)	Thank you	Dwyfor Children's Team

TITLE	Annual Report on dealing with complaints by the Adults, Health and Well-being Department for 2019-20
PURPOSE	To provide an overview of the Complaints, Enquiries and Statements of Appreciation received during 2019-20
AUTHOR	Geraint Wyn Jones Customer Care Officer (Adults) Safeguarding and Quality Assurance Unit (Adults)
CABINET MEMBER	Councillor Dafydd Meurig
DATE	30th of March 2021

1. Introduction

- 1.1 In accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014 that came into force on 1 August 2014, the Director of Social Services is required to produce an annual report on the way complaints are handled and investigated within the service. The report is produced by the Customer Care Officer on behalf of the Director of Social Services.
- 1.2 The purpose of this report is to provide information on the number of complaints received during the year and reasons for the complaints and details of their resolution by the Adults, Health and Well-being Department. It also includes a summary of the lessons learnt and the action taken in relation to the complaints received.

2. Context

- 2.1 The Adults Customer Care Officer, as a member of the Safeguarding and Quality Assurance Unit, deals with complaints throughout the year in line with the statutory Social Services Complaints Procedure guidelines.

3. Access to the Complaints Procedure

- 3.1 When a person contacts the Customer Care Officer, it relates to a dissatisfaction with the Department's service, and deciding to make a complaint is usually their last resort. The Officer focuses on ensuring access to the Complaints Procedure so that people are aware of their right to be heard.
- 3.2 To this end, information about the complaints procedure receives considerable publicity and is available in a variety of formats e.g. leaflets, on-line and 'easy read' versions. All the information is available in Welsh and English so that the complainant can choose his/her preferred language. Alternative arrangements such as Braille or other languages are available. Advocacy or other support is available to the complainant in their chosen language in order to assist the progress of the Complaints Procedure. The Information Officer continuously amends and updates the information leaflets.

4. Matters recorded as Enquires

- 4.1 The aim is to respond to every complaint with fairness, impartiality and respect so that the individual is confident that his/her complaint will be handled professionally and positively, rather than negatively. Often, when the individual decides not to follow the Complaints Procedure, the matter is dealt with as an enquiry or informal complaint. Another example of this would be a letter from a Member of Parliament or local Councillor who wishes to express dissatisfaction or wants a specific answer to a question.
- 4.2 By responding positively during these initial steps, some matters can be effectively resolved without the need for the Complaints Procedure as this is an opportunity to address any misunderstandings or to respond to enquiries. Without a doubt, this is the best outcome for everyone.

See Table 1 at the end of this report for an analysis of the outcome of every enquiry and the unit/service that is responsible for responding to that particular enquiry and Table 2 for more detailed examples of these enquiries.

5. Stage 1 - Social Services Statutory Complaints Procedure - Local Resolution

- 5.1 Every effort is made to resolve the complaint so that the complainant and the Service are satisfied. Obviously, a local resolution is the best resolution for everyone and this can be achieved by investing time and effort at an early stage. However, if the complainant decides to make a formal complaint, the usual procedure is to have contact over the phone, by e-mail, or face to face with the complainant or representative in order to try to resolve the matter. Over the years, the Customer Care Officers have successfully established close working relationships with the teams, managers and legal service as a means of discussing and resolving matters, and this is reflected in the small amount of complaints that reach Stage 2 of the Complaints Procedure. See Appendix 2 for some examples of the complaints that received a response at Stage 1 of the Complaints Procedure.

Tables 3 and 4 at the end of the report show a comparison of the number of complaints that followed the Complaints Procedure in 2018/19 and in 2019/20.

6. Stage 2 - Social Services Statutory Complaints Procedure - Formal Investigation

- 6.1 By following the principle of focusing on a successful early and local resolution, and of dealing with matters quickly and effectively, the need to reach Stage 2, which is a formal investigation by an independent investigator, is unusual in Gwynedd. It is understood that Gwynedd leads all other north Wales counties in this regard. It is a clear sign of the Customer Service Officer's commitment, with the willing collaboration of the relevant staff in each individual case, to resolve all complaints in an effective and timely manner.

During 2019/2020, no requests were received to progress complaints from stage 1 to stage 2 of the Social Services Complaints process.

7. Investigations into complaints received by the Public Services Ombudsman

- 7.1 If the complaint is not resolved at the end of an investigation under Stage 2 of the Complaints Procedure, the complainant has the right to refer the case to the Public Services Ombudsman for Wales, or the Welsh Language Commissioner, or the Equality and Human Rights Commissioner, depending on the nature of the complaint.
- 7.2 During 2018/19 the Department received a request for information from the Ombudsman to assist with an investigation into a complaint from a member of the public in relation to this Department, the Health Board and an External Provider. The outcome of that investigation was received at the end of 2019, and the report was published in accordance with the Ombudsman's guidelines on the Council's website and hard copies available from Siop Gwynedd. For information, the Ombudsman's report has been attached to this report.
- 7.3 The Council has accepted the Ombudsman's recommendations from this report, and has started the process of implementing them.

8. Adherence to the Statutory Complaints Procedure Response Timetable

- 8.1 The Local Authority has a duty to provide information on the way it investigates and deals with complaints within the timetable noted in the Guidelines and Regulations. The Service managed to respond to 85% of Stage 1 complaints within this timetable during 2019/20. See Table 5 at the end of this report for further details.
- 8.2 The reasons for the late responses were related to work pressures on the relevant staff who responded to the complaint, and the absence of the Customer Service Officer due to annual leave. The timetable for providing a written response confirming the outcome of the discussion is five working days, which is very tight. Nonetheless, the majority of complainants do receive a response within the timetable or have agreed to extend the timetable.

9. Gwynedd Council's Complaints Procedure

- 9.1 Some matters that are beyond the remit of the Social Services Complaints Procedure are dealt with under Gwynedd's Corporate Complaints Policy. The Department's other responsibilities is also a reason for these complaints, e.g. Housing matters. Not all complaints are brought to the attention of the Customer Care Officers, as perhaps some will have been referred directly to the service.
- 9.2 The following are examples of general complaints: - a member of the public complaining about the Housing Service's ruling that they were not eligible for social housing; spelling mistakes in an official document; a private home owner asking for advice about central heating and fixing a boiler.
- 9.3 No complaints were received this year that were dealt with under Gwynedd's Corporate Complaints Policy.

10. Learning Lessons and Identifying Trends

10.1 Learning Lessons

A quarterly report on dealing with complaints is presented to the Adults, Health and Well-being Department's Management Team. This is an opportunity to analyse every complaint and to discuss and learn in order to improve the service provided to Service Users.

- 10.2 The Management Team includes the lessons learnt in its amended work plans and any training needs are identified. The current lessons to be learnt log is administrated by the Customer Care Officer. The log is regularly distributed amongst the Senior Managers in order to inform them of the lessons that have been identified. The log will be updated with any information about actions taken in connection with the lessons to be learnt. Hopefully, this will be a more effective way of identifying lessons and ensuring that improvements are implemented.

See the copy of the Lessons Log on pages 7 and 8 of this report for further information about the lessons identified during the year.

10.3 Complaints and Enquiries Trends - Adults, Health and Well-being Department

- 10.3a As part of the complaints data analysis for quarterly reports, the Customer Care Officer identifies trends in the nature of the complaints and enquiries received. This is useful in identifying whether similar problems frequently arise in specific fields that lead to several complaints about that problem.

- 10.3b A theme that has been evident since around 2016 is the complaints stemming from the difficulties experienced in providing a sufficient level of domiciliary care hours, especially in rural areas of Gwynedd. We are pleased to report that only one complaint was received on this theme during 2019-20, which suggests that the hard work in improving the situation in relation to the timely provision of domiciliary care across Gwynedd is continuing to be successful.

- 10.3c During the first quarter of this year, the changes dating from 01/07/19 to the charging policy for Telecare services in Gwynedd meant that some service users' financial contribution increased. An increase in the number of enquires on this issue had been anticipated, and arrangements were made for the Customer Care Officer to explain these changes to those enquiring. The details of each enquiry were collected so that the Telecare Manager could directly contact the service users that wished to discuss their personal circumstances with the Assistant Technology Officer.

- 10.3d The Customer Care Officer is part of the Safeguarding and Quality Assurance Unit (Adults), and has a close relationship with the Care Monitoring Officers and the Safeguarding Officers. This is essential in order to share information to identify Safeguarding Cases, and also to share information about any complaints received about the care of individuals in residential homes that could be a symptom of wider care problems in those institutions, that require further investigation.

Training and Staff Awareness of the Complaints Procedure

- 11.1 Providing training to staff about the Complaints Procedure is an important aspect of Customer Care, so that staff members are fully aware of the procedure and are confident of their role within it. In order to ensure that every staff member receives training, it is intended that the provision will move from the traditional workshop session to an e-Learning module. This should facilitate things and reduce the costs related to conducting traditional sessions.
- 11.2 Welsh Government is currently in consultation to create a new complaints procedure which better corresponds to the principles of the Social Services and Well-being (Wales) Act 2014. The North Wales Customer Care Officers' group, of which the Gwynedd Customer Care Officer is currently the Chair, has contributed to the engagement process by preparing a series of suggested changes to the procedure.
- 11.3 As a review of the complaints procedure is ongoing, there are no plans to provide full training for staff on the complaints procedure in the near future as it is likely that training will have to be held again on any new procedure that comes into force. Once the Government has approved the new guidance, we will then provide training for staff on the new rules. In the meantime, the Customer Care Officer is available at all times to provide answers to any questions from staff about any aspects of the Complaints Procedure.

12. Other Duties

- 12.1 The Customer Care Officer (Adults) is a member of the Disabled Parking Spaces Panel which is responsible for coordinating the process of assessing applications from the public for special disabled parking spaces outside their property. A Panel meeting is held every three months. The Officer is responsible for ensuring that application forms are up-to-date and correct, and is responsible for receiving enquires over the phone, by letter and e-mail. The Officer assists the Panel's Administrative Assistant to communicate application results by letter after every Panel meeting.

13. Expressions of Gratitude

- 13.1 As well as responding to concerns, complains and other comments from service users, their families, and members of the public, it is also crucial that we acknowledge and record the expressions of gratitude we receive from our service users, families, members of the public and from staff from other agencies.

The number of expressions of gratitude has increased this year as the Customer Care Officer has carried out work, with the aid of team leaders and managers across the Department, to promote staff awareness in general of the need to record any 'expressions of gratitude' they receive for their hard work.

See analysis of the number of expressions of gratitude in Table 6 and examples of expressions of gratitude in Table 7 at the end of the report.

14. 2020/21 Work Programme

- 14.1 Continue to respond to concerns, enquiries and complaints by adhering to the Welsh Government Social Services Complaints Procedure, ensuring that the lessons to be learnt from every case are addressed by the Departmental Management Team

regularly and in a timely manner. Continue to monitor actions that take place to develop the service.

- 14.2 The Customer Service Officer will continue to chair the North Wales Customer Care Officers Group (NWCOG) for the coming year. Meetings are held every three months. The Customer Care Officer has also accepted the responsibility of administering the North Wales list of Independent Investigators who assist us to complete investigations into complaints under Stage 2 of the Social Services' Complaints Procedure. The Independent Investigators on the list are extremely experienced individuals within the field of social care and/or customer service, and we are working hard to attract more Welsh speakers to this important role.

15. Statistics on the use of Welsh and English when responding to complaints and enquiries

- 15.1 The Customer Care Officer responds to enquiries and complaints in the chosen language of the enquirer or complainant.

See the relevant figures on the use of both languages in Table 8 at the end of this report.

16. A summary of the actions to respond to the main trends, and lessons learnt from complaints received in 2019/20.

- 16.1 The actions that respond to the lessons and trends identified when dealing with complaints and enquiries are already being implemented, and improvements to the service have already become evident.
- 16.2 A copy of the Lessons to be Learnt Log 2019/20 has been included on pages 7 and 8 of this report, which includes information about further actions completed in relation to some of the lessons learnt in 2019/20.

LESSONS LOG STEMMING FROM COMPLAINTS AND ENQUIRIES – ADULTS, HEALTH AND WELL-BEING DEPARTMENT - 2019/20

Reference and date received	Brief Description of the Complaint	Lesson identified	Relevant Manager/Staff	Senior Responsible Manager	Target Date for Action	Date of Discussion for the Adults Management Team	Comments of the Management Team	Outcome of the action
GC/06351-19 30/04/2019	A day services user's relative complained that the home's staff had not contacted him soon enough to report that his wife had had an accident. Also alleged that a dirty commode had caused her to develop a UTI. Sought an explanation and an apology	Staff to be in closer contact with families if any type of accident occurs. Nobody had contacted the family to report that an accident had occurred.	Council Residential Home Staff and Managers (Internal Provider)	Internal Provider Service Senior Managers (Residential Homes)	ASAP			A message has been sent to staff in Gwynedd Council homes to emphasise the importance of reporting immediately to families about any accidents involving their relatives
GC/07636-19 12/12/2019	A relative of a former Telecare service user, criticising the tone and contents of a letter from the administrative team requesting the return of the equipment. The message regarding the death of the service user had not been effectively communicated	Better communication required among staff to ensure that appropriate wording is used in letters sent to families following the death of a service user, requesting the return of equipment.	Telecare Service Staff	Senior Business Manager	ASAP			Staff have been reminded of the need to ensure that letters sent to families and service users are carefully worded to be appropriate to the circumstances.

LESSONS LOG STEMMING FROM COMPLAINTS AND ENQUIRIES – ADULTS, HEALTH AND WELL-BEING DEPARTMENT - 2019/20

Reference and date received	Brief Description of the Complaint	Lesson identified	Relevant Manager/Staff	Senior Responsible Manager	Target Date for Action	Date of Discussion for the Adults Management Team	Comments of the Management Team	Outcome of the action
	between staff before action was taken.							
GC/08011-20 21/02/2020	A service user's relative was unhappy as he had received a letter about domiciliary care costs from the Income and Welfare Unit in English only. Wanted a Welsh copy of the letter and asked for assurance that this would not happen again.	Remind staff that they need to follow the Council's language policy when responding to correspondence. Also noted that it is good practice to identify the language choice of the service user and/or carer	Income and Welfare Unit Staff	Senior Business Manager	ASAP			Staff have been reminded of the need to ensure that letters sent to families and service users comply with the Council's language policy

TABLE I: Informal Enquires and Complaints received 2019-2020							
	<i>Adults</i>	<i>Internal Provider</i>	<i>Business</i>	<i>Housing</i>	<i>External Provider</i>	<i>Cross-service</i>	Total
<i>Solicitors</i>	1						1
<i>Ombudsman</i>							
<i>Local members</i>	1			1			2
<i>Members of Parliament or Assembly Members</i>	21		5				26
<i>Users</i>	2	1	3				6
<i>Relative and/or Carer</i>	11	5	8		1		25
<i>The Public</i>	5		4	1			10
<i>Advocate</i>	1						1
<i>Other Agent</i>	6		1				7
<i>Issues with Disabled Parking Spaces</i>	9						9
<i>Other Counties</i>			1				1
<i>Social Worker</i>							
<i>Older People's Commissioner</i>							
<i>Welsh Language Commissioner</i>							
<i>Gwynedd Council Staff (other Department)</i>	1						1
<i>CIW</i>			1				1
<i>Health Board Staff</i>	2						2
TOTAL	60	6	23	2	1		92

TABLE 2: Examples of Complaints and Enquiries 2019/2020 - ADULTS

Ref.	Brief description	Category	Stage	Unit / Team	Outcomes
GC/6351-19	A day service user's relative complained that the home's staff had not contacted him soon enough to report that his wife had had an accident. Also alleged that a dirty commode had caused her to develop a UTI. Sought an explanation and apology	Complaint	Stage 1	Internal Provision (Residential and Day Care)	A message has been sent to staff in Gwynedd Council homes to emphasise the importance of reporting immediately to families about any accidents involving their relatives A full response and apology provided in writing to the family.
GC/6645-19	A service user dissatisfied with the outcome of the financial assessment of her contribution towards domiciliary care costs. Requested a review of the level of her financial contribution.	Complaint	Stage 1	Income and Welfare Unit (Business)	A review of the financial assessment was undertaken, and the financial contribution was subsequently reduced. A full explanation of the outcome had been provided to the service user.
GC/6745-19	A relative was unhappy with the delay before moving a service user from a nursing home to having domiciliary care. The complexities of the situation had caused this.	Complaint	Stage 1	Adults Service (Meirionnydd)	The situation had been resolved and a further enquiry from the Member of Parliament also received a full response.
GC/06819-19	A service user's relative alleged that her mother had been injured by falling in a nursing home, and that nobody had recorded this. Wanted an investigation and an explanation.	Complaint	Stage 1	Residential and Day Care (Internal Provider)	Full response provided along with a full apology. The target date for responding had not been reached due to the detail and nature of the investigation into the matter, and as the relevant staff were on leave and/or on sick leave.
GC/7636-19	A relative of a former Telecare service user, criticising the tone and contents of a letter from the administrative team requesting the return of the equipment. The message regarding the death of the service user had not been effectively communicated between staff before action was taken.	Complaint	Stage 1	Telecare Service (Adults)	A need was identified to improve communication among Team members to ensure that appropriate wording is used in letters sent to families when similar circumstances arise in future.
GC/7657-19	A service user expressed concern	Complaint	Stage 1	Adults Service (South)	An apology and a full explanation had been

GC/07176-19	A member of the public requested confirmation of the process of applying for a parking space, and the reasons why a relative of his had been refused.	Enquiry		Disabled Parking Spaces (Customer Care Officer)	A full explanation and further information about the process were provided.
GC/07435-19	A Member of Parliament expressed concern on behalf of a service user's family about his inability to pay the home fees as her savings had decreased.	Enquiry from a Member of Parliament		Adults Service (Caernarfon)	A full response was provided, noting that she could receive a financial assessment in order to receive assistance to pay. The service user was offered a financial assessment.
GC/07770-20	A member of the public asked how to report to the Council that motorists without a blue badge were parking in disabled parking spaces.	Enquiry		Disabled Parking Spaces (Customer Care Officer)	The enquirer was advised to contact the Environment Department through the Council's website or Galw Gwynedd
GC/07786-20	A member of Mencap's staff enquired about whether there were any processes to appeal against a service user's support assessment.	Enquiry from a Third Sector Agency		Learning Disabilities Service	Explanation provided that there is no formal appeals process, although a formal complaint could be made through the Social Services Complaints Process. Awaiting further contact.
GC/07951-20	A Member of Parliament requested that an officer from the Department contacted a service user to discuss problems with her Direct Payments arrangements. Contact had been made to resolve the situation	Enquiry from a Member of Parliament		Income and Welfare Unit	A response had been provided to the Member of Parliament, and the service user had been contacted to resolve the situation.

TABLE 3: Social Services Statutory Complaints Procedure 2019-2020							
	Adults	Internal Provider	Business	Housing	External Provider	Cross-service	Total
Stage 1	8	4	2		1		15
Stage 2	4						4
Ombudsman	1						1
Total	13	4	2		1		20

TABLE 4: Social Services Statutory Complaints Procedure 2019-2020							
	Adults	Internal Provider	Business	Housing	External Provider	Cross-service	Total
Stage 1	5	4	5				14
Stage 2							
Ombudsman							
Total	5	4	5				14

TABLE 5: ADHERENCE TO THE STAGE 1 COMPLAINTS PROCEDURE TIMETABLE - ADULTS					
Complaints received 12 months after the incident	Acknowledged within 2 days	Discussion to resolve within 10 days	Decision announced within 5 days after the discussion	Response time extended	Average number of days extended
0	14	12	12	2	20

TABLE 6: NUMBER OF EXPRESSIONS OF GRATITUDE DURING 2019-2020 - ADULTS						
Adults	Internal Provider (Home care and residential)	Business	Housing	External Provider	Cross-service	Total
35	72	5	0	0	0	112

TABLE 7: EXPRESSIONS OF GRATITUDE AND APPRECIATION (ADULTS) EXAMPLES FROM 2019/2020			
Quarter 1	“This day service has been a central part of Mum's week, and has given her the opportunity to mix with others and make new friends. It fills the void and the days with kindness and friendship. I am grateful from the bottom of my heart that	Thank you	Residential and Day Care (Internal Provision)

	this type of service exists - it's priceless!"		
Quarter 1	"I am writing this letter to say that I have had recent conversations with the Occupational Therapist and have been impressed by his insight and interest in our situation. He has gone the extra mile in his attempts to help and seemed very involved and interested in what I was saying. He actually listened! That is very important to an elderly person like me who is often made to feel ignored when their welfare is discussed. As far as we are concerned the OT deserves a medal for his attitude towards us. I was brought up to think of social services as the "bad guys" – I have been proved very wrong!"	Thank you	Adults Service (Adults)
Quarter 2	"A brief and inadequate note from us as a family to thank you for all the care that ** received over the past two and a half years. He received all possible assistance and support, and felt safe and comfortable amongst you all. He was allowed to be himself, to relate stories, to joke and to live as independently as possible. Our words cannot fully express our gratitude to you"	Thank you	Residential and Day Care (Internal Provision)
Quarter 2	"We would like to state how pleased we are with the new system recently introduced for providing care in the home. It is a vast improvement on the previous service. Having a regular team of three carers has introduced a vast level of stability into Mum's life. She is so much happier knowing that she will always have the same	Thank you	Home Care (Adults, Internal Provision)

	<p>team of dedicated carers looking after her and she has built up a great deal of trust in them. This is extremely important given that she has very poor sight and hearing. The new system has introduced a much greater degree of structure and stability into both the lives of the carers and the service users. This can only be a positive move. Mum has described the new system as 'wonderful' and the change in her when she was notified of the changes was immeasurable. She told me she had some wonderful news when I rang her. Living a fair distance away, it is very difficult for family to visit regularly but we do have peace of mind knowing that consistent care is in place. The new system has taken away a lot of our worries and concerns."</p>		
<p>Quarter 3</p>	<p>"Can I just say a huge thank you for your support on our joint visit. Due to Mrs. X's diagnosis of Dementia, she can present with challenging behaviour and be reluctant to accept support or equipment. I have been attempting for ages to encourage Mrs. X to have a falls detector and heat sensor in place as she is at severe risk of falls and burning items on the cooker.</p> <p>Mrs. X responded well to your calm and confident manner and you were able to build up an excellent rapport with her. Therefore, Mrs.X was able to relax and listen to the reasons for having this equipment installed. You were also able to explain clearly what was involved in the package and how it would assist her,</p>	<p>Thank you</p>	<p>Telecare Service</p>

	<p>without making her feel that you were making decisions for her or taking over.</p> <p>I am very grateful for your support with this and other joint visits we have carried out with difficult clients, they are invaluable when encouraging clients with Dementia to accept Telecare packages. I look forward to working with you again in the future.”</p>		
Quarter 3	<p>“I wish to give you heartfelt thanks for the caring, kind and loving care shown by each of you towards X over these last years. As a family, we could not have wished for a better place to care for X. We have been extremely fortunate in finding a place such as this, with such tender care provided by the staff. As a sign of our appreciation I wish to present this cheque for £1000 in memory of X”</p>	Thank you	Residential and Day Care (Internal Provision, Adults)
Quarter 4	<p>“Further to your letter enclosing the receipt from DSL following the installation of the chair lift on the stairs. I wish to express my huge appreciation for your prompt and effective service. I am also extremely grateful to the Council for their unexpected generosity and willingness to help people such as myself. I have already expressed my gratitude to Llinos M Evans (Disability Liaison Officer) and was pleased to provide her with a positive feedback form. My gratitude to everybody for providing such an excellent service is immeasurable.”</p>	Thank you	Adults Service
Quarter 4	<p>“We wish to thank you and all Plas Hafan's staff for the excellent care provided to our</p>	Thank you	Residential and Day Care (Internal Provider, Adults)

	<p>mother during her period with you. It has been a comfort to us as a family to know that she is happy and safe in your care, and is provided with the best attention and worthwhile experiences. Plas Hafan's welcoming environment and the sensitive and cheerful care offered to the residents and families are to be highly praised and are of the highest possible standard"</p>		
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TABLE 8: Complainants' chosen language when making an enquiry/complaint during 2019/2020 (ADULTS)

	Welsh	English	Total
<i>Informal Enquiries and Complaints</i>	36	56	92
<i>Stage 1</i>	9	5	14
<i>Stage 2</i>	0	0	0
<i>Ombudsman</i>	0	0	0

The investigation of a complaint against
Gwynedd Council,
Betsi Cadwaladr University Health Board
and Cartrefi Cymru

A report by the
Public Services Ombudsman for Wales
Case: 201806533, 201806536 and 201806537

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Introduction

This report is issued under s16 of the Public Services Ombudsman (Wales) Act 2005.

In accordance with the provisions of the Act, the report has been anonymised so that, as far as possible, any details which might cause individuals to be identified have been amended or omitted. The report therefore refers to the complainant as Mrs M, and to her son as Mr N.

Summary

Mrs M's son, Mr N, suffered from drug-induced psychosis and acquired brain injury. He received a package of care, funded jointly by Gwynedd Council ("the Council") and Betsi Cadwaladr University Health Board ("the Health Board"), and provided by Cartrefi Cymru ("CC"), a registered domiciliary care provider. Mrs M complained about:

- a) the care given to Mr N by CC
- b) failings in communication between the Council, the Health Board and CC, resulting in CC not receiving comprehensive documentation/risk assessments/care plans for Mr N.

Sadly, Mr N choked while eating alone in his bedroom, and died despite first aid being administered by his carer.

The Ombudsman found that the Council and the Health Board jointly funded Mr N's care, with the Council being the lead commissioner. However, despite there being an overarching, general contract with CC for the provision of care, there seemed to be no documentation showing the awarding of the contract and the specific terms relating to Mr N, and the respective responsibilities of the parties. This amounted to maladministration on the part of both the Council and the Health Board. In addition, there was no documentation to show that the Council, as lead commissioner, had monitored the delivery of the service under the contract.

Although the Ombudsman could not say with any certainty that any of the bodies had seen a risk assessment relating to the risk of Mr N choking, CC should have carried out its own choking risk assessment in view of Mr N's obvious vulnerabilities.

The Ombudsman upheld the complaint against all three bodies. However, he did not conclude that any of the failings he identified had caused or contributed to Mr N's death. However, Mrs M would be left with the uncertainty that, but for the failings, things might have been different.

The Ombudsman made the following recommendations:

(a) The Council and the Health Board

1. Within **one month** of the issue of the report, both the Council and the Health Board should apologise to Mrs M for the failings I have identified.
2. Within **three months** of the issue of the report, both the Council and the Health Board should review their respective contract governance arrangements to ensure that contract management is in line with good practice (as contained in the Contract Management Principles and the principles in the Wales Procurement Policy Statement).

(b) The Health Board

3. Within **three months** of the issue of the report, the Health Board should remind staff members with responsibility for managing a service user's Care and Treatment Plan and care package of the need to ensure they comply with the requirements of NICE Clinical Guideline CG136 and the Mental Health (Wales) Measure 2010 and the Mental Health Act 1983 Code of Practice.

(c) CC

4. Within **one month** of the final report, CC should apologise to Mrs M for the failing I have identified.
5. Within **three months** of the final report, CC should remind members of staff with responsibility for delivering care plans of the importance of ensuring all relevant assessments are carried out, and the care package reviewed, as soon as possible after being contracted to provide care.

The Complaint

1. Mrs M's son, Mr N, suffered from drug-induced psychosis and acquired brain injury. He received a package of care, funded jointly by Gwynedd Council ("the Council") and Betsi Cadwaladr University Health Board ("the Health Board"), and provided by Cartrefi Cymru ("CC"), a registered domiciliary care provider. Mrs M complained about:

- a) the care given to Mr N by CC
- b) failings in communication between the Council, the Health Board and CC, resulting in CC not receiving comprehensive documentation/risk assessments/care plans for Mr N.

Investigation

2. The Investigator obtained comments and copies of relevant documents from the Council, the Health Board and CC and considered those in conjunction with the evidence provided by Mrs M. The Investigator took advice from one of the Ombudsman's professional advisers, a Registered Mental Health Nurse and NHS Commissioning Manager with experience of commissioning continuing healthcare packages for individual patients with complex needs. His name is Danny Alba. The Adviser was asked to consider whether, without the benefit of hindsight, the care or treatment had been appropriate in the situation complained about. I determine whether the standard of care was appropriate by making reference to relevant national standards or regulatory, professional or statutory guidance which applied at the time of the events complained about. The Investigator also discussed the question of the procurement of services by public bodies in Wales with an officer of the Welsh Government's National Procurement Service. I have not included every detail investigated in this report but I am satisfied that nothing of significance has been overlooked.

3. Mrs M, the Council, the Health Board and CC were all given the opportunity to see and comment on a draft of this report before the final version was issued.

Relevant legislation

4. Clinical Guidelines (“CG136”) issued by the National Institute for Health and Care Excellence entitled “Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services” advises that the care plan should support “effective collaboration with social care and other care providers during endings and transitions”.

5. Guidance from the Crown Commercial Service on Contract Management Standards contain Contract Management Principles. The first 3 Principles are:

- Ensure that contracts are known and understood by all those who will be involved in their management.
- Be clear about accountability, roles and responsibilities.
- Establish and use strong governance arrangements to manage risk and enable strategic oversight.

Although it is not a requirement for public bodies in Wales to follow this guidance, the principles contained in it represent good practice.

6. The Wales Procurement Policy Statement (issued by the Welsh Government in June 2015) covers contract management. Public bodies are expected to adhere to the principles contained in the Statement. These include ensuring adequate skills and resources are in place to carry out effective procurement and contract management and ensuring regular contract performance management reviews are conducted.

7. I have issued Statutory Guidance on the Principles of Good Administration and Good Records Management¹ to which public bodies in Wales must have regard when discharging their public functions. I also issued guidance in my Casebook² to public bodies in Wales delivering services through arrangements with third parties.

¹ Issued under s31 Public Services Ombudsman (Wales) Act 2005
<https://www.ombudsman.wales/guidance-policies/>

² What’s in the postbag? Casebook 31, page 4 - <https://www.ombudsman.wales/case-books/>

8. The Mental Health (Wales) Measure 2010, and the Mental Health Act 1983 Code of Practice (“the Code”), place legal duties on local health boards and local authorities about the assessment and treatment of mental health problems. In particular, paragraph 34.23 of the Code provides that an assessment of a patient’s ability to address their personal care and physical wellbeing must be included in the holistic assessment.

The background events

9. Mr N had a longstanding history of drug and alcohol use; many years before the events in question he sustained serious injuries, including a brain injury, and had several stays in an acute psychiatric unit. A psychiatric report in **1999** concluded that Mr N could have a complex diagnosis of possible obsessive compulsive disorder, substance misuse and alcohol dependence, insulin-dependent diabetes, numerous orthopaedic problems, a brain injury, personality disorder and atypical epilepsy secondary to the brain injury. In **2015** Mr N was living in his own rented home with a package of 24-hour care funded jointly by the Council and the Health Board.

10. Mr N had for some time been involved with the Speech and Language Therapy (“SALT”) service because of reported problems with his swallowing and voice. A SALT assessment in July **2015** noted that Mr N tended to overload his mouth, not chew his food properly and eat quickly, which all contributed to coughing episodes when eating. Mr N and his carer were given advice about this, including ensuring meat was tender, lean and moist, and all food was chopped up small. The review of Mr N’s Care & Treatment Plan (“CTP”) on 30 July referred to him needing “a lot of assistance and advice regarding his food and to encourage healthy eating”, but did not mention the swallowing problems or the SALT advice (the reference to assistance and advice seemed to be in the context of helping Mr N manage his diabetes). At a further SALT review in November Mr N’s eating problems were reported to be much reduced since the fitting of new dentures and better compliance with the advice given previously. There was no mention of any eating problems/difficulties in the CTP of 20 May **2016**.

11. In January **2016** the company providing domiciliary care for Mr N gave notice to terminate the contract because of difficulties retaining/recruiting staff to work with him. The Care Co-ordinator (at that time a Community Mental Health Nurse employed by the Health Board) made efforts to source

an alternative care provider. However, due to problems identifying a replacement, Mr N moved into a supported housing placement in February while an alternative care provider was identified. The Care Co-ordinator's handwritten records show that CC was contacted by Mr N's father, and that by 22 June the contract had been awarded to CC, with the hope that they would be able to recruit staff and start working with Mr N in August. Sometime in September/October CC staff began shadowing staff in the supported housing placement, and Mr N later moved back to his own home (the records examined by my Investigator do not indicate when this was).

12. During the time Mr N was living in the supported housing placement he was admitted to hospital (on 29 July) following an episode when he choked on his food and a food lump was removed from his oesophagus (the tube which connects the mouth to the stomach). Following this, the Manager of the placement prepared a risk assessment dated 3 August ("the risk assessment"), identifying the risk of choking and providing that staff must cut up food (meat/bacon to be cut into very small pieces) "as [Mr N] tends to swallow without chewing fully". A glass of water was to be available, and "staff must remain close while [Mr N] is eating".

13. At approximately 10:00 on 3 March **2017** Mr N was alone in his bedroom when he choked on a piece of toast. Despite first aid and CPR being administered by his carer, Mr N sadly died.

14. The Record of Inquest of Mr N's death includes the medical cause of death as "choking" and records that the "death was due to an accident".

Mrs M's evidence

15. Mrs M said that CC had "neglected" Mr N while he was in their care, in that they had failed to follow instructions on the care plan following the risk assessment (see paragraph 12). She said that an employee of CC had photocopied the risk assessment while Mr N had been living in the supported housing placement. She said that Mr N's carer did not do enough to help him when he was choking. Mrs M said that Mr N had a lot of complex problems, but that CC did not take account of them all in the team they recruited to work with him.

The Council, Health Board and CC's evidence

Joint response by the Council/Health Board

16. The Council provided a response to the Ombudsman on behalf of itself and the Health Board. It said that the Council and the Health Board jointly funded the package of care for Mr N, and that the Council “agreed to be lead commissioners”. It said that CC spent time shadowing the outgoing care provider, and that “all documents relating to [Mr N’s] care were shared prior to the transfer of care package”. The Council said that the care Managers - an Occupational Therapist, a Community Mental Health Nurse (both employed by the Health Board) and subsequently a social worker (employed by the Council) - monitored the care package and liaised with the care providers, and conducted “several regular reviews over a period of several years”.

The Council's evidence

17. In response to further questions the Investigator asked, the Council said that the Community Mental Health Team (“CMHT”) was a multi-disciplinary team made up of staff from the Council and the Health Board, and whose members were “in constant contact with each other about service users”. It explained the identity of Mr N’s Care Co-ordinator at different times. The Council confirmed that the Care Co-ordinator in 2016 (a Community Mental Health Nurse) was the person who identified CC as the new care provider, and that the change of provider was discussed with the Continuing Health Care (“CHC”) Team for advice on funding in June 2016.

18. When asked questions about the risk assessment (see paragraph 12) and whether it had been shared with CC, the Council said that “the files are accessible to all members of the CMHT therefore all staff involved had equal access to all the relevant documents and case notes”. It said that the risk assessment seemed to have been prepared by the Manager of the placement; it said there had not been a further care plan review between the time of Mr N’s admission to hospital and his death, so “there had not been an opportunity to include the risk assessment ... in any further care plans”. It said it “can be assumed that care plans and any risk assessments contained in [the supported housing placement’s] files would have been sent to CC when the care package was transferred”. It said that copies of the

SALT assessments (see paragraph 10) were on the social work file, and that the supported housing placement support staff were aware that Mr N could potentially be at risk of harm from dysphagia (swallowing difficulties) when eating.

The Council's response to the draft report

19. The Council confirmed that the contract for Mr N's care had been awarded to CC following contact being made by the Care Co-ordinator with a number of potential providers, without any involvement from the Council's contracts team. It said such commissioning was not unusual within the mental health team, that it was reasonable in view of the urgency of the situation, and that contracts of this kind were excluded from the requirement for a competitive procurement exercise.

20. The Council said the Care Co-ordinator would have been very aware of the need to ensure CC was fully informed of Mr N's needs. It said it could find no evidence that the risk assessment (see paragraph 12) was brought to the Council's attention.

21. The Council said that CC was a longstanding provider of supported housing in the area, and that an overarching contract between the Council and CC was in place at the time for the provision of services, including mental health services. The Council provided a copy of this contract, which included provision for details of individual projects, and the care to be provided, to be included in separate schedules. However, when asked for the relevant schedules, the Council confirmed there were no specific schedules available on file, but referred to entries in case notes and provided invoices as evidence that the contract was awarded to CC. The case notes record that the Care Co-ordinator met representatives from CC who carried out a "brief assessment" of Mr N; CC was to email the Care Co-ordinator costings, which she would pass to her Manager along with others she had received. The next entry records that CC had been awarded the contract.

22. The Council said that it disagreed with the view of the Adviser, and the recommendation that its contract governance arrangements should be reviewed. It said it had introduced a Quality Assurance and Safeguarding

Team in 2017, which had improved its ability to monitor on a routine basis with the focus on quality of care; it said it was considering the need to further increase its staffing capacity within the team.

23. The Council said that the contract management provisions in the Crown Commercial Services guidance (see paragraph 5) were high level principles for all contracts, designed for managing significant contracts for supplies of goods and services. It said that the delivery and quality of care would be monitored by the key worker, who would report back any issues about the standard of care to the Council as their partner.

The Health Board's evidence

24. In response to similar questions the Investigator asked, the Health Board said that Mr N's package of care "would be routinely reviewed as part of a Care & Treatment Planning meeting held between the Care Co-ordinator, the provider and the commissioners". It said that at the time of Mr N's death a planning meeting was being arranged but was delayed as the provider Manager was off sick. The Health Board said that the contract with CC was arranged through a tendering process which included representatives from the Council, the CMHT and the CHC team. It said that payments to CC were made by the Council, with the Council re-charging the Health Board for its agreed share of the cost.

25. The Health Board said that there was no copy of the risk assessment in any of the Health Board records, and there was no mention of it in any subsequent care notes or CTPs. It said that although there was a handover between the supported housing placement and CC, the content of the handover/shadowing was not detailed.

CC's evidence

26. CC said that Mr N's father had first approached CC about providing support for Mr N and that the service was commissioned by the Health Board. It said that the only documentation it had received to enable it to be satisfied it could meet Mr N's needs were:

- A CTP from the CMHT (dated 20/05/15, which was noted to be reviewed by 20/05/16).

- The care plan from the previous support provider (dated 12/10/14).
- A letter from the CMHT (dated 12/04/16, containing a summary of Mr N's history, although it does not indicate to whom it was sent).

27. CC said it had carried out the following risk assessments:

- Assisted living service delivery plan.
- Behavioural management plan.
- Diabetes management.
- Supported living service.
- Medication and wellbeing.
- Stimulant drinks.
- The impact of unhealthy choices on my life.
- Traffic light hospital assessment – in the event of admission to hospital.

28. CC said that the fact that Mr N had “24 hour support” did not mean he would not be left alone in a room. It said that Mr N was entitled to independence and privacy, and that even if a member of staff had been in the room when he choked they would not have been able to dislodge the obstruction. It said there was nothing in the documentation provided to CC to indicate that Mr N had problems swallowing. It said that Mr N's father, who was very involved in Mr N's daily care, had told the Regional Director that there was nothing physically wrong with Mr N. Although a SALT assessment was mentioned in the letter from the CMHT, it said there were no ongoing issues. It said that Mr N would sometimes get up during the night to make himself a snack, or help himself to food during the day; this was consistent with supported living principles where people are encouraged to make choices and live as independently as possible, with staff providing support when needed.

29. CC said that the carer had done everything he could to save Mr N, and had followed the instructions of the 999 operator, only leaving Mr N to check for the arrival of the ambulance crew. It said that an expert witness at the Inquest had concluded that the carer provided the best possible care in extremely challenging circumstances.

30. CC acknowledged that its Transition Plan guidance was not used when setting up the new service for Mr N, and that this was a failing; however, it said this would not have changed the way it supported Mr N when eating. CC said its internal investigation had highlighted areas for improvement in management and quality systems and said that work was ongoing on these.

Professional Advice

31. The Adviser noted that the Council was the lead commissioner, and, together with the Health Board as associate commissioner, jointly commissioned the care package for Mr N. He said such arrangements are common practice, and both the lead commissioner and the associate commissioner are parties to the contract. He said it was the lead commissioner's role to tender the contract and procure the service, and to be responsible for contract monitoring, contract review and contract management. He noted the Council had not produced any tender, procurement or contract documents, or any minutes or notes of any contract review meetings. He said that responsibility for monitoring Mr N's care package as part of the CTP, however, rested with the Health Board.

32. The Adviser referred to guidance from the Crown Commercial Service on Contract Management Standards. The "Principles" listed include ensuring that contracts are known and understood by all those who will be involved in their management, and being clear about accountability, roles and responsibilities. The Adviser concluded that the Council failed to comply with these principles.

33. The Adviser said that because contract delivery was not sufficiently monitored, the Council would not have known whether service provision complied with the contract specification requirements i.e. the care package. If it had been, the Council would have known to what extent the Health Board was managing CC in terms of the CTP and care package and to what extent CC was complying with the contract specification, and how complete the contract specification was (in terms of including previous choking risk assessments, reports, care plans etc). Although it was appropriate for some of the functions (such as the monitoring of the care package and the CTP) to be delegated to the Health Board, ultimately the Council retained overall responsibility and accountability for the contract.

34. The Adviser was concerned that the Council was unable to provide any contract documentation when requested. He said that, from a review of the records, the Council seemed unable to distinguish between contracting practice and managing service provision. He said that, although both are intrinsically linked and dependent on one another, it was the Council's responsibility to manage the contract, and the Health Board's responsibility to manage Mr N's care package. He said both parties should have fully understood their roles and responsibilities.

35. The Adviser said that there was no evidence in the records provided by the Council that it shared contract documentation with the Health Board or CC. It said that there was evidence that the Health Board's Care Co-ordinator [also referred to as the Care Manager] (firstly an Occupational Therapist then a CMHT nurse) carried out the monitoring and review of Mr N's care package. However, he said that the "obvious omission" was the "crucial information" about Mr N's risk of choking on food – in the SALT assessment and reports (paragraph 10) and the risk assessment (paragraph 12). The Adviser said that contract governance was lacking, or misunderstood by the Council, compounded by ambiguous respective roles of the Council and the Health Board. He said that the failure to effectively communicate Mr N's risk of, and propensity for, choking from one agency to another failed to meet CG136.

36. The Adviser noted that neither the review of Mr N's CTP in July 2015 nor that in May 2016 mentioned his swallowing problems or the SALT advice. He said that the information contained in the risk assessment was not effectively passed on to CC, and that as a result the care plan implemented, and CC's support plan based on it, did not make provision for Mr N's risk of choking on food. This meant that the CTP and the care package care plan were not fully in line with the Mental Health (Wales) Measure 2010 Part 2 (specifically Chapter 34 on Care and treatment planning). The Adviser said that it was good practice for at risk/vulnerable service users to have a choking risk assessment carried out and included in their care plan. He said that, even though the information was not passed to CC, CC should have carried out its own assessment based on observations and experience of caring for Mr N and because of his obvious vulnerabilities.

37. The Adviser said that, in the absence of a clear risk assessment and associated care plan/interventions to mitigate the risk of choking on food, there was no reason for Mr N's support worker not to have left Mr N alone when eating. He said that the care provided by Mr N's support worker on the evening of 3 March was in line with principles of good practice, and he had no criticism of the way he looked after Mr N.

38. In conclusion, the Adviser said that there were failings by all parties involved, but he did not believe that these failings contributed to or caused Mr N's death. He said that what happened could still have happened even if there had been better continuity of care and more effective handover of care, and even if CC had carried out a more comprehensive assessment. He emphasised that Mr N was in a home setting with supported living, not a hospital environment, and the principles of encouraging choice, autonomy and self-worth were evident in the support worker's care that evening.

Analysis and conclusions

39. In reaching my conclusions I have taken account of the advice I have received, which I accept in full. The conclusions, however, are mine alone. I would like to take this opportunity to extend to Mrs M my sincere condolences on the loss of her son.

40. In considering this complaint I have been dismayed by the inability of all 3 bodies to provide key documentation. Indeed, it was not until it provided its response to the draft report that the Council told the Investigator that there was an overarching contract in place with CC, and provided a copy thereof. This contract provides for schedules to contain details of individual "projects", contacts and the breakdown of costs for individual service users, but when the relevant schedules for Mr N were requested the Council confirmed that there were no schedules on file. The documentation which I have seen shows that the Care Co-ordinator at the time, a Health Board employee, attempted to identify a suitable care provider for Mr N, but neither the Council nor the Health Board have provided anything to show how the contract was awarded to CC. Although I have seen no evidence to substantiate it, I have no reason to doubt what I have been told – that the Council was the lead commissioner, made the payments to CC and re-charged the Health Board for its agreed share. However, the

apparent lack of any documentation to show the awarding of the contract for Mr N's care, the specific terms in respect of Mr N and the respective responsibilities of the parties amounts to maladministration on the part of both the Council and the Health Board.

41. I am satisfied that it was the Council's responsibility, as lead commissioner, to monitor, review and manage the contract. I was concerned by the failure of the Council to provide any documentation to show that it had effectively monitored the delivery of the service for which it had contracted and for which it was paying. I have seen no notes of any contract review meetings, although the contract had been in existence for some 9 months at the time of Mr N's death. The Council's apparent failure to monitor the contract is maladministration. In contrast, there is evidence that the Health Board monitored and reviewed Mr N's care package.

42. I have received conflicting information about whether the risk assessment was shared with CC, either before or after the contract was awarded. Mrs M has told me that an employee of CC had a copy of the risk assessment, whereas CC told me that it did not. The Council said in effect that it "assumed" CC had been given a copy; the Health Board said there was no copy of it, or any mention of it, in its files, and it had no knowledge of information shared with CC as part of the shadowing process. As the risk assessment was not prepared by any of the Council or Health Board employees, I have no way of knowing whether either body had a copy of it. Neither can I conclude with any certainty whether CC had a copy. However, I do not believe that any of my conclusions depend upon determining this question. I have been advised, and I accept, that CC should have carried out its own choking risk assessment of Mr N in view of his obvious vulnerabilities. I find that the failure to do so amounts to a service failure on the part of CC.

43. I have found maladministration/service failure on the part of the Council, the Health Board and CC. I consider that these failings, taken together, amount to an injustice to Mrs M. I cannot conclude that any of these failings caused or contributed to Mr N's death, as Mr N might still have choked even if none of these failings had happened. However, Mrs M will be left with the uncertainty of not knowing whether, but for these failings, things might have been different and the incident might not have happened.

44. For these reasons, I **uphold** the complaint against the Council, the Health Board and CC.

Recommendations

45. I make the following **recommendations**:

(a) The Council and the Health Board

46. Within **one month** of this report, both the Council and the Health Board should apologise to Mrs M for the failings I have identified.

47. Within **three months** of this report, both the Council and the Health Board should review their respective contract governance arrangements to ensure that contract management is in line with good practice (as contained in the Contract Management Principles and the principles in the Wales Procurement Policy Statement).

(b) The Health Board

48. Within **three months** of this report, the Health Board should remind staff members with responsibility for managing a service user's Care and Treatment Plan and care package of the need to ensure they comply with the requirements of CG136 and the Mental Health (Wales) Measure and the Code.

(c) CC

49. Within **one month** of this report, CC should apologise to Mrs M for the failing I have identified.

50. Within **three months** of this report, CC should remind members of staff with responsibility for delivering care plans of the importance of ensuring all relevant assessments are carried out, and the care package reviewed, as soon as possible after being contracted to provide care.

51. I am pleased to note that in commenting on the draft of this report **Betsi Cadwaldr University Health Board and Cartrefi Cymru** have agreed to implement these recommendations.




Nick Bennett
Ombudsman

23 January 2020

Public Services Ombudsman for Wales
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Date: 30 September 2020

 matthew.harris@ombudsman.wales

Dilwyn Williams
Gwynedd Council

By Email only: dilwynowenwilliams@gwynedd.llyw.cymru

Dear Dilwyn

Since the Public Services Ombudsman (Wales) Act 2019 achieved Royal Assent in July 2019, the world has changed considerably in response to the COVID-19 pandemic. Whilst I was originally planning to write to you in March this year, we have revised our plans and aimed to support Public Bodies during their response.

My Complaints Standards Authority, led by Matthew Harris, our Head of Complaints Standards, has engaged widely with representatives from all 22 Local Authorities. The Team has met with committed staff, all of whom understand the impact that considerate complaint handling and administration can have on the outcomes experienced by the people of Wales. Our visits last year started a new conversation about complaint handling standards, allowed us to take stock of existing good practice and enabled us to explain our offer of bespoke training.

The training – which will be delivered at no charge – is designed to support and enhance complaint handling throughout public services by considering best practice from multiple sectors from around the world. We will work with public bodies to ensure that the training we deliver is personalised to each service, incorporating elements of their own systems where necessary and considering the audience for each session.

This ground-breaking training was originally scheduled to begin in April 2020, with 30 dates booked through to July. We rightly took the decision to postpone these face-to-face sessions, and we have developed a new virtual approach – true to our original plan – which we began delivering this month.

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Since July last year, we have also received quarterly complaints data from public bodies – the first time this has happened in Wales. This data allows new insights into the way public bodies record and handle complaints and gives fresh context to our current data. The submitted data will ultimately be published on our website and will eventually inform the way our annual letters and reports are framed.

I think it is fair to say that, since previous complaint handling guidance was issued by Welsh Government in 2011, a diverse range of complaints practices has emerged. Our new guidance aims to bring practices back into broad alignment – providing basic standards, a common language and a set of principles to underpin how complaints are handled throughout public services.

I am very pleased to confirm that our Statement of Principles, Model Complaint Handling Process, and Guidance are in full effect. These documents now apply to Gwynedd Council, and copies can be found on our website – www.ombudsman.wales/complaints-standards-authority.

Therefore, and in compliance with Section 38 of the new Act, I would actively encourage all public bodies to reflect on how their own practices and procedures comply with the stated guidance and consider how they will ensure that all complaints are captured appropriately.

In accordance with the Act, I must receive a copy of your updated complaints handling procedure within six months of the date of this letter.

I would encourage you and your teams to engage with the Complaints Standards Authority should they have any questions, and I look forward to continuing working together to drive the improvement of public services in Wales.

Yours sincerely,



Nick Bennett
Ombudsman

cc. Cllr. Dyfrig L. Siencyn, Leader of Gwynedd Council
By Email only: cynghorydd.dyfrigsiencyn@gwynedd.llyw.cymru

Agenda Item 7

GWYNEDD COUNCIL CABINET



Report to a meeting of Gwynedd Council Cabinet

Date of meeting:	30 March 2021
Cabinet Member:	Councillor Gareth Thomas
Contact Officer:	Roland Evans
Contact Telephone Number:	01286 679 450
Title of Item:	Gwynedd Sustainable Visitor Economy Principles

1. Decision Sought

To agree on the Gwynedd Sustainable Visitor Economy Principles in draft form in order to start a consultation process on them with the people and businesses of Gwynedd.

To agree to continue discussions on a structure for the future implementation of the principles with Snowdonia National Park and any other relevant partner.

2. THE REASON FOR THE NEED FOR A DECISION

The tourism field has been receiving attention from the Council as part of the Gwynedd Plan priorities.

Several discussions have taken place to develop new Visitor Economy Principles for the county.

The Covid-19 Period and the impact it has on the visitor economy locally has reinforced the need to review and agree on new principles for the future.

3. INTRODUCTION

3.1. Prior to Covid-19, the tourism sector had grown to contribute over £1.35bn to the Gwynedd economy and employed over 18,200 people with 7.81m people visiting annually. This is based on data from the STEAM (Scarborough Tourism Economic Assessment Monitor) model which calculates the value of the tourism sector for an area.

3.2. Although it is an important sector, the STEAM data also highlights that the level of wages within the sector is very low in Gwynedd compared with other sectors and other areas.

3.3. The Covid-19 period has highlighted some matters that require attention, especially in terms of a lack of variety in the county's rural economy with an over dependency on tourism in some areas. In addition, there are concerns in some parts of Gwynedd regarding the lack of tourism balance that creates increasing pressure on the main honey pots and the impact of this on communities and the Welsh language.

3.4. As part of the process to develop draft Sustainable Visitor Economy Principles for Gwynedd, the following activities were undertaken:

- Consideration of examples of tourism priorities and principles in other areas
- Discussions and workshops with the Leadership Team

- Discussions with the sector and the Destination Management Partnership
- Workshops with Members of the Council and Snowdonia National Park
- Discussions with Visit Wales and key partners
- Focus Groups with sector representatives
- Further workshops with Members of the Council and the National Park

3.5 In looking to draw up our principles for the future, consideration was given to the definition of sustainable or responsible tourism by the United Nations' World Tourism Organisation (UNWTO):

"Tourism that takes full account of its current and future economic, social and environmental impacts, addressing the needs of visitors, the industry, the environment and host communities".

3.6 According to the UNWTO sustainable or responsible tourism should:

- Make optimal use of environmental resources that constitute a key element in tourism development, maintaining essential ecological processes and helping to conserve natural heritage and biodiversity
- Respect the socio-cultural authenticity of host communities, conserve their built and living cultural heritage and traditional values, and contribute to inter-cultural understanding and tolerance;
- Ensure viable, long-term economic operations, providing socio-economic benefits to all stakeholders that are fairly distributed, including stable employment and income-earning opportunities and social services to host communities, and contributing to poverty alleviation.

3.7 Following workshops with Members of the Council and the National Park and business leaders from the sector that took place in February 2020 to consider the threats and opportunities, the matters can be summarised as follows:

- Support the Sector to develop as part of the Foundation Economy and strengthen local supply chains
- Celebrate Gwynedd's unique culture and the Welsh language
- Living and sustainable communities with a good standard of infrastructure for all and an appropriate planning system
- Improve the value of the sector and sustainable careers with good wages for the people of Gwynedd throughout the year
- Ensure that Gwynedd benefits from the tourists that visit - tax / levy + promote enterprise for the sector
- Ensure that our unique environment and wildlife are protected
- Work in partnership
- Balance between the economy - environment - communities

4. THE RATIONALE AND JUSTIFICATION FOR RECOMMENDING THE DECISION

4.1. Following the discussions which have been held, a new vision for the visitor economy in Gwynedd in the future is presented.

4.2. In addition to the new vision, principles and sub-principles have also been drawn up in order to set the direction of the visitor economy in Gwynedd in future. The principles set out the type of visitor economy we want to see here in Gwynedd.

4.3. The principles have been developed with the input of Members of the Council and Snowdonia National Park, and members of the tourism sector.

4.4. Draft vision:

"A Visitor Economy for the benefit and well-being of Gwynedd residents"

4.5. Draft principles:

4.5.1. Gwynedd Council supports a visitor economy that is in line with the Sustainable Tourism principles of the United Nations' World Tourism Organisation.

4.5.2. Gwynedd Council supports a visitor economy that:

- **Celebrates, respects and protects our communities, language, culture and heritage;**
- **Maintains and respects our environment;**
- **Ensures that the advantages to Gwynedd communities outweigh any disadvantages**

4.6. The three main principles include priority sub-principles that set out a further direction.

Celebrate, Respect and Protect our Communities, Language, Culture and Heritage

- A visitor economy in the ownership of our communities which boosts pride in one's area
- A visitor economy that leads in Heritage, Language, Culture and the Outdoors

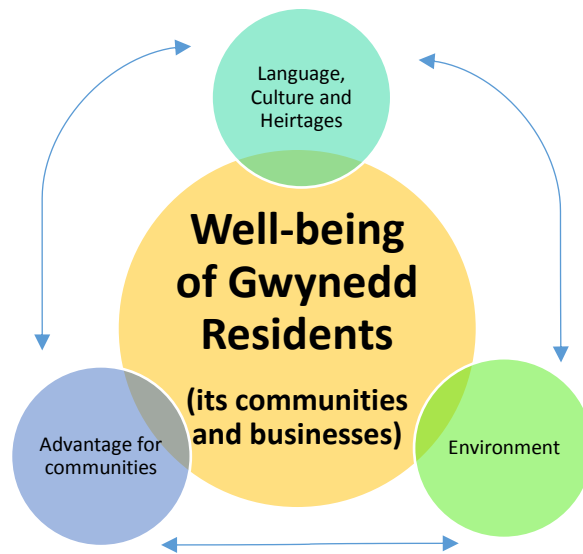
Maintain and Respect our Environment

- A visitor economy that respects our natural and built environment and considers the implications of visitor economy developments on our environment today and in the future
- A visitor economy that leads in sustainable and low carbon developments and infrastructure.

Ensure that the advantages to Gwynedd communities outweigh any disadvantages

- A visitor economy that ensures that infrastructure and resources contribute towards the well-being of the community all year round
- A visitor economy that thrives for the well-being of Gwynedd residents and businesses and that offers quality year-round employment opportunities for local people
- A visitor economy that promotes local ownership and supports local supply chains and produce
- A visitor economy that improves the quality of the experience and the offer for all.

4.7 Our principles for a sustainable visitor economy in future can be drawn on the basis of an interdependent model with the well-being of Gwynedd Residents at its core:



5. NEXT STEPS AND TIMETABLE

- 5.1. If the draft visitor economy principles are approved for wider consultation, the intention is to undertake an engagement exercise with the public, businesses and key partners.
- 5.2. Following the engagement process, it is intended for the Cabinet to adopt the finalised principles.
- 5.3. The important aspect is realising and implementing these principles. In order to do so, the Council will develop a Gwynedd Sustainable Visitor Economy Plan which will contribute to the Gwynedd Regeneration Framework.
- 5.4. In proceeding to consult on the draft principles, the Council needs to continue to develop arrangements to implement the principles in partnership with Snowdonia National Park and any other relevant partner.

Date	Matter
April - May 2021	Consultation with the main partners from the public sector Continuous reporting to the Destination Management Group and through the business support bulletin
June - September 2021	Consultation with the businesses, communities and people of Gwynedd
Autumn	Gwynedd Visitor Economy Conference Further consultation Report for the Cabinet's approval
2022	Launch of the Gwynedd Sustainable Visitor Economy Plan

6. ANY CONSULTATIONS UNDERTAKEN PRIOR TO RECOMMENDING THE DECISION

Considerable consultation has taken place when developing the draft sustainable visitor economy principles.

Consultation sessions were held with the tourism sector, Members of the Council and Snowdonia National Park, as well as Members of Senedd Cymru and Members of Parliament and Visit Wales.

Views of the Chief Finance Officer:

Whilst the tourism sector makes a significant contribution to the local economy, this decision on the principles to be consulted upon does not create a financial commitment to the Council.

Views of the Monitoring Officer:

The recommendations in the report offer a basis for an appropriate consultation process. No further observations to add in relation to propriety

Views of the Local Member: Not a local matter; however, consultation sessions have been held and were open to all Council Members.