



Friday, 8 July 2022

Dear Sir/Madam

A meeting of the Governance, Audit and Standards Committee will be held on Monday, 18 July 2022 in the Council Chamber, Council Offices, Foster Avenue, Beeston NG9 1AB, commencing at 7.00 pm.

Should you require advice on declaring an interest in any item on the agenda, please contact the Monitoring Officer at your earliest convenience.

Yours faithfully

Chief Executive

To Councillors:	I L Tyler (Chair)	J M Owen
	P Lally (Vice-Chair)	J C Patrick
	M Brown	J P T Parker
	S Dannheimer	P Roberts-Thomson
	M Hannah	R S Robinson
	H G Khaled MBE	P D Simpson
	H Land	

## AGENDA

1. APOLOGIES

To receive apologies and to be notified of the attendance of substitutes.

2. DECLARATIONS OF INTEREST

Members are requested to declare the existence and nature of any disclosable pecuniary interest and/or other interest in any item on the agenda.

3. MINUTES

(Pages 5 - 6)

The Committee is asked to confirm as a correct record the minutes of the meeting held on 16 May 2022.

4. INTERIM REVIEW OF POLLING DISTRICTS AND POLLING PLACES (Pages 7 - 10)  

To inform the Committee of the arrangements for the interim review of polling districts and polling places which will begin on 1 August 2022.
5. INTERNAL AUDIT REVIEW 2021-22 (Pages 11 - 22)  

To inform the Committee of the work of Internal Audit during 2021/22 and to provide an annual internal audit assurance opinion that can be used by the Council to inform its Annual Governance Statement.
6. INTERNAL AUDIT PROGRESS REPORT (Pages 23 - 36)  

To inform the Committee of the recent work completed by Internal Audit.
7. REVIEW OF STRATEGIC RISK REGISTER (Pages 37 - 46)  

To approve the amendments to the Strategic Risk Register and the action plans identified to mitigate risks.
8. COMPLAINTS REPORT 2021/22 (Pages 47 - 78)  

To provide members with a summary of complaints made against the Council.
9. FREEDOM OF INFORMATION REPORT 2021/22 (Pages 79 - 82)  

To provide members with an overview of Freedom of Information requests made to the Council.
10. REPORT OF THE MONITORING OFFICER (Pages 83 - 92)  

The Housing Ombudsman has made a finding of maladministration in respect of a lack of repairs undertaken to a complainant's property.
11. WORK PROGRAMME (Pages 93 - 94)  

To consider items for inclusion in the Work Programme for future meetings.



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## GOVERNANCE, AUDIT AND STANDARDS COMMITTEE

MONDAY, 16 MAY 2022

Present: Councillor P Lally

Councillors: M Brown  
S Dannheimer  
M Hannah  
H G Khaled MBE  
P Lally  
H Land  
J M Owen  
P J Owen (substitute)  
J C Patrick  
P D Simpson  
D K Watts (substitute)

Apologies for absence were received from Councillors J P T Parker, P Roberts-Thomson, R S Robinson and I L Tyler.

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 MINUTES

The minutes of the meeting held 13 March 2022 were confirmed and signed as a correct record.

3 BROXTOWE AUDIT STRATEGY MEMORANDUM

The Committee noted the presentation provided the Council's external auditors, Mazars.

4 CORPORATE GOVERNANCE ARRANGEMENTS

The Committee were informed of action taken to develop and comply with statutory obligations regarding corporate governance and noted the Annual Governance Statement for inclusion in the Council's published Statement of Accounts for 2021/22.

1. **RESOLVED** that the draft Annual Governance Statement as shown in appendix 3 be approved in principle for inclusion in the Council's Statement of Accounts.
2. **RESOLVED** that responsibility be delegated to the Chief Executive in consultation with the Chair of this Committee to make any further amendments deemed necessary.

**3. NOTED compliance with the Code on Delivering Good Governance in Local Government.**

5 INTERNAL AUDIT PROGRESS REPORT

The Committee noted the recent work completed by Internal Audit. It was noted that Internal Audit had also reviewed progress made by management in implementing agreed actions within six months of the completion of the respective audits.

6 COMPLAINTS PROCEDURE

The Committee noted the update for the Council's requirement to enhance its complaints procedure.

The Council had reviewed its current procedure and had determined that a complaint consideration threshold was required.

It was recommended that the Council adopt a threshold of 6 months from the incident date in which the Council will investigate complaints.

**RESOLVED that the changes to the Complaints Procedure be approved.**

7 WORK PROGRAMME

The Committee noted the Work Programme.

**RESOLVED that the Work Programme be approved.**

## Report of the Executive Director

**INTERIM REVIEW OF POLLING DISTRICTS AND POLLING PLACES**1. Purpose of Report

To inform the Committee of the arrangements for the interim review of polling districts and polling places which will begin on 1 August 2022.

2. Recommendation

**The Committee is asked to NOTE the proposed arrangements for the interim review of polling district and polling places.**

3. Detail

All relevant local authorities are responsible for reviewing UK Parliamentary polling districts and places for so much of any constituency as is situated in their area. The Electoral Registration and Administration Act 2013 introduced a change to the timing of compulsory reviews; the next is to be started and completed between 1 October 2023 and 31 January 2024 (inclusive). However, there is provision for an interim review to be carried out where changes may be needed as a result of a Community Governance Review (CGR) or a change to a polling place. Given the change to some parish boundaries following the CGR completed in May, polling districts need to be reviewed in Awsworth, Cossall and Trowell, Bramcote, Greasley, Kimberley and Stapleford Wards. In addition, some temporary changes were required to polling places for the 2021 elections due to social distancing requirements. The opportunity has therefore also been taken to review polling places ahead of the elections in 2023. The views of members on the proposed polling places, particularly where an alternative is being put forward, will be welcome. Details of the process to be followed when carrying out a review is set out in the appendix.

The review in Broxtowe will be carried out between 1 August and 30 September 2022. A further report will be submitted to this Committee on 28 November 2022 setting out responses received to the consultation and recommendations for any changes to be considered by Council on 14 December 2022.

If any changes are made to polling district boundaries the Electoral Registration Officer must amend the electoral register accordingly. A revised register will, if necessary, be published on 1 February 2023. The (Acting) Returning Officers for both the Broxtowe and Ashfield Parliamentary Constituencies will also be required to comment on the polling stations which would be used if any proposals for new polling places are accepted. Election rules require the (Acting) Returning Officer to decide how many polling stations are required for each polling place and must allocate electors to the polling stations as they think most convenient.

While legislation does not provide a role for the Electoral Commission in the review process, specified interested parties may make representations to the Commission to reconsider any polling districts and polling places once the Council has published the results of its review. The Commission may direct the Authority to make any alterations

to the polling places which it thinks necessary and, if the alterations are not made within two months, may make the alterations itself.

4. Financial Implications

There are no financial implications arising from this report.

5. Legal Implications

The Representation of the People Act 1983 requires the Council to carry out a review of polling districts and polling places within each parliamentary constituency in its area.

6. Human Resources Implications

There are no Human Resources implications.

7. Union Comments

There are no comments from the Union.

8. Data Protection Compliance Implications

There are no data protection implications.

9. Equality Impact Assessment

The review will seek to ensure that all polling stations are accessible for everyone.

10. Background Papers

Nil.



## APPENDIX

Review process

When carrying out the review, local authorities must:

- publish a notice of the holding of a review
- consult the (Acting) Returning Officer for every parliamentary constituency which is wholly or partly in its area
- publish all representations made by an (Acting) Returning Officer within 30 days of receipt by posting a copy of them at the local authority's office and in at least one conspicuous place in their area and, if the authority maintains a website, by placing a copy on the authority's website
- seek representations from such persons as it thinks have particular expertise in relation to access to premises or facilities for persons who have different forms of disability. Such persons must have an opportunity to make representations and to comment on the representations made by the (Acting) Returning Officer(s).
- on completion of a review, give reasons for its decisions and publish:
  - a. all correspondence sent to an (Acting) Returning Officer in connection with the review
  - b. all correspondence sent to any person whom the authority thinks has particular expertise in relation to access to premises or facilities for persons who have different forms of disability
  - c. all representations made by any person in connection with the review
  - d. the minutes of any meeting held by the Council to consider any revision to the designation of polling districts or polling places within its area as a result of the review
  - e. details of the designation of polling districts and polling places within the local authority area as a result of the review
  - f. details of the places where the results of the review have been published

Notice of the interim review will be sent to the Acting Returning Officers for the Broxtowe and Ashfield Parliamentary Constituencies, all members of Broxtowe Council, County Councillors for electoral divisions within Broxtowe, the MPs for the Broxtowe and Ashfield Parliamentary Constituencies, local political parties and local disability organisations. It will also be advertised on the Council's website and through social media.

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## Report of the Chief Audit and Control Officer

**INTERNAL AUDIT REVIEW 2021/22**1. Purpose of report

To inform the Committee of the work of Internal Audit during 2021/22 and to provide an annual internal audit assurance opinion that can be used by the Council to inform its Annual Governance Statement.

2. Recommendation

**The Committee is asked to NOTE the Chief Audit and Control Officer's annual assurance opinion and the work of Internal Audit in 2021/22.**

3. Detail

Under the Constitution and as part of the overall governance arrangements, this Committee is responsible for monitoring the performance of Internal Audit.

In accordance with the Public Sector Internal Audit Standards, developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Chartered Institute of Internal Auditors (IIA), the Chief Audit and Control Officer must deliver an annual internal audit opinion and report that can be used by the Council to inform its Annual Governance Statement. The Internal Audit Annual Review Report for 2021/22 is included in the appendix.

The Council has to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. This review is informed by the work of senior management who have responsibility for the development and maintenance of the governance environment, the Internal Audit Review Report and comments from external auditors/other inspectorates.

The system of internal control has been reviewed. On the basis of Internal Audit work completed, it is the opinion of the Chief Audit and Control Officer that the current internal control environment is satisfactory such as to maintain the overall adequacy and effectiveness of the Council's framework of governance, risk management and control. Further context relating to this assurance opinion, including details of any caveats and limitations in scope, are provided in the appendix.

Overall, 72% of the planned audits were complete or awaiting finalisation at the year-end, below the 90% target. This is primarily due to a vacancy within the Internal Audit team since October 2021. A risk-based approach to completing audits has been taken during this period, with higher-risk audits being prioritised for completion. As at the date of this report, 92% of the planned audits are complete or awaiting finalisation. The vacant post has also been filled following a successful recruitment exercise with a new auditor expected to join the Council in early to mid-August.

**4. Financial Implications**

The annual cost of the Internal Audit activity is included within established Finance Services budgets. The salary cost for Internal Audit was underspend in 2021/22 due to the vacancies referred to in the report.

**5. Legal Implications**

This report already sets out the legal framework for Internal Audit to provide a summary of internal audit work. It addresses the statutory obligations for local audit processes. The Local Government Act 1972 and subsequent legislation sets out a duty for the Council to make arrangements for the proper administration of its financial affairs. This report also complies with the requirements of the following:

- Local Government Act 1972
- Accounts and Audit Regulations 2015
- CIPFA/IIA: Public Sector Internal Audit Standards (PSIAS)
- CIPFA/IIA: Local Government Application Note for the UK PSIAS 33.

The provision of an Internal Audit service is integral to the financial management at the Council and assists in the discharge of the its duties.

**6. Background Papers**

Nil.

## APPENDIX

## INTERNAL AUDIT ANNUAL REVIEW REPORT 2021/22

**1. INTRODUCTION**

This report provides a summary of Internal Audit activities for 2021/22.

The Accounts and Audit Regulations 2015 require the Council to undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with proper practices. The United Kingdom Public Sector Internal Audit Standards (the 'Standards') and the CIPFA Local Government Application Note constitute proper practices so as to satisfy the requirements for larger relevant bodies as set out in the Regulations.

The Standards requires the Chief Audit and Control Officer, as the Council's designated 'chief audit executive', to deliver an annual internal audit opinion and report that can be used by the Council to inform its governance statement. The opinion must conclude on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control. The report must incorporate:

- an opinion on the overall adequacy and effectiveness of the Council's governance, risk and control framework – i.e. the control environment;
- a summary of the audit work from which the opinion is derived (including reliance placed on work by other assurance providers); and
- a statement on conformance with the Standards and the results of the quality assurance and improvement programme.

The annual opinion should also be guided by the CIPFA/SOLACE Delivering Good Governance in Local Government Framework.

**2. BACKGROUND TO THE OPINION**

The Council has to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. This review is informed by the work of senior management who have responsibility for the development and maintenance of the governance environment, this Internal Audit Review Report and from comments made by the external auditors and other review agencies and inspectorates.

A review of the effectiveness of the system of internal audit helps to ensure that the opinion in this report may be relied upon as a key source of evidence in the Annual Governance Statement. The latest review found Internal Audit to be sufficiently compliant with the requirements of the Standards to ensure that the opinion given can be relied upon for assurance purposes.

There are no causes of concern with regard to the independence and objectivity of Internal Audit. Whilst reporting on Internal Audit matters directly to the Deputy Chief Executive (fulfilling the duties of Section 151 of the Local Government Act 1972), the Chief Audit and Control Officer also has:

- free and unrestricted access to the General Management Team.
- free and unrestricted access to the Governance, Audit and Standards Committee (the 'Committee') and attends all of its meetings
- the right to meet with the Chair of the Committee and/or other relevant Members to discuss any matters or concerns that have arisen from Internal Audit work.

### 3. **AUDIT OPINION ON THE OVERALL ADEQUACY AND EFFECTIVENESS OF THE COUNCIL'S INTERNAL CONTROL ENVIRONMENT**

The system of internal control has been reviewed.

**On the basis of Internal Audit work completed, it is my opinion, as the Chief Audit and Control Officer, that the current internal control environment is satisfactory such as to maintain the overall adequacy and effectiveness of the Council's framework of governance, risk management and control.**

The framework for governance is as set out in the Annual Governance Statement and, in my view, is an accurate description of the governance arrangements. In relation to risk management, I have oversight of the risk management process and conclude that a range of significant risks for the Council have been identified and are being managed.

In terms of the audit assignments completed, services were found to be operating with an appropriate level of internal controls. Where weaknesses and exceptions were highlighted by Internal Audit work, any matters were discussed with management and recommendations made accordingly. Where improvement actions were agreed to address these matters, progress is being made for their implementation. Where this should not be the case, any outstanding significant recommendation is reported to this Committee as part of the regular progress reports.

The opinion has been arrived at with due regards to the following:

- The level of coverage provided by Internal Audit was considered to be adequate to enable this opinion to be delivered.
- The service has been impacted by the Covid-19 pandemic, particularly with the urgency of diverting Internal Audit resources towards supporting other services early in the year. This included vital work associated with the governance, quality assessment and fraud checking of grants paid under the emergency business grants and local discretionary grants schemes.

- Work has been planned and performed so as to obtain sufficient information and explanation considered necessary to provide evidence to give reasonable assurance that the Council’s control environment is operating effectively.
- The independence and objectivity of Internal Audit has not been impaired in fact or appearance.
- Insight gained from interaction with senior management and this Committee.
- No adverse implications for the Annual Governance Statement have been identified from work undertaken by Internal Audit.
- The Internal Audit Plan 2021/22, as approved by this Committee on 15 March 2021, and subsequently revised on 29 November 2021, was informed by the Chief Audit and Control Officer’s own assessment of risk and materiality, following consultation with senior management, to ensure it was aligned to the Council’s corporate objectives and key strategic risks.
- The following table summarises the outcomes of audit assignments completed since 1 April 2021 to the date of this report, including those audits completed from the previous year’s plan that were finalised in the year:

Audit Assignment	Completion	Assurance Opinion	Critical Risk Action	Significant Risk Action	Merits Attention Action
Governance - Covid-19 Grants	100%	Substantial	-	-	-
Utilities (Energy and Water)	100%	Substantial	-	1	1
Housing Delivery Plan	100%	Substantial	-	1	2
LLL – Kimberley Leisure Centre	100%	Reasonable	-	-	4
Sundry Debtors	100%	Reasonable	-	-	5
Corporate Governance Arrangements	100%	n/a	-	-	-
Disabled Facilities Grants	100%	Substantial	-	-	-
Planning Enforcement	100%	Reasonable	-	-	1
Cyber Risk and Security	100%	Substantial	-	-	-
NNDR	100%	Substantial	-	-	-
Capital Works	100%	Substantial	-	-	-
Human Resources	100%	Substantial	-	-	1
Housing Voids Management	100%	Reasonable	-	-	2
Payroll	100%	Substantial	-	-	-
Procurement and Commissioning	100%	<b>LIMITED</b>	-	1	2
Creditors and Purchasing	100%	Reasonable	-	-	7
Homelessness	100%	Substantial	-	-	1
Transport and Fleet Management	100%	Substantial	-	-	1
Public Buildings Maintenance	100%	Substantial	-	-	-
Bank Reconciliation	100%	Substantial	-	-	1
Garden Waste Collection	100%	Substantial	-	-	1
Environmental Health	100%	Reasonable	-	-	3

<b>Audit Assignment</b>	<b>Completion</b>	<b>Assurance Opinion</b>	<b>Critical Risk Action</b>	<b>Significant Risk Action</b>	<b>Merits Attention Action</b>
Customer Services	100%	Reasonable	-	-	2
Bramcote Leisure Centre	100%	Reasonable	-	-	3
Treasury Management	100%	Substantial	-	-	-
Council Tax	100%	Substantial	-	-	1
DH Lawrence Birthplace Museum	100%	Reasonable	-	-	2
Grounds Maintenance Services	100%	<b>LIMITED</b>	-	1	2
Health and Safety	100%	Reasonable	-	-	3
Corporate Governance	100%	Annual Governance Statement 'Approved'			



#### 4. QUALIFICATIONS

The opinions expressed in this report have been based upon the work carried out by Internal Audit in 2021/22 (and subsequently beyond year-end) and other assurance reports received, including those from the external auditors.

In the context of the Standards, 'opinion' means that Internal Audit will have done sufficient, evidenced work to form a supportable conclusion about the activity being examined. Internal Audit will word its opinion appropriately if it cannot give reasonable assurance (e.g. because of limitations to the scope and/or adverse findings arising from its work).

In giving an opinion, it should be noted that assurance can never be absolute. The most that Internal Audit can provide to the Council is a reasonable assurance that there are no major weaknesses in risk management, governance and control processes. The matters raised in this report are only those which came to the attention of Internal Audit during the course of its work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The overall opinion is therefore provided with the following caveats:

- The opinion does not imply that Internal Audit has reviewed all the Council's risks, controls and governance arrangements. The opinion is substantially derived from the conduct of risk-based audit assignment work and, as such, it is only one component that is taken into account when producing the Annual Governance Statement.
- No system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give absolute assurance.
- Full implementation of all agreed actions is essential if the benefits of the control improvements detailed in each audit report are to be realised.

#### 5. ISSUES RELEVANT TO THE ANNUAL GOVERNANCE STATEMENT

This Committee considered significant governance issues as part of the draft Annual Governance Statement for 2021/22 that was approved on 16 May 2022.

The Chief Audit and Control Officer has reviewed the draft Annual Governance Statement. The significant governance issues raised in the statement were considered to be appropriate. It was also found that the issues carried forward from the previous year had been addressed or were ongoing items that are in the process of being addressed.

With regard to the audits completed during the year, no actions were classed as being critical where action was considered imperative to ensure that the Council was not exposed to high risks. Where a limited assurance opinion was issued, the outstanding actions from these audits are not thought to be significant to the preparation of the Annual Governance Statement.

## 6. SUMMARY OF INTERNAL AUDIT ACTIVITY

### 6.1 Performance Overview

Overall, 72% of the planned audits were complete or awaiting finalisation at the year-end, below the 90% target. This is primarily due to a vacancy within the Internal Audit team since October 2021. A risk-based approach to completing audits has been taken during this period, with higher-risk audits being prioritised for completion. As at the date of this report, 92% of the planned audits are complete or awaiting finalisation. The vacant post has also been filled following a successful recruitment exercise with a new auditor expected to join the Council in early to mid-August.

A total of seven audits were completed in respect of the key financial systems (out of the nine included in the original plan).

During the year, 35 audit reports were issued (including 8 in respect of 2020/21) with a further 3 reports awaiting finalisation. The reports included 74 recommendations, of which 3 were considered to be 'significant'. No recommendation was classified as 'critical' where action was considered imperative to ensure that the Council was not exposed to high risks.

A limited assurance opinion was issued in respect of the audits of Procurement and Grounds Maintenance Services. This opinion is given where Internal Audit considered that controls within the respective systems provided only limited assurance that risks material to the achievement of the system's objectives are adequately managed. Progress is being made with the respective improvement actions (and/or the risk has been mitigated by current circumstances) and the outstanding matters are not thought to be sufficient so as to affect the overall opinion.

### 6.2 Internal Audit Resources

As noted above, since October 2021 a vacancy has existed within the Internal Audit team. This was the result of one of the Senior Internal Auditors being appointed to the role of Chief Audit and Control Officer. Following a recent successful recruitment exercise, a new Senior Internal Auditor is expected to join the Council in early to mid-August 2022.

### 6.3 Special Investigations

Internal Audit completed work on the following special investigations:

- A report to this Committee on the governance arrangements in place for the development of Beeston Square Phase II. In particular, the review focussed on the constitution of the Project Board and associated officers, the approvals process for key decisions and the performance monitoring and reporting arrangements.

- A summary review of the financial security arrangements put in place for the handling of a significant amount of cash discovered within one of the Council's housing properties following the death of the previous tenant.
- An investigation into the circumstances surrounding a successful 'phishing' attempt against one of the Council's financial systems.
- A series of reviews of the financial background of applications to the Stapleford Town Centre Recovery Fund where the application was for a direct grant from the fund.
- A review of the expenditure relating to grants received from central government for the purposes of reducing rough sleeping during the Covid-19 pandemic and encouraging homeless people to become vaccinated.
- Assessments of the financial viability of potential tenants, suppliers and service providers applying to be considered for a number of tendered contracts and of potential tenants for the Council's commercial premises.

#### 6.4 Corporate Counter Fraud Activity and National Fraud Initiative (NFI)

Internal Audit continues to take a prominent role in leading and co-ordinating counter fraud activities. It committed around 30 days to counter fraud activity in 2021/22, which included work to co-ordinate and complete elements of the NFI data matching exercise.

An annual report on counter fraud activity will be presented to this Committee in September 2022 to provide Members with details of activity in 2021/22. The report will also include the outcome of a fraud risk assessment exercise, in conjunction with senior management, to inform the Fraud and Corruption Risk Register, and a proposed action plan for the forthcoming year, the delivery of which will further strengthen the current arrangements in place.

#### 6.5 Erewash Internal Audit

The Internal Audit Collaboration with Erewash Borough Council to provide joint working and management arrangements of internal audit services commenced in 2015. The key elements of the proposal were considered by the General Purposes and Audit Committee on 9 March 2015.

Due to the vacancy within the Council's (Broxtowe) Internal Audit team, no audits were completed on behalf of Erewash Borough Council as part of their 2021/22 Internal Audit Plan. However, the collaboration with Erewash remains live and following the appointment of a new Senior Internal Auditor (within Broxtowe) the potential to develop further in 2022/23 and allow opportunities to provide more resilience, help with officer development and produce financial savings for both authorities is to be explored.

## 7. QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME

### 7.1 Compliance with Proper Practice

In order to facilitate the review of the effectiveness of internal control required by the Accounts and Audit Regulations 2015, it is necessary to complete a review of the effectiveness of its internal audit.

The latest review was completed as a self-assessment against 'proper practice' consisting of the Public Sector Internal Audit Standards and the Local Government Application Note. Internal Audit was subjected to an External Quality Assessment (EQA) in 2018 by a qualified, independent assessor from outside of the organisation, which is a periodic requirement of the Standards.

The effectiveness of Internal Audit is not solely judged against the extent of compliance with the Standards since the reviews are about effectiveness and not process. In addition to the self-assessment checklist, other aspects provide evidence to support the review including reports on the results of completed audit assignments and any significant findings; reports setting out the Internal Audit Plan for the forthcoming year; and an annual report on the performance of Internal Audit.

The review concluded that progress continues to be made to strengthen the role of Internal Audit at a corporate level, not least through the formal reporting procedures to this Committee. The outcome of the earlier EQA indicated that Internal Audit is substantially compliant with the Standards with some areas for development. Whilst areas were identified where improvements could be made these were not felt to be fundamentally undermining the efficiency and effectiveness of Internal Audit, its role within the organisation or the Chief Audit and Control Officer's ability to assess the internal control environment of the Council.

The next EQA has been scheduled for winter 2022/23 with preparations having commenced in order to ensure that the Council's Internal Audit function will maintain its strong performance in relation to Public Sector Internal Audit Standards and other relevant regulations.

### 7.2 Quality Assurance and Improvement Programme

As noted previously, 72% of the planned audits were complete or awaiting finalisation at the year-end, below the 90% target. This is primarily due to a vacancy within the Internal Audit team since October 2021. A risk-based approach to completing audits has been taken during this period, with higher-risk audits being prioritised for completion. As at the date of this report, 92% of the planned audits are complete or awaiting finalisation. The vacant post has also been filled following a successful recruitment exercise with a new auditor expected to join the Council in early to mid-August.

The achievement of a percentage completion of the audit plan does not in itself provide sufficient evidence of the quality of the function. The Chief Audit and

Control Officer will continue to develop the Quality Assurance and Improvement Programme (QAIP) as referred to in the Internal Audit Charter.

The QAIP covers all aspects of Internal Audit activity and includes both internal and external quality assessments. The QAIP should provide sufficient evidence of the efficiency and effectiveness of the Internal Audit activity and enable conformance with all aspects of the Standards to be evaluated. The programme should identify opportunities for improvement as appropriate.

The following points are noted with regards to the QAIP:

- A review of the effectiveness of internal audit was completed and the overall findings were satisfactory. An earlier, independent External Quality Assessment concluded that Internal Audit complied with the expectations of the Standards. This should provide Members with confidence in the assurance work provided by Internal Audit. The assessor acknowledged that the service benefits from an experienced team with relevant qualifications, and that it receives positive feedback from senior management and elected members. Furthermore, the review outcomes, when benchmarked against other providers in both the public sector and wider industry, showed that the team compares favourably against its peers.
- Membership of professional bodies and regional audit management groups supports the Chief Audit and Control Officer in identifying best practice and other potential service improvements.
- The Chief Audit and Control Officer undertakes quality reviews of the work of the internal audit activity to provide assurance that it complies with the Standards and meets the requirements of the Internal Audit Charter and Internal Audit Direction document.
- In addition to the wider service review, each audit assignment is subject to a quality management review of audit working papers prior to the distribution of the draft audit report for discussion and agreement with senior management.
- Improvement plans arising from any review of internal audit are prepared and reported to the Deputy Chief Executive and the Governance, Audit and Standards Committee as appropriate.

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## Report of the Chief Audit and Control Officer

**INTERNAL AUDIT PROGRESS REPORT**1. Purpose of Report

To inform the Committee of the recent work completed by Internal Audit.

2. Recommendation

**The Committee is asked to NOTE the report.**

3. Detail

Under the Council's Constitution and as part of the overall corporate governance arrangements, this Committee is responsible for monitoring the performance of Internal Audit. A summary of the reports issued and progress against the agreed Internal Audit Plan is included at appendix 1. A summary narrative of the work completed by Internal Audit since the previous report to this Committee is also included.

Internal Audit has also reviewed progress made by management in implementing agreed actions within six months of the completion of the respective audits. Details of this follow-up work are included at appendix 2. Where agreed actions to address significant internal control weaknesses have not been implemented this may have implications for the Council. A key role of the Committee is to review the outcome of audit work and oversee the prompt implementation of agreed actions to help ensure that risks are adequately managed.

Further progress reports will be submitted to each future meeting of this Committee. A final report detailing the overall performance and productivity of Internal Audit for 2021/22 is presented to this Committee alongside this report.

4. Financial Implications

The annual cost of the Internal Audit activity is included within established Finance Services budgets. The salary cost for Internal Audit was underspent in 2021/22 due to the vacancy referred to in the report.

5. Legal Implications

This report already sets out the legal framework for Internal Audit to provide a summary of internal audit work. It addresses the statutory obligations for local audit processes. The Local Government Act 1972 and subsequent legislation sets out a duty for the Council to make arrangements for the proper administration of its financial affairs. This report also complies with the requirements of the following:

- Local Government Act 1972
- Accounts and Audit Regulations 2015
- CIPFA/IIA: Public Sector Internal Audit Standards (PSIAS)
- CIPFA/IIA: Local Government Application Note for the UK PSIAS 33.

The provision of an Internal Audit service is integral to financial management at the Council and assists in the discharge of its duties.

6. Background Papers

Nil.



## APPENDIX 1

## INTERNAL AUDIT REPORTS ISSUED SINCE JANUARY 2022

No	Audit Title	Report Issued	Assurance Opinion	Actions - Significant	Actions - Merits Attention
21	Bank Reconciliation	11/01/22	Substantial	0	1
22	Garden Waste Collection	19/01/22	Substantial	0	1
23	Financial Appraisal – Stapleford Hub	01/03/22	No cause for financial concern noted		
24	Environmental Health	02/03/22	Reasonable	0	3
25	Customer Services	07/03/22	Reasonable	0	2
26	Bramcote Leisure Centre	11/03/22	Reasonable	0	3
27	Treasury Management	11/03/22	Substantial	0	0
28	Financial Appraisal – TCRF Applicant	16/03/22	No cause for financial concern noted		
29	Financial Appraisal – TCRF Applicant	17/03/22	No cause for financial concern noted		
30	Financial Appraisal – TCRF Applicant	30/03/22	No cause for financial concern noted		
1	Homelessness Prevention Grant Return	12/04/22	Submitted with no issues noted		
2	Financial Appraisal – High Hazels Court	26/04/22	No cause for financial concern noted		
3	Council Tax	11/05/22	Substantial	0	1
31	DH Lawrence Birthplace Museum	12/05/22	Reasonable	0	2
<b>32</b>	<b>Corporate Governance</b>	<b>16/05/22</b>	<b>Annual Governance Statement 'Approved'</b>		
4	Financial Appraisal – TCRF Applicant	26/05/22	No cause for financial concern noted		
5	Financial Appraisal – TCRF Applicant	30/05/22	No cause for financial concern noted		
6	Cash Receipting	20/06/22	Audit re-scoped (see paragraph 3 below)		
7	Financial Appraisal – TCRF Applicants	21/06/22	No cause for financial concern noted		
8	'Protect and Vaccinate' Grant Return	24/06/22	No issues noted – return submitted		
33	Grounds Maintenance Services	27/06/22	LIMITED	1	2
34	Health and Safety	11/07/22	Reasonable	0	3

## REMAINING INTERNAL AUDIT PLAN 2022-23

Audit Title	Progress
Licensing	In progress
Major Projects Dashboard	In progress
Financial Resilience	In progress
Rents	Not yet commenced
Former Council House Repurchasing	Not yet commenced
Right-to-Buy	Not yet commenced
Housing Management System	Not yet commenced
Choice Based Lettings	Not yet commenced
Human Resources	Not yet commenced
Local Authority Trading Company	Not yet commenced
Benefits	Not yet commenced
Business Rates (NNDR)	Not yet commenced
Council Tax	Not yet commenced
Sundry Debtors	Not yet commenced
Bank Reconciliation	Not yet commenced
Creditors and Purchasing	Not yet commenced

Key Reconciliations	Not yet commenced
Gas Servicing and Maintenance	Not yet commenced
Electrical Testing	Not yet commenced
Climate Change	Not yet commenced
Business Support	Not yet commenced
Business Continuity	Not yet commenced
Payroll	Not yet commenced
Information Management	Not yet commenced
Operational Risk Management – Kimberley Depot	Not yet commenced
Waste Management (including Trade Waste)	Not yet commenced
Legal Services	Not yet commenced
Kimberley Leisure Centre	Not yet commenced
Stapleford Town Fund	Postponed pending management changes
Commercial/Industrial Properties	Postponed pending management changes
Housing Repairs	Postponed pending outcome of external review

### **COMPLETED AUDITS**

A report is prepared for each audit assignment and issued to the relevant senior management at the conclusion of a review that will:

- include an overall opinion on the adequacy of controls within the system to provide assurance that risks material to the achievement of objectives are adequately managed – the opinion being ranked as either ‘Substantial’, ‘Reasonable’, ‘Limited’ or ‘Little’ assurance;
- identify inadequately addressed risks and non-effective control processes;
- detail the actions agreed with management and the timescales for completing those actions, and;
- identify issues of good practice.

Recommendations made by Internal Audit are risk assessed, with the agreed actions being categorised accordingly as follows:

- Fundamental – urgent action considered imperative to ensure that the Council is not exposed to high risks (breaches of legislation, policies or procedures)
- Significant – action considered necessary to avoid exposure to significant risk.
- Merits Attention (Necessary Control) – action considered necessary and should result in enhanced control or better value for money.
- Merits Attention – action considered desirable to achieve enhanced control or better value for money.

The following audit reports have been issued with key findings as follows:

**1. Corporate Governance**

As part of the Council's Corporate Governance Framework, the Chief Audit and Control Officer is required to review the draft Annual Governance Statement for 2021/22, approved by this Committee on 16 May 2022.

The Chief Audit and Control Officer found that the significant governance issues raised in the statement were considered to be appropriate. It was also found that the issues carried forward from the previous year had been addressed or were ongoing items that are in the process of being addressed. With regard to the audits completed during the year, no actions were classed as being critical where action was considered imperative to ensure that the Council was not exposed to high risks. Where a limited assurance opinion was issued, the outstanding actions from these audits are not thought to be significant to the preparation of the Annual Governance Statement.

Accordingly, the Chief Audit and Control Officer has confirmed that he considers that the current internal control environment is satisfactory such as to maintain the adequacy of the governance framework.

**2. Financial Appraisals – Town Centre Recovery Fund Grant Applications**

Internal Audit provided several financial appraisals of businesses which had applied for grants from the Stapleford Town Centre Recovery Fund. These reviews were requested by the Regeneration Project Manager, with management requiring consideration of the financial viability of the applicants in order to evidence that the payment of a grant from the fund would be reasonable and to reduce the risk of fraud.

The reviews were produced on the basis of information received from the applicants, reports obtained from 'Creditsafe' (a credit referencing agency), financial data retrieved from Companies House and other publicly available information. No specific cause for financial concern was noted in reference to any of the applicants. The findings were reported to senior management and the officer requesting the reports.

**3. Cash Receipting**

An audit of Cash Receipting was included within the Internal Audit Plan for 2020/21. The focus of this review was intended to be the operations of the cash 'kiosk' located within the Council's reception area.

During the Covid-19 pandemic and associated periods of 'lockdown', the kiosk was decommissioned. Consequently, the audit of Cash Receipting was deferred, initially from 2020/21 to 2021/22 and then further into the current financial year.

As the kiosk has now been permanently decommissioned as residents and other customers of the Council have migrated to electronic methods of payment, Internal Audit has taken the opportunity to review the arrangements across the Council for the receipt of cash.

It was confirmed that the amount of cash the Council is now required or requested to receive is now minimal and very much processed by exception. Only two departments – Bramcote Crematorium and Markets – continue to receive a material amount of cash on a regular basis.

Accordingly, the planned audit of Cash Receipting has been re-scoped in order to focus on the arrangements within these two specific service areas. Supplementary reports of any recommendations arising from a review of cash handling at Bramcote Crematorium and Markets will be presented to Management and reported to this Committee in due course.

4. **'Protect and Vaccinate' Grant Return**

Internal Audit was requested by the Housing Operations Manager to review and submit a return to the Department for Levelling Up, Housing and Communities. The purpose of the return was to confirm that the grants awarded to the Council for the purposes of the 'protect and vaccinate' scheme had been spent in accordance with the conditions of the grant. A confirmation of the total amount of grant monies spent was also required.

No issues were noted as part of this review and the return was submitted to Government accordingly.

5. **Grounds Maintenance Services**

Assurance Opinion – **LIMITED**

The specific audit objectives sought to confirm whether adequate management control exists to provide assurance that:

- The work of the Grounds Maintenance section is governed by an appropriately approved strategy and policy document(s).
- An appropriate management structure is in place to ensure operational compliance with Council strategy.
- Appropriate procurement procedures are in place for all work undertaken by external contractors (including agency staff) on behalf of the Council.
- Arrangements to deliver services to external organisations are appropriately documented and accompanied by robust financial management.

Internal Audit was pleased to report that the Council has an appropriate framework in place for the management and administration of operations in respect of Grounds Maintenance.

The review indicated further areas for improvement and recommendations were proposed in order to ensure that processes and controls in place are effective. Internal Audit included one 'significant' action relating to non-compliance with the Council's Financial Regulations and Procurement and Commissioning Strategy, as follows:

Procurement of Grounds Maintenance Services

A number of functions such as hedge-cutting, garden maintenance and specialist tree work are performed by contractors on behalf of the Council.

A review of the of the supplier payments for the year 2021/22 identified that the Council uses a small number of suppliers to provide these services and this has also been the case historically.

It was identified that the services procured from these companies was done on the basis of pricing schedules and quotes for individual works. No tendering process or similar formal procurement activity has been undertaken, such as is required by the Council's Constitution and Procurement and Commissioning Strategy.

Agreed Action (Significant)

An action plan will be produced and implemented to undertake a comprehensive review of the procurement of externally-sourced Grounds Maintenance services to ensure compliance with the Council's Constitution, Procurement and Commissioning Strategy and other legislative requirements.

Managers Responsible

Head of Environmental Services  
Parks and Green Spaces Manager  
2022

Target Date: 31 July

Two further 'Merits Attention – Necessary Control' actions were agreed, both of which related to the improvement of financial controls (one regarding invoicing and income recording, the other the recharging of costs to other Council departments).

6. **Health and Safety**

Assurance Opinion – **Reasonable**

The specific audit objectives sought to confirm whether the following key risks are adequately mitigated or otherwise managed:

- Health and Safety Policies and Procedures fail to comply with current legislation.
- Roles and responsibilities in relation to Health and Safety are inappropriately managed.

- Comprehensive and documented risk assessments have not been adequately prepared and reviewed.
- The process for recording, reporting and reviewing accidents and near misses is ineffective.
- First aid and fire safety provision is inadequate.

The review indicated further areas for improvement and three recommendations were agreed relating to the recording of risk assessments, internal 'publicity' of designated first-aiders and a refresh of the first aid kits provided in Council premises.

### **Current Audit Performance**

A full review of the performance of Internal Audit for 2021/22 may be found in the Annual Review Report presented to this Committee alongside this Progress Report.

## APPENDIX 2

**INTERNAL AUDIT FOLLOW-UP**

Internal Audit has undertaken a review of progress made by management in implementing agreed actions within six months of the completion of the audit. The table below provides a summary of the progress made with agreed actions for internal audit reports issued and where actions have now become due for follow-up. Those audits where all actions have previously been reported as completed have been excluded from this list.

Audit Title	Report Issued	Original Assurance Opinion	Number of Actions (Significant in brackets)	Progress
Financial Resilience	03/07/20	Reasonable	4	1 Outstanding
Local Authority Trading Company	06/07/20	Reasonable	3 (1)	2 Outstanding
Housing Delivery Plan	08/06/21	Substantial	3 (1)	2 Outstanding
Sundry Debtors	04/08/21	Reasonable	5	Completed
Procurement	10/11/21	<b>LIMITED</b>	<b>4 (1)</b>	1 Outstanding
Creditors and Purchasing	18/11/21	Reasonable	7	2 Outstanding
Homelessness	02/12/21	Substantial	1	Completed
Transport and Fleet Management	09/12/21	Substantial	1	Completed
Bank Reconciliation	11/01/22	Substantial	1	Completed

Note: The 'original assurance opinion' listed refers to the individual opinions provided by Internal Audit at the date of concluding the audit. The summary details regarding the 'limited' assurance opinion report were presented to this Committee on 29 November 2021 for Procurement.

Further details of progress being made with agreed actions that have not yet been fully implemented are included below along with comments from management reflecting any updates on progress. Evidence of implementation will not be routinely sought for all actions as part of this monitoring process. Instead, a risk-based approach will be applied to conducting further follow-up work. Actions marked as 'superseded' refer to occasions where either 1) developments within the relevant Council department, or the environment within which the department operates, have occurred since the date of the original audit report and the action is no longer relevant or considered a priority in light of the consequent change to the Council's risk profile; or, 2) an alternative action has been implemented to mitigate the risk identified.

Where the agreed actions to address significant internal control weaknesses have not been implemented this may have implications for the Council. A key role of the Committee is to review the outcome of audit work and oversee the prompt implementation of agreed actions to help ensure that risks are adequately managed.

**OUTSTANDING ACTIONS****1. Financial Resilience****1.1 CIPFA Financial Resilience Index**

Agreed Action (Merits Attention 'Necessary Control')

It is anticipated that the CIPFA Financial Resilience Index will be refined post Covid-19 to ensure that it remains fit for purpose. The benefits of using this analytical tool to support good financial management and provide a common understanding amongst managers and members of the current financial position and potential risks are acknowledged. Further work in developing this for Broxtowe, at least in the short-term, will be dependent upon further updates from CIPFA.

Manager Responsible  
Deputy Chief Executive

Target Date: 31 March 2021

**Progress Report of the Deputy Chief Executive**

The 2022 update of the CIPFA Financial Resilience Index has only recently been published. As one of several key tools which assist the Council in understanding its overall financial position relative to comparable and neighbouring Authorities, the Index data will be reviewed and any insights considered and actioned as appropriate.

**Revised Target Date: 30 September 2022**

**2. Local Authority Trading Company****2.1 Revision and Update of Service Management Agreement**

Agreed Action (Significant)

The Council's new Leisure Facilities Strategy is currently being developed, although its full adoption and implementation will be a long-term project. In the meantime, it is anticipated that the proposed Strategy will have been developed by late summer 2020. At this stage, the Strategy will be used as the starting point for an initial review of the Service Management Agreement between the Council and the Company.

Managers Responsible  
Deputy Chief Executive  
Leisure Client Officer  
Managing Director – Liberty Leisure Limited

Target Date: 31 October 2020

**Progress Report of the Deputy Chief Executive and Leisure Client Officer**

At the present time the priority continues to be the finalisation of the new arrangements with Kimberley School for the continued operation of Kimberley Leisure Centre. Currently the TUPE of staff is being finalised, along with the Licence to Occupy and it is expected this will be completed during July 2022 with a transfer to the new arrangement taking place on 1 September 2022.

Development of the Leisure Facilities Strategy has commenced in conjunction with external consultants. The review of the Service Management Agreement is expected to follow the Kimberley School work commencing August 2022.

**Revised Target Date: 31 December 2022**



## 2.2 Review of Joint-Use Agreement with Chilwell School

Agreed Action (Merits Attention 'Necessary Control')

The ongoing review and re-negotiation of the Joint-Use Agreement with Chilwell School will recommence, in conjunction with Legal Services, with a view to finalising the agreement.

Managers Responsible

Deputy Chief Executive

Leisure Client Officer

Target Date: 30 April 2021

### Progress Report of the Deputy Chief Executive and Leisure Client Officer

At the present time the priority continues to be the finalisation of the new arrangements with Kimberley School for the continued operation of Kimberley Leisure Centre. A review of the Joint-Use Agreement with Chilwell School is expected to follow the Kimberley Leisure Centre work, commencing September 2022.

**Revised Target Date: 31 December 2022**

## 3. Housing Delivery Plan

### 3.1 Revision and Update of the Housing Delivery Plan

Agreed Action (Merits Attention 'Necessary Control')

The Housing Delivery Plan will be refreshed and updated, in consultation with the Head of Housing, to fully reflect the current aspirations and potential of the project. An update report will be presented to the Housing Committee accordingly.

Managers Responsible

Head of Asset Management and Development

Housing Delivery Manager

Target Date: 31 December 2021

### Progress Report of the Housing Delivery Manager

A review of the adopted Housing Delivery Plan will be undertaken at the next meeting of the Housing Delivery Group (an inter-departmental officer group) in June 2022. Following this a report will be prepared for Cabinet during summer 2022 outlining the strategy for the future development of the Housing Delivery Plan.

**Revised Target Date: 31 July 2022**

### 3.2 Risk Register

Agreed Action (Merits Attention 'Necessary Control')

A standalone project-specific risk register for the Housing Delivery Plan will be developed and maintained.

Managers Responsible

Head of Asset Management and Development

Housing Delivery Manager

Target Date: 31 August 2021

### Progress Report of the Housing Delivery Manager

A risk register for the Housing Delivery Plan will be developed following the review of the Housing Delivery Plan and presented to Cabinet during summer 2022.

**Revised Target Date: 31 July 2022**

## 4. Procurement

Nov 2021, Limited Assurance, Actions – 4

### 4.1 Procurement Training

#### Agreed Action (Merits Attention)

A procurement e-learning module will be developed to support the embedding of the Procurement and Commissioning Strategy. This will complement the existing support and guidance that is already available on the intranet and website.

#### Managers Responsible

Procurement and Contracts Officer

Target Date: 30 June 2020  
(carried forward from previous

audit)

#### Progress Report of the Interim Procurement and Contracts Officer

Work has commenced in collaboration with the Training Section to source a module within the 'Broxtowe Learning Zone' suitable for adaptation to the Council's specific requirements. Finalisation of the module and roll-out to relevant managers and employees will be completed shortly after the planned review of the Council's Financial Regulations.

**Revised Target Date: 30 November 2022**

## 5. Creditors and Purchasing

### 5.1 Implementation of Kofax

#### Agreed Action (Merits Attention 'Necessary Control')

Significant progress has been made with the implementation of the Kofax intelligent scanning project and an update report will shortly be presented to GMT. A recent offer of external consultancy support has been made, but this may not be required with the project already moving towards completion.

The project management of the Kofax system implementation was assigned to the Principal Accountant (currently vacant and being filled on an interim basis), with operational support from the Projects and Performance Officer. In the meantime, the Head of Finance Services will assume responsibility for monitoring and providing feedback on progress and any issues identified. Going forward, the benefits of establishing an Officer Working Group to raise, discuss and resolve issues will be considered.

#### Managers Responsible

Head of Finance Services

Chief Accountant

Principal Accountant

Target Date: 31 March 2022

#### Progress Report of the Head of Finance Services

Progress continues to be made with processing more transactions through the Kofax intelligent scanning system. The new Principal Accountant has been assigned to help lead the project implementation team and tasks allocated to extend usage and provide training and solutions. This work will be completed over the summer months once other priorities with final accounts have been completed.

**Revised Target Date: 31 October 2022**

## 5.2 Supplier Bank Details

### Agreed Action (Merits Attention 'Necessary Control')

The process for adding and updating supplier bank account details will be reviewed, in conjunction with the software supplier and benchmarked against other local authority users of this system. The system functionality and reporting will determine the approach but essential measures will be taken to ensure that adequate segregation of duties are maintained and enhanced management information can be produced by the system in relation to bank account changes.

### Managers Responsible

Chief Accountant

Principal Accountant

Target Date: 31 March 2022

### Progress Report of the Head of Finance Services

**The process for adding and updating supplier bank account details is well-established and effective. However, the whole process will be reviewed and stress tested to ensure that it remains fit for purpose in combatting potential fraudsters. This work will be completed over the summer months once other priorities with final accounts have been completed.**

**Revised Target Date: 31 August 2022**

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## Report of the Deputy Chief Executive

**REVIEW OF STRATEGIC RISK REGISTER**1. Purpose of report

To approve the amendments to the Strategic Risk Register and the action plans identified to mitigate risks.

2. Recommendation

**The Committee is asked to RESOLVE that the amendments to the Strategic Risk Register and the actions to mitigate risks as set out in appendix 2 be approved.**

3. Detail

In accordance with the corporate Risk Management Strategy, the Strategic Risk Management Group met on 18 May 2022 to review the Strategic Risk Register. General Management Team (GMT) has since considered the proposals from the Group. The objectives of the review were to:

- Identify the extent to which risks included in the Register are still relevant
- Identify any new strategic risks to be included in the Register
- Review action plans to mitigate risks.

A summary of the risk management process is included in appendix 1. The Risk Management Strategy includes a '5x5' risk map matrix to assess both the threats and opportunities for each strategic risk in terms of both the likelihood and impact. The risk map is included to assist the understanding of the inherent and residual risk scores allocated to each strategic risk. These scores will be considered further and amended as necessary in due course.

Details of proposed amendments to the Strategic Risk Register and the actions resulting from the process are attached in appendix 2. The revised Strategic Risk Register incorporating the proposed amendments is available on the intranet. Further reviews of the Strategic Risk Register will be reported to future meetings of this Committee.

4. Financial Implications

The comments from the Head of Finance Services were as follows:

There are no direct financial implications that arise from this report. Any future additional budgetary requirements will be considered separately by Cabinet.

5. Legal Implications

The comments from the Head of Legal Services and Deputy Monitoring Officer were as follows:

The Strategic Risk Register is the main mechanism used by the Council to identify, assess and monitor key risks. Whilst there are no direct legal implications arising from this report, it is important to assess whether the risks identified are being effectively mitigated and managed.

6. Human Resources Implications

There were no comments from the Human Resources Manager.

7. Union Comments

There were no Union comments in relation to this report.

8. Data Protection Compliance Implications

There are no Data Protection issues in relation to this report.

9. Equality Impact Assessment

As there is no change to policy an equality impact assessment is not required.

10. Background Papers

Nil

**APPENDIX 1****REVIEW OF STRATEGIC RISK REGISTER****Introduction**

The Risk Management Strategy, as revised in December 2018, aims to improve the effectiveness of risk management across the Council. Effective risk management will help to ensure that the Council maximises its opportunities and minimises the impact of the risks it faces, thereby improving its ability to deliver priorities, improve outcomes for residents and mitigating legal action and financial claims against the Council and subsequent damage to its reputation.

The Strategy provides a comprehensive framework and process designed to support both Members and Officers in ensuring that the Council is able to discharge its risk management responsibilities fully. The Strategy outlines the objectives and benefits of managing risk, describes the responsibilities for risk management, and provides an overview of the process that the Council has in place to manage risk successfully. The risk management process outlined within the Strategy should be used to identify and manage all risks to the Council's ability to deliver its priorities. This covers both strategic priorities, operational activities and the delivery of projects or programmes.

The Council defines risk as "the chance of something happening that may have an impact on objectives". A risk is an event or occurrence that would prevent, obstruct or delay the Council from achieving its objectives or failing to capture business opportunities when pursuing its objectives.

**Risk Management**

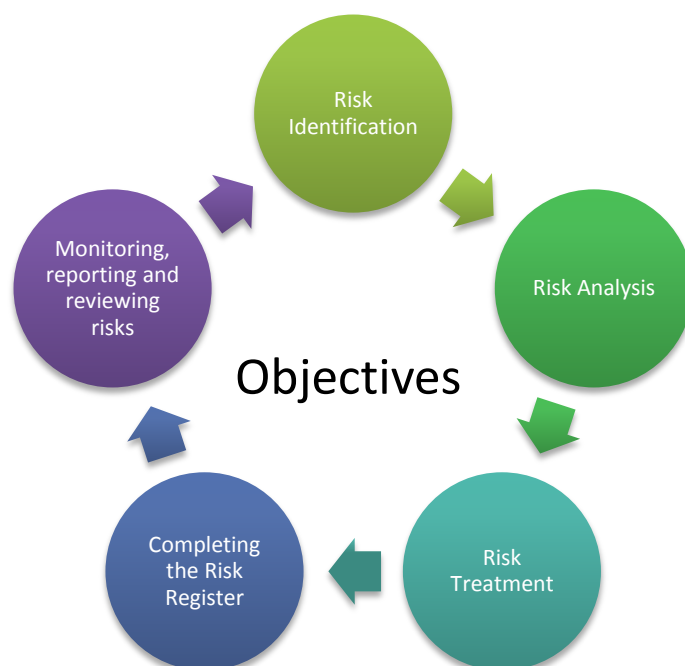
Risk management involves adopting a planned and systematic approach to the identification, evaluation and control of those risks which can threaten the objectives, assets, or financial wellbeing of the Council. It is a means of minimising the costs and disruption to the Council caused by undesired events.

Risk management covers the whole range of risks and not just those associated with finance, health and safety and insurance. It can also include risks as diverse as those associated with reputation, environment, technology and breach of confidentiality amongst others. The benefits of successful risk management include:

- Improved service delivery with fewer disruptions, efficient processes and improved controls
- Improved financial performance and value for money with increased achievement of objectives, fewer losses, reduced impact and frequency of critical risks
- Improved corporate governance and compliance systems with fewer legal challenges, robust corporate governance and fewer regulatory visits
- Improved insurance management with lower frequency and value of claims, lower impact of uninsured losses and reduced premiums.

**Risk Management Process**

The Council’s risk management process has five key steps as outlined below.



Process Step	Description
<b>Risk Identification</b>	Identification of risks which could significantly impact the Council’s aims and objectives – both strategic and operational.
<b>Risk Analysis</b>	Requires consideration to the identified risks potential consequences and likelihood of occurring. Risks should be scored against the Council’s risk matrix
<b>Risk Treatment</b>	Treat; Tolerate; Transfer; Terminate – Identify which solution is best to manage the risk (may be one or a combination of a number of treatments)
<b>Completing the Risk Register</b>	Document the previous steps within the appropriate risk register. Tool for facilitating risk management discussions. Standard template to be utilised to ensure consistent reporting.
<b>Monitoring, reporting and reviewing the risks</b>	Review risks against agreed reporting structure to ensure they remain current and on target with what is expected or manageable.



**Risk Matrix**

		Risk – Threats				
<b>Likelihood</b>	Almost Certain – 5	5	10	15	20	25
	Likely – 4	4	8	12	16	20
	Possible – 3	3	6	9	12	15
	Unlikely – 2	2	4	6	8	10
	Rare – 1	1	2	3	4	5
		Insignificant – 1	Minor – 2	Moderate – 3	Major – 4	Catastrophic – 5
		<b>Impact</b>				





Risk Rating	Value	Action
<b>Red Risk</b>	25	Immediate action to prevent serious threat to provision and/or achievement of key services or duties
	15 to 20	Key risks which may potentially affect the provision of key services or duties
<b>Amber Risk</b>	12	Important risks which may potentially affect the provision of key services or duties
	8 to 10	Monitor as necessary being less important but still could have a serious effect on the provision of key services
	5 to 6	Monitor as necessary to ensure risk is properly managed
<b>Green Risk</b>	1 – 4	No strategic action necessary





## APPENDIX 2





Strategic Risk Register – Summary of Proposed Changes





Inherent Risk – Gross risk **before** controls and mitigation








Residual Risk – Risk remaining **after** application of controls and mitigating measures

Risk	Inherent Risk	Residual Risk	Changes
<p>1. Failure to maintain effective corporate performance management and implement change management processes</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>worsened</b>.</i></p>	20	<p>4</p>  <p>Green</p>	<p>The action to provide summary reports on Corporate Plan progress and financial performance to the Policy and Performance Committee and other Committees, was updated to reflect the revised arrangements for providing summary reports on Corporate Plan progress and financial performance to GMT and Members.</p> <p>The action to prepare for the Local Government Association (LGA) peer review was updated to refer to December 2022 as the target date.</p>
<p>2. Failure to obtain adequate resources to achieve service objectives</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>	25	<p>16</p>  <p>Red</p>	<p>The action to retender the gas supply contract was updated with a target date of October 2022.</p> <p>The actions to agree the Section 106 requirements for the Alliance Boots planning application and to fully utilise the available 'Reopening the High Streets Safely' funding were both completed.</p>
<p>3. Failure to deliver the Housing Revenue Account (HRA) Business Plan</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>	25	<p>6</p>  <p>Amber</p>	<p>The Housing Performance Group was removed as a key control.</p> <p>The action to assess any potential implications from the Social Housing White Paper was updated to refer to the Social Housing White Bill.</p>
<p>4. Failure of strategic leisure initiatives</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>	25	<p>20</p>  <p>Red</p>	<p>No changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p>

Risk	Inherent Risk	Residual Risk	Changes
<p>5. Failure of Liberty Leisure (LLL) trading company</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>improved</b>.</i></p>	25	<p><b>16</b></p>  <p><b>Red</b></p>	No changes were proposed to the key controls, risk indicators and action points for this strategic risk.
<p>6. Failure to complete the re-development of Beeston town centre</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>	25	<p><b>8</b></p>  <p><b>Amber</b></p>	A new action was added to complete Phase 3 of the Beeston Square redevelopment project ('Argos block').
<p>7. Not complying with legislation</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>	25	<p><b>9</b></p>  <p><b>Amber</b></p>	<p>Reference to 'domestic or European' legislation was removed from the strategic risk title.</p> <p>No changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p>
<p>8. Failure of financial management and/or budgetary control and to implement agreed budget decisions</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>	25	<p><b>8</b></p>  <p><b>Amber</b></p>	<p>The action to present an updated Medium Term Financial Strategy and a revised Business Strategy to the Finance and Resources Committee on 10 February 2022 was completed. This has been replaced by an action to present updated strategies to Cabinet in October 2022.</p> <p>The action to submit monthly returns to DLUHC on the additional costs incurred and income lost for the Council as a result of the coronavirus outbreak has now concluded.</p>

Risk	Inherent Risk	Residual Risk	Changes
9. Failure to maximise collection of income due to the Council <i>The position with regards to this risk is <b>unchanged</b>.</i>	20	12  <b>Amber</b>	A new action was proposed to continue monitor the rate of void Housing properties and to actively identify suitable actions to relet and/or re-use these properties.  The group noted the successful completion of the action to implement the Allpay cash payment facility for council housing tenants and council tax payers.  The action to review the processes for collecting sundry debtor income and to implement improvements has also been completed.
10. Failure of key ICT systems <i>The position with regards to this risk is <b>unchanged</b>.</i>	25	15  <b>Red</b>	A new action was added to review the corporate and departmental Business Continuity Plans by 31 August 2022. Training provided by the Executive Director to senior managers would be completed by 31 May 2022.  A target date of August 2022 was added to the action to complete the relocation of the Backup Server from the Council Offices to Kimberley Depot.  The action to present a new ICT Strategy to Policy and Performance Committee on 24 March 2022 was completed.
11. Failure to implement Private Sector Housing Strategy in accordance with Government and Council expectations <i>The position with regards to this risk is <b>unchanged</b>.</i>	20	4  <b>Green</b>	No changes were proposed to the key controls, risk indicators and action points for this strategic risk.
12. Failure to engage with partners/community to implement the Broxtowe Borough Partnership Statement of Common Purpose <i>The position with regards to this risk is <b>unchanged</b>.</i>	15	4  <b>Green</b>	No significant changes were proposed to the key controls, risk indicators and actions.

Risk	Inherent Risk	Residual Risk	Changes
<p>13. Failure to contribute effectively to dealing with crime and disorder</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>	15	<p>3</p>  <p>Green</p>	No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.
<p>14. Failure to provide housing in accordance with the Local Development Framework</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>	20	<p>12</p>  <p>Amber</p>	The action to present the Toton Supplementary Planning Document to the Jobs and Economy Committee on 18 November 2021 was completed and updated with an action to adopt the Toton Supplementary Planning Document in 2022.
<p>15. Natural disaster or deliberate act, which affects major part of the Authority</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>	15	<p>12</p>  <p>Amber</p>	<p>The action to review business continuity plans to consider the potential impact of cyber-risk and how services would respond and recover from a cyber-attack would now include a target date of 31 August 2022.</p> <p>Actions to work with partners to identify appropriate Covid-19 mobile testing sites in the Borough; to distribute Covid related financial assistance to residents and businesses; and to provide appropriate communications to local residents on the Covid-19 vaccination programme were now completed.</p> <p>The action to review the Major Emergency Plan every two years was updated to include a target date of December 2022.</p> <p>The action to review the Flu Pandemic Plan, would include 'living with Covid'.</p>
<p>16. Failure to mitigate the impact of the Government's welfare reform agenda</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>	20	<p>6</p>  <p>Amber</p>	<p>The use of risk-based verification was removed as a key control.</p> <p>The action to undertake a consultation on the new Homelessness and Rough Sleeping Strategy for presenting to Housing Committee in February 2022 was completed. This strategy was added as a key control.</p>

Risk	Inherent Risk	Residual Risk	Changes
17. Failure to maximise opportunities and to recognise the risks in shared services arrangements <i>The position with regards to this risk is <b>unchanged</b></i>	20	9  Amber	No changes were proposed to the key controls, risk indicators and action points for this strategic risk.
18. Corporate and/or political leadership adversely impacting upon service delivery <i>The position with regards to this risk is <b>unchanged</b></i>	20	8  Amber	New Constitution and arrangements under the Cabinet and Scrutiny model should provide more robust governance and decision making. No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.
19. High levels of sickness <i>The position with regards to this risk is <b>unchanged</b></i>	16	6  Amber	The new 'Carers Pledge' was added as a key control.
20. Inability to recruit and retain staff with required skills and expertise to meet increasing demands and expectations. <i>The position with regards to this risk is <b>unchanged</b></i>	20	12  Amber	The Council's 'Values' were added as a key control.
21. Failure to comply with duty as a service provider and employer to groups such as children, the elderly, vulnerable adults etc. <i>The position with regards to this risk is <b>unchanged</b></i>	20	6  Amber	No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.
22. Unauthorised access of data <i>The position with regards to this risk is <b>unchanged</b></i>	20	6  Amber	The action for service managers to review their business continuity plans to consider the potential impact of a cyber-attack and how services would respond to and recover from an attack was updated to include a target date of August 2022.
23. High volumes of employee or client fraud <i>The position with regards to this risk is <b>unchanged</b></i>	20	9  Amber	No changes were proposed to the key controls, risk indicators and action points for this strategic risk.

## Report of the Executive Director

**COMPLAINTS REPORT 2021/22**1. Purpose of Report

To provide members with a summary of complaints made against the Council.

2. Recommendation

**The Committee is asked to NOTE the report.**

3. Detail

This report outlines the performance of the Council in dealing with complaints, including: at stage one, managed by the service areas, at stage two, managed by the Complaints and Compliments Officer and at stage three passed to the Local Government Ombudsman (LGO) or Housing Ombudsman (HO).

- Appendix 1 provides a summary of the Council's internal complaint statistics.
- Appendix 2 provides a summary of the complaints investigated by the Council formally under stage two of the Council's formal complaint procedure.
- Appendix 3 provides a summary of the complaints determined by the Ombudsman.

Of the 244 stage one complaints received overall, 41 were investigated under the stage 2 complaints procedure and 10 were investigated by the LGO. Under the stage 2 complaints procedure, 30 complaints (73%) were not upheld and 11 complaints (27%) were upheld. Further details can be found in appendix 2. The Ombudsman investigated 10 complaints made against the Council. 8 complaints were recorded as not upheld, resulting in no further action being required by the Council and 2 complaints were upheld. Further details can be found in appendix 3.

4. Financial Implications

Head of Finance Services were as follows:

There are no financial implications.

5. Legal Implications

There are no direct legal implications arising from this report.

6. Background Papers

Nil.

## APPENDIX 1

**Complaints received**

The table below shows the figures for the overall complaints received in 2021/22 and the previous 2020/21 figures are shown in brackets for comparison.

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure Ltd</b>
Number of Stage 1 complaints	<b>244</b> (365)	96	126	21	1
No. of complaints investigated under Stage 2	<b>41</b> (59)	19	18	3	1
No. of complaints determined by the Ombudsman	<b>10</b> (11)	2	7	1	-

The Council has registered a total of 244 stage 1 complaints in the year 1 April 2021 to 31 March 2022, compared to 365 in the year 2020/21. The number of complaints concluded under stage 2 of the complaints procedure is 41, compared to 59 in 2020/21, and 10 complaints, compared to 11 in 2020/21 have been determined by the Local Government Ombudsman and the Housing Ombudsman Service.



**Time taken to acknowledge receipt of stage one complaints (5 working day target)**

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure Ltd</b>
Number of complaints acknowledged within 5 working days	<b>244</b>	96	126	21	1
Number of complaints acknowledged over 5 working days	-	-	-	-	-

244 stage 1 complaints (100%) were acknowledged on the same day.

The Council has seen an improvement in the time taken to acknowledge complaints, through continued use of electronic facilities in order to keep complainants updated as to the progress of their complaint.

**Time taken to respond to stage 1 Complaints (10 working day target)**

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure Ltd</b>
Less than 10 working days	181	80	82	18	1
Over 10 working days	63	16	44	3	-

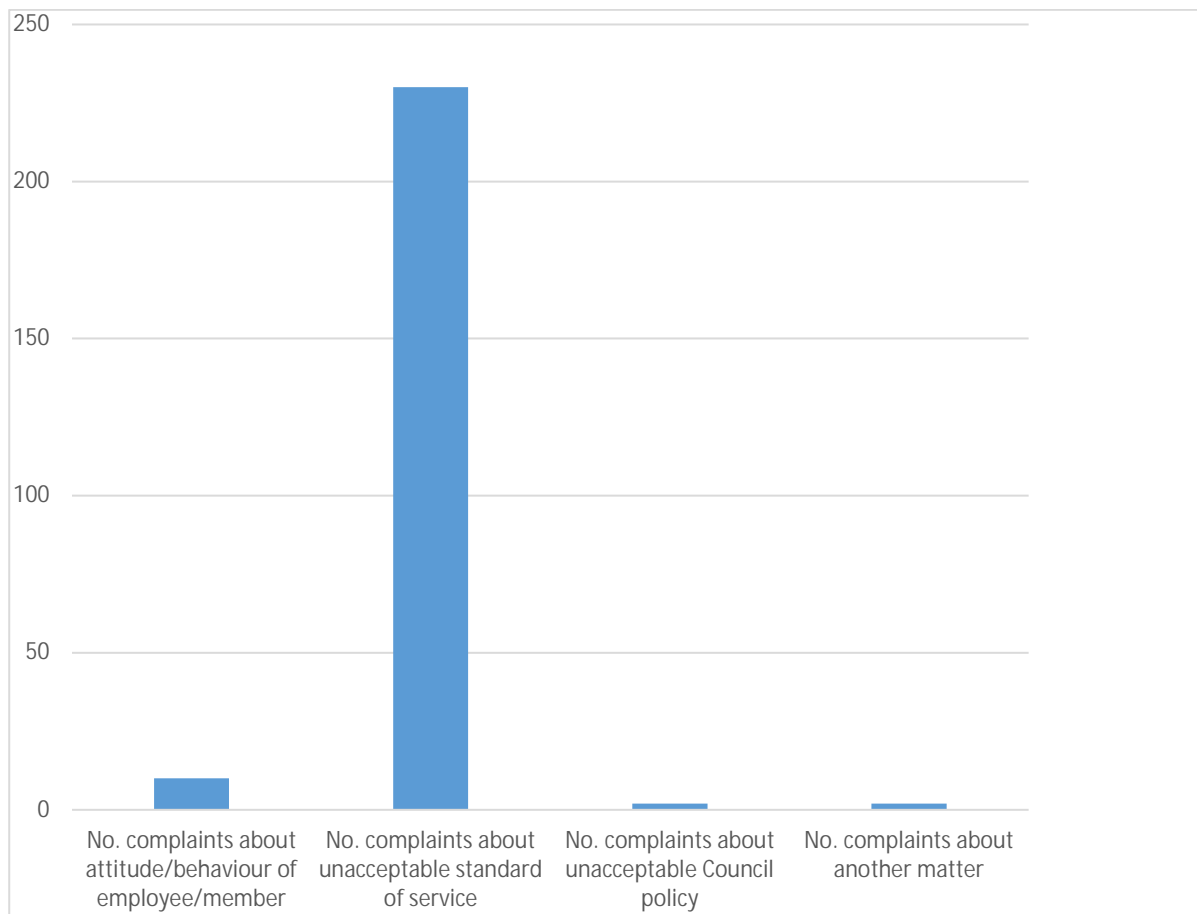
181 stage 1 complaints (74%) were responded to in 10 working days. 63 (26%) took longer than fifteen working days to provide a response. In these cases, the Heads of Service are asked to write to complainants to advise that a response will take longer and provide the complainant with an estimated timescale for completion.

Reasons for delays could include:

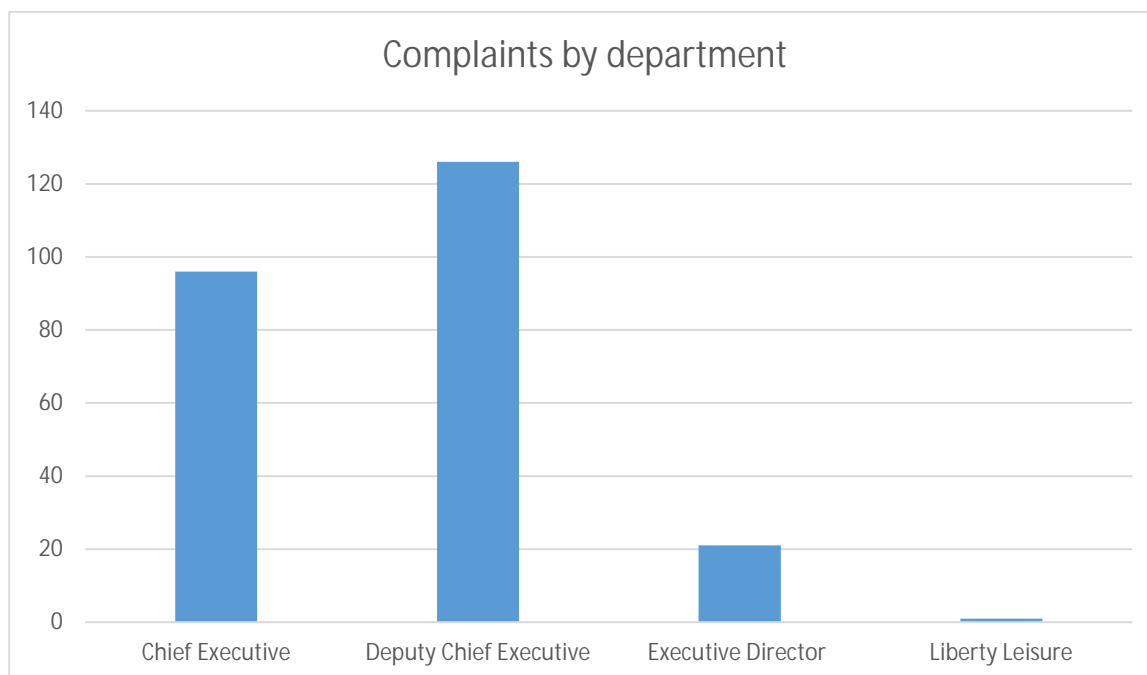
- Further information being required from the complainant.
- Complexity of the complaint including in-depth research required.
- Resource issues.
- COVID-19 pandemic.

(This list is not exhaustive)

**What the complaints were about**



**Complaints by department**



**Number of stage 2 complaints**

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure</b>
Number of Stage 2 complaints	<b>41</b> (59)	20	17	3	1

**Time taken to acknowledge to stage 2 complaints (5 working day target)**

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure</b>
Acknowledged within 5 working days	<b>41</b>	20	17	3	1

**Time taken to respond to stage 2 complaints (20 working day target)**

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure</b>
Responded in 20 working days	<b>28</b>	12	13	3	-
Responded in more than 20 working days	<b>13</b>	8	4	-	1

41 complaints were investigated and responded to under stage 2 of the formal complaint procedure. 100% were acknowledged within five working days and 28 (68%) were responded to within the 20 working day timescale. All the complainants who received their responses after 20 working days were informed that there would be a delay and were informed of the reason.

Reason for the delays included:

- Further information being required from the complainant or officers.
- Complexity of the complaint.
- Resource Issues.
- COVID-19 pandemic.

(This list is not exhaustive)

**Equalities Monitoring**

Of the 244 stage 1 complaints recorded, 39 were completed with the monitoring data.\*

Gender

Male – 17  
 Female – 22  
 Not stated - 205

Age groups

<17 – 0	45–59 – 12
18–24 – 2	60–64 – 1
25–29 – 2	65+ – 5
30–44 – 8	Not stated – 214

Ethnic Groups

British – 25  
 Bangladeshi - 1  
 Indian – 2  
 Irish – 1  
 Not stated – 215

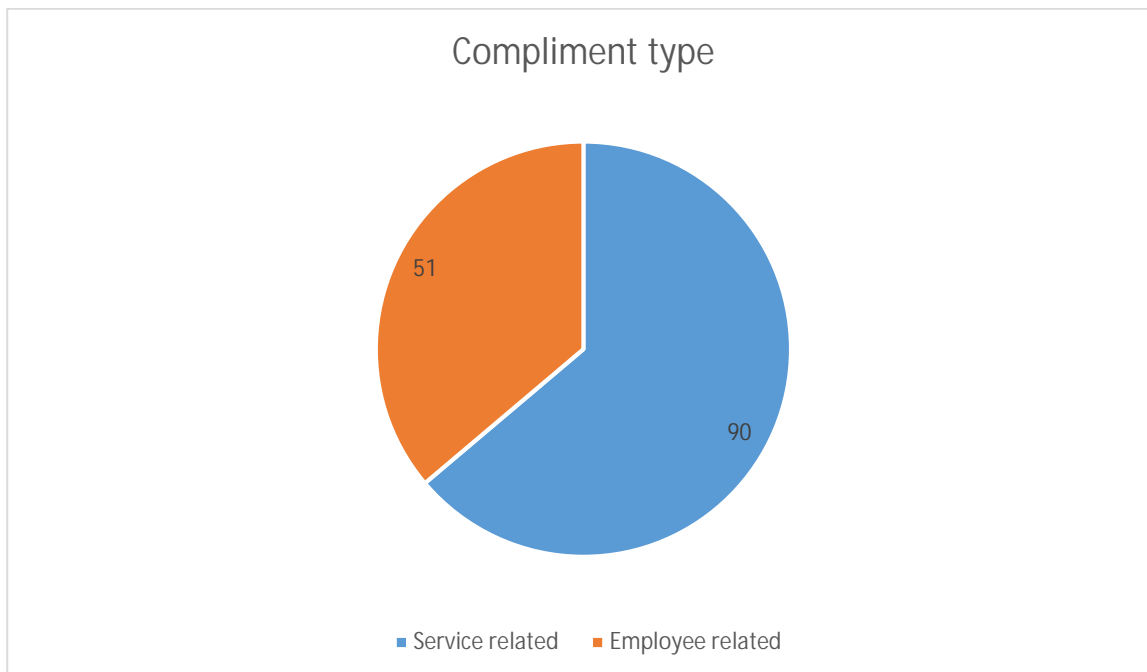
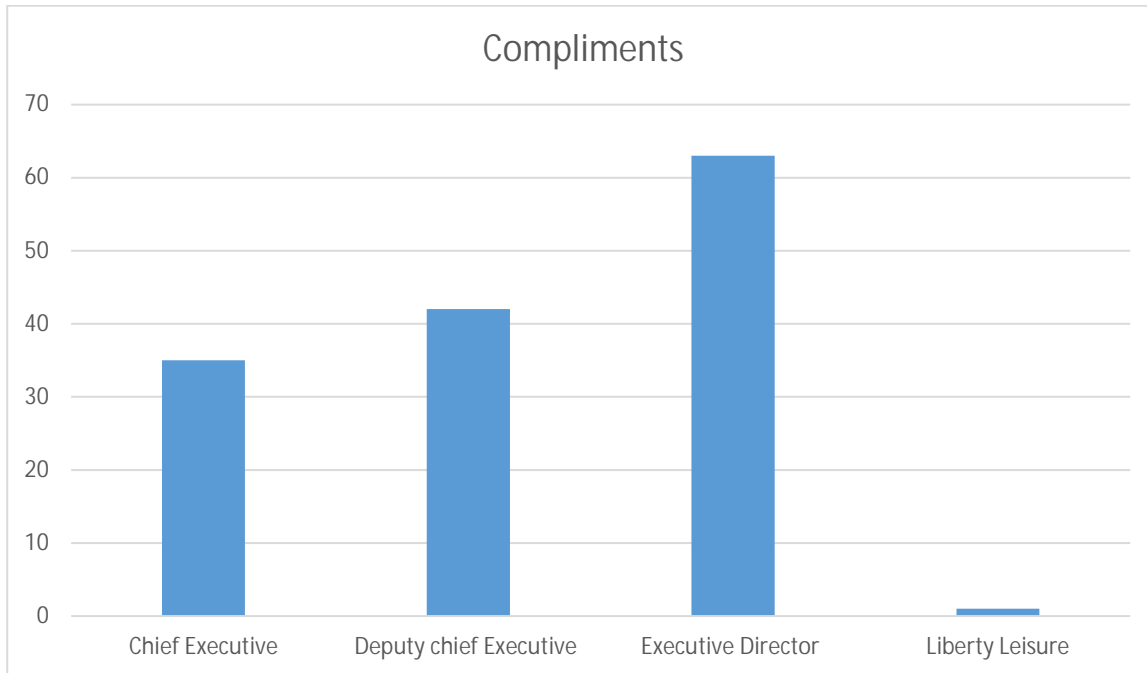
Long term health problem that limits daily activity?

Yes – 16  
 No – 13  
 Not stated - 215

*\*the Council began recording this information on its new complaints system mid 2021/22.*

**Compliments**

There have been a total of 141 compliments registered in the period, 51 of which were in relation to specific employees and 90 were related to the service received.



A new system has been introduced to aid with the capturing of compliments. The system has been simplified and reworked to ensure all compliments are being recorded.

All employees have been reminded of the necessity to record compliments as and when they are received.

**Breakdown of complaints and compliments by department and section****Chief Executive's department**

<b>Service Areas</b>	<b>Stage 1 Complaints</b>	<b>Stage 2 Complaints</b>	<b>Ombudsman Complaints</b>	<b>Compliments</b>
Development Control	24	9	2	3
Environmental Health	5	-	-	-
Housing and Income	3	-	-	-
Housing Operations	63	9	-	28
Legal Services	1	1	-	1
Human Resources	-	-	-	3
<b>Total</b>	<b>96</b>	<b>19</b>	<b>2</b>	<b>35</b>

**Deputy Chief Executive's department**

<b>Service Areas</b>	<b>Stage 1 Complaints</b>	<b>Stage 2 Complaints</b>	<b>Ombudsman Complaints</b>	<b>Compliments</b>
Capital Works	8	1	-	4
Customer Services	4	-	-	10
Finance Services	1	-	-	1
Housing Repairs	84	13	6	27
Revenues	29	4	1	-
<b>Total</b>	<b>126</b>	<b>18</b>	<b>7</b>	<b>42</b>

**Executive Director's Department**

<b>Service Areas</b>	<b>Stage 1 Complaints</b>	<b>Stage 2 Complaints</b>	<b>Ombudsman Complaints</b>	<b>Compliments</b>
Waste and Recycling	9	1	-	8
Administrative Services	-	-	-	12
Bereavement Services	-	-	-	2
Corporate Communication	1	-	-	4
Complaints	1	-	-	3
Democratic Services	-	-	-	5
Elections	-	-	-	2
Parks and Environment	1	-	-	23
Data Protection	8	2	1	-
Health and Safety	1	-	-	-
ICT	-	-	-	3
Parking Services	-	-	-	1
<b>Total</b>	<b>21</b>	<b>3</b>	<b>1</b>	<b>63</b>

**Liberty Leisure Ltd**

<b>Service Area</b>	<b>Stage 1 Complaints</b>	<b>Stage 2 Complaints</b>	<b>Ombudsman Complaints</b>	<b>Compliments</b>
Kimberley Leisure Centre	-	-	-	1
Bramcote Leisure Centre	-	-	-	-
Chilwell Leisure Centre	1	1	-	-
<b>Total</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>1</b>

**Financial Settlements**

	<b>Total</b>	<b>Chief Execs</b>	<b>Deputy Chief Execs</b>	<b>Executive Director</b>	<b>Liberty Leisure</b>
Stage 1	1	-	£100	-	-
Stage 2	4	-	£736	-	-
Ombudsman	2	-	£1,050	-	-
<b>TOTAL</b>	<b>6</b>	<b>-</b>	<b>£1,886</b>	<b>-</b>	<b>-</b>

## APPENDIX 2

**Stage 2 – Formal Complaints**

The complaints provided below have been summarised in order to prevent identification of individuals.

**1. Complaint against Housing Operations**

Acknowledgement – 2 working day  
Response – 26 working days  
**Complaint not upheld**

**Complaint**

The concerns raised were that the Council incorrectly terminated the complainant's tenancy and changed the locks to the property.

**Council's response**

The Council had correctly served the complainant with a Notice to Quit following investigations that the property had been abandoned. As the complainant did not return to the property during the period in which the Notice to Quit was served the locks were changed following its expiry.

**2. Complaint against Planning**

Acknowledgement – 2 working day  
Response – 30 working days  
**Complaint not upheld**

**Complaint**

The concerns raised was that the Council did not make reasonable adjustments to make a planning application's plans available to elderly and vulnerable residents.

**Council's response**

The Council had informed the complainant that the plans were displayed on the Council's website, they were available via appointment in the Council offices and physical copies were available upon request from the duty planner. The plans were as accessible as they could be.

**3. Complaint against Revenues**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

**Complaint**

The concern raised was that the Council did not grant the complainant a business grant of £10,000 during the COVID-19 pandemic. The complainant stated that this caused their business to close.



Council's response

The Council investigation found that the complainant's business ceased trading in January 2020. The complainant requested the payment of the COVID-19 grant in May 2020 during the payment period starting in March 2020 during national lockdown. As the business ceased trading before national lockdown and before the payment period started, the complainant was not eligible for the grant.

**4. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 15 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not adequately repair the complainant's garage.

Council's response

It was found that the Housing Repairs Team had inspected the garage, cleared vegetation from the roof but were unable to find any visible damage to the roof. An inspection of the garage interior was requested to assess any further issues but the complainant did not make contact with the Council to arrange this. During the course of the complaint investigation the complainant terminated the tenancy.

**5. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council did not adequately repaired the leak in the complainant's roof.

Council's response

It was found that while inspections had been undertaken to the complainant's roof, there had been delays in the repairs being undertaken. This delay had caused property damage to the complainant's belongings.

An offer of £250 compensation was made. However, the complainant has yet to accept this offer. Furthermore, the Housing Repairs Team were reminded of the responsibility to book repairs in a timely manner.

## **6. Complaint against Housing Repairs**

Acknowledgement – 3 working day

Response – 20 working days

**Complaint upheld**

### **Complaint**

The concerns raised were that the Council did not adequately deal with a domestic abuse incident that left the complainant's property in a state of disrepair and that an offer of a new property was not dealt within an adequate time frame.

### **Council's response**

It was found that once the complainant had notified the Council of a domestic abuse issue that caused the property to enter a state of disrepair. They were offered immediate access to a refuge. This offer was accepted and the complainant did not wish to return to the property. The complainant was subsequently entered on the bidding process as a high priority for other properties.

The Council subsequently found a suitable property for the complainant. However, the complainant was only notified of this property a day before the bidding was due to close. An apology was offered to the complainant for the lack of communication regarding the new property.

The relevant Housing Employees were reminded of the responsibility to maintain accurate records and to communicate with tenants in a timely manner.

## **7. Complaint against Housing Repairs**

Acknowledgement – 1 working day

Response – 20 working days

**Complaint upheld**

### **Complaint**

The concerns raised were that there had been delays in repairs being undertaken. These were repairs to a kitchen worktop, repairs to the front door and repairs kitchen taps.

### **Council's response**

It was found that there had been delays in the repairs being undertaken and the repairs were not done on the specified day that they were book.

An apology was offered and the repairs were booked. Furthermore, the Housing Repairs Team were reminded of the need to undertake repairs in a timely manner.

## **8. Complaint against Revenues**

Acknowledgement – 1 working day

Response – 20 working days

**Complaint not upheld**

### Complaint

The concerns raised were that the complainant's Council Tax was too high and does not reflect the Council's spending.

### Council's response

The complainant was informed that Council Tax is set by a number of factors and factors determined by Nottinghamshire County council. The Council has a legal obligation to collect this charge.

The complainant was provided with the Valuation Office details to complain about their Council Tax banding.

## **9. Complaint against Housing Repairs**

Acknowledgement – 1 working day

Response – 25 working days

**Complaint not upheld**

### Complaint

The concern raised was that the complainant's vinyl floor was not replaced when they started their tenancy.

### Council's response

It was found that a pre-tenancy check was undertaken to the property before it was let and the floor was serviceable. Following the complaint, a further inspection was undertaken and identified that a small portion of the floor required re-sealing. This was undertaken and the floor remained in a serviceable condition.

## **10. Complaint against Planning**

Acknowledgement – 2 working day

Response – 23 working days

**Complaint not upheld**

### Complaint

The concern raised was that the Council did not adequately investigate an issue of planning enforcement.

Council's response

The Council records indicated that the Enforcement Team had performed several visits to the site that the issue had been raised. It was found that the development was in line with the approved plans and the complainant was appropriately communicated with regarding these findings.

**11. Complaint against Planning**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council inappropriately investigated an issue of planning enforcement at the complainant's property. Additionally, during this investigation the Council breached GDPR regulations.

Council's response

The Council is required to investigate issues of planning enforcement when reported. The Council had obtained the necessary evidence to suggest that a breach in planning legislation had occurred.

Furthermore, following investigation, there was no evidence to suggest a breach in GDPR had occurred.

**12. Complaint against Housing Operations**

Acknowledgement – 2 working day  
Response – 30 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not appropriately investigated an issue of their parent's flat flooding.

Council's response

The Council's records indicated that that the Housing Repairs Team had visited the affected property within an adequate time to investigate the issue of flooding. It was identified that the property was flooding due to an issue caused by a property above the complainant's parent.

The Housing Repair's Team were working with the Housing Operations Team to rectify the issue and an offer was extended for a property move for the complainant's mother. This was declined.

**13. Complaint against Planning**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not dealt with the complainant's planning application in a professional manner.

Council's response

The Council's records indicated that the Council had requested formal notice from the complainant of evidence of their neighbour's being notified of the planning application in order to satisfy the Council's validation process. The correspondence between the complainant and the Council was polite and factual.

**14. Complaint against Housing Operations**

Acknowledgement – 1 working day  
Response – 30 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not dealt with the complainant's complaint of Anti-Social Behaviour correctly.

Council's response

The Council's records indicated that the issue reported was a one off incident and while it was recorded, there was no evidence to suggest it was reoccurring in nature to meet the threshold to begin a formal ASB investigation.

The complainant was kept up to date with this conclusion.

**15. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 30 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council had not adequately dealt with an issue of flooding at a garage site. Additionally, the flooding had rendered the garages unusable.

Council's response

The Council's records indicated that the Council had attempted remedial works to repair the garage site to stop the flooding. However, the work undertaken had not stopped the flooding and the garages remained unusable during periods of heavy rain fall.

The complainant was credited two month's rent in settlement of the complaint.

**16. Complaint against Housing Operations**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not adequately dealt with a request to install a six-foot fence within a communal garden.

Council's response

The Council's records indicate that the area in which the complainant requested a fence was a communal garden attached to a block of flats. The Council refused this request correctly as tenants are not able to individually occupy communal areas.

**17. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council had not adequately replaced the complainant's front door lock following an attempted break in.

Council's response

The Council's records indicated that the Council had recorded that an attempted break in had occurred and a job was logged for the Council to replace the front door lock.

However, the records indicated that while the job had been logged as a replacement of the existing lock, the Housing Repairs Team attempted to install an additional lock on the door. While trying to install the lock it was determined that door was not suitable for it.

No further work was undertaken to the door which resulted in the complainant hiring an external contractor to replace the existing lock.

The complainant was reimbursed £186 that was paid to the external contractor to carry out the work.

**18. Complaint against Governance**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council had not allowed the complainant to register a verbal Subject Access Request (SAR).

Council's response

Following investigation, it was noted that the Council used out of date legislation when determining to refuse the complainant's verbal SAR. The current legislation allows for individuals to make verbal SARs.

An apology was offered and the Council's policies were updated. The Council subsequently registered the complainant's SAR correctly.

**19. Complaint against Revenues**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council had incorrectly managed the complainant's Council Tax account.

Council's response

The Council's indicated that the complainant had notified the Council that they had vacated a property and they were no longer liable for the Council Tax. However, the Council requested from the complainant the name of the new occupier or the name of the landlord.

The complainant obtained this information and provided this the Council Tax Team. However, a delay occurred in the complainant's name being removed from the property records and this resulted in a further payment occurring.

An apology was offered and the payment was reimbursed. An additional £100 compensation was offered in recognition of the time taken to remedy the mistake.

## **20. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

### Complaint

The concern raised was that there had been significant delays in plastering work being undertaken at the complainant's property.

### Council's response

The Council indicated that the plastering work was due to take place but contact had not been made by the Council's external contractor. The Council's records were incomplete and did not indicate when the works were due to complete.

An apology was offered and the works were booked in correctly. Furthermore, the relevant Housing Repairs Team employees were reminded to maintain accurate records.

## **21. Complaint against Housing Operations**

Acknowledgement – 1 working day  
Response – 27 working days  
**Complaint not upheld**

### Complaint

The concern raised was that the Council had not adequately dealt with the complainant's homelessness application and the temporary accommodation offered to the complainant was not fit for purpose.

### Council's response

The Council indicated that the Homelessness Team had adequately dealt with the complainant's homelessness application. The complainant was provided with extended deadlines for submissions in recognition of the vulnerabilities registered for the household.

The accommodation records indicated that all items were present and clean with no damages. However, it was reported that the fridge door was missing a shelf. As a gesture of goodwill, the fridge was replaced on the same day.



**22. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 15 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not provided the complainant with copies of an asbestos report for their property.

Council's response

The Council's indicated that the report had been provided on the day of inspection. The complainant stated that this did not happen.

The report was further provided as part of the stage 1 complaint investigation. However, the complainant stated that they did not receive the report.

The report was further provided following the conclusion of the stage 2 complaint.

**23. Complaint against Planning**

Acknowledgement – 1 working day  
Response – 15 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not assisted the complainant with support regarding a planning application encroaching on their land.

Council's response

The Council indicated that the complainant was provided with advice regarding the potential encroachment. This being to seek independent legal advice. Furthermore, the encroachment was highlighted to the planning applicant and revised plans were submitted dealing with the issue.

**24. Complaint against Housing Operations**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had incorrectly terminated the complainant garage tenancy.

Council's response

The Council's records indicated that the complainant had accrued rent arrears for their garage. The Council subsequently issued a Notice to Quit (NTQ). Following the expiration of the NTQ the tenancy was terminated as payment toward the rent was not made. The Council correctly followed the process for terminating a tenancy due to rent arrears.

**25. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that there were delays in a repair being undertaken to a leak.

Council's response

The Council's records indicated that while works were being undertaken at the complainant's property, a damp patch was noticed by the operative. This was reported and the leak was identified and dealt with the following day. There is no indication of the leak having been reported before it was identified by the operative.

**26. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 25 working days  
**Complaint upheld**

Complaint

The concern raised was that their property was in a state of disrepair when the complainant moved in.

Council's response

The Council's records indicated that while works were being undertaken at the property, there were delays in several of the repairs being undertaken before the property was signed to the complainant.

An apology was offered, the works were undertaken and £200 compensation was offered.

**27. Complaint against Capital Works**

Acknowledgement – 1 working day  
Response – 10 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council installed a Christmas light on a lamp post outside the complainant's property.

Council's response

The Council's records indicated that the light was install in a residential area, on a lamp post that was capable of supporting a light. The Council regularly installs Christmas lights in residential areas.

**28. Complaint against Planning**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council incorrectly approved a planning application at the Council's Planning Committee and that there was a conflict of interest between members of the Planning Committee and Housing Committee

Council's response

The Council's records indicated that members of the Housing Committee and Planning Committee attended a meeting that approved a Council led development.

However, legislation allows for members to attended multiple Committees. There was no evidence of any conflict of interest having arisen from the meetings.

Furthermore, the planning application was fully detailed in the report presented to the Planning Committee. Ultimately, members decided the application was acceptable.

**29. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council incorrectly fitted a new garage door.

Council's response

The Council's records indicated that the complainant's garage door had become damaged was due to be replaced. However, the contractor mistakenly fitted the door to the wrong garage. The complainant subsequently refused to pay the rent until the door was correctly fixed. This resulted in the complainant accruing arrears.

The Income Collection Team incorrectly agreed to halt any recovery action against the complainant.

Due to COVID-19 there was a subsequently delay in a new garage door being sourced. The door was correctly fitted when it was obtained.

An apology was offered and the arrears that had accrued were written off. The Income Collection Team were reminded of their responsibility to not let tenants accrue arrears and the need to continue any collection processes.

**30. Complaint against Liberty Leisure**

Acknowledgement – 1 working day  
Response – 24 working days  
**Complaint not upheld**

Complaint

The concern raised was that an employee at Chilwell Olympia had acted in a discriminatory way toward the complainant.

Council's response

The Council's records indicated that the complainant had attended Chilwell Olympia for the use of a badminton court. However, during the booking, an employee at Chilwell Olympia were notified that the complainant and their party had occupied courts that were not assigned to them.

The employee requested that the complainant only use the court that had been booked for their party to ensure all guest could use the facilities that had been paid for.

**31. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint upheld**

Complaint

The concern raised was that there had been significant delays in the Council attending to a leak in the roof at the complainant's property. This had caused significant internal damage to the complainant's decoration.

Council's response

The Council's records indicated that a persistent leak had been reported since 2015 to 2022 by the complainant. The Housing Repairs Team had undertaken repairs to the leak but these had been unsuccessful.

It was identified that the cladding had failed and was causing the leak to return. It was found that the issue should have been identified sooner in order for it to be rectified sooner.

An apology was offered and the necessary works were scheduled. Additionally, the complainant was offered £1,000 compensation and free redecoration works.

This offer was rejected.

**32. Complaint against Legal Services**

Acknowledgement – 1 working day  
Response – 26 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had seized and destroyed the complainant's belongings following their illegal encampment on Council property.

Council's response

The Council's records indicated the items were seized and placed into storage for a period of time following an injunction from Nottinghamshire Court. The complainant was notified that the items could be obtained if a fee was paid for their storage, but these items would be destroyed if the fee was not paid within the timeframe. As the fee was not paid the items were destroyed.

**33. Complaint against Data Protection**

Acknowledgement – 1 working day  
Response – 15 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not correctly responded to a SAR.

Council's response

The Council's records indicated that the information request by the complainant had been provided recently outside of the SAR process and therefore the Council was not required to provide it again.

During the investigation, it was decided to release a second copy of the information.

**34. Complaint against Environment**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council had not rectified an issue of bins being left on the highway of a town centre.

Council's response

The Council's records indicated that the Environment Team had been liaising with local business for the need to remove the bins from the highway following the collection. Additionally, alternative collection methods were established to ensure the bins would not be left on the highway.

**35. Complaint against Planning**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not take into account the complainant's objections when approving a neighbouring planning application.

Council's response

The Council's records indicated that the Planning Team had assessed the application appropriately and performed the necessary visits to the site. Furthermore, the complainant's objections were summarised and considered as part of the case officers report.

**36. Complaint against Housing Operations**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not correctly action the complainant's reports of ASB. This caused the complaint to move to a private property and they should no longer be liable for their rent arrears.

Council's response

The Council's records indicated that the Housing Operations Team had correctly investigated reports of ASB in a timely manner. The records indicated that following the

initial report of ASB the complainant elected not to take the matter further and the ASB file was closed.

The complainant remains liable for any rent arrears.

**37. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not adequately repair a leak to a bedroom window from 2020.

Council's response

The Council's records indicated that the Housing Repairs Team attended all reported leaks and actions were undertaken to remedy them. The Council's records showed that no further reports had been issued from 2020.

However, an operative was requested to attend the property to determine if further works were required.

**38. Complaint against Housing Operations**

Acknowledgement – 1 working day  
Response – 30 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not conduct a consultation in relation to the demolition of two garage sites correctly.

Council's response

The Council's records showed that all local residents and garage owners received consultation letters and questionnaires in a timely manner. Furthermore, all comments received were passed to the Council's Housing Committee for a decision as to whether the site was acceptable for demolition.

**39. Complaint against Revenues**

Acknowledgement – 1 working day  
Response – 30 working days  
**Complaint upheld**

Complaint

The concern raised was that the Council incorrectly managed the complainant’s Council Tax account.

Council’s response

The Council’s records showed that the complainant contacted the Council to have a student exemption discount applied to their property. The Council requested the relevant student certificates as the Council Tax Team were unable to locate the named individuals on the student register. The complainant provided the information to the Council but the information was incorrectly recorded. This resulted in the complainant being charged incorrectly.

An apology was offered and the records were updated correctly. Furthermore, the payment was reimbursed.

The relevant Revenues Team employees were reminded of the need to record information correctly.

**40. Complaint against Planning**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not adequately investigate a Planning Enforcement issue at a tennis centre.

Council’s response

The Council’s records showed that the complainant contacted the Council to state that the tennis centre had changed its use from sports and recreation to child care.

The records showed that the Council’s Planning Enforcement Team had visited the tennis centre to investigate the issues raised. However, it was determined that the tennis centre had not changed its primary use and was used for sports and recreation. The complainant was informed of this outcome in a timely manner.



**41. Complaint against Housing Repairs**

Acknowledgement – 1 working day  
Response – 20 working days  
**Complaint not upheld**

Complaint

The concern raised was that the Council did not adequately investigate a noisy boiler. As this boiler located in a bedroom it caused the complainant distress.

Council's response

The Council's records showed that the complainant contacted the Council to state that the complainant's boiler made a loud noise when being turned on.

The records showed that the Council's Housing Repairs Team visited the property in a timely manner on two occasions to inspect the boiler. The boiler was in full working order and the noise was normal for a boiler being turned on.

However, it was agreed that the complainant be placed on a waiting list for the boiler to be moved from the bedroom to more suitable location.

**Stage 3 - Ombudsman Complaints**

**1. Complaint against Housing Repairs (stage 2 No 25) (upheld by the Council)**

Complaint

The concern raised was that there were delays in a repair being undertaken to a leak.

Ombudsman's conclusion

The HO recognised that while damp works had been undertaken at the complainant's property and the damp/leak had not been identified by the complainant, it found fault in the subsequent delay in the leak being rectified.

The HO requested that £300 be paid to the complainant.

**Complaint upheld.**

**2. Complaint against Planning (stage 2 No 10) (not upheld by the Council)**

Complaint

The concern raised was that the Council did not adequately investigate an issue of planning enforcement.

Ombudsman's conclusion

The LGO were satisfied the Council carried out a proper investigation into the enforcement complaint and considered the range of enforcement options open to it. The Council explained its decision to the complainant and recorded its reasons for the decision to close the enforcement complaint.

**The complaint was not upheld.**

**3. Complaint against Housing Repairs (stage 2 No 4) (not upheld by the Council)**

Complaint

The concern raised was that the Council did not adequately repaired the complainant's garage.

Ombudsman's conclusion

The HO were satisfied the Council carried out a proper investigation into the repair of the garage.

**The complaint was not upheld.**

**4. Complaint against Housing Repairs (complaint concluded in 2020/21) (not upheld by the Council)**

Complaint

The concern raised was that the Council did not adequately deal with an issue of the complainant's garden flooding.

Ombudsman's conclusion

The HO were satisfied the Council carried out a proper investigation into the flooding of the complainant's garden. It was found that the flooding was caused by a private dyke flooding. The Council installed extra drains and provided sand bags during heavy flooding periods. It was noted that the Council's legal team were attempting to locate the owner of the dyke in order for it to be cleared.

**The complaint was not upheld.**

**5. Complaint against Housing Repairs (complaint concluded in 2020/21) (upheld by the Council)**

Complaint

The concern raised was that the Council did not adequately dealt with an issue a persistent roof leak.

Ombudsman's conclusion

**This complaint is still under investigation.**

**6. Complaint against Housing Repairs (complaint concluded in 2020/21) (upheld by the Council)**

Complaint

The concerns raised were that there had been a lack of action to fix various repairs within the complainant's property. These include a roof leak, a cold working shower, a faulty immersion heater, mould within bedrooms and condensation on windows.

Ombudsman's conclusion

The HO identified fault with the issues raised in line with the Council's previous findings. The HO recommended that the Council pay £850 compensation. This was broken down into, £375 for the delays in the repairs, £125 for the frustration caused and the £350 originally offered by the Council.

**Complaint upheld**

**7. Complaint against Planning (complaint concluded in 2020/21) (not upheld by the Council)**

Complaint

The concerns raised were that there had been a lack of action to investigate an issue of Planning Enforcement.

Ombudsman's conclusion

The LGO found that there was no fault in the Council's assessment that there was no grounds for enforcement action.

**Complaint not upheld**

**8. Complaint against Governance (stage 2 No 18) (upheld by the Council)**

Complaint

The concern raised was that the Council had not allowed the complainant to register a verbal Subject Access Request (SAR).

Ombudsman's conclusion

The complainant withdrew the complaint during its investigation.

**Complaint withdrawn**

**9. Complaint against Revenues (complaint concluded in 2020/21) (not upheld by the Council)**

Complaint

The concern raised was that the Council had not adequately administered the complainant's Council Tax correctly.

Ombudsman's conclusion

The LGO had found that the complainant's circumstances and benefit entitlements had changed during the period in which was complained. As a result, the Council has reissued bills and set up new payment arrangements. While this was confusing for the complainant it was not due to Council fault.

**Complaint not upheld**

**10. Complaint against Housing Repairs (complaint concluded in 2020/21) (not upheld by the Council)**

Complaint

The concern raised was that the Housing Repairs Team had not adequately attended to a repair regarding the complainants shower.

### Ombudsman's conclusion

The repair was undertaken in April 2020 and it was found that the shower was not faulty but operated at low pressure. The Council, as a gesture of goodwill replaced the shower to determine if it was faulty. The replacement shower operated in the same fashion. The HO recognised that the low pressure was not the responsibility of the Council.

The HO found fault in the Council's decision to not attend the shower repair in the first instance during the pandemic and despite the complainant having alternate bathing arrangements. It further found fault that the Council did not adequately repair the shower despite the finding that the shower was not faulty and the recognition that the low pressure was not the Council's responsibility.

Furthermore, the HO found fault that the Council did not adequately consider the complainant's mobility issues or offered the complainant an Occupational Health assessment. The Council did not have evidence of mobility issues on the complainant's tenancy records.

The Council challenged the HO's decision as it believed the evidence provided did not justify their findings of fault. Furthermore, the Council requested to know if the HO had undertaken such assessments as they had suggested the Council should have done when determining the complaint. HO responded by stating that they did not undertake any of the assessments suggested.

In line with the HO's recommendation, the Council has issued an apology to the complainant and issued £200 of compensation.

### **Complaint upheld**

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## Report of the Executive Director

### **FREEDOM OF INFORMATION REPORT 2021/22**

#### 1. Purpose of Report

To provide members with an overview of Freedom of Information (FOI) requests made to the Council.

#### 2. Recommendation

**The Committee is asked to NOTE the report.**

#### 3. Detail

The FOI Act came into force in 2000 and covers any information held by public bodies. The principle of the Act is that information on any subject held by any public body should be available to the public. The aim is to make public bodies more accountable and transparent. The right of access to information given in the Act includes both a right for members of the public to be told if the information exists, and if so a right to receive it, subject to certain exemptions. The most common exemptions used by the Council are listed below:

- Data Protection. This is information relating to a specific living individual.
- Commercial sensitivity. This is financial information relating to both the Council and its partners.
- Prevention of crime. This is information that could be used for fraud or the targeting of empty properties.

(This is not the full list of exemptions.)

This report outlines the performance of the Council in dealing with FOI requests and a breakdown of requests received to the various departments of the Council while the appendix provides a summary of the Council's internal FOI statistics.

The Council received a total of 782 FOI requests in 2021/22, marking an increase from the 742 requests received in 2020/21, and is required to respond to FOI requests within 20 working days. In 2021/22 96% of requests were responded to with the 20 working day time frame. Additionally, 96% of requests were responded to within the 20 working day time frame in 2020/21.

#### 4. Financial Implications

Head of Finance Services were as follows:  
There are no financial implications.

5. Legal Implications

These are already contained within the details of the report.

6. Background Papers

Nil.



**FOI requests received**

	Total	Chief Execs	Deputy Chief Execs	Executive Director	Liberty Leisure Ltd	Nottinghamshire County requests
Number of FOI requests	782 (742)	198	131	380	1	72

This table shows the figures for the overall FOI requests received in 2021/22 and the previous 2020/21 total is shown in brackets for comparison.

A further breakdown of the individual sections is provided below.

**Chief Executive's Department**

Service Area	Total number of requests
Housing	42
Private Sector Housing	10
Environmental Health	66
Public Protection	13
Human Resources	5
Licensing	10
Legal Services	12
Planning	40

**Deputy Chief Executive's Department**

Service Area	Total number of requests
Revenues and Benefits	82
Finance	8
Property Services	18
Contracts	23

**Executive Director's Department**

Service Area	Total number of requests
Waste, Recycling, Parks and Environment	51
Elections	3
Administration	1
ICT Services	17
Land Charges	271
Corporate Communications	2
Payroll	1
Information Governance	12
Health and Safety	3
Parking Services	13

<b>Service Area</b>	<b>Total number of requests</b>
Bereavement Services	6

**Liberty Leisure**

<b>Service Area</b>	<b>Total number of requests</b>
Leisure Services	1

**Nottinghamshire County Council**

<b>Service Area</b>	<b>Total number of requests</b>
Nottinghamshire County Council services	72

The Council is required to respond to requests for Nottinghamshire County Council Services (NCC) stating that Broxtowe Borough Council is not responsible for these services and that the requester should contact NCC.

## Report of the Monitoring Officer

**REPORT OF THE MONITORING OFFICER**1. Purpose of Report

The Housing Ombudsman (HO) has made a finding of maladministration in respect of a lack of repairs undertaken to a complainant's property.

2. Recommendation

**The Committee is asked to NOTE the report.**

3. Detail

In summary, the complainant contacted the Council to raise concern regarding damp within their property.

The Council attended the property and undertook the necessary damp inspections. It was noted that the initial damp issues were caused by life style and the complainant was offered advice on how to mitigate this issue.

While the Council attended the property for unrelated repair issues, a damp patch was identified by the Housing Repairs Operative and follow up works were book in to remedy this. These works occurred several months after the initial booking. During the works a small leak was identified as causing the damp patch. The leak was repaired immediately.

However, the HO found that while there had been action to remedy the damp, there had been delays in the Council identifying and repairing the leak. Furthermore, the HO found that there had been poor record keeping from the Housing Repairs Team which further exacerbated the damp/leak issue at the property.

The HO have ordered the Council to pay the complainant £300 compensation in recognition of the issues caused.

The Council is currently undertaking the actions and recommendations as set out by the HO.

The full report is attached as an appendix.

4. Financial Implications

The comments of the Head of Finance Services were as follows:

The cost of compensation is charged to a central corporate budget. There are no additional financial implications at this stage with the costs associated with the actions and recommendations set out by the Housing Ombudsmen expected to be contained within existing budget resources. Any significant additional budgets required, above virement limits, would require approval by Cabinet.

5. Legal Implications

These are contained within the report.

6. Background Papers

Nil

# Housing

## Ombudsman Service

# REPORT

*COMPLAINT 202122100*

*Broxtowe Borough Council*

*20 June 2022*

## **Our approach**

The Housing Ombudsman's approach to investigating and determining complaints is to decide what is fair in all the circumstances of the case. This is set out in the Housing Act 1996 and the Housing Ombudsman Scheme (the Scheme). The Ombudsman considers the evidence and looks to see if there has been any 'maladministration', for example whether the landlord has failed to keep to the law, followed proper procedure, followed good practice or behaved in a reasonable and competent manner.

Both the resident and the landlord have submitted information to the Ombudsman and this has been carefully considered. Their accounts of what has happened are summarised below. This report is not an exhaustive description of all the events that have occurred in relation to this case, but an outline of the key issues as a background to the investigation's findings.

## **The complaint**

1. The complaint is about the landlord's response to the resident's reports about damp and mould in the property.

## **Background**

2. The resident, a secure tenant of the landlord, reported concerns about damp and condensation in the property to the landlord. A visit to the property on 28 October 2020 confirmed that this was being caused by 'an excessive amount of moisture in the atmosphere which is causing condensation'. During this visit, a drill test was completed on the lounge wall, which came back with a reading of 0.01%. This indicated that there was no water ingress in this area. The landlord provided information on how the resident could tackle the condensation issue within the property.
3. On 6 November 2020, a contractor attended the property for an unrelated issue, and noticed signs of damp on a different wall. An order was raised to undertake remedial plastering. These works did not take place until 30 March 2021 however. The landlord offered no explanation for the delay, but it should be noted that there were two government imposed lockdowns during this period. When the work was undertaken a leak was found that came from the bath waste, which was repaired immediately. The landlord also agreed that some skirting boards in the lounge and the bath panel would be replaced. These works were completed on 17 May 2021.
4. The resident wanted compensation due to the damage to his property which consisted of damage to the plaster on the damp wall, and skirting boards. The resident was advised to make an insurance claim on these issues. The resident was under the impression that he would be given compensation if he took this

route, however, the insurance claim was denied and the resident then submitted a formal complaint to the landlord. It was stated in the landlord's stage one response (8 November 2021) that the resident had requested £2,500 compensation for stress, anxiety and labour inflicted upon him. The landlord did not offer compensation as the claim had not identified any landlord liability on the case, but it did offer £40 in decoration vouchers to allow the resident to decorate the area that had been re-plastered. The landlord's final response (29 December 2021) reiterated its stance from the stage one response and offered no further remedy to the resident.

## **Assessment and findings**

### *Policies & Procedures*

5. The landlord's Repairs Policy states that the landlord is responsible for plastering, and also responsible for kitchens and bathrooms.
6. Page 14 of the landlord's Repairs Handbook outlines steps that the resident can take to avoid condensation within the property. One highlighted method is to 'ensure good ventilation'.
7. Page 19 of the Repairs Handbook states that 'leaking from water or heating pipe, tank or cistern' is to be fixed within one working day.
8. The landlord's Complaint Policy states that a stage one response is to be issued within ten working days.
9. The landlord's Complaint Policy states that a stage two response is to be issued within twenty working days.

### *Scope of investigation*

10. The resident's complaints have not been provided to this investigation. Therefore, it is difficult to tell how quickly the landlord responded to the resident, and if all aspects of the resident's complaint were addressed. This investigation has proceeded on the evidence available, though this has led to a lack of clarity on some key issues. For example, it is difficult to conclude to what extent there was damage to the resident's property. Additionally, this Service is unable to discern exactly what point the resident raised the point about the health issue that he said manifested as a result of the damp. As there is no mention of it in the complaint responses by the landlord, it is unclear if this issue was raised during or after the internal complaints procedure that had been completed.
11. In regard to the resident's claim that the landlord's failure to resolve the damp at the property within a reasonable time impacted his health, the Ombudsman cannot draw conclusions on the causation of, or liability for, impacts on health

and wellbeing. This would be more usually dealt with as a personal injury claim through the courts. The courts can call on medical experts and make legally binding judgements. Nonetheless, consideration has been given to the general distress and inconvenience which the situation may have caused the resident. This is in accordance with paragraph 39(i) of the Housing Ombudsman Scheme which says the Ombudsman will not investigate complaints which concern matters where the Ombudsman considers it 'quicker, fairer, more reasonable or more effective to seek a remedy through the courts, a designated person, other tribunal or procedure'.

*The landlord's response to the resident's reports about damp and mould in the property*

12. The landlord visited the resident on 28 October 2020 regarding concerns of damp in the property. The landlord took reasonable actions to identify whether damp was present, and to see whether it was a case of water ingress or potentially atmospheric conditions. The landlord determined that following a drill test that indicated there was no external water ingress, the damp was due to 'an excessive amount of moisture in the atmosphere which [was] causing condensation'. The landlord said that it had provided a leaflet for the resident with information on how to prevent damp issues and that it 'implemented the necessary measures' to assist the resident with the problems he was encountering.
13. Although it is encouraging that the landlord conducted a drill test and attempted to find the source of the issue, it has highlighted concerns about the landlord's record keeping as there is no evidence available to show when the resident first reported the issue. Additionally, the landlord has not provided any other actions or interactions with the resident that may have taken place around this time. This would be expected as it is important for this Service to understand the severity of the issues that the resident was experiencing. It is also important for this Service to know when the resident reported the issue so that it can be assessed whether the landlord had responded to it within a reasonable timeframe. Additionally, although the landlord explained that it had 'implemented the necessary measures', it did not explain what these were.
14. As well as there being no evidence of any records of correspondence with the resident, the landlord also failed to evidence any contractor notes, logs or reports from the visits made to the property. This suggests that the landlord has not looked into the issue sufficiently which could potentially translate to a lack of urgency or responsibility to the resident. It is therefore recommended that the landlord conduct a review of its record keeping processes, ensuring that there is a clear audit trail for complaints, which provides details of specifically when contact was made, what was said and what the agreed next steps and expectations were.



15. Had the landlord provided evidence of exactly what the 'necessary measures' were and how it would prevent the issue in the future, it would have provided clarity and reassurance for the resident and therefore assisted in the landlord/tenant relationship. It would have also helped this Service to understand whether the landlord was taking a sufficiently proactive stance towards the issue. This Service's Spotlight on Damp and Mould (2021 – available on the Ombudsman's website) encourages landlords to move from being reactive about reported damp and mould issues to a more proactive approach. By focussing on reports and complaints about damp/mould/condensation in a proactive manner, landlords are more able to achieve customer focussed resolutions and to identify other properties within its portfolio that might also be experiencing similar issues.
16. On 6 November 2020, a contractor visited the property whilst attending an unrelated issue. It is noted in the landlord's stage one response (8 November 2021) that the contractor noticed damp on a different wall to the one that had previously been tested. The landlord raised an order to undertake remedial plastering works, but these works did not commence until 30 March 2021. The order to undertake plastering works was in line with its Repairs Policy as it confirms that the landlord is responsible for plastering. The delay in completing the works was, however, excessive.
17. The COVID restrictions that were put into place between November 2020 and March 2021 no doubt had a detrimental effect on the landlord's ability to carry out work to properties. However, the potential hazards that can stem from untreated damp in a property ought to have resulted in the landlord seeking to undertake these works, in a property where damp had been reported and in which its operative had noted signs of damp, with a greater urgency than it demonstrated here. The landlord has a responsibility under the Housing Health and Safety Rating System, introduced by The Housing Act 2004, to assess hazards and risks within its rented properties. Damp and mould growth are a potential hazard and therefore the landlord is required to consider whether any damp and mould problems in its properties amount to a hazard and require urgent remedy.
18. The landlord's decision not to take action on the identified damp issue for several months therefore presents as unreasonable, particularly as there is no evidence that it had maintained communication with the resident during this time, in order to keep the resident informed of what the landlord intended to do. Additionally, if the delay was a result of the COVID restrictions, the landlord would be expected to notify the resident that delays were expected, and to issue a timeframe for when the resident could expect the work to be done. This would help to manage the resident's expectations and improve trust between the two parties.
19. On 30 March 2021, whilst re-plastering the damp wall, a 'small leak' was detected from the bath waste. The landlord confirmed that this was repaired immediately. The immediate repair of the leak was in line with its Repairs Handbook, as page

19 states that 'leaking from water or heating pipe, tank or cistern' is to be fixed within one working day. However, this was effectively first reported in November 2020, when the landlord appointed operative noticed the damp at the property. Although the landlord did not know this was a waste-water issue at that time, it was aware that there was a problem. The point that it became responsible for this issue was therefore the earlier point in time, rather than the day it completed the works, as stated in its complaints correspondence.

20. Although the leak was fixed as soon as it was found, it should be noted that the leak had been ongoing for over four months by this stage. In the landlord's final response (29 December 2021) it made the point that 'As there were no reports of a leak or further damp within the property the [landlord was] unable to attend to the repair until the works to repair the plaster identified the leak'. Whilst this is understandable, it should be noted that had the landlord acted more proactively in attending to the damp wall initially, the leak would have been identified sooner and further damage to the wall and skirting boards might have been prevented. The landlord's failure to remedy the issue within a reasonable timeframe, and its overall response to the reports of damp and mould when its failures in record keeping and communication with the resident are considered, amount to maladministration by the landlord.

21. This Service's Remedies Guidance states that awards of £250 to £700 may be awarded to the resident 'for cases where the Ombudsman has found considerable service failure or maladministration, but there may be not permanent impact on the [resident]'. This Service's calculation of compensation to be paid to the resident by the landlord will take into account the impacts that COVID had on the landlord's abilities to make pairs, but also must be representative of the multiple failures.

## **Determination**

22. In accordance with paragraph 54 of the Housing Ombudsman Scheme, there was maladministration by the landlord in its response to the resident's reports about damp and mould in the property.

## **Orders and recommendations**

### *Orders*

23. The landlord is ordered to pay the resident £300 compensation to reflect any distress/inconvenience experienced as a result of the failures identified.

24. The landlord to evidence compliance with this order to this Service within 28 days of this report.

### *Recommendations*

25. The landlord to ensure that contemporaneous and robust records are retained on all repair cases, with copies available for any Ombudsman investigations that might take place in future.

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**Report of the Executive Director**

<b>WORK PROGRAMME</b>
-----------------------

1. Purpose of Report

To consider items for inclusion in the Work Programme for future meetings.

2. Recommendation

**The Committee is asked to CONSIDER the Work Programme and RESOLVE accordingly.**

3. Detail

Items which have already been suggested for inclusion in the Work Programme of future meetings are given below. Members are asked to consider any additional items that they may wish to see in the Programme.

26 September 2022	<ul style="list-style-type: none"> <li>• Annual Audit Letter – External Auditors Report on the Statement of Account 2021/22</li> <li>• Internal Audit Progress Report</li> <li>• Annual Counter Fraud Report 2021/22</li> <li>• Governance Dashboard – Major Projects</li> <li>• Review of Strategic Risk Register</li> <li>• Audit of Accounts 2021/22 and Associated Matters</li> <li>• Statement of Accounts 2021/22-Going Concern</li> </ul>
28 November 2022	<ul style="list-style-type: none"> <li>• Internal Audit Progress Report</li> <li>• Review of Strategic Risk Register</li> <li>• Review of Polling Districts and Polling Places</li> </ul>
13 March 2023	<ul style="list-style-type: none"> <li>• External Audit Plan 2022/23</li> <li>• Statement of Accounts 2022/23 – Accounting Policies</li> <li>• Statement of Accounts 2022/23 – Underlying Pension Assumptions</li> <li>• Statement of Accounts 2022/23 - Going Concern</li> <li>• Internal Audit Plan 2023/24</li> <li>• Internal Audit Progress Report</li> <li>• Review of Strategic Risk Register</li> </ul>

Background Papers

Nil.

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