



**Castle House
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Tuesday, 17 September 2024

**Chair: Councillor P Harris
Vice-Chair: Councillor S Forde**

Members of the Committee:

**Councillor R Cozens
Councillor P Farmer
Councillor A Freeman
Councillor J Hall
Councillor S Haynes**

**Councillor J Kellas
Councillor S Michael
Councillor C Penny
Councillor M Shakeshaft
Councillor T Thompson**

MEETING:	Audit and Governance Committee
DATE:	Wednesday, 25 September 2024 at 6.00 pm
VENUE:	Civic Suite, Castle House, Great North Road, Newark, NG24 1BY

**You are hereby requested to attend the above Meeting to be held at the time/place
and on the date mentioned above for the purpose of transacting the
business on the Agenda as overleaf.**

If you have any queries please contact Karen Langford on Karen.Langford@newark-sherwooddc.gov.uk.

AGENDA

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Agenda Item 4

NEWARK AND SHERWOOD DISTRICT COUNCIL

Minutes of the Meeting of **Audit and Governance Committee** held in the Civic Suite, Castle House, Great North Road, Newark, NG24 1BY on Wednesday, 31 July 2024 at 6.00 pm.

PRESENT: Councillor P Harris (Chair)
Councillor S Forde (Vice-Chair)

Councillor R Cozens, Councillor P Farmer, Councillor A Freeman, Councillor J Hall, Councillor S Haynes, Councillor J Kellas, Councillor S Michael, Councillor C Penny and Councillor T Thompson and Mr C Richardson (Non-Voting Co-Optee)

APOLOGIES FOR ABSENCE: Councillor M Shakeshaft

81 NOTIFICATION TO THOSE PRESENT THAT THE MEETING WILL BE RECORDED AND STREAMED ONLINE

Other than the Council recording in accordance with usual practice, there were no declarations of intention to record the meeting.

82 DECLARATIONS OF INTEREST FROM MEMBERS AND OFFICERS

That no Member or Officer declared any interest pursuant to any statutory requirement in any matter discussed or voted upon at the meeting.

83 MINUTES OF THE MEETING HELD ON 24 APRIL 2024

AGREED that the minutes of the meeting held on 24 April 2024 be approved as a correct record and signed by the Chair.

84 REVISED CUSTOMER COMPLAINT AND FEEDBACK POLICY AND HOUSING OMBUDSMAN COMPLAINT HANDLING CODE SELF-ASSESSMENT UPDATE

The Committee considered the report from the Business Manager for Customer Services updating Members on the changes required to the Customer Complaints and Feedback Policy to ensure the Council meets the requirements of the Housing Ombudsman Complaint Handling Code.

Members were also updated on the outcome of the completion of the Housing Ombudsman Complaint Handling Code Self-Assessment.

The report explained that a few changes took place to meet the code and that the Council completed the on line assessment before the 30 June deadline.

AGREED (unanimously) that:

- a) Members approved the revised Customer Complaints & Feedback Policy and the Housing Ombudsman Complaint Handling Code Self-Assessment; and

- b) Members approved the completed Housing Ombudsman Complaint Handling Code Self-Assessment.

85 CUSTOMER FEEDBACK (COMPLAINTS, SUGGESTION & PRAISE FOR THE PERIOD OCTOBER 2023 - MARCH 2024 (HALF 2 - 2023/24))

The Committee considered the report from the Director of Customer Services and Organisational Development presenting the customer Feedback half year report.

The report went through each section with the Committee providing feedback received over the second half of 2023/24 and will be received on a half yearly basis.

The Chair confirmed for the Director to brief Committee on a related matter regarding an upcoming Members Survey.

Committee Members were provided with an example of the upcoming survey and it was agreed that any Members that had any queries should come back to the Director for Customer Services and Organisational Development in the next two weeks if they wanted to include an additional question.

The survey would go out at the end of August and would be open for three weeks.

AGREED (unanimously) that:

- a) Members reviewed the Customer Feedback Report attached at appendix 1; and
- b) Members considered the report's content, identifying areas of good practice and areas for improvement.

86 PRODUCTIVITY PLAN

The Committee considered the report from the Transformation & Service Improvement Manager outlining the appended Productivity Plan with the aim of providing Elected Member oversight prior to being submitted to Central Government in July.

The report informed the Committee of a funding package for local government coming with the requirement for local authorities to produce 'productivity plans' for submission to central government.

AGREED (unanimously) that the Productivity Plan presented at appendix 1 and the activities detailed therein be noted.

87 GOING CONCERN STATUS OF THE COUNCIL

The Committee considered the report from the Business Manager for Financial Services setting out the assessment by the Section 151 officer of the Council's Going Concern status.

The report explained that an assessment of the Council's Going Concern is required for the preparation and approval of the Statement of Accounts for the financial year ended 31 March 2024.

AGREED (unanimously) that Members reviewed the conclusion of the assessment of the Council's status as a going concern and approved that the Statement of Accounts 2023/24 be accounted for on that basis.

88 ANNUAL EXTERNAL AUDIT STRATEGY - MEMORANDUM 2023/24

The Committee considered the report from Mark Surridge from Mazars presenting the external Audit Strategy Memorandum for the 2023/24 Statement of Accounts work for Members to review and comment.

The report provided the External Audit Strategy Memorandum at Appendix A setting out the proposed work of the Council's external auditors for 2023/24, relating to the audit of the financial statements and the commentary on the Council's Value for Money arrangements.

The Committee noting that the lateness of the report being added to the agenda was due to a recent change in the audit manager and a delay in the handover process.

AGREED (unanimously) that Members noted the External Audit Strategy Memorandum.

89 UNAUDITED STATEMENT OF ACCOUNTS 2023/24

The Committee considered the report from the Assistant Business Manager for Financial Services for Members to review the Council's draft Statutory Accounts for the financial year ended 31 March 2024.

The report highlighted that the unaudited Statement of Accounts are presented to the Audit & Governance Committee to enable Members to review the contents rather than first sight when the audited Statement of Accounts need approving.

The Council's external auditors, Mazars, will commence the audit of the accounts in September 2024 and on completion there is a requirement that the external auditor provides details of all the errors within the financial statement. This report is the Audit Completion report and will be brought to the Committee in December 2024 along with the final audited Statement of Accounts for approval.

AGREED (unanimously) that:

- a) Members noted the Annual Governance Statement for the financial year ended 31 March 2024; and
- b) Members noted the draft Statement of Accounts for the financial year ended 31 March 2024 and agreed to them being submitted to the external auditor (Mazars) for audit and certification.

90 TREASURY MANAGEMENT OUTTURN REPORT 2023/24

The Committee considered the report from the Assistant Business Manager for Financial Services to give Members the opportunity to review the Annual Treasury Outturn report, which will be presented to Council on 15 October 2024.

This report provided a review for the mid-year and a summary of Treasury balances as at 31 March 2024, there were no breaches and further information was provided in Appendix A.

AGREED (unanimously) that Members considered the Treasury Outturn position for 2023/24.

91 ASSESSMENT OF THE EFFECTIVENESS OF THE INTERNAL AUDIT FUNCTION AND THE AUDIT AND GOVERNANCE COMMITTEE

The Committee considered the report from the Business Manager for Financial Services informing Members of the requirement to assess the effectiveness of the Internal Audit function and the Audit and Governance Committee and to recommend Members to undertake these exercises.

AGREED (unanimously) that the Committee recommended appropriate Members to undertake the assessments, the Members who volunteered were Cllrs Penny, Cozens and Farmer.

92 ANNUAL INTERNAL AUDIT REPORT

The Committee considered the report from Philip Lazenby, Director of Audit (TIAA) providing a summary of Internal Audit work undertaken during 2023/24 and to support the Annual Governance Statement by providing an opinion on the organisation's governance, risk, financial and internal control environment.

The Annual Internal Audit Report:

- Includes an opinion on the overall effectiveness of processes for risk management, control and governance.
- Discloses any qualifications to that opinion, together with the reasons for the qualification.
- Summarises audit work undertaken, including reliance placed on the work of other assurance bodies where applicable.
- Draws attention to any issues that are particularly relevant to the Annual Governance Statement.
- Summarises the performance of the internal audit function against its key performance measures.
- Comments on compliance with standards.

AGREED (unanimously) that Members considered and commented upon the annual internal audit report and noted its content.

93 INTERNAL AUDIT PROGRESS REPORT 2024/25

The Committee considered the report from Philip Lazenby, Director of Audit (TIAA) providing a summary of Internal Audit work undertaken during 2024/25 against the agreed audit plan.

The report provided details of all reports issued within the first part of the financial year 2024/25.

AGREED (unanimously) that Members considered and commented upon the latest internal audit progress report and noted its content.

94 PROVISIONAL FINANCIAL OUTTURN REPORT TO 31 MARCH 2024

The Committee considered the report from the Business Manager for Financial Services updating Members with the provisional 2023/24 financial outturn position on the Council's revenue and capital budgets, including:-

- General Fund Revenue
- Housing Revenue Account
- Capital Programme
- Provisions and Impaired Estimates on Debtors
- Usable Reserves
- Collection Fund

and to show performance against the approved estimates of revenue and capital expenditure and income.

AGREED (unanimously) that:

- a) the final outturn of revenue and capital spending for 2023/24 be noted;
- b) the variation to the capital programme, as set out in paragraph 1.5 be noted;
- c) the capital financing proposals as set out in paragraph 1.6 be noted;
- d) the movement in Provisions and Impaired Estimates on Debtors be noted;
- e) the creations of the new reserves, as outlined in paragraph 1.13, be noted; and
- f) the individual contributions to, and withdrawals from, the revenue and capital Usable Reserves be noted.

95 FRAUD RISK ASSESSMENT

The Committee considered the report from the Business Manager for Financial Services informing Members of the update of the Fraud Risk Register undertaken during April 2024.

The report confirmed that the fraud risks are assessed annually and the register updated. The amended Fraud Risk Register as at April 2024 was included to the report as Appendix A.

AGREED (unanimously) that Members noted the content of the report.

96 COUNTER-FRAUD ACTIVITIES FROM 1 OCTOBER 2023 TO 30 APRIL 2024

The Committee considered the report from the Business Manager for Financial Services informing Members of counter-fraud activity undertaken since the last update reported on 22 November 2023.

The role of the Audit & Governance Committee is to provide assurance to the Council that its anti-fraud arrangements are operating effectively, counter-fraud activity reports are brought to the Committee twice a year. These reports detail the number of cases detected, amounts lost, the outcome of cases and amounts recovered, together with any other counter fraud work that has been undertaken.

AGREED (unanimously) that Members noted the report.

97 CODE OF CONDUCT ANNUAL REPORT FOR THE PERIOD 1 APRIL 2023 - 30 APRIL 2024

The Committee considered the report from the Assistant Director Legal & Democratic Services, Monitoring Officer providing the Code of Conduct Annual Report for the Period 1 April 2023 – 30 April 2024.

The report advised that 41 complaints were received between 1 April 2023 and 30 April 2024, 37 complaints were closed without investigation. It was determined following appropriate consultation with the Independent Persons that either no further action was required, or that informal resolution by way of an apology was appropriate and 4 complaints were referred for further investigation.

AGREED (unanimously) that:

- a) the annual report be noted; and
- b) a further session on the Code Conduct is delivered in Autumn 2024.

98 AUDIT AND GOVERNANCE COMMITTEE WORK PLAN

The Committee considered the joint report of the Assistant Director Legal & Democratic Services, Monitoring Officer and the Business Manager for Financial Services which attached the Committee's Work Plan for consideration.

The outcome report of the Members Survey to be taken to the December meeting of the Audit & Governance Committee along with any suggested actions.

It was noted to have a six month review of the Code of Conduct following the annual report and that a further session on the Code of Conduct is delivered in Autumn 2024.

The Committee Members will attend a Working Party on 17 October to discuss the Constitution Review, feeding back to the Committee in December.

AGREED (unanimously) that the Work Plan be noted.

99 EXCLUSION OF THE PRESS AND PUBLIC

AGREED (unanimously) that under section 100A(4) of the Local Government Act 1972, the public and press be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Act.

100 FRAUD RISK ASSESSMENT

The Committee considered the exempt appendix to the Fraud Risk Assessment report from the Business Manager for Financial Services.

101 DATE OF NEXT MEETING

The next Audit & Governance Committee meeting to be held on Wednesday 25 September 2024.

Meeting closed at 8.55 pm.

Chair

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted



Report to: Audit & Governance Committee Meeting 25 September 2024

Director or Business Manager Lead: Sanjiv Kohli Deputy Chief Executive / Director –
Resources - Section 151 Officer

Lead Officer: Nick Wilson, Business Manager Financial Services on
ext 5317

Report Summary	
Report Title	Projected General Fund and Housing Revenue Account Revenue and Capital Outturn Report to 31 March 2025 as at 30 June 2024
Purpose of Report	<p>To update Members with the forecast outturn position for the 2024/25 financial year for the Council’s General Fund and Housing Revenue Account revenue and capital budgets.</p> <p>To show performance against the approved estimates of revenue expenditure and income.</p>
Recommendations	<p>That Committee:</p> <p>(a) note the General Fund projected favourable outturn variance of £0.145m;</p> <p>(b) note the Housing Revenue Account projected unfavourable outturn variance of £0.048m to the Major Repairs Reserve;</p> <p>(c) note the Capital Programme revised budget and financing of £63.232; and</p> <p>(d) note the Prudential indicators at Appendix A.</p>
Alternative Options Considered	Not applicable.
Reason for Recommendations	<p>To consider the forecast outturn position for the 2024/25 financial year for the Council’s General Fund and Housing Revenue Account revenue and capital budgets.</p> <p>Ensure the Council has overall financial sustainability for the current financial year compared to the budgeted position.</p>

1.0 Background

Overview of General Fund Revenue Projected Outturn for 2024/25

- 1.1 *Table 1* shows a projected unfavourable variance against the revised budget of £0.0.74m on Service budgets, with an overall favourable variance of £0.145m that would need to be transferred to the General Fund reserve. This is based on meetings which took place with Business Managers during July, whereby they have analysed actual income and expenditure to 30th June 2024 and forecasted forward to the end of March 2025 the additional income and expenditure currently expected to be incurred.

Table 1: General Fund revenue outturn for 2024/25 financial year as at 30 June 2024

	Original Budget £'m	Revised Budget £'m	Projected Outturn £'m	Variance £'m
Net Cost of Services	19.787	20.887	20.961	0.074
Other Operating Expenditure	4.932	4.932	4.932	0.000
Finance & Investment Income/Expenditure	(1.736)	(1.736)	(1.648)	0.088
Taxation & Non-Specific Grant Income	(24.578)	(24.578)	(24.784)	(0.206)
Net Cost of Non-Service	(21.382)	(21.382)	(21.500)	(0.118)
Net Cost of Council Expenditure	(1.595)	(0.495)	(0.539)	(0.044)
Transfer to/(from) Usable Reserves	0.794	(0.306)	(0.306)	0.000
Transfer to/(from) Unusable Reserves	0.801	0.801	0.700	(0.101)
Transfer to/(from) General Reserves	0.000	0.000	0.145	0.145

- 1.2 While the current overall favourable variance of £0.145m is a positive impact for the Councils resources, it is only a forecast, therefore the Outturn Report in June 2025 will finalise the variance and the allocation of that variance into the Councils General Reserves.

Overview of Projected Housing Revenue Account (HRA) Outturn for 2024/25

- 1.3 With reference to the 'Variance' column in Table 2, the HRA accounts show a projected unfavourable variance on the Net Cost of HRA Services against the revised budget of £0.025m and a reduced transfer to the Major Repairs Reserve of £0.048m:

Table 2: HRA revenue outturn for 2024/25 financial year as at 30 June 2024

	Original Budget £'m	Revised Budget £'m	Projected Outturn £'m	Variance £'m
Net Cost of HRA Services	(7.655)	(7.599)	(7.574)	0.025
Other Operating Expenditure	0.027	0.027	0.027	0.000
Finance & Investment Income/Expenditure	3.955	3.955	3.979	0.023
Taxation & Non-Specific Grant Income	0.000	0.000	0.000	0.000
(Surplus)/Deficit on HRA Services	(3.673)	(3.616)	(3.568)	0.048
Movements in Reserves				
Transfer to/(from) Usable Reserves	(0.027)	(0.084)	(0.084)	0.000
Transfer to/(from) Unusable Reserves	(6.269)	(6.269)	(6.269)	0.000
Transfer to/(from) Major Repairs Reserve	9.969	9.969	9.921	(0.048)
Total	0.000	0.000	0.000	0.000

- 1.4 While the current overall unfavourable variance of £0.025m is a negative impact for the Councils resources, it is only a forecast, therefore the Outturn Report in June 2025 will finalise the variance and therefore the transfer to or from the Major Repairs Reserve.

Overview of Projected Capital Outturn 2024/25

- 1.5 The table below summarises the position for the Capital Programme as at 30 June 2024 and is split between General Fund and Housing Revenue Account.

	Revised Approved Budget £'m	Current Approved Budget £'m	Revised Budget updated for Approval £'m	Actual Spend to 30 June 2024 £'m	Forecast Outturn £'m
General Fund	25.599	35.896	34.305	3.014	34.305
Housing Revenue Account	25.808	29.098	28.927	3.063	28.927
Total	51.407	64.994	63.232	6.077	63.232

- 1.6 As projects are developed and spending commitments are made, budget requirements can change. It is a requirement that Cabinet approve all variations to the Capital Programme. The below table details the changes that have been approved and are due to be approved on 10 September 2024 and account for the difference between the Revised budget updated for approval of £64.994m and the original budget of £51.407m above.

	General Fund £'m	HRA £'m
Original Budget approved on 7 March 2024	25.599	25.808
Slippage from 2023/24	10.297	3.291
Reprofiles to future years	(4.583)	(0.800)
Additions/Reductions	3.263	0.629
Total Change	(1.591)	(0.171)
Revised budget to be approved	34.305	28.927

Capital Programme Resources

- 1.7 The revised budget of £63.232m will be financed as follows, with every attempt to minimise the impact on the Council's revenue budget:

	General Fund £'m	Housing Revenue Account £'m	Total £'m
Borrowing	14.854	16.765	31.619
External Grants & Contributions	8.587	1.980	10.567
Capital Receipts	2.419	1.037	3.456
Community Infrastructure Levy	0.076	0.000	0.076
Revenue Contributions	8.369	9.145	17.517
Total	34.305	28.927	63.232

Prudential Indicators

- 1.8 The Treasury Management Code of Practice 2021 stipulates that quarterly update reports on prudential indicators are now required from 2023/24 onwards.
- 1.9 The prudential indicators are set within the Treasury Management Strategy, Capital Strategy and the Investment Strategy and the three strategies were approved by Audit and Governance Committee on 21 February 2024 and Full Council on 7 March 2024. The summary of the prudential indicators can be found at **Appendix A**.
- 1.10 As can be seen from **Appendix A**, the Council was fully compliant with all of the indicators as set within the Treasury Management Strategy, Capital Strategy and Investment Strategy.

2.0 Implications

- 2.1 In writing this report and in putting forward recommendation's officers have considered the following implications; Data Protection, Digital and Cyber Security, Equality and Diversity, Financial, Human Resources, Human Rights, Legal, Safeguarding and Sustainability, and where appropriate they have made reference to these implications and added suitable expert comment where appropriate.

Background Papers and Published Documents

General Fund, Housing Revenue Account Revenue and Capital Monitoring Outturn Report as at March 2024 to Cabinet on 23 July 2024

Treasury Strategy Indicators - Borrowing	Original Estimate / Limit £'000	Revised Estimate / Limit £'000	Q1 Actual £'000	Compliance
Operational Boundary for External Debt	174,975	167,424	84,601	Yes
Authorised Limit for External Debt	181,975	174,624	84,601	Yes
HRA Debt Limit	129,731	129,731	83,935	Yes
Maturity Structure of Borrowing				
Under 12 months	15%	15%	8.71%	Yes
12 months and within 24 months	15%	15%	3.56%	Yes
24 months and within 5 years	30%	30%	17.82%	Yes
5 years and within 10 years	100%	100%	9.48%	Yes
10 years and above	100%	100%	60.43%	Yes

Treasury Strategy Indicator - Investing

Credit risk indicator (Minimum Average Portfolio Rating)	A	A	AA	Yes
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Liquidity risk indicator

3 months	100%	100%	20%	Yes
3 – 12 months	80%	80%	43%	Yes
Over 12 months	60%	60%	37%	Yes

Interest rate risk indicator

Upper limit on one-year revenue impact of a 1% rise in interest rates	£400,000	£400,000	228,800	Yes
Upper limit on one-year revenue impact of a 1% fall in interest rates	£400,000	£400,000	228,800	Yes

Price risk indicator

Limit on principal invested beyond year end	£15m	£15m	£12.5m	Yes
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Capital Strategy Indicators	Original Estimate / Limit £'000	Revised Estimate / Limit £'000	Q1 Actual £'000
Capital Expenditure & Financing			
General Fund services	21,599	26,305	3,014
Council housing (HRA)	25,808	28,927	3,063
Capital Loan (GF)	4,000	8,000	-
Total Capital Expenditure	51,406	63,232	6,077
Capital Grants	5,316	5,374	516
Other Contributions incl CIL	1,307	5,269	506
Capital Resources	1,667	3,456	332
Revenue / Major Repairs Reserve	14,475	17,514	1,683
Borrowing	28,641	31,619	3,039
Total Capital Financing	51,406	63,232	6,077

Capital Financing Requirement (CFR)

General Fund services	35,403	22,517	30,249
Council housing (HRA)	103,571	107,834	100,067
Capital investments	11,408	8,000	-
Total CFR	150,382	138,351	130,316

Proportion of financing costs to net revenue stream**General Fund;**

MRP Charge	764	673	0
Interest Payable	340	340	48
Less: Investment Income	-2,493	-2,493	-124
Total GF Financing costs	-1,389	-1,480	-76
Proportion of net revenue stream	-5.65%	-6.02%	-1.24%

Housing Revenue Account;

Interest Payable	3,960	3,960	724
Depreciation	6,329	6,329	0
MRR Contributions incl debt repayments	3,581	3,581	1,000
Less: Investment Income	-5	-5	0
Total HRA Financing costs	13,865	13,865	1,724
Proportion of net revenue stream	50.70%	50.70%	25.53%

<u>Investment Strategy Indicators</u>	2023/24 Original Estimate / Limit £'000	2023/24 Revised Estimate / Limit £'000	2023/24 Q1 Actual £'000
<u>Loans for service purposes</u>			
Subsidiaries	13,000	13,000	-
Local businesses	500	500	-
Local charities	500	500	-
Other Bodies	500	500	21
Total	14,500	14,500	21

Net income from service investments to net revenue stream

Total General Fund Service Investment Income	2,493	2,493	124
Proportion of net revenue stream	10.15%	10.15%	2.03%
Total Housing Revenue Account Service Investment Income	5	5	0
Proportion of net revenue stream	0.02%	0.02%	0.00%

Shares held for service purposes

Subsidiaries	5,000	5,000	4,001
Suppliers	-	-	-
Local businesses	-	-	-
Total	5,000	5,000	5,000



Report to: Audit & Governance Committee Meeting
25 September 2024

Director or Business Manager Lead: Nick Wilson, Business Manager – Financial Services

Lead Officer: Philip Lazenby, Director of Audit (TIAA) 0845 3003333

Report Summary	
Report Title	Internal Audit Progress Report 2024/25
Purpose of Report	To provide a summary of Internal Audit work undertaken during 2024/25 against the agreed audit plan
Recommendations	That the Audit & Governance Committee consider and comment upon the latest internal audit progress report and note its content.
Reason for Recommendation	In order to understand the internal audit work undertaken throughout the 2024/25 financial year and how this impacts on the Council's overall Governance framework.

1.0 Background

1.1 The Audit Plan for 2024/25 was tabled at the Audit and Governance Committee in February 2024. A separate session, including members of the A&G Committee, Cabinet members and members of the Senior Leadership Team, met in March 2024 to holistically review and approve the Audit Plan. Throughout the year reports on the progress made and changes to the plan are then brought to this committee.

1.2 The report contains details of all reports issued within the first part of the financial year 2024/25.

2.0 Proposals

2.1 To receive and comment upon the Internal Audit Progress Report 2024/25 and note its content.

Background Papers and Published Documents

NIL



Newark and Sherwood District Council

Summary Internal Controls Assurance (SICA) Report

September 2024

Draft



Summary Internal Controls Assurance

Introduction

1. This summary controls assurance report provides the Audit Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Newark and Sherwood District council as at 28th May 2024 and 10th September 2024.

B Corp

2. TIAA Ltd has achieved its certification as a B Corporation (or B Corp), joining a growing movement of companies that are reinventing business for the benefit of all people and our shared planet. Verified by B Lab, the not-for-profit behind the B Corp movement, the achievement demonstrates that TIAA Ltd meets high standards of social and environmental performance, transparency, and accountability alongside a commitment to goals beyond shareholder value.

The news comes as the ongoing climate crisis and widening social inequality continue to pose urgent challenges to our economy. B Corp Certification assesses the entirety of a business’ operations and currently covers five main impact areas: Governance, Workers, Community, Environment and Customers. The certification process is rigorous, with companies required to reach a score of 80 points in the B Impact Assessment while providing evidence of responsible practices relating to energy supplies, waste and water use, worker compensation, diversity, and corporate transparency. A business must also legally embed their commitment to purpose as well as profit in their company articles.

TIAA Ltd is now part of a growing community of over 8,000 businesses globally that have certified as B Corps. The B Corp community in the UK is one of the largest and fastest growing in the world, with over 1,700 companies spanning a range of different industries and sizes. Names include The Guardian, Innocent Drinks, Patagonia, Tony’s Chocolonely, The Big Issue, Finisterre, Elemis, and Sipsmith Gin.

Audits completed since the last SICA report to the Audit Committee

3. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

Audits completed since previous SICA report

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OEM
Workforce Planning	Reasonable	18 th April 2024	18 th June 2024	18 th July 2024	-	1	4	-
Complaints process	Reasonable	30 th May 2024	2nd August 2024	13 th August 2024	-	-	2	1

Delivery of corporate projects	Reasonable	17 th June 2024	18 th July 2024	23 rd July 2024	-	3	3	0
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- The Executive Summaries for each of the finalised reviews are included at Appendix A. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress against the 2024/2025 Annual Plan

- Our progress against the Annual Plan for 2023/24 is set out in Appendix B.

Changes to the Annual Plan 2024/25

- There have been no changes to the approved plan.

Progress in actioning priority 1 & 2 recommendations

- We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. The recommendation trackers are provided for the Committee.

Frauds/Irregularities

- We have not been advised of any frauds or irregularities in the period since the last SICA report was issued.

Other Matters

- We have issued a number of briefing notes and fraud digests, shown in Appendix C, since the previous SICA report.

Responsibility/Disclaimer

- This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Appendix A: Executive Summaries

The following Executive Summaries are included in this Appendix. Full copies of the reports are provided to the Audit Committee.

Review	Key Findings
<p>Workforce Planning</p>	<p>KEY STRATEGIC FINDINGS:</p> <ul style="list-style-type: none"> • A clear and detailed Workforce Strategy was evidenced to demonstrate organisational direction until 2027. • No current Learning monitoring system is in place, however evidence that this is being arranged was provided. • No current (Equality, Diversity and Inclusion) EDI committee or EDI officer are in place. • No evidence could be provided that the five-year Workforce Strategy has been reviewed in line with agreed dates of January 2023 to January 2027 and this document is listed as Draft v4, shown on page 17 in the Approval, consultation and review timetable section. <p>GOOD PRACTICE IDENTIFIED:</p> <ul style="list-style-type: none"> • The current 5-year action plan and committee minutes provides evidence that a new training system is being considered. • The current 5-year action plan has been adhered to and includes required improvements to training and EDI matters.
<p>Complaints Process</p>	<p>KEY STRATEGIC FINDINGS:</p> <ul style="list-style-type: none"> • A sample of six stage one complaints, and six stage two revealed issues relating to the maintenance of underlying evidence to support the progressing of three of these complaints in accordance with the applicable recorded date. (25%). • Performance mechanisms for the monitoring for satisfaction of complaints require development and, with the exception of housing services, are not included within KPIs. • Staff conduct and time taken for repairs were consistent areas of concerns with regards to complaints, each being the most prominent reason for complaints over multiple quarters. <p>GOOD PRACTICE IDENTIFIED:</p> <ul style="list-style-type: none"> • The Council is compliant with the Ombudsman Complaint Handling Code with respect to feedback which can be made either directly with the complainant or by someone appointed to act on their behalf. • There are various communication avenues for residents including social media, council consultations, residents panel and a tenant engagement board. • There is an appropriate and adequate training provision..
<p>Delivery of Corporate Projects</p>	<p>KEY STRATEGIC FINDINGS:</p>

Review	Key Findings
	<ul style="list-style-type: none"> • Risk Management practices varied across projects and a risk register was unable to be evidenced for Bowbridge Road Car Park. • The PID documentation does not include budget information. • Budget tracking processes varied significantly across the four projects sampled. • Inconsistent documentation practices were identified across projects. Specifically, a lack of verifiable approvals, inconsistent project briefs, and an absence of outlined benefits and KPIs <p>GOOD PRACTICE IDENTIFIED:</p> <p>The contractor for Alexander Lodge ceased trading mid-project. The council responded appropriately, allocating an extra £310,000 on 27th March 2023, ensuring the project’s continuation despite the initial contractor going into administration at 35% completion. This proactive approach safeguarded the council’s assets and maintained project momentum</p>

Appendix B (i): Progress against 2023/24 Annual Plan

System	Planned Quarter 2023/2024	Current Status	Comments
Key Control Testing	2	Final	Audit report issued
Payroll	3	Final	Audit report issued
Financial resilience	2	Final	Audit report issued
Grant Fund Spend and administration	2	Final	Audit report issued
Contractual relationship with active 4 Today	2	Final	Audit report issued
Gilstrap	4	Final	Audit report issued
ICT assurance cyber security/ incident management	4	Final	Audit report issued
Mansfield Crematorium	4	Final	Audit report issued
Assurance Framework	4	Final	Risk Presentation provided
Treasury Management	4	Final	Audit report issued
Workforce planning	4	Final issued 18/07/2024	Audit report issued
Complaints Process	3	Final report issued 13 th August 2024	Audit report issued
Delivery of corporate projects	4	Final report issued 23 rd July 2024	Audit report issued
Corporate and Commercial property Health and safety compliance	2	Draft (17 th July)	Awaiting responses
Housing Voids	3	Draft (8 th August)	Further meeting booked for October

Housing Regulatory Compliance

4

Draft (8th August)

Awaiting issuance as final

Appendix B (ii): Progress against 2024/25 Annual Plan

System	Planned Quarter 2024/2025	Current Status	Comments
Business Continuity	1	In progress	In progress
Procurement	1	In progress	In progress
Budgetary Control	1	Fieldwork completed	Draft report to be issued shortly
Financial Resilience	2	In progress	In progress
Apprenticeship and Talent Spotting	2	In progress	In progress
Agile Working	3	In progress	In progress
Housing Regulatory Compliance and Building Safety	3	To Be Commenced	Scoping meeting held - Preliminary meeting arranged for the 16/10/24
Performance Management	3	To Be Commenced	Preliminary Meeting set up for the 15/11/24
Risk Management Framework	3	To Be Commenced	Preliminary Meeting set up for the 8/1/25
Mansfield Crematorium	4	To Be Commenced	To Be Commenced
Gilstrap Financial	4	To Be Commenced	To Be Commenced
Grounds Maintenance and Cleansing Service	4	To Be Commenced	To Be Commenced.
Equality Diversity and Inclusivity	4	To Be Commenced	Preliminary meeting arranged 13/11/24

To be commenced

Site work commenced

Draft report issued

Final report issued

Priority 1 and 2 Recommendations

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
23/24 Contractual relationship with Active4Today						
It is recommended that all relevant documents be sufficiently signed and approved including the contract and SLAs.	2	<i>The contract between Active4Today and NSDC has been agreed but it is recognised that this does not have a formal signature. It is proposed that a review of the contract is undertaken to ensure there have been no changes and once complete the contract should be signed and sealed. A significant amount of work has gone in to delivering consistency across SLA's. All SLA's are to be signed by 1st April 2024 with an agreement and schedule of works in place. Responsibility will sit with the MD of Active for today with oversight by the BM Regeneration and Housing Strategy at quarterly compliance meeting.</i>	1/4/2024 <i>Revised</i> 30/06/2024 <i>Revised</i> 30/12/2024	Assistant Director Legal & Demo Serv. Man Dir Active4 Today. BM Regeneration and Housing Strategy.	Work continues regarding the completed contracts between the Council and Active4Today.	

KEY:

Priority Gradings (1 & 2)

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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Risk Mitigation

	CLEARED	Internal audit work confirms action taken addresses the risk exposure.		ON TARGET	Control issue on which action should be taken at the earliest opportunity.		EXPOSED	Target date not met & risk exposure still extant
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Appendix C: Briefings on Developments in Governance, Risk and Control

TIAA produce regular briefing notes to summarise new developments in Governance, Risk, Control, Counter Fraud and Security Management which may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those briefings issued in the last three months which may be of relevance to Newark and Sherwood district council is given below:

Summary of recent Client Briefings and Alerts

Briefing Type	Subject	Web Link	TIAA Comments
Data Protection Alert	New Digital Information and Smart Data Bill	New Digital Information and Smart Data Bill - TIAA	The UK government is introducing a Digital Information and Smart Data Bill (DISD), distinct from the previous government's failed Data Protection and Digital Information Bill in several ways. Learn more about this new bill and the actions to take to keep your data protected.
Client Briefing	The Economic Crime and Corporate Transparency Act 2023	The Economic Crime and Corporate Transparency Act 2023 - TIAA	Learn about the Economic Crime and Corporate Transparency Act 2023, aimed at boosting the UK's efforts to combat economic crime and improve corporate transparency. Discover the Act's key points and requirements.
Client Briefing	Cyber Security Threats	Cyber Security Threats - TIAA	The National Cyber Security Centre (NCSC) has published an alert of a significant risk to IT systems and infrastructure. Attackers are exploiting vulnerable Small Office and Home Office (SoHo) devices at organisations to leverage attacks. Typically, SoHo devices (broadband routers etc) do not feature the advance security protection of enterprise level IT systems, thus making them an easy target.

Briefing Type	Subject	Web Link	TIAA Comments
Security Alert	Suspect found guilty of hospital terror plot	Suspect found guilty of hospital terror plot - TIAA	We detail the alarming story of a suspect found guilty of a hospital terror plot.
Security Alert	Violent incidents at GP practices	Violent incidents at GP practices - TIAA	There has been a concerning rise in the number of violent incidents occurring at GP practices over the last two years, bringing the NHS crisis sharply into focus.



Report to: Audit & Governance Committee Meeting 25
September 2024

Director or Business Manager Lead: Deborah Johnson – Director Customer Services and
Organisational Development

Lead Officer: Jill Baker, Business Manager Customer Services, ext.
5810

Report Summary	
Report Title	Local Government and Social Care Ombudsman
Purpose of Report	To inform Members of the Local Government and Social Care Ombudsman annual review updates
Recommendations	That Members note the report
Reason for Recommendation	It is an Ombudsman requirement that Annual Review Letters are shared with Members

1.0 Background Information

- 1.1 Each year the Local Government and Social Care Ombudsman (LGSCO) produces an Annual Review Letter for local authorities detailing the number, type and decisions made relating to each authority. The annual review letter for the period 1 April 2023 – 31 March 2024 relating to this is attached to this report - Appendix 1.
- 1.2 The Housing Ombudsman has not advised when it will be publishing its next set of annual figures.

2.0 LGSCO Annual Review April 2023 – March 2024

- 2.1 The statistics provided with the Annual Review Letter, Appendix 2, show that for this period, the LGSCO received eleven complaints relating to services provided by this

Council and made decisions on nine complaints. This compares to the eight received on 2022 – 2023. The number of decisions made is the same – nine.

2.2 The received and decided figures are different due to several reasons including:

- The complaint may have been received during 2023 - 2024 but a decision will be made in 2024 - 2025 (or even later) and therefore the complaint will show in a later year's report.
- The complaint did not relate to a service provided by us e.g. highways.
- The complaint was classed as premature.

2.3 Likewise the received figures the LGSCO provide never align with the figures the Council hold. This is because the LGSCO numbers include enquires from people who the LGSCO signpost back to the Council. These are captured in the “closed after initial enquiries” figures. There is no way of identifying who these customers are. The table below details the categories of the complaints received and decisions made in each of the Ombudsman categories.

Ombudsman Category	Received by the LGSCO	Decided by the LGSCO
Benefits and Tax	3	3
Planning and Development	2	1
Housing	1	1
Corporate and Other Services	3	3
Environmental, Public Protection and Regulation	2	1
Total	11	9

2.4 The table below shows the outcome of each decision.

Ombudsman Category	Closed after initial enquiries	Advice given	Incomplete or invalid	Referred back for local resolution	Total
Benefits and Tax	1		1	1	3
Planning and Development	1				2
Housing		1			1
Corporate and Other Services	2			1	3
Environmental, Public Protection and Regulation	1				1
Total	5	1	1	2	9

2.5 During this period, the LGSCO didn't carry out any detailed investigations on the complaints submitted. None of the complaints decided were upheld the by LGSCO. This is testament to the how serious we take complaint handling, the thorough investigations we carry and our detailed responses to complaints.

2.6 In 2023 -2024, overall, the LGSCO upheld 80% of all the investigations they carried out, up from 74% in 2022 -2023. Complaints relating to children and young people with special education needs and disabilities dominate their casework, making up 26% of all complaints received. 42% were upheld and they found fault in 92% of the education cases they investigated

Complaints about housing and homelessness made up a further 16% of casework, with 84% of investigations upheld – a situation particularly acute in London.

2.7 The LGSCO has published the anonymised details of four of the complaints relating to our Council which it reviewed and closed after making initial enquired.

Ombudsman reference number and link	Ombudsm an category	Summary of complaint	Decision Reason
https://www.lgo.org.uk/decisions/benefits-and-tax/council-tax/23-016-498	Council Tax	Complainant stated not made aware of an empty rate premium and had to sell a caravan purchased to live in due to being charged council tax for it.	The Ombudsman is not an appeal body. It cannot consider out empty rate premium policy – this can only be challenge by a judicial review
https://www.lgo.org.uk/decisions/other-categories/councillor-conduct-and-standards/23-016-338	Councillor conduct and standards	How the Council dealt with a complaint	Insufficient evidence of fault

		about the conduct of a councillor	by the Council
https://www.lgo.org.uk/decisions/planning/enforcement/23-006-180	Enforcement	Planning enforcement notice regarding reducing the height of a fence and removal of an outbuilding	The complainant had used their right of appeal to the Planning Inspectorate
https://www.lgo.org.uk/decisions/environment-and-regulation/pollution/23-000-910	Pollution	Refusal to take enforcement action against smoke nuisance from a neighbour's stove	unlikely to find evidence of fault by the Council sufficient to warrant an investigation

3.0 Further learning and developments.

- 3.1 Although the LGSCO did not conduct any investigations into any of the complaints received during this period, any Ombudsman complaints received by the Council are reviewed to see if any changes in processes and policies are required.
- 3.2 The Council has recently carried out a review of its Customer Complaints and Feedback Policy against the latest Housing Ombudsman Complaint Handling Code. Following on from this there have been some changes to the Policy which were approved by this committee in July 2024. [Customer-Complaints-and-Feedback-Policy-April-2024-\(002\).pdf \(newark-sherwooddc.gov.uk\)](#)
- 3.3 The LGSCO have issued their Code as “advice and guidance” and intend to start considering the Code as part of their process from April 2026. Councils are encouraged to adopt the Code as soon as they are able to do so. They are working with a number of pilot Councils to understand the impact of the Code and provide further guidance to the sector, the nearest to us is North Kesteven District Council. The LGSCO has advised that the Code itself will not change as a result of the pilots but learning from these councils will inform the accompanying guide and the way they use the Code when applying it in their casework. We will monitor any learnings coming from this.

- 3.4 Training on the changes have been delivered to all staff who respond to complaints together with awareness training for all other front facing staff.
- 3.5 The LGSCO has recognised that during their investigations that is it not uncommon for them to uncover poor complaint handling practices by authorities. They understand the financial challenges councils face, but state that it is ever more important for councils to get the basics right and invest in their complaints systems if we are to capitalise on the learning that can be had from good complaints handling.
- 3.6 We do have a strong emphasis on complaint handling and are constantly reviewing the handling of complaints and our practices

4.0 Implications

In writing this report and in putting forward recommendation's officers have considered the following implications: Data Protection, Digital and Cyber Security, Equality and Diversity, Financial, Human Resources, Human Rights, Legal, Safeguarding and Sustainability and where appropriate they have made reference to these implications and added suitable expert comment where appropriate.

4.1 Financial Implications FIN24-25/2149

There are no financial implications arising from this report. However, it is worth noting that if any maladministration is found by the Ombudsman, a financial remedy or compensation can be imposed, for which there would be no specific budget for.

Background Papers and Published Documents

Nil.

17 July 2024

By email

Mr Robinson
Chief Executive
Newark & Sherwood District Council

Dear Mr Robinson

Annual Review letter 2023-24

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2024. The information offers valuable insight about your organisation's approach to complaints, and I know you will consider it as part of your corporate governance processes. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to ensure effective ownership and oversight of complaint outcomes, which offer valuable opportunities to learn and improve. In addition, this year, we have encouraged Monitoring Officers to register to receive the letter directly, supporting their role to report the decisions we uphold to their council.

For most of the reporting year, Paul Najsarek steered the organisation during his tenure as interim Ombudsman, and I was delighted to take up the role of Ombudsman in February 2024. I look forward to working with you and colleagues across the local government sector to ensure we continue to harness the value of individual complaints and drive and promote systemic change and improvement across the local government landscape.

While I know this ambition will align with your own, I am aware of the difficult financial circumstances and service demands that make continuous improvement a challenging focus for the sector. However, we will continue to hold organisations to account through our investigations and recommend proportionate actions to remedy injustice. Despite the challenges, I have great confidence that you recognise the valuable contribution and insight complaints, and their swift resolution, offer to improve services for the public.

Complaint statistics

Our statistics focus on three key areas that help to assess your organisation's commitment to putting things right when they go wrong:

Complaints upheld - We uphold complaints when we find fault in an organisation's actions, including where the organisation accepted fault before we investigated. We include the total number of investigations completed to provide important context for the statistic. This year, we also provide the number of upheld complaints per 100,000 population.

Compliance with recommendations - We recommend ways for organisations to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the organisation upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and give credit to organisations that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your organisation with similar authorities to provide an average marker of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 24 July 2024. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

Supporting complaint and service improvement

In February, following a period of consultation, we launched the [Complaint Handling Code](#) for councils, setting out a clear process for responding to complaints effectively and fairly. It is aligned with the Code issued to housing authorities and landlords by the Housing Ombudsman Service and we encourage you to adopt the Code without undue delay. Twenty councils have volunteered to take part in an implementation pilot over the next two years that will develop further guidance and best practice.

The Code is issued to councils under our powers to provide guidance about good administrative practice. We expect councils to carefully consider the Code when developing policies and procedures and will begin considering it as part of our processes from April 2026 at the earliest.

The Code is considered good practice for all organisations we investigate (except where there are statutory complaint handling processes in place), and we may decide to issue it as guidance to other organisations in future.

Our successful complaint handling training programme continues to develop with new modules in Adult Social Care and Children's Services complaint handling available soon. All our courses include practical interactive workshops that help participants develop their complaint handling skills. We delivered 126 online workshops during the year, reaching more than 1,700 people. To find out more visit www.lgo.org.uk/training or get in touch at training@lgo.org.uk.

Returning to the theme of continuous improvement, we recognise the importance of reflecting on our own performance. With that in mind I encourage you to share your view of our organisation via this survey: <https://www.smartsurvey.co.uk/s/ombudsman/>. Your responses will help us to assess our impact and improve our offer to you. We want to gather a range of views and welcome multiple responses from organisations, so please do share the link with relevant colleagues.

Yours sincerely,



Amerdeep Somal
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Complaints upheld

The Ombudsman carried out no investigations in this period

Compliance with Ombudsman recommendations

No recommendations were due for compliance in this period

Satisfactory remedies provided by the authority

The Ombudsman did not uphold any complaints in this period

Reference	Authority	Category	Received
23000765	Newark & Sherwood District Council	Benefits & Tax	21/04/23
23000910	Newark & Sherwood District Council	Environmental Services & Public Protection & Regulation	25/04/23
23003815	Newark & Sherwood District Council	Housing	20/06/23
23006180	Newark & Sherwood District Council	Planning & Development	30/07/23
23008553	Newark & Sherwood District Council	Corporate & Other Services	07/12/23
23015291	Newark & Sherwood District Council	Benefits & Tax	02/01/24
23016338	Newark & Sherwood District Council	Corporate & Other Services	19/01/24
23016498	Newark & Sherwood District Council	Benefits & Tax	23/01/24
23018395	Newark & Sherwood District Council	Environmental Services & Public Protection & Regulation	20/02/24
23019643	Newark & Sherwood District Council	Planning & Development	05/03/24
23020152	Newark & Sherwood District Council	Corporate & Other Services	14/03/24

Reference	Authority	Category	Decided	Decision	Decision Reason	Remedy	Service improvement recommendations
23000765	Newark & Sherwood District Council	Benefits & Tax	21/04/23	Referred back for local resolution	Premature Decision - advice given		
23000910	Newark & Sherwood District Council	Environmental Services & Public Protection & Regulation	24/05/23	Closed after initial enquiries	Not warranted by alleged fault		
23003815	Newark & Sherwood District Council	Housing	20/06/23	Advice given	Signpost - go to complaint handling		
23006180	Newark & Sherwood District Council	Planning & Development	25/08/23	Closed after initial enquiries	26(6)(b) appeal to Minister		
23008553	Newark & Sherwood District Council	Corporate & Other Services	14/03/24	Closed after initial enquiries	Other reason not to investigate		
23015291	Newark & Sherwood District Council	Benefits & Tax	02/01/24	Incomplete/Invalid	Insufficient information to proceed and PA advised		
23016338	Newark & Sherwood District Council	Corporate & Other Services	28/02/24	Closed after initial enquiries	Not warranted by alleged fault		
23016498	Newark & Sherwood District Council	Benefits & Tax	05/03/24	Closed after initial enquiries	Not warranted by alleged fault		
23020152	Newark & Sherwood District Council	Corporate & Other Services	14/03/24	Referred back for local resolution	Premature Decision - advice given		

Reference	Authority	Category	Decided	Remedy	Remedy Target Date	Remedy Achieved Date	Satisfaction with Compliance
No compliance data recorded during the period							

Explanatory notes

Cases received

Cases with a recorded received date between 1 April 2023 and 31 March 2024. Status as of 9 April 2024.

Cases decided

Cases with a recorded decision date between 1 April 2023 and 31 March 2024. Status as of 9 April 2024. Some cases may have been reopened since that date, with either a decision outcome pending or a new

We report our decisions by the following outcomes:

Invalid or incomplete: We were not given enough information to consider the issue.

Advice given: We provided early advice or explained where to go for the right help.

Referred back for local resolution: We found the complaint was brought to us too early because the organisation involved was not given the chance to consider it first.

Closed after initial enquiries: We assessed the complaint but decided against completing an investigation. This might be because the law says we're not allowed to investigate it, or because it would not be an effective

Upheld: We completed an investigation and found evidence of fault, or we found the organisation accepted

Not upheld: We completed an investigation but did not find evidence of fault.

Compliance outcomes

Cases with a recorded remedy achieved date between 1 April 2023 and 31 March 2024. Status as of 15 May 2024. The relevant date is the date of compliance with the recommendations (for example, the date on an apology letter) rather than the date the evidence is provided to us. If we were notified after 15 May 2024 of a

Some cases may be marked as 'Remedy completed late' even when the remedy achieved date is before the remedy target date. This happens because the target date covers all remedies (service improvements and personal remedies). As service improvements often have a longer timescale for completion, we will mark a



Report to: Audit & Governance Committee 25th September 2024

Director or Business Manager Lead: Suzanne Shead, Director of Housing Health and Wellbeing

Lead Officer: Caroline Wagstaff –Business Manager Housing Maintenance & Asset Management

Report Summary	
Report Title	Gas Safety Compliance – Overview and Lessons Learnt
Purpose of Report	<p>This report seeks to provide an overview of the circumstances of making a self-referral to the Regulator of Social Housing (RSH) for a breach of the Home Standard for failures in the Council’s HRA Gas Servicing Programme.</p> <p>It also sets out the actions taken to bring the Council out of regulation, confirms performance has returned to its previous levels and actions taken to prevent a further occurrence.</p>
Recommendations	<p>To:</p> <ul style="list-style-type: none"> a. Note that performance has returned to acceptable levels. b. Note the actions completed as a result of the service failure. c. Note the remaining recommendations in the Action Plan in Appendix 3 to be actioned
Reason for Recommendation	To ensure the Council has sufficient assurance in respect of this service and the ongoing priority of maintaining and further improving this service.

1.0 Background

1.1 In July 2022, the Council’s gas servicing programme for council owned homes was significantly underperforming against a target of 100% of properties with a valid gas certificate. Given the number of homes without a valid certificate at one point at its peak over 1,000 properties, the Council self-referred to the Regulator of Social Housing (RSH) in August 2022 and was found in breach of the home standard. A regulatory Notice was served on the Council on 26 October 2022.

1.2 The Regulator had concluded in the Notice that the Council had:

- (a) breached part 1.2 of the Home Standard

(b) As a consequence of this breach, there was the potential for serious detriment to the Council's tenants.

- 1.3 A summary of the history behind the service failure is noted in item 3.0 below and further details can be found in Appendix 3.
- 1.4 The Council had procured Pennington's Consulting to undertake an external audit in September 2023 and a further audit in January 2024 with the latter giving **reasonable assurance**. Both reports can be found in Appendix 1 & 2 respectively.
- 1.5 The Council engaged in monthly meetings with the Regulator of Social Housing to set out progress of restoring performance and progress against an action plan to improve gas servicing arrangements moving forward.
- 1.6 Throughout this period, the performance of the gas servicing programme was reported weekly to SLT and the Portfolio Holder and regularly to engaged tenants. A letter was sent to all tenants affected and reassure them of arrangements in place to recover the position as well as encouraging tenants to keep their appointments.
- 1.7 On 18 March 2024 the Council received confirmation that the Regulator was satisfied that the Council had returned performance to previous levels and the Regulatory Notice was withdrawn.
- 1.8 In June 2023, the Council worked with tenants to understand the customer experience of gas services and provided a number of suggestions that may improve this, whilst also helping tenants to understand why gas servicing is essential and therefore improve earlier and timely access.
- 1.9 Results from the 2022-23 STAR survey conducted in February 2023 show that 86.4% of tenants agree that NSDC take residents health and safety concerns seriously and satisfaction with gas servicing arrangements remains excellent at 91.9%. This reflects our transactional survey results that show satisfaction at 97.9% in May 2024. This reflects that the issue although significant in numbers, was for a relatively short period of time and had no known impact on tenants.

2.0 Legislative and Regulatory Framework

- 2.1 Gas Servicing is covered by Section 36 of the Gas Safety (Installation and Use) Regulations 1998 and places a duty on landlords to undertake annual checks on gas appliances and flues (and that a record is kept and issued or, in certain cases, displayed to tenants) and carry out ongoing maintenance. As a landlord, the Council has a duty to ensure compliance with these Regulations by ensuring that annual gas services are carried out competently and in a timely manner.
- 2.2 The Safety and Quality Standard, a Customer Standard within the Regulatory framework of the RSH states in Section 1.1 and 1.3 that registered providers shall:
 - (a) have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants
 - (b) take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.

2.3 In addition to breaching standards in place via the RSH, non-compliance with the above legislation also leaves the council open to potential enforcement action, criminal proceedings and civil litigation.

3. Contributing Factors for Failure

3.1 Following a thorough investigation, it was clear there were many factors, both internal and external that have contributed to the service failure outlined above.

3.2 In summary the key factors were a combination of poor contact management, workload and time management and systems failure. For further details please see Appendix 3 ‘Service Failure History’.

3.0 Preventative Measures implemented.

3.1 Below sets out officers' actions taken in response to the initial breach with actions taken from the external audit outlined in 3.2 below.

- Implementation of an asset management and compliance software system (APEX) to manage all compliance and asset investment programmes.
- Strengthening of compliance monitoring at all levels of the Council including regular auditing and escalation arrangements for reporting performance exceptions
- Introduction of 10-month “MOT style” service cycle and regular reminders to tenants around importance of access for gas servicing.
- Changes to the annual programme to flatten the peak of servicing due in June-August to maximise resources and remove pinch points. This is expected to be fully completed by March 2025.
- Gas Servicing is on annual internal audit plan.
- Additional support from community-based colleagues to secure successful access for appointments (high levels of non-access).

3.2 Following the last external audit a range of recommendations were made, and these are listed in the table below. The progress is indicated within the table. Two of the minor recommendations are still outstanding.

Items for Action with Audit Reference Numbers	Progress
1.1 All inaccurate records be investigated, and any confirmed errors corrected in Apex and communicated to your servicing contractor. Extending the inhouse record audit to cover 100% of your records.	Completed 17 th Nov 2023
1.2 Gas Servicing and Safety Policy to be review.	Completed 24 th Nov 2023
2.2 Archiving the Excel trackers Set a target date for archiving the Excel trackers and running Heating Appliance Servicing programmes through Apex.	Completed 27 th Oct 2023
2.3 Sample Programme Audit To test the accuracy data validation processes, by undertake a 5 per cent sample audit of the properties (domestic & blocks) not on your gas servicing programme to test what documentary evidence we have for excluding them.	Completed end Jan 2024

<p>2.4 Properties handed back by the servicing contractor. Agree a set number of days to expiry for when the contractor must hand back a property following no access, so that we have certainty on the timescales we are working to for gaining access to the property before the LGSR expires – this is typically 30 days.</p>	Completed end Dec 2023
<p>2.5 Internal escalation/investigation for no access properties Procedure to document our internal escalation/investigation process for no access properties.</p>	Completed end Jan 2023
<p>2.6 Capping properties Procedure for capping properties</p>	Completed end March 2024
<p>2.7 Tenant Satisfaction Measures Review our reporting approach to confirm able to comply with the requirements of the TSMs.</p>	Completed 27 th October 2023
<p>2.8 Reporting structure & frequencies Review reporting structure to ensure the audience and frequencies are appropriate.</p>	Completed end March 2024.
<p>2.9 Best practice policy updates Review policy to and add: Data & records, competent persons, performance reporting, significant non-compliance and escalation, resident engagement, dangerous substances and explosive, Atmosphere Regulations (DSEAR) 2002.</p>	Completed August 2024
<p>2.10 Process map redrafting Review our gas safety process map to adopt a swim-lane diagram format which will allow roles and responsibilities to be allocated to specific job roles, timescales to be assigned for achieving key process milestones and the identification of interdependencies between roles and departments.</p>	Completed August 2024
<p>2.11 Procedure redrafting Following the redrafting of our gas safety process map, we ensure all commitments in policy are covered detailing our approach as outlined in the process maps.</p>	Completed August 2024
<p>2.12 Policy, Process, and Procedure Implementation Train all relevant staff on revised policy and procedures and ensure staff are aware of the obligations, roles and responsibilities.</p>	Completed August 2024
<p>2.13 Compliance Team Resource Training for Gas Safety & Water hygiene Compliance Officer at Level 4 VRQ in Gas Safety Management in Social Housing or the Level 4 VRQ Diploma in Asset and Building Management Compliance.</p>	On going from Sept 2024
<p>2.14 Contractor Competencies Set up process to ensure contractor competencies are checked at least annually, and documentary evidence saved by NSDC to confirm what competencies each contractor holds, the dates of expiry (if applicable), the date on which they were last checked and by whom.</p>	Completed 29 th February 2024
<p>2.15 Resident Engagement Develop a compliance specific resident engagement and communication plan.</p>	Completed 31 st March 2024
<p>2.16 100% Internal Desktop Record Audit Implement an internal one 100% desktop audits of all LGSRs/certificates provided by our contractor.</p>	Completed November 2023
<p>3.1 Capita flagging process.</p>	Completed March 2024

Document a formal flagging process in Capita which outlines the criteria by which a property should be flagged, who is responsible for doing so and what action must be taken by the Repairs Team/Customer Service Team or the wider business if they come across a flag.	
3.2 Automated report on mutual exchanges Implementing an automated weekly/monthly report which shows any changes of tenancy and is sent to the Compliance Team for review to identify any mutual exchanges and confirm they have received a gas service.	Outstanding – To be completed by May 2025
3.3 RAG Ratings in Reports Change rating to 100% - Green 98-99.9% - Amber 0-97.99% - Red	Completed April 2024
3.4 Narrative in Reports Non-compliance cases are addressed with narrative and include: <ul style="list-style-type: none"> Explanation of current position; corrective action required and anticipated impact of corrective action. 	Completed March 2024
3.5 Data reporting structure Revision of Compliance Reports to ensure that key information is being presented to the reader in the most succinct format.	Completed 19 th April 2024
3.6 Compliance Team Resource Draft JD for Improvement Manager and assess salary at JE Panel. Then seek approval from SLT to recruit post to deliver the road map and recommendations.	Outstanding – To be completed by end Dec 2025
3.7 NSDC Website Document gas safety information for residents on the Councils 'Information for tenants' section and ensure these pages are kept up-to-date and reflect any regulatory or legal changes.	Completed April 2024

3.3 In January 2024 the external auditor also recommended carrying out an audit of 100% of all records to correct all inaccuracies between system and certificate dates. This data audit will be conducted by our internal auditors when reviewing Building Safety which is due for completion by 31 March 2025.

4.0 Contract Performance Monitoring

- 4.1 Our gas contractor Phoenix Gas Ltd is subject to formal fortnightly performance review meetings during its contract period. When there are any concern or a dip in performance, meetings are increased to a weekly basis.
- 4.2 The performance indicator for gas servicing changed in April 2024 to show the gross number of properties without a valid certificate regardless of whether there was a legal action in progress.
- 4.3 As at 6 September 2025, the current performance of the gas servicing programme is 34 properties without a valid gas certificate. Please note that many of these cases are new and not those outstanding from the last report.

5.0 Monitoring and Assurance

- 5.1 Apex is the housing asset and compliance software which monitors the contract performance and assists the Council with spotting service failures early, enabling swift intervention to bring delivery back to acceptable service levels as soon as possible.

5.2 Compliance assurance reporting is undertaken as follows:

- a) Quarterly reviews of Strategic Risk 409 – Strategic Compliance Management
Undertaken with the Safety and Risk Manager, Director of Housing, Health and Wellbeing and Deputy Chief Executive
- b) Quarterly reporting of performance of all HRA compliance aspects to the Risk Management Group, and
- c) Quarterly performance report to SLT, Housing Assurance Board, Policy and Performance Improvement Committee and Cabinet.
- d) Performance is also shared with tenants via the Tenant Annual Report and will be part of the suite of Key Performance Indicators updated to the Councils website from Qtr 1 2025-26

6.0 Implications

6.1 Financial Implications FIN24-25/4668

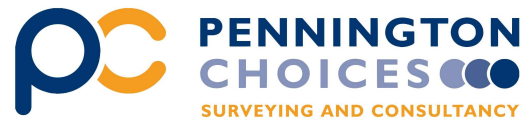
There are currently no financial implications for this report. However, if any future development proposals, such as the creation of a Housing Compliance Improvement Manager, were put forward for approval at a future date, then the associated costs and financial implications of such options would need to be assessed as part of a separate report.

6.2 Equality & Diversity

Approximately 90% of our tenants have gas heating and therefore any potential dip in performance could have a negative effect. Where legal action is proposed, a full equality impact assessment is completed as part of the pre-legal process.

Background Papers and Published Documents

- Appendix 1 Pennington Audit Report – August 2023
- Appendix 2 Pennington Follow-up Audit Report – January 2024
- Appendix 3 Service Failure History



Newark & Sherwood District Council

Gas Safety Review

August 2023

Our ref: NWS2346

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Preface

Pennington Choices provides property surveying and consultancy services to organisations nationwide. We have a wealth of experience working with more than 150 public and private sector organisations across social housing, NHS, education, retail, rail, police, and local authorities over the past 20 years. Our breadth of services makes us unique and provides a cost and time-effective solution to our clients.

Our advisory, professional and out-sourced services are:

- Housing and finance consultancy
- Occupational health and safety
- Recruitment services
- Asbestos – surveying, analysis, and management
- Chartered building and quantity surveying
- Stock condition and asset management
- Fire safety and compliance
- Energy - EPCs and sustainability services
- Gas and electrical – auditing, inspection, and management
- Professional training and qualifications

We develop lasting professional relationships and partnerships with all our clients. We do this by helping them to meet their strategic objectives by adding real value to organisations and projects. Many of our long-term clients are contractors, social housing organisations, local authorities, health and social care organisations, private landlords, homeowners, and education providers.

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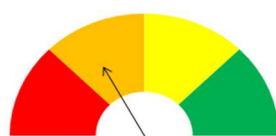
Version Control

Date	Version	Description
23/08/2023	V0.1	First draft
31/08/2023	V0.2	Internal QA
21/09/2023	V1	Final version V1
26/09/2023	V2	Final version V2

1. Executive summary

- 1.1. Newark & Sherwood District Council (NSDC) commissioned this Gas Safety Review to assess and provide assurance on your compliance with applicable legislation and Approved Codes of Practice on gas safety compliance, regulatory standards, as well as sector best practice.
- 1.2. In August 2022, you self-referred to the Regulator of Social Housing (RSH) for a potential breach of the Home Standard due to underperformance in your gas servicing programme which resulted in over 1000 homes not having a current statutory gas certificate. You have since undertaken an internal investigation to understand what led to this underperformance, what lessons could be learned and what changes were required to prevent this from reoccurring. Commissioning this review is an example of your commitment to improving your service offering to your residents and keeping them safe in their homes.
- 1.3. There are controls in place to meet your legal obligations under the Gas Safety (Installation and Use) Regulations 1998. You have an established gas servicing programme with significantly improved levels of performance since you referred to the RSH. As per your latest performance report (June 2023), you had 36 overdue properties – all of which were captured within your enforcement process. You have also implemented a compliance management system (APEX) which is being well utilised to deliver your gas servicing programme. Furthermore, you are already aware of the shortcomings in your process, such as the manual updating of anniversary dates in the system and have taken action to address them.
- 1.4. **People** – Leadership of Gas Safety is good and there is demonstrable technical competence and experience to deliver your legal obligations. Keeping resident's safe is a clear theme and driving priority. There is an evident focus on continuous improvement, alongside delivering compliant services. Your approach could be strengthened by having somebody within the team with a management qualification specific to gas safety.
- 1.5. **Governance** – Governance is good and there is documentation in place to support effective operations and demonstrate your commitment to improving your service to residents. Whilst it is positive that your Gas Servicing and Safety Policy is Board approved, it was due for review in January 2023 and is therefore eight months out of date. The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022, a key legislative change that came in to force in October 2022, has not been addressed in your policy.

- 1.6. **Systems and data management** – Your gas servicing programme data is managed within the newly implemented Apex system and appears well controlled. You also recognise the need for continued development of the system to ensure the entirety of your programme data and resulting certifications are managed electronically. The introduction of the API to allow the electronic processing of completed service data from your contractor’s system to APEX is a good example of this.
- 1.7. **Reporting** – Your approach to reporting could be strengthened and requires review in the context of the Tenant Satisfaction Measures (TSMs), introduced in April 2023. The structure of your reports to leaders can be enhanced by including a single page numerical breakdown of current performance across key compliance areas, month-by-month performance benchmarking, and supporting narrative to address any non-compliance and detail the action being taken. Consider the recommendations in the action plan (Appendix 1) and our example scorecard (Appendix 2). You are currently developing the dashboard reporting functionality within Apex which will provide these improvements based on the brief demonstration we were given.
- 1.8. **Legal duties** – There are controls in place to ensure the legal duties and obligations are achieved for Gas Safety. There are also several examples of good practice, where the teams are going above and beyond to put residents first and ensure safety within their homes, for example, your Tenant Engagement Board.
- 1.9. Our overall assurance rating is **limited assurance** which represents our assessment of cross cutting themes, such as data, governance, and reporting, as well as outturn performance (see Appendix 5 for full assurance rating criteria).



Limited Assurance

- 1.10. The overall approach of NSDC is good and many of the recommendations in this report are intended to move you towards a best practice approach. The decision to conclude limited assurance is driven primarily by the findings of the sample record audit (section 3.11) which raises concerns around the accuracy of your data in Apex and resulting compliance programmes. It also reflects that currently there are 3 priority one (high) recommendations that require addressing.

1.11. We have made 24 recommendations to further improve your approach (see Appendix 1 – Compliance Roadmap) and support substantial assurance upon within six months.

- 2 x priority one – complete within three months
- 15 x priority two – complete within six months
- 7 x priority three – complete within 12 months


2. Introduction

2.1. NSDC appointed Pennington Choices to carry out an assessment of your compliance arrangements across gas safety. Our scope included all properties owned and/or managed by NSDC. The objectives of the review were as follows:

- Evaluate your existing approach to the management of gas safety against your legal obligations and best practice.
- Provide assurance on your current approach and compliance position.
- Identify any areas of good practice.
- Identify any areas that you must address if you are not complying with legislative or regulatory requirements, and/or areas that we recommend you strengthen in order to meet best practice.
- Provide clear recommendations and actions which set out how you can or should address any issues we identify.

2.2. Our approach included consideration of:

- Roles and responsibilities.
- Understanding of compliance obligations by key staff.
- Competencies of staff and contractors.
- Policies, processes, and procedures.
- Programme management.
- Approach to follow-up works.
- Procurement and contract management.
- Arrangements for properties managed by others.
- Data management and validation.
- Record keeping.
- Reporting.
- Auditing.
- Resident communications.

- 
- 2.3. We have assessed NSDC's compliance with legislation, regulation, Approved Codes of Practice and considered whether your governance arrangements provide appropriate levels of assurance for meeting these obligations.
 - 2.4. The views and assumptions reached in this report reflect the documents, reports, and data we have reviewed. Our assumptions reflect what employees told us about the current arrangements for managing compliance during the discussions that took place on 17 August 2023. We wish to acknowledge that the employees involved were fully engaged and open in their participation with the process and demonstrated a desire to continue to implement improvements in managing gas safety.
 - 2.5. We recommend the findings and recommendations within this report are shared with the Executive Team, Board, and relevant scrutiny panel/ committee so members understand the current position and provide support for any further action required.
 - 2.6. Section 3 of this report outlines our summary of strategic and operational findings. We provide all recommendations made throughout this report in a Compliance Roadmap in Appendix 1.

3. Findings

3.1. Governance and strategic oversight

- 3.1.1. Governance for compliance within the Housing Revenue Account (HRA) is strong and there is a good understanding of roles and responsibilities. There is an appreciation of the importance of achieving an assurance culture which is based on clear information, data, and documented evidence that support claims that effective controls are in place.
- 3.1.2. Gas Safety is managed and delivered under the remit of the Business Manager – Housing Maintenance and Asset Management who reports into the Director of Housing Health and Wellbeing. Gas Safety Compliance is operationally managed by the Compliance and Safety Manager. Your governance structure is suitable for ensuring compliance reporting is escalated through the management chain.
- 3.1.3. Your provided various documentation to demonstrate your proactive approach to governance at a Senior Leadership level and above, including:
 - **Gas Safety Compliance – Lessons Learnt** – a report outlining the factors that contributed to a self-referral to the Regulator of Social Housing for a potential breach of the Home Standard for failures in the Council's HRA Gas Servicing Programme. It also

sets out the actions taken so far and further actions recommended to return performance to its previous levels and prevent another occurrence.

- **Strategic Approach to Social Housing Asset Management** – provides an overview of Newark & Sherwood Council’s existing approach to managing the housing related assets held in the Housing Revenue Account (HRA). It covers a range of activities that ensure the housing stock meets the needs of customers and standards required. Property compliance, including gas safety, is covered in this document.
- **Improving the customer experience of gas servicing** – a report which provides the outcomes of the gas servicing programme review. It considers the customer experience from start to finish and identifies areas of strength and recommendations for areas of improvement.

3.2. Data and records

3.2.1. Robust data forms a key foundation for compliance with legal and regulatory obligations and being able to evidence how you are keeping residents safe. If the data underpinning compliance programmes is inaccurate, it undermines their effective delivery. It is imperative to control, monitor and reconcile your data periodically to ensure it is consistently accurate and any issues are flagged as early as possible. This should be driven by a housing / asset management system that supports good data management and automation.

3.2.2. Capita is your core system which is being used to manage your assets and the gas servicing programme is then managed through Apex. All property data held in Apex is driven from Capita to reduce the risk of the two systems falling out of alignment.

3.2.3. As per your latest report (June 2023), you were reporting the following:

Assets	
Total no. of individual dwellings / properties being managed	5541
Total no. of “blocks” being managed	341
Total no. of non-residential units (i.e., commercial properties including offices, retail units, storage facilities etc.)	4

Heating Appliance Servicing						
Heating Systems	Annual Target	Target for Month	Total for Month	Out of Compliance	Compliance	
					Annual	Month
Valid Gas Annual Safety Inspection	5199	594	558	36	99.31%	93.55%
Solid Fuel	20	0	0	0	100.00%	100.00%
Oil Servicing	205	31	23	8	96.10%	74.19%
LPG Gas Servicing	3	0	0	0	100.00%	100.00%
Commercial Boilers	4	0	0	0	100.00%	100.00%
Heat Pumps	89	9	9	0	100.00%	100.00%
Electric	18	0	0	0	100.00%	100.00%

- 3.2.4. You are running three Excel documents in conjunction with your Apex programme: *'Compliance Tracker,' 'Gas Servicing Change Control,' 'Gas Servicing – Legal Packs.'* These are being used as an interim measure to provide assurance on the accuracy of your programmes whilst the servicing data was being migrated to Apex. There is an inherent risk of inaccuracy through managing compliance programme information in spreadsheets. However, you are already aware of the risks and plan to stop using the documents once you are confident that all required information has been accurately transferred to Apex. To eliminate running two systems in tandem, we recommend you set a target date for archiving the Excel trackers and running your Heating Appliance Servicing programmes entirely through Apex. **(Recommendation 1 – Archiving the Excel trackers – P2)**
- 3.2.5. A fundamental component of assurance is being able to demonstrate that your servicing programmes are accurate, all properties requiring a service visit are included, with supporting evidence for the excluded properties. Data validation is currently a manual task involving VLOOKUPS between two system extracts. To test the accuracy of your validation processes, we recommend you undertake a 5 per cent sample audit of the properties (domestic & blocks) not on your gas servicing programme to test what evidence and level of assurance you have for excluding them. If the sample audit identifies any anomalies, we recommend undertaking a data validation exercise across gas safety. This would include establishing a formalised approach to data validation and reconciling data every month, to

provide assurance across all property assets, inspection records and other compliance data. **(Recommendation 2 – Sample Programme Audit- P2)**

- 3.2.6. The process for updating Apex with the most recent servicing data is currently manual and accuracy is dependent on the diligence of the person inputting the data. Positively, you have already recognised this as a potential risk and are in the process of implementing an API which will allow information to be automatically added from the contractor's system to Apex following the completion of a service. This API is due to go live on the 11/09/2023.
- 3.2.7. Reducing manual entry and seeking out opportunities for automation is a best practice approach. Once the API is up and running, you intend to sample check the quality of the records going into the system. However, this process is still to be formalised.
- 3.2.8. Capita has a flagging system which can be used to alert users of the system (Customer Service or Repairs Team) of an outstanding gas service when speaking to customers about any other works which will require a property visit. However, this process is not currently formalised or documented. We recommend you document a formal flagging process which outlines the criteria for when a property should be flagged, who is responsible for doing so, and what action must be taken by the Repairs Team/Customer Service Team or the wider business if they come across a flag in Capita. **(Recommendation 3 – Capita flagging process – P3)**

3.3. Gas Servicing Programme & Other Heating Types

- 3.3.1. Your gas servicing programme is delivered by an external contractor, Phoenix Gas Services (Phoenix), on a 3-star contractual agreement. The programme is held in Apex but driven by the contractor in their Plentific system. The number of properties included on programme is driven by the building attribute data held in Capita and collected by your ongoing programme of stock condition surveys.
- 3.3.2. You have utilised the 'MOT style' approach to your gas servicing which means you can undertake a gas service within two-months of the date of expiry and still maintain the anniversary date. As a result, your contractor contacts each resident once the LGSR at their property is within 90-days of expiry to arrange a servicing appointment. They will make three access attempts, leaving a no access card and taking photographic evidence each time, before the property is referred to NSDC for further investigation.
- 3.3.3. Currently, there is no formal agreement with Phoenix on the timescales for when a property is referred over. This creates a risk that you are working to different timescales each time a property enters your internal escalation process. We recommend you agree a set number of days to expiry for when the contractor must hand back a property, so that

you always have certainty on the timescales you are working to for gaining access to the property before the LGSR expires – this should be approximately 30 days.

(Recommendation 4 – Properties handed back by the servicing contractor – P2)

- 3.3.4. Following a no access referral from the contractor, you informed us that you will make further attempts to access the property. This includes making direct attempts to contact the resident and engaging with your Housing Officers for support/more information. Whilst this is a good practice, it has not been formally documented and reliant on the knowledge of the staff currently in post. Not formally documenting your approach creates the risk of key knowledge being lost if staff members leave. There is also the risk that employees will deviate from and miss key steps of the process. We recommend you formally document your internal escalation/investigation process for no access properties within the process map and procedure documents recommended in section 3.5.

(Recommendation 5 – Internal escalation/investigation for no access properties – P2).

- 3.3.5. The programme is driven by Phoenix who are the owners of the data and determine when the next service will take place. However, you have controls in place to ensure the programme remains accurate. The information Phoenix records into Plentific following a gas service is also reflected in Apex and there will be even greater synchronicity between the two systems once the API goes live. In addition, you have an automatically generated monthly report which notifies the contractor of the properties to be serviced in the next 30-days as per the information held in Apex. This allows Phoenix to ensure that every property is captured in their upcoming programme.

Capping Properties

- 3.3.6. Your approach to capping properties is determined by the information held on your residents in Capita and will consider any known vulnerabilities to guide your decision-making process. You also have a policy of fitting restrictors/interrupters on new boiler installations which are activated by default.
- 3.3.7. Section 3.8 of your Gas Servicing and Safety Policy states that you will isolate a gas supply at the meter if there is no credit available to allow the completion of a gas service. The policy also states that you will support the resident of the property to remedy the debt on the meter in a timely manner where there is a known or potential vulnerability which may be exacerbated by no gas supply. However, this has not been documented in the procedure.
- 3.3.8. For properties where the gas is capped you currently review these monthly, this is done by the Business Manager who will raise any concerning cases within the monthly meeting with the Director of Housing Health & Wellbeing. These meetings are designed to ensure

any cases that fall outside a standard process, or where you have concerns can be discussed and progressed. However, properties where the tenant has requested their supply is capped are only visited again the following year to ensure the cap is still in place.

- 3.3.9. Capping the supplies of tenanted properties is no longer considered good practice and should you choose to continue with this approach, we recommend you review your criteria for doing so at a senior level. You should outline the circumstances in which a supply will be capped, ensure the approach is approved by Board, and then clearly document it in your policy and procedure. This will ensure there is clarity on when a property should be capped, any investigations/due diligence required beforehand and the approval process. **(Recommendation 6 – Capping properties – P2)**

Mutual exchanges & voids

- 3.3.10. Void properties are managed by a gas engineer working directly for the Council who will cap a property's supply whenever it becomes vacant. When the property is relet, a Council Tenancy Officer will contact your gas contractor who will complete a turn on and test (TOAT) which will override the LGSR anniversary date.
- 3.3.11. Mutual exchanges are managed via the same principles as void properties including capping the supply and undertaking a TOAT. When a mutual exchange is agreed, an email alert is sent to the Gas & Water Hygiene Compliance Officer. However, this is manual process and creates a small risk that an exchange could take place without the knowledge of the Compliance Team. We recommend implementing an automated weekly/monthly report which shows any changes of tenancy (inc. voids & mutual exchanges) and is sent to the Compliance Team for review. This is already in place for your void properties. **(Recommendation 7 – Automated report on mutual exchanges – P3)**

3.4. Reporting

- 3.4.1. The following documentation was submitted as evidence of your approach to reporting gas safety:
- *Housing Services Compliance Performance Report – April 2023*
 - *Housing Services Compliance Performance Report – May 2023*
 - *Compliance Performance Briefing Note – Q3 2022/23 – reported to Tenant Engagement Board*
 - *Housing, Health & Wellbeing -Compliance Assurance Report - Quarter 1 2023-24 – reported to Senior Leadership Team*

3.4.2. You appreciate the importance of effective reporting. The tabular approach to reporting compliance and the use of red, amber, green (RAG) performance indicators is consistently applied to present the information in a way which allows the reader to readily understand performance. Whilst the reporting currently being produced is sufficient, we have best practice recommendations which could be implemented to improve it. Although the scope of this audit is specific to Gas Safety, reporting at a leadership level should include a summary across your most significant compliance workstreams. Our recommendations can be applied to all areas:

- **RAG ratings** – a 10% allowance for amber rated properties is a wide parameter. Based on your '644 report' you have 4715 properties on your 'GASDOM' contract and a non-compliance rate of 10% would therefore represent 472 at risk properties and be a significant cause for concern. We therefore recommend you update your RAG rating as follows: 100% - Green, 98-99.9% - Amber, 0-97.99% - Red. (**Recommendation 8 – RAG Ratings – P3**)
- **Supporting narrative** – whilst it is positive that narrative is provided to explain events of non-compliance, the level of detail is not consistent. The June 2023 Compliance Report, which is appended to the Housing, Health & Wellbeing – Compliance Assurance Report is an example of this where there is non-compliance being reported across gas and electric but with varying degrees of detail in the explanations. We recommend all instances of non-compliance are addressed with narrative and the following structure is used to provide the explanation:
 - Explanation of your current position.
 - Corrective action required.
 - Anticipated impact of corrective action.

(Recommendation 9 – Supporting narrative in reports – P2)

- **Structure** – the presentation of the numerical data could be improved to ensure that key information is being presented to the reader in the most succinct format. We advocate for a single page view of performance across the 'big six' areas of compliance which details your position for the current reporting month/quarter. This can then be supplemented with a trend analysis table to demonstrate performance over a 12-month period. We have included an example in Appendix 3 of this report to demonstrate how this could be achieved. However, it is likely that the dashboard functionality that you are currently implementing in Apex will be better at providing a summarised and up to date view of performance, which can then be included in your reports. (**Recommendation 10 – Data reporting structure – P3**)

- 3.4.3. In addition, you must also consider how you are going to meet the reporting requirements of the Tenant Satisfaction Measures (TSMs) which came into force 01 April 2023. The TSMs were introduced to assess the quality of housing and services that social housing landlords are providing to their tenants. There are 22 measures in total covering complaints, neighbourhoods, anti-social behaviour, repairs, and safety. Within the scope of this audit are the 'Maintaining Building Safety' measures which cover gas, fire, asbestos, water hygiene and lift safety. The new requirements focus on reporting your total number of dwellings with a non-compliant record for each compliance area, which is presented as an overall percentage to highlight the total risk. Now the TSMs are in force, landlords must start collecting the relevant data ready to make the first submission in the first half of 2024. We recommend you undertake a review of your reporting approach to confirm you are able to comply with the requirements of the TSMs. A key consideration is to ensure your data structure readily allows you to identify the dwellings which sit within each of your communal blocks, including any properties being managed by a third party. The example reporting structure provided in Appendix 3 meets the requirements of the TSMs and can be used to guide your approach. **(Recommendation 11 – Tenant satisfaction measures – P2)**
- 3.4.4. Currently your reporting covers an annual year to date % of compliant properties, and you are able, from the raw data, to calculate the % of noncompliant properties.
- 3.4.5. Some of your reports are being produced and issued to various audiences/committees without a specific goal or purpose and this is resulting in administrative works which are unnecessary. As a best practice approach, we would expect to see the following structure:
- Operational level reporting – weekly/monthly.
 - Senior Leadership Team & Executive Leadership Teams – monthly.
 - Board/Audit & Risk Committee/Cabinet – quarterly.
- 3.4.6. The volume of reporting produced should always be weighed against the purpose and difficulty in doing so. If reporting can be produced and sent automatically then it may make more sense to increase the frequency to certain audiences. However, you should always ensure the audience is appropriate and there is a tangible benefit to them receiving the report. Based on the concerns raised, we recommend your reporting structure is reviewed to ensure the audience and frequencies are appropriate. We have included an example KPI control document in Appendix 4 which might assist with this process. **(Recommendation 12 – Reporting structure & frequencies – P2)**

3.5. Policies, process, and procedures

Policies

- 3.5.1. Policies should be set in the context of your strategic objectives and balance cost and risk; set out your roles and responsibilities as a landlord and building owner and the requirements placed upon you by relevant legislation; any actions you will take above the legal minimum, setting out your statement of intent; programme details; data and record keeping; how you will ensure your programmes are delivered to a high quality and by competent people; and how you will gain assurance.
- 3.5.2. Documents of this nature should be developed at a senior level allowing strategic decisions, as permitted by the regulations, to be made, and with input as required from your technical specialists. Policies should be reviewed periodically, at least every two years or following any legal / regulatory changes. They should also be reviewed if the internal strategic direction has changed, or operational decisions are taken that change your existing delivery.
- 3.5.3. You submitted a Gas Servicing and Safety Policy for review which was dated January 2020 and due for review January 2023. It covers the following key areas:
- Policy purpose
 - Responsibilities
 - Overall aims
 - Relevant Legislation and Guidelines
 - Implementation
 - Competency
 - Quality & Performance Monitoring
 - Policy Review
 - Equality & Diversity
 - Privacy Statement
- 3.5.4. To further strengthen your policy document, we recommend you include sections on the following:
- **Data & records** – how each will be managed and what tools/systems will be utilised.
 - **Competent persons** – your definitions of what qualifications and accreditations mean a person/contractor is sufficiently competent to deliver the requirements of their role, both internally and external.

- **Performance reporting** – redraft your information on reporting in the context of the Tenant Satisfaction Measures (TSMs), including who performance will be reported to, how, and at what frequencies.
- **Significant non-compliance and escalation** – including this as its own section in the policy outlines your definition of non-compliance and how it will be escalated through your management structure.
- **Resident Engagement** – outlining how you will support residents in their understanding of gas and heating safety e.g., a resident engagement strategy, communication programmes, information on your website.
- **Dangerous Substances and Explosive Atmosphere Regulations (DSEAR) 2002** – include reference to the legislation and that you will consider the safety of your workspaces and plant/boiler rooms of your residential blocks that fall within scope of the legislation.

(Recommendation 13 – Best practice policy updates – P2)

- 3.5.5. Whilst it is positive that the policy is Board approved, it is eight months out of date and requires review. As a result of the overdue review, we identified a key omission in the policy which reflects of how the landscape has changed since your policy was approved. The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022 are not mentioned in the policy document and came into effect from 1 October 2022. Given that you test hard-wired and battery-operated smoke detectors as part of the annual gas service, these regulations should be covered. We recommend your policy is reviewed every two years as a minimum requirement and in accordance with best practice.

(Recommendation 14 – Policy Review – P1)

- 3.5.6. A draft '*Safety in the Home Policy – for Tenants and Leaseholders*' document was provided. The stated aim of the policy is '*to provide assurance of the arrangements in place to ensure tenants live in a home that is warm, safe and fit for use.*' Whilst we did not review the document in detail, given much of its content is outside the scope of this gas safety review, it positively includes clear information on the purpose of the gas safety check and the responsibilities of both the Council and your residents.

Process maps

- 3.5.7. Two versions of the 'Gas Servicing Procedure' were provided which included process maps detailing the delivery of your gas servicing regimes. Whilst the process elements are detailed, the presentation could be improved to better demonstrate who is responsible for each step, any decisions which must be made, and the timescales to which they must work.

- 3.5.8. In an organisation of your size there is always a risk that your processes are well understood by those delivering them, but their success is dependent on the knowledge of those currently in post. This means the same processes would be far less effective should another employee be tasked with delivering them, as they would not have access to the same knowledge. Through effectively documenting your current processes, you can ensure roles and responsibilities throughout each stage of delivery are clearly allocated and understood. In turn, this will improve resilience as others within the team will be able to provide support where required and use the process maps as a high-level 'how-to' guide.
- 3.5.9. We recommend any new process maps should follow the 'swim-lane' diagram format; as well as allowing roles and responsibilities to be allocated to specific job roles. Also allow timescales to be assigned for achieving key process milestones, and the identification of interdependencies between roles and departments. (**Recommendation 15 – Process map redrafting – P2**)

Procedures

- 3.5.10. Following the redrafting of your gas safety process map, your gas safety procedure should then detail what you will do to achieve the commitments made in your policy and provide the supporting narrative on your approach to operational delivery as outlined in the process maps. Key elements to cover include record management, programme delivery, no access procedures, programme management and performance, quality assurance and escalation. (**Recommendation 16 – Procedure redrafting – P2**).
- 3.5.11. The final element is to ensure that all staff are trained on the policy document and understand the process maps and procedures that affect their role. A formalised roll out of the documents should be undertaken to ensure staff understand and are aware of the obligations, roles, and responsibilities placed upon them. (**Recommendation 17 - Policy, Process, and Procedure Implementation – P2**).

3.6. Structure and operational delivery

- 3.6.1. You informed us that your current structure works well for the effective delivery of gas safety, and we did not identify any causes for concern. Your Compliance Team sits under the Housing Maintenance and Asset Management function and is operationally managed by the Compliance and Safety Manager, who is then supported by the Gas Safety and Water Hygiene Officer. Administrative support is provided by one full-time, one part-time and one temporary Data Co-ordinator. In addition, you have an in-house Fire & Asbestos Surveyor and an Electrical Surveyor.
- 3.6.2. We note that you are currently considering appointing a Compliance Improvement Manager, and this role is currently having the job description drafted. Whilst we do not see

any issues with your current structure, you should consider the resource levels required to deliver the recommendations contained within this report. It may be that additional resources are required on a fixed term basis to deliver the road map and recommendations. **(Recommendation 18 – Compliance Team Resource – P3)**

3.7. Training and competence

3.7.1. Positively, staff have the technical competence and experience to deliver Gas Safety compliance. Throughout the interview process, it was evident that those in post were knowledgeable on their legal obligations and there was a willingness to embrace and implement new guidance and sector best practices. To demonstrate this competence, Curriculum Vitae were provided for the:

- Compliance and Safety Manager
- Gas Safety and Water Hygiene Officer
- Gas and Decarbonisation Officer

3.7.2. Whilst there is demonstrable experience within the team to allow the effectively delivery of gas and heating safety, we recommend this is bolstered by a compliance specific management qualification. Although an accreditation is just one element of a person's competence it is nonetheless an important one. Accreditations demonstrate good knowledge of property compliance and the required competence to deliver gas safety. This is a best practice approach and is particularly important considering the Social Housing (Regulation) Act 2023 will revise consumer standards and set mandatory qualification requirements for senior housing managers and executives. Appropriate qualifications include the Level 4 VRQ in Gas Safety Management in Social Housing and the Level 4 VRQ Diploma in Asset and Building Management Compliance for a more generalised property compliance approach. It is your intention for the Gas Safety and Water Hygiene Officer to undertake one of these qualifications. **(Recommendation 19 – Gas Safety Specific Qualifications – P2)**

3.8. Procurement and contract management

3.8.1. Your gas servicing programme is delivered by an external consultant, Phoenix Gas Services. It is our understanding that this agreement was electronically procured via the Council's standard process. This is the same with your agreement with Arun Services, who deliver servicing to your ground and air source heat pumps.

3.8.2. Competencies of the contractor were checked at procurement stage and confirmed to be sufficient. In addition, you utilise a 'permit to work system' which holds the qualifications, insurances, method statements and risk assessments of each contractor.

3.8.3. Although insurances are checked annually, you do not have a formalised review process of checking competencies to confirm your contractors remain sufficiently competent to undertake the works for which they have been commissioned. We recommend that all contractor competencies are checked at least annually, and evidence is stored by NSDC to confirm what competencies each contractor holds, the dates of expiry (if applicable), the date on which they were last checked, and by whom. **(Recommendation 20 – Contractor Competencies – P2)**

3.9. Resident communications

3.9.1. As an example of your approach to resident communications, you provided several documents including:

- *Signs of common Gas appliance problems.*
- *Improving the customer experience of gas servicing programme.*
- *Tenant Engagement Board Minutes.*
- *Tenant Board – Improving the customer experience of gas servicing.*

3.9.2. The documents provided demonstrate the importance you place as an organisation on ensuring a positive experience for your residents and ensuring they are safe within their homes. In addition, the Tenant Safety Meeting, headed by the Compliance and Safety Manager is an example of good practice, as is the Tenant Annual Report.

3.9.3. In addition, we recommend that you implement an ongoing programme of resident communication to ensure they are kept up to date with relevant gas safety information. This will ensure you are helping residents to understand what they need to do to help keep their homes and themselves safe, and that they can raise concerns about safety. We therefore recommend that you develop a compliance specific resident engagement and communication plan. This plan should include what information is to be conveyed, at what intervals, and via what mediums. **(Recommendation 21 - resident engagement – P2).**

3.9.4. Your website does not include any information on gas safety for residents. General awareness raising and communication around property safety is important as residents are often best placed to mitigate risks themselves. Effective communication can also help residents to feel involved and take steps to be safe in their own homes. Your website has an 'information for Council tenants' section which we recommend is used to document the information. You should then ensure these pages are kept up-to-date and reflect any regulatory or legal changes. **(Recommendation 22 – NSDC website – P3)**


3.10. Quality assurance

- 3.10.1. **Internal audits** - You have an internal audit programme delivered by Assurance Lincolnshire which covers gas safety. Your most recent Landlord Compliance internal audit report was published in June 2022 and covered annual gas safety checks, electrical testing, and fire safety. The audit concluded a rating of 'limited assurance' and made four high and five medium priority actions. The audit document provided highlights compliance with the legal obligations and controls across gas servicing, as we expect to see reported as a minimum requirement for an audit.
- 3.10.2. **External audits** - You have a third party monthly technical auditing regime delivered by Morgan and Lambert on a 10% sample basis of completed works – this is a best practice approach. Third party auditing by a competent and accredited contractor provides impartial assurance for the quality of work undertaken and an additional line of defence for the gas safety programme.
- 3.10.3. Whilst the 10% sample undertaken by Morgan and Lambert is a positive approach and aligned with what we would recommend, it does not provide assurance that all of the gas servicing data going into Apex is correct. To address this, we recommend you implement an internal 100 per cent desktop audits of all LGSRs/certificates provided by your contractor – this is commonly referred to as the '9-point check'. (**Recommendation 23 – 100% Internal Desktop Record Audit – P2**)

3.11. Sample Record Audit

- 3.11.1. As part of our review, we requested random sample of LGSRs from your gas servicing programme – these were selected using the '644 report' from Apex. The purpose of this exercise was to test whether the anniversary dates held in Apex, which ultimately drive your gas servicing programme, are an accurate representation of the records you actually hold. A full breakdown of the results can be found in Appendix 2 and summarised as follows:

New & Sherwood District Council (August 2023)				
Compliance Area	No. of records requested	No. of records provided	No. of accurate records	No. of inaccurate records
Gas	250	250	194 (77.6%)	56 (22.4%)



3.11.2. The audit identified 56 records where the LGSR dates in column N of the '644 report' did not match the record provided. In 21 instances the variance between the two dates was one day but in the remaining 35 it was greater. The average variance was 16 days, and the greatest was 477. Given the error rate, all inaccurate records should be investigated as a matter of priority and any confirmed errors corrected in Apex and communicated to your servicing contractor. If the errors are found to be genuine and 22.4% of your records were inaccurate, we would recommend extending the record audit to cover 100% of your records. (**Recommendation 24 – Sample record audit – P1**)

Mission, vision, and values

Our company brand is an integral part of how and why we do what we do. It is important to us that our people are onboard and share our sense of purpose for the organisation which are captured in our:



Our Mission

To be you Trusted Expert



Our Vision

To be the UK's leading property consultants and surveyors, delivering ethical and sustainable solutions



Our Values

We deliver | We have fun
Integrity | Resilient
Collaborative | Brave

Newark and Sherwood District Council

Gas Audit – Follow Up

January 2024

Preface

Pennington Choices provides property surveying and consultancy services to organisations nationwide. We have a wealth of experience working with more than 150 public and private sector organisations across social housing, NHS, education, retail, rail, police, and local authorities over the past 20 years. Our breadth of services makes us unique and provides a cost and time-effective solution to our clients.

Our advisory, professional and out-sourced services are:

- Housing and finance consultancy
- Occupational health and safety
- Recruitment services
- Asbestos – surveying, analysis, and management
- Chartered building and quantity surveying
- Stock condition and asset management
- Fire safety and compliance
- Energy - EPCs and sustainability services
- Gas and electrical – auditing, inspection, and management
- Professional training and qualifications

We develop lasting professional relationships and partnerships with all our clients. We do this by helping them to meet their strategic objectives by adding real value to organisations and projects. Many of our long-term clients are contractors, social housing organisations, local authorities, health and social care organisations, private landlords, homeowners, and education providers.

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Report prepared by: Caitlin Stubbs

Our ref: NWS2430

Version Control

Date	Version	Description
05/01/2024	V0.1	Report Final
09/01/2024	V.02	Internal QA
09/01/2024	V1.0	Issued to Client
17/01/2024	V1.01	Update issued to Client

1. Summary

Objective	
To review the progress made against Newark and Sherwood District Council’s Priority 1 actions as highlighted in the August 2023 Gas Audit.	
Audit review findings	
	<p>Compliance records Our review of 400 compliance records found 31 instances of non-compliance.</p>
Assurance rating	
<p>Our overall assurance rating is reasonable assurance which represents our assessment of cross-cutting themes, such as data, governance, and reporting, as well as outturn performance (see Appendix 3 for full assurance rating criteria).</p>	 Reasonable Assurance
Recommendations	Next steps
<p>We have made seven practical recommendations within this report (summarised in an action plan at Appendix 1).</p> <ul style="list-style-type: none"> 1 x P1 action is outstanding. 	<p>We recognise that you are committed to improving property compliance management arrangements and you have an appreciation of the challenges to overcome. Implementing our recommendations within the suggested timescales will provide assurance that you are addressing your compliance obligations appropriately.</p>

2. Introduction

In August 2023, we completed a review of your approach to gas safety as a result of your self-referral to the Regulator of Social Housing for non-compliance.

Since this time, you have been working to address the actions made in our Compliance Action Plan and have requested a follow-up audit of your Priority 1 (High Risk) actions which were covered by Recommendations 14 and 24.

3. Progress with Findings

We were provided with a copy of your policy document and two samples of 200 Landlord Gas Safety Records (LGSR) to review as evidence of your progress.

Recommendation 14

Positively, your Gas Servicing and Safety Policy, which was out-of-date at the time of our original gas safety review, has now been updated and was approved in November 2023. We consider this as suitable evidence to close Recommendation 14 as complete on the Action Plan.

Recommendation 24

Recommendation 24 refers to the sample record audit of 250 gas servicing records conducted as part of the gas safety review, which identified 56 records where the LGSR inspection dates and 12-month reinspection anniversaries did not align with the reinspection dates held in your Apex compliance management system. The recommendation was to investigate any discrepancies with the data to determine if the errors are genuine and to extend the audit to an internal investigation for 100% of all records. This exercise was to allow you to correct inaccurate data, and gain assurance on the current status of all your assets in relation to gas safety.

To examine whether recommendation 24 has been completed, you provided an initial sample of 200 LGSRs for auditing against the reinspection dates in Apex. From the audit, we found 12 records which did not align with the dates on your system. Your feedback was that the misaligned dates have been caused by an American date formatting error in Apex. However, there was a variance in dates of up to 12 days, which does not appear to be a date format issue.

Following this initial feedback, a further 200 sample records were provided for review. You also confirmed that the American date formatting error had been resolved. However, of these records 19 did not align with the information in your system. We found the following issues:



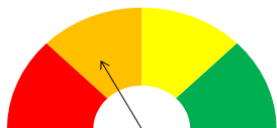
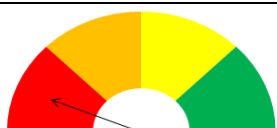
- 17 dates on your system did not match the dates on the LGSR certificate, with a variance of up to five days.

- An admin error resulted in an outstanding service for one property (49B The Meadows).
- American date formatting errors were still present at the time of the second record audit.

Unfortunately, the results of both sample audits have not provided the required assurance to demonstrate Recommendation 24 has been completed. Where the system holds dates that exceed 12 months from the inspection dates, there is a high level of risk that an inspection that an asset will become non-compliant. Inaccurate data undermines effective delivery and accurate reporting, and does not provide assurance that as an organisation you are legally compliant. It is important to note that there can be no tolerance for out of date gas servicing. All LGSRs must be completed before or at the very least, on the day they are due.

We acknowledge that you have completed some additional work to improve the approach to your data management in this area, however, we recommend that further investigation is undertaken to resolve the issues above. An audit of 100% of all records should be undertaken to correct all inaccuracies between system and certificate dates. This should be combined with regular reconciliation to ensure compliance data remains accurate and reliable.

Appendix 1 – Assurance rating criteria

Assurance level	Design of internal control framework	Operational effectiveness of internal controls
 Substantial Assurance	There is a robust system of internal control designed to achieve system objectives. Appropriate procedures are in place to mitigate key risks and fully comply with applicable legislation. There are several areas of best practice.	The controls in place are applied consistently and there are no, or only low, priority weaknesses noted.
 Reasonable Assurance	There is a reasonable system of internal control designed to achieve system objectives with some exceptions. Generally, appropriate procedures are in place to mitigate key risks and comply with applicable legislation, although some are not fully effective.	The controls are applied in most instances; however, some non-compliance was identified through testing. Weaknesses are primarily of a medium or low priority.
 Limited assurance	There are significant gaps in the system of internal control, with system objectives at risk of not being achieved. There are several weaknesses identified in the procedures in place to mitigate key risks and comply with applicable legislation.	There is evidence of non-compliance and several reoccurring weaknesses identified through testing. Weaknesses are primarily of a medium priority.
 No assurance	The system of internal control is not fit for purpose and a significant likelihood that the system’s objectives will not be achieved. There are several procedural gaps which do not mitigate key risks or facilitate compliance with applicable legislation.	There is evidence of consistent or frequent non-compliance. Due to the absence of effective procedures, several reoccurring weaknesses have been identified through testing. Weaknesses are primarily of a high priority.
Recommendation priorities		
Low	Areas that individually have no significant impact, but where the organisation would benefit from improved controls to achieve greater effectiveness and efficiency.	
Medium	A weakness where there is a moderate risk of legal or regulatory non-compliance, poor value for money, or failure to achieve operational objectives. Remedial action should be taken as soon as practicable.	
High	A weakness where there is substantial risk of legal or regulatory non-compliance, poor value for money, or failure to achieve operational objectives. Remedial action should be taken urgently.	

Appendix 3 Significant Contributing Factors for Failure

Significant contributing factors being:

- a) **Procurement management** - Delayed start/prolonged tendering and contract award process.
- b) **Contract management** – the need to utilise emergency/temporary contractors to deliver service during a high demand servicing period.
- c) **Data management** - Reliance upon spreadsheets to manage safety critical data/functions which was prone to human error and did not allow for early detection of failure.
- d) **Software**- Lack of a suitable compliance software management system
- e) **Systems failure** - Data supplied to Gas safety inspection contractor(s), from the spreadsheet, not suitably scrutinised or appropriately reconciled at regular intervals to identify failures (Spreadsheet only allowed measurement against the list provided).
- f) **Resourcing issues** - Staffing issues/ill health/new starters, inability to recruit/retain and requirement to cover empty posts for extended periods.
- g) **External factors** – International/national economic & financial factors affecting ability of all services to procure/deliver services/goods/recruit at a reasonable cost.
- h) **Project management** – Underestimation of resources required to implement new software which delayed the implementation of compliance software.
- i) **Non-Access** – Increased occurrence of tenants not allowing access to undertake testing.
- j) **Inherited inspection programme** – The gas servicing programme transferred into the Council compressed a large volume of services over summer months.
- k) **Management Oversight** - Lack of ability to identify potential foreseeable failures early enough to apply suitable mitigation. Late escalation of possible failure to senior management.
- l) **Service Management** - Greater internal focus on day-to-day issues/delivery of service rather than overall contract performance.
- m) **Workload and Time Management** – Focus on compliance was reduced due to demands on the Compliance Manager to provide cover for other areas in the business unit, whilst also implementing a new compliance software system, procurement/contract management issues alongside the day-to-day responsibilities and workload



Report to: Audit & Governance Committee Meeting – 25
September 2024

Director or Business Manager Lead: Sue Bearman – Assistant Director Legal & Democratic
Services, Monitoring Officer

Lead Officer: Sue.Bearman@nsdc.info
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Report Summary	
Report Title	Review of Arrangements for dealing with Code of Conduct Complaints regarding Councillors
Purpose of Report	To approve updates and revisions to the Council’s Arrangements for dealing with Code of Conduct Complaints regarding Councillors
Recommendations	That the Council’s arrangements for dealing with Code of Conduct Complaints as updated and attached at Appendix B of the report are approved. To recommend to Cabinet that the Council’s Independent Persons are awarded an inflationary pay increase in line with the Chief Officer pay award rate in 2025-26 and each year until the end of the 4-year term in 2027 at which time a further review should be undertaken.
Reason for Recommendation	To ensure arrangements are up to date and fit for purpose

1.0 Background

- 1.1 The Audit & Governance Committee is responsible for overview of the Council’s Members’ Code of Conduct, arrangements for dealing with Code of Conduct complaints and associated protocols, recommendations as to the adoption of and/or amendments to the Code, arrangements, and associated protocols.
- 1.2 The Full Council adopted the Local Government Association’s (LGA) Model Code of Conduct for Councillors in July 2021, subject to minor local amendment. The LGA had developed a Model Code following consultation with the local government sector.
- 1.3 Since then the LGA has published detailed guidance to assist local authorities implement the Code of Conduct and handle complaints.

1.4 In April 2024 the Audit & Governance Committee agreed that a review of the process for dealing with complaints be undertaken by Members of the Audit & Governance Committee at an informal workshop, and that proposals be presented at the earliest opportunity to the Committee for formal consideration. The review was to include consideration of relevant Local Government Association (LGA) guidance, consultation with the Council's Independent Persons, and consideration of the time commitment required by the Independent Persons to undertake the role.

1.5 A workshop took place on 18 July 2024, with four Members present. The current arrangements for dealing with standards complaints are included at Appendix A for reference.

2.0 Proposal/Options Considered

2.1 Members agreed that the Council's arrangements should be consistent with the guidance issued by the LGA. The updated arrangements include specific reference to this with the aim of future-proofing for LGA updates. For clarity the criteria for assessment are set out in the Council's revised arrangements, which are attached at Appendix B (to follow).

2.2 At the workshop, Members agreed there should be provision for rejecting frivolous/vexatious complaints or complaints that are so minor it would be disproportionate use of resources to take further action; that anonymous complaints should normally be rejected; and that bare allegations with no evidence provided would normally be rejected. The feedback from Members at the workshop largely reflected the guidance commentary issued by the LGA for dealing with complaints. The Monitoring Officer proposed that complaints would be handled taking into account proportionality and the level of resource required. Complaints should normally be accepted where there is something of serious concern and would be of benefit of the public to look into.

2.3 Members discussed the benefits of the arrangements allowing for the Monitoring Officer to refer a complaint to Committee for assessment in appropriate circumstances. It was considered appropriate to keep this provision but provide some clarification on the type of complaint this might be appropriate for; the examples provided are where the Monitoring Officer has a conflict of interest or where the matter is particularly high profile. It was also agreed that it would be preferable to convene a sub-committee in these circumstances.

2.4 Members discussed the benefits of political group involvement in resolving issues. The proposed arrangements include provision for the Monitoring Officer to refer complaint to a political group for resolution.

2.5 The confidentiality provisions have been reviewed and updated to provide clarity for complaints and councillors who are the subject of a complaint.

2.6 The workshop was provided with links to neighbouring authorities' arrangements for dealing with complaints. Most were very similar to Newark & Sherwood's arrangements as they were based on a model procedure that was published some

years ago. One included a paragraph about how complaints regarding dual-hatter Members should be handled. For completeness the Monitoring Officer suggested adding this to the updated arrangements.

- 2.7 The current arrangements say that initial assessment should be undertaken within 14 days of receipt of a complaint. However, this has proved challenging to achieve. It is therefore proposed that complaints are acknowledged within 5 working days, and then assessment within 20 working days or longer by agreement. It is also proposed to add a provision for both complainant and the councillor who is the subject of the complaint, to be updated on progress every 30 days if the matter is not concluded at the initial assessment stage.
- 2.8 Members noted that it is not open to the Council to introduce harsher sanctions than allowed by the legislation. Therefore, that aspect of the arrangements has not been amended. However, for clarity a summary of the sanctions available is included near the top of the document. This is following feedback from some complainants to the Monitoring Officer that it might be helpful to manage expectations at the outset of the complaints process.
- 2.9 No substantive amendments have been made to the investigation and hearing process. However, for transparency the hearing process will now be published as part of the procedure.
- 2.10 Updates will be made to the forms that are published on the Council's website to ensure they include up to data privacy statements in order to comply with data protection legislation, and equalities provisions regarding assistance for submitting complaints in writing.
- 2.11 Regarding the role of the Independent Persons, feedback we have received from them is that in the past 12 months they have spent approximately 25-30 hours considering complaints but as Members will be aware there have been a far greater number of complaints when compared to previous years. The Independent Persons have also highlighted the increase in the number of complaints around disrespect with an initial complaint about conduct leading to a further one.
- 2.12 We have consulted with neighbouring monitoring officers and there is a mixed picture in terms of payments for Independent Persons, with some authorities making no payment. It is suggested that as the Council's rate (currently at £1,500) has not increased in several years, the Audit & Governance Committee should recommend an inflationary increase in 2025-26 and each year until the end of the 4-year term in 2027 when this can be reviewed again. It is proposed that a reasonable inflation rate would be to use the Chief Officer pay award rate.

3.0 Implications

In writing this report and in putting forward recommendations, officers have considered the following implications: Data Protection; Digital & Cyber Security; Equality & Diversity; Financial; Human Resources; Human Rights; Legal; Safeguarding & Sustainability and where appropriate they have made reference to these implications and added suitable expert comment where appropriate.

- 3.1 It is a legal requirement for the Council to adopt a code of conduct consistent with the Nolan Principles of standards in public life including provision for the registration of interests; and to have arrangements in place under which allegations can be investigated, and decision on allegations made. It is also a legal requirement to appoint at least one independent person.

Financial Implications 24-25/9246

- 3.2 Currently there are two Independent Person's for which are both receive £1,500 in remuneration. The current budget for the 24/25 financial year is £3,300.
- 3.3 Within the MTFP, inflation had already been assumed on the £3,300 and hence there is £3,465 in 2025/26. This would therefore accommodate the proposed increase in cost.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Current arrangements for dealing with Councillor Code of Conduct complaints are published on the Council's website - <https://www.newark-sherwooddc.gov.uk/media/nsdc-redesign/documents-and-images/your-council/your-council/councillors-and-committees/code-of-conduct/complaintFormGuidance.pdf>

The Council's Constitution is published on its website and includes the Code of Conduct - <https://www.newark-sherwooddc.gov.uk/constitution/>

Full Council report July 2021 – Item 24 - <https://democracy.newark-sherwooddc.gov.uk/ieListDocuments.aspx?CId=139&MId=564>

Audit & Governance Committee report June 2023 – Item 9 - <https://democracy.newark-sherwooddc.gov.uk/ieListDocuments.aspx?CId=298&MId=874>

Audit & Governance Committee report April 2024 – Item 13 - <https://democracy.newark-sherwooddc.gov.uk/documents/s19653/Item%2013%2024.04.24%20-%20Review%20of%20the%20Procedure%20for%20handling%20Code%20of%20Conduct%20Complaints.pdf>

LGA Guidance on LGA Model Councillor Code of Conduct - <https://www.local.gov.uk/publications/guidance-local-government-association-model-councillor-code-conduct>

LGA Guidance on Member Model Code of Conduct Complaints Handling - <https://www.local.gov.uk/publications/guidance-member-model-code-conduct-complaints-handling>

Arrangements for dealing with standards complaints under the Localism Act 2011

1 Context

These “Arrangements” set out how you may make a complaint that an elected or co-opted member of this authority or of a Town or Parish Council within the District of Newark and Sherwood has failed to comply with the authority’s Code of Conduct, and sets out how the authority will deal with allegations of a failure to comply with the authority’s Code of Conduct.

Under Section 28(6) and (7) of the Localism Act 2011, the Council must have in place “arrangements” under which allegations that a member or co-opted member of the authority or of a Town or Parish Council within the authority’s area, or of a Committee or Sub-Committee of the authority, has failed to comply with that authority’s Code of Conduct can be investigated and decisions made on such allegations.

Such arrangements must provide for the authority to appoint at least one Independent Person, whose views must be sought by the authority before it takes a decision on an allegation which it has decided shall be investigated, and whose views can be sought by the authority at any other stage, or by a member or a member or co-opted member of a Town or Parish Council against whom an allegation as been made.

2 The Code of Conduct

The Council has adopted a Code of Conduct for members, which is attached as Appendix A to these arrangements and is available for inspection on the authority’s website

Town and Parish Councils are also required to adopt a Code of Conduct. If you wish to inspect a Parish Council’s Code of Conduct, you should inspect any website operated by the Town or Parish Council and request the Parish Clerk to allow you to inspect the Parish Council’s Code of Conduct.

It may also be available as a web link from the District Council’s website.

3 Making a complaint

If you wish to make a complaint, please write or email to –

Monitoring Officer
Newark and Sherwood District Council
Castle House
Great North Road
Newark
Notts NG24 1BY

Or –

Monitoringofficer@newark-sherwooddc.gov.uk

The Monitoring Officer is a senior officer of the authority who has statutory responsibility for maintaining the register of members' interests and who is responsible for administering the system in respect of complaints of member misconduct.

In order to ensure that we have all the information which we need to be able to process your complaint, please complete and send us the model complaint form, which can be downloaded from the authority's website, next to the Code of Conduct, and is available on request from Reception at the Council's main office.

Please provide us with your name and a contact address or email address, so that we can acknowledge receipt of your complaint and keep you informed of its progress. If you want to keep your name and address confidential, please indicate this in the space provided on the complaint form, in which case we will not disclose your name and address to the member against whom you make the complaint, without your prior consent. The authority does not normally investigate anonymous complaints, unless there is a clear public interest in doing so.

The Monitoring Officer will acknowledge receipt of your complaint within 5 working days of receiving it, and will keep you informed of the progress of your complaint.

4 Will your complaint be investigated?

The Monitoring Officer will review every complaint received and, after consultation with the Independent Person, take a decision as to whether it merits formal investigation. This decision will normally be taken within 14 days of receipt of your complaint. Where the Monitoring Officer has taken a decision, he/she will inform you of his/her decision and the reasons for that decision.

Where he/she requires additional information in order to come to a decision, he/she may come back to you for such information, and may request information from the member against whom your complaint is directed. Where your complaint relates to a Town or Parish Councillor, the Monitoring Officer may also inform the Town or Parish Council of your complaint and seek the views of the Town or Parish Council before deciding whether the complaint merits formal investigation.

In appropriate cases, the Monitoring Officer may seek to resolve the complaint informally, without the need for a formal investigation. Such informal resolution may involve the member accepting that his/her conduct was unacceptable and offering an apology, or other remedial action by the authority. Where the member or the authority make a reasonable offer of local resolution, but you are not willing to accept that offer, the Monitoring Officer will take account of this in deciding whether the complaint merits formal investigation.

If your complaint identifies criminal conduct or breach of other regulation by any person, the Monitoring Officer has the power to call in the Police and other regulatory agencies.

In some cases at his or her discretion, the Monitoring Officer may refer the complaint to the Policy & Finance Committee to decide whether or not it should be investigated or other action taken.

5 How is the investigation conducted?

If the Monitoring Officer decides that a complaint merits formal investigation, he/she will appoint an Investigating Officer, who may be another senior officer of the authority, an officer of another authority or an external investigator. The Investigating Officer will decide whether he/she needs to meet or speak to you to understand the nature of your complaint and so that you can explain your understanding of events and suggest what documents the Investigating Officer needs to see, and who the Investigating Officer needs to interview.

The Investigating Officer would normally write to the member against whom you have complained and provide him/her with a copy of your complaint, and ask the member to provide his/her explanation of events, and to identify what documents he needs to see and who he needs to interview. In exceptional cases, where it is appropriate to keep your identity confidential or disclosure of details of the complaint to the member might prejudice the investigation, the Monitoring Officer can delete your name and address from the papers given to the member, or delay notifying the member until the investigation has progressed sufficiently.

At the end of his/her investigation, the Investigating Officer will produce a draft report and will send copies of that draft report, in confidence, to you and to the member concerned, to give you both an opportunity to identify any matter in that draft report which you disagree with or which you consider requires more consideration.

Having received and taken account of any comments which you may make on the draft report, the Investigating Officer will send his/her final report to the Monitoring Officer.

6 What happens if the Investigating Officer concludes that there is no evidence of a failure to comply with the Code of Conduct?

The Monitoring Officer will review the Investigating Officer's report and, if he/she is satisfied that the Investigating Officer's report is sufficient, the Monitoring Officer will write to you and to the member concerned and to the Town or Parish Council, where your complaint relates to a Town or Parish Councillor, notifying you that he/she is satisfied that no further action is required, and give you both a copy of the Investigating Officer's final report. Normally this action will be taken in consultation with the independent person. If the Monitoring Officer is not satisfied that the investigation has been conducted properly, he/she may ask the Investigating Officer to reconsider his/her report.

7 What happens if the Investigating Officer concludes that there is evidence of a failure to comply with the Code of Conduct?

The Monitoring Officer will review the Investigating Officer's report and will then either send the matter for local hearing before the Hearings Panel or, after consulting the Independent Person, seek local resolution.

7.1 Local Resolution

The Monitoring Officer may consider that the matter can reasonably be resolved without the need for a hearing. In such a case, he/she will consult with the Independent Person and with you as complainant and seek to agree what you consider to be a fair resolution which also helps to ensure higher standards of

conduct for the future. Such resolution may include the member accepting that his/her conduct was unacceptable and offering an apology, and/or other remedial action by the authority. If the member complies with the suggested resolution, the Monitoring Officer will report the matter to the Policy & Finance Committee (and the Town or Parish Council where appropriate) for information, but will take no further action. However, if you tell the Monitoring Officer that any suggested resolution would not be adequate, the Monitoring Officer may (but does not have to) refer the matter for a local hearing.

7.2 Local Hearing

If the Monitoring Officer considers that local resolution is not appropriate, or you are not satisfied by the proposed resolution (unless the Monitoring Officer considers that you are acting unreasonably, or the member concerned is not prepared to undertake any proposed remedial action, such as giving an apology, then the Monitoring Officer will report the Investigating Officer's report to the Hearings Panel which will conduct a local hearing before deciding whether the member has failed to comply with the Code of Conduct and, if so, whether to take any action in respect of the member.

The Council has agreed a procedure for local hearings, which is attached as Appendix 3 to these arrangements.

Essentially, the Monitoring Officer will conduct a "pre-hearing process", requiring the member to give his/her response to the Investigating Officer's report, in order to identify what is likely to be agreed and what is likely to be in contention at the hearing, and the Chair of the Hearings Panel may issue directions as to the manner in which the hearing will be conducted. At the hearing, the Investigating Officer will present his/her report, call such witnesses as he/she considers necessary and make representations to substantiate his/her conclusion that the member has failed to comply with the Code of Conduct. For this purpose, the Investigating Officer may ask you as the complainant to attend and give evidence to the Hearings Panel. The member will then have an opportunity to give his/her evidence, to call witnesses and to make representations to the Hearings Panel as to why he/she considers that he/she did not fail to comply with the Code of Conduct.

The Hearings Panel, with the benefit of any advice from the Independent Person, may conclude that the member did not fail to comply with the Code of Conduct, and so dismiss the complaint. If the Hearings Panel concludes that the member did fail to comply with the Code of Conduct, the Chair will inform the member of this finding and the Hearings Panel will then consider what action, if any, the Hearings Panel should take as a result of the member's failure to comply with the Code of Conduct. In doing this, the Hearings Panel will give the member an opportunity to make representations to the Panel and will consult the Independent Person, but will then decide what action, if any, to take in respect of the matter.

8 What action can the Hearings Panel take where a member has failed to comply with the Code of Conduct?

The Council has delegated to the Hearings Panel such of its powers to take action in respect of individual members as may be necessary to promote and maintain high standards of conduct. Accordingly the Hearings Panel may –

- 8.1 Censure or reprimand the member;
- 8.2 Publish its findings in respect of the member's conduct;
- 8.3 Report its findings to Council or to the Town or Parish Council for information;
- 8.4 Recommend to the member's Group Leader (or in the case of un-grouped members, recommend to Council or to Committees) that he/she be removed from any or all Committees or Sub-Committees of the Council;
- 8.5 Recommend to the Leader of the Council that the member be removed from the Cabinet, or removed from particular Portfolio responsibilities;
- 8.6 Recommend to Council that the member be replaced as Executive Leader;
- 8.7 Instruct the Monitoring Officer to or recommend that the Town or Parish Council arrange training for the member;
- 8.8 Remove or recommend to the Town or Parish Council that the member be removed from all outside appointments to which he/she has been appointed or nominated by the authority or by the Town or Parish Council;
- 8.9 Withdraw or recommend to the Town or Parish Council that it withdraws facilities provided to the member by the Council, such as a computer, website and/or email and Internet access; or
- 8.10 Exclude or recommend that the Town or Parish Council exclude the member from the Council's offices or other premises, with the exception of meeting rooms as necessary for attending Council, Committee and Sub-Committee meetings.

The Hearings Panel has no power to suspend or disqualify the member or to withdraw member's allowances or special responsibility allowances.

9 What happens at the end of the hearing?

At the end of the hearing, the Chair will state the decision of the Hearings Panel as to whether the member failed to comply with the Code of Conduct and as to any actions which the Hearings Panel resolves to take.

As soon as reasonably practicable thereafter, the Monitoring Officer will prepare a formal decision notice in consultation with the Chair of the Hearings Panel, and send a copy to you, to the member (and to the Town and Parish Council if appropriate), make that decision notice available for public inspection and report the decision to the next convenient meeting of the Council.

10 Who are the Hearings Panel?

The Hearings Panel is a Sub-Committee of the Council's Policy & Finance Committee.

The Independent Person is invited to attend all meetings of the Hearings Panel and his/her views are sought and taken into consideration before the Hearings Panel takes any decision on whether the member's conduct constitutes a failure to comply with the Code of Conduct and as to any action to be taken following a finding of failure to comply with the Code of Conduct.

11 Who is the Independent Person?

The Independent Person is a person who has applied for the post following advertisement of a vacancy for the post, and is appointed by a positive vote from a majority of all the members of Council.

12 Revision of these arrangements

The Council may by resolution agree to amend these arrangements, and has delegated to the Chair of the Hearings Panel the right to depart from these arrangements where he/she considers that it is expedient to do so in order to secure the effective and fair consideration of any matter.

13 Appeals

There is no right of appeal for you as complainant or for the member against a decision of the Monitoring Officer or of the Hearings Panel

If you feel that the authority has failed to deal with your complaint properly, you may make a complaint to the Local Government Ombudsman.

Councillor Code of Conduct

Procedure for dealing with Complaints

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1. Introduction

The Council is committed to promoting and maintaining high standards of conduct by all Councillors and has adopted a Code of Conduct which all Councillors and Co-opted Members must follow. This Code can be found on the Council's [website](#) and is attached as **Appendix 1** to this Procedure.

This Procedure provides information about how to complain if you are concerned that a Councillor or Co-opted Member has breached the Code. It also explains the procedure that will be followed when a complaint is received.

This procedure also applies to complaints regarding Town and Parish Councillors in Newark & Sherwood District. Town and Parish Councils are required to adopt their own Code of Conduct. Town and Parish Councils publish their codes of conduct on their websites – details of which are available on the District Council's [website](#).

If you do not have access to the website please call the Customer Services Centre for assistance; 01636 650 000.

2. Overview of the Process

All complaints received will be assessed to decide: -

- a) Whether they are valid and whether any further action should be taken
- b) Whether they can be resolved informally, for example by apology or training
- c) Whether further investigation is needed.

If a matter is considered serious enough to require further investigation it may still be resolved informally after investigation. Where necessary a panel of District Councillors may be convened to decide whether the Code of Conduct has been breached.

Possible sanctions are listed in paragraph 15 of this Procedure. Please note is **not** possible to suspend or disqualify a councillor under this Procedure, or to withdraw payment of allowances. There is no power to impose a sanction which would prevent a councillor from effectively undertaking their role.

3. Independent Oversight

The Council must appoint an 'Independent Person', who is consulted on all complaints received and at all stages of the complaints process.

A councillor who is the subject of a complaint is also able to seek the view of the Independent Person.

The Council has appointed two Independent Persons.

4. Submitting a Complaint

To ensure we have all the information we need to process your complaint we encourage you to complete the complaints form on our website [\[link\]](#). Emails and letters will also be accepted.

Please provide us with your name and contact details, so that we can acknowledge receipt of your complaint and keep you informed of its progress. If you want to keep your name and address confidential, please tell us. We do not normally investigate anonymous complaints, unless there is a clear public interest in doing so.

All complaints should be submitted to:

Monitoringofficer@newark-sherwooddc.gov.uk

Or by post to:

Monitoring Officer
Newark and Sherwood District Council
Castle House
Great North Road
Newark Notts
NG24 1BY

If you need assistance to put your complaint in writing please call the Customer Services Centre for assistance: 01636 650000.

We will aim to acknowledge receipt of your complaint within **5** working days of receipt, and will keep you informed on the progress of your complaint.

5. Initial Assessment of your Complaint

The Monitoring Officer of the Council is a senior officer who has legal responsibility for administering this Procedure.

The Monitoring Officer is responsible for reviewing every complaint received and, after consultation with the 'Independent Person', taking a decision as to how it should be dealt with. This decision will normally be taken within 20 working days of receipt of your complaint, or longer by agreement. You will be informed of the decision and the reasons for that decision.

We may ask you for additional information to decide how your complaint should be dealt with and may request information from the councillor who is the subject of your complaint. Where your complaint relates to a Town or Parish Councillor, we may seek the views of the Town or Parish Council before deciding whether the complaint merits formal investigation. These are pre-assessment enquiries, which will not amount to an investigation. This may include obtaining documentation, such as minutes of meetings.

The Monitoring Officer will write to the Subject Member with details of the allegations (subject to any representations from the complainant about confidentiality or concerns that disclosure of certain details about the complaint would prejudice any potential investigation) and notify the Subject Member of their right to consult one of the Independent Persons.

The Subject Member will be requested to provide within 10 working days of the date of the letter, or such longer period as the Monitoring Officer may agree, any written representations in response to the complaint. The Monitoring Officer will take any representations received into account when deciding how the complaint will be dealt with.

We will rely on the Local Government Association [Guidance on the Local Government Association Model Councillor Code of Conduct](#) and the accompanying Local Government Association [Guidance on Member Model Code of Conduct Complaints Handling](#) to assess your complaint and take a decision as to whether the complaint merits formal investigation or whether it should be dealt with informally or rejected. These documents will be referred to throughout the process.

The Monitoring Officer will inform you (the complainant) and the Subject Member of the decision on initial assessment and the reasons for that decision, in writing.

By exception and at their discretion, the Monitoring Officer may refer a complaint to a Sub-Committee of the Council's Audit & Governance Committee (The Standards Complaint Hearing Panel) to decide whether or not it should be investigated or other action taken. This could be for example where the Monitoring Officer has a conflict of interest, or the matter is particularly high profile.

If your complaint identifies criminal conduct or breach of other regulation by any person, we may refer your complaint to the Police and other regulatory agencies.

6. Complaints against 'Dual Hatted' Members

A 'dual hatted' Member is a Member of a Council and who is also a Member of another authority. The Member could be a serving County Councillor, Fire Authority Councillor, District Councillor and Town or Parish Councillor.

If a complaint regarding a 'dual hatted' Member is received the Monitoring Officer will consider whether:

- The complaint clearly relates to incidents or circumstances which have occurred solely in that Member's capacity as a District, Parish or Town Councillor;
- That no other countywide authority is involved; and

If so, the complaint shall be processed by the Monitoring Officer in accordance with this Procedure.

If in the view of the Monitoring Officer the complaint may impact on the capacity of the Member in relation to their role with another authority, the Monitoring Officer may refer you to the other authority. The Council may continue to deal with any aspects of your complaint that relate to the Member's capacity as a District, Parish or Town Councillor within the Newark & Sherwood District.

7. Confidentiality

In the interests of fairness and natural justice, we believe Councillors who are complained about have a right to know who has made the complaint. We also believe they have a right to be provided with a summary of the complaint. We are unlikely to withhold your identity or the details of your complaint unless we consider that there are exceptional circumstances, or the nature of the complaint is such that the identity of the complainant is not relevant.

To allow us to give full consideration to a request for confidentiality we require you to provide us with an explanation of the reason why you think your details should be kept confidential.

The Monitoring Officer will consider the request alongside the substance of your complaint. We will then contact you with the decision. If your request for confidentiality is not granted, we will usually allow you the option of withdrawing your complaint.

However, it is important to understand that in certain exceptional circumstances where the matter complained about is very serious, we can proceed with an investigation or other action and disclose your name even if you have expressly asked us not to.

If the Monitoring Officer considers that disclosure of some details of the complaint to the Subject Member might prejudice an investigation, the Monitoring Officer may delay notifying the Subject Member until consideration of the complaint has progressed sufficiently.

It is important to preserve the integrity of the complaints process and to minimise any negative effect of the complaint on all the people affected by it, that information relating to the complaint is treated as confidential. The assessment of complaints will therefore be conducted by the Monitoring Officer in confidence. The parties to a complaint are expected to maintain confidentiality as well. Parties are not prohibited from discussing the complaint to seek advice and support; however, it should not be discussed in the public domain.

8. Assessment Criteria

The Monitoring Officer will consider the following, and refer to the relevant LGA guidance, in deciding whether the complaint should be investigated, dealt with informally or rejected:

- a) Does the complaint contain sufficient evidence to support the complaint? The Monitoring Officer will not usually take any further action where a Complainant has

simply made an allegation that the Councillor has failed to act in way that is required by the Code;

- b) Are there alternative, more appropriate, remedies that should be explored first?
- c) Where the complaint is by one councillor against another, a greater allowance for robust political debate (but not personal abuse) may be given, bearing in mind the right to freedom of expression;
- d) Does the complaint appear to be trivial, vexatious, malicious, politically motivated or tit for tat;
- e) Whether an investigation would not be in the public interest or the matter, even if proven, would not be serious enough to warrant any sanction;
- f) the complaint or a substantially similar allegation has previously been the subject of an investigation and there is nothing more to be gained by further action being taken and/or no new material evidence has been provided;
- g) Whether a substantially similar complaint has been submitted and accepted;
- h) a significant period of time has elapsed since the events, which are the subject of the complaint. This could be because, where a matter is serious, it would be reasonable to expect the Complainant to make a complaint promptly, or because the passage of time may make it more difficult to obtain documentary evidence and reliable witness evidence. The Monitoring Officer will normally reject a complaint where the last event complained of took place more than six months prior to the date of the complaint. The Monitoring Officer will however consider any reason why there had been a delay in making the complaint;
- i) Was the behaviour that is the subject of the complaint already dealt with? For example, through an apology at the relevant meeting or other remedial action by the Subject Member, and taking this into account the complaint does not disclose sufficiently serious potential breaches of the Code of Conduct to merit further consideration;
- j) Does the complaint actually relate to dissatisfaction with a local authority decision rather than the specific conduct of an individual?
- k) Is it about someone who is no longer a councillor or who is seriously ill?
- l) the complaint is anonymous. The Monitoring Officer will not usually investigate anonymous complaints unless there is a clear public interest in doing so (see section xx above);
- m) the complaint is such that it is unlikely that an investigation will be able to come to a firm conclusion on the matter. This could be where the matter is such that there is unlikely to be any firm evidence on the matter. An example of this could be a telephone conversation where there were conflicting accounts of what was said in the call was no independent verification of the contents of the telephone call.
- n) a complaint suggests that there is a wider problem throughout the authority, and this will be considered differently and as part of that wider resolution;

- o) the complaint discloses a potential breach of the Code, but the complaint is not serious enough to merit an investigation in circumstances where the resources needed to investigate are wholly disproportionate to the allegations and there is no overriding public interest in carrying out an investigation. Public interest is regarded as something which is of serious concern and benefit to the public.

Notwithstanding the criteria above, the Council will take into account the public interest in taking further action on a complaint.

9. Informal resolution

In appropriate cases, the Monitoring Officer may seek to resolve the complaint informally, without the need for a formal investigation. Such informal resolution may involve

- a) offering an apology
- b) agreeing to attend training
- c) agreeing to engage in mediation
- d) referral to the Subject Member's political group for resolution

Where the Subject Member makes a reasonable offer of informal resolution, but the Complainant is not willing to accept that offer, the Monitoring Officer will take account of this in deciding whether the complaint merits formal investigation.

Where the Monitoring Officer recommends informal resolution, but the Subject Member is not willing to accept that their conduct was unacceptable or is not willing to accept the informal resolution proposed, the Monitoring Officer will take account of this in deciding whether the complaint merits formal investigation.

The Local Government Association Guidance 2021 provides the below examples of matters which may be suitable for informal resolution:

- a) the same particular breach of the Code by many members, indicating poor understanding of the Code and the authority's procedures;
- b) a general breakdown of relationships, including those between members and officers, as evidenced by a pattern of allegations of minor disrespect, harassment or bullying to such an extent that it becomes difficult to conduct the business of the authority;
- c) misunderstanding of procedures or protocols;
- d) misleading, unclear or misunderstood advice from officers;
- e) lack of experience or training;
- f) interpersonal conflict;
- g) allegations and retaliatory allegations from the same members;
- h) allegations about how formal meetings are conducted;
- i) allegations that may be symptomatic of governance problems within the authority, which are more significant than the allegations in themselves.

If the Monitoring Officer considers a complaint can be concluded through informal resolution, they will consult with the Independent Person and may inform the Subject Member and the Complainant and give them the opportunity to comment before making a final decision.

10. Investigation

Both you (the complainant) and the councillor who is the subject of the complaint, should be updated on progress every 30 days if the matter is not concluded at the initial assessment stage.

If the Monitoring Officer decides that a complaint merits formal investigation, they will appoint an Investigating Officer, who may be another senior officer of the authority, an officer of another authority or an external investigator. The Investigating Officer will decide whether they need to meet or speak to you (the complainant) to understand the nature of the complaint to get a better understanding of the allegation and suggest what documents the Investigating Officer may need to see, and who the Investigating Officer needs to interview.

The Investigating Officer would normally write to the Subject Member and provide them with a copy of the complaint, and ask the Member to provide their explanation of events, and to identify what documents they need to see and who they need to interview.

In exceptional cases, where it is appropriate to keep the complainant's identity confidential or disclosure of details of the complaint to the member might prejudice the investigation, the Monitoring Officer can delete the complainant's name and address from the papers given to the member, or delay notifying the member until the investigation has progressed sufficiently.

At the end of the investigation, the Investigating Officer will produce a draft report and will send copies of that draft report, in confidence, to you (the complainant) and to the Subject Member concerned, to give you both an opportunity to identify any matter in that draft report which they disagree with or which they consider requires more consideration.

Both parties will be given 10 working days to make representations or in exceptional circumstances, such other period as the Investigating Officer considers reasonable.

Having received and taken account of any comments which you may make on the draft report, the Investigating Officer will send the final report to the Monitoring Officer.

11. Investigating Officer Concludes that there is No Evidence of a Breach of the Code of Conduct

The Monitoring Officer will review the Investigating Officer's report and, if they are satisfied that the Investigating Officer's report is sufficient, the Monitoring Officer will write to you (the complainant) and to the Subject Member and to the Town or Parish Council (where the

complaint relates to a Town or Parish Councillor) confirming that they are satisfied that no further action is required, and provide a copy of the Investigating Officer's final report. This action will be taken in consultation with the Independent Person.

12. Investigating Officer concludes that there is Evidence of a Breach of the Code of Conduct

The Monitoring Officer will review the Investigating Officer's report and will then either send the matter for local hearing before the Hearings Panel or, after consulting the Independent Person, seek local resolution.

13. Local Resolution

The Monitoring Officer may consider that the matter can reasonably be resolved without the need for a hearing. In such a case, the Monitoring Officer will consult with the Independent Person and you (the complainant) and seek to agree with you what would be a fair resolution which also helps to ensure higher standards of conduct for the future. Such informal resolution may involve the Subject Member accepting that his/her conduct was unacceptable; and

- a) offering an apology;
- b) agreeing to attend a training course;
- c) agreeing to engage in a process of conciliation; or
- d) the council introducing some other remedial action (such as changing procedures).

If you tell the Monitoring Officer that any suggested resolution would not be adequate or the Subject Member refuses to accept the resolution the Monitoring Officer may (but does not have to) refer the matter for a hearing.

14. Hearing

If the matter is not concluded by informal resolution then the Monitoring Officer will report the Investigating Officer's report to the Hearing Panel (a sub-committee of the Council's Audit & Governance Committee) which may conduct a hearing before deciding whether the Subject Member has failed to comply with the Code of Conduct and, if so, whether to take any action.

The Monitoring Officer will conduct a pre-hearing process, requiring the Subject Member to give their response to the Investigating Officer's report in writing to identify what is likely to be agreed and any facts that may be disputed.

The role of the panel is to decide factual evidence on the balance of probabilities.

The Independent Person will be invited to attend to observe but will not participate in the hearing. The Panel will seek the views of the Independent Person and take those views into account before making its decision.

See **Appendix 2** for further details about the hearing procedure.

15. Sanctions

Full Council has delegated to the Panel, powers to take action in respect of individual members as maybe necessary to promote and maintain high standards of conduct. The Local Government Association Guidance 2021 provides that when deciding on a sanction, the panel should ensure that it is reasonable, proportionate and relevant to the subject member's behaviour.

Typical sanctions may include one or a combination of the following:

- report its findings in respect of the subject member's conduct to council (or the relevant parish council)
- issue (or recommend to the parish council to issue) a formal censure
- recommend to the subject member's group leader (or in the case of un-grouped councillors, recommend to council) that they be removed from any or all committees or sub-committees of the authority (or recommend such action to the parish council)
- recommend to the leader of the authority that the subject member be removed from positions of responsibility
- instruct the monitoring officer to (or recommend that the parish council) arrange training for the subject member
- recommend to council (or recommend to the parish council) that the subject member be removed from all outside appointments to which they have been appointed or nominated by the authority (or by the parish council);
- recommend to council (or recommend to the parish council) that it withdraws facilities provided to the subject member by the authority for a specified period, such as a computer, website and/or email and internet access; or
- recommend to council (or recommend that the parish council) that it excludes the subject member from the authority's offices or other premises for a specified period, with the exception of meeting rooms as necessary for attending council, committee and sub-committee meetings and/or restricts contact with officers to named officers only

- if relevant recommend to council that the subject member be removed from their role as leader of the authority
- if relevant recommend to the secretary or appropriate official of a political group that the councillor be removed as group leader or other position of responsibility.

Sanctions involving restricting access to an authority's premises or equipment or contact with officers should not unnecessarily restrict the subject member's ability to carry out their responsibilities as an elected representative or co-opted member.

Note that where the subject member is a parish or town councillor, the matter is referred back to their council to say that a breach of the Code has been found and with a recommended sanction. The town or parish council must then meet to consider whether to impose that sanction or to replace it with another relevant sanction. They cannot overturn the finding that there has been a breach of the Code and if they wish to impose a different sanction they should seek advice from the clerk and/or the monitoring officer.

The Hearings Panel has no power to suspend or disqualify the Subject Member or to withdraw members or special responsibility allowances.

16. What Happens at the end of the Hearing?

The Monitoring Officer will prepare a Formal Decision Notice in consultation with the Chair of the Panel. The Decision Notice will include a brief statement of facts, the provisions of the Code of Conduct engaged by the allegations, the views of the Independent Person, the reasons for the decision and any sanctions applied, and any other information recommended by the LGA guidance as amended from time to time.

A copy of the Decision Notice will be sent to you (the complainant), the Subject Member, published on the Council's website and reported to the next convenient meeting of the Audit & Governance Committee.

17. Appeals

There is no right of appeal for you as complainant or for the member against a decision of the Monitoring Officer or of the Hearings Panel.

If you feel that the Council has failed to deal with your complaint properly, you may make a complaint to the Local Government and Social Care Ombudsman.

18. Revision and overview of these arrangements

The Audit & Governance Committee may agree to amend these arrangements, and has delegated to the Chair of the Hearings Panel the right to depart from these arrangements where he/she considers that it is expedient to do so in order to secure the effective and fair consideration of any matter.

A report summarising details about the complaints received under this Procedure is submitted annually to the Audit & Governance Committee.

Appendix 1

CODE OF CONDUCT FOR MEMBERS

1. Introduction

- 1.1 All councils are required to have a local Councillor Code of Conduct. Newark & Sherwood District Council has adopted this Code of Conduct pursuant to Section 27 of the Localism Act 2011 to promote and maintain high standards of behaviour by its Members and Co-Opted Members whenever they conduct the business of the Council including the business of the office to which they were elected or appointed or when they claim to act or give the impression of acting as a representative of the Council.
- 1.2 The role of councillor across all tiers of local government is a vital part of our country's system of democracy. It is important that councillors can be held accountable and all adopt the behaviours and responsibilities associated with the role. Conduct of individual councillors affects the reputation of the Council as a whole.
- 1.3 Councillors represent local residents, work to develop better services and deliver local change. The public have high expectations of councillors to take decisions fairly, openly and transparently. Councillors have both an individual and collective responsibility to meet these expectations by maintaining high standards and demonstrating good conduct and by challenging behaviour which falls below expectations.
- 1.4 Importantly, councillors should be able to undertake their role without being intimidated, abused, bullied or threatened by anyone, including the general public.
- 1.5 This Code is designed to protect the democratic role of councillors, encourage good conduct and safeguard the public's trust in local government, it is based on the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership ("The Nolan Principles").

2. Definitions

- 2.1 For the purposes of this Code of Conduct, a "councillor" means a member or co-opted member of the Authority. A "co-opted member" is defined in the Localism Act 2011 Section 27(4) as "a person who is not a member of the Authority but who:
 - a) is a member of any committee or sub-committee of the Authority, or;
 - b) is a member of, and represents the Authority on, any joint committee or joint sub-committee of the Authority;

and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee”.

3. Purpose of the Code of Conduct

3.1 The purpose of this Code of Conduct is to assist you, as a councillor, in modelling the behaviour that is expected of you, to provide a personal check and balance and to set out the type of conduct that could lead to action being taken against you. It is also to protect you, the public, fellow councillors, local authority officers and the reputation of local government. It sets out general principles of conduct expected of all councillors and your specific obligations in relation to standards of conduct.

4. General Principles of Councillor Conduct

4.1 Everyone in public office at all levels, all who serve the public or deliver public services, including ministers, civil servants, councillors and local authority officers, should uphold the [Seven Principles of Public Life](#), also known as the Nolan Principles.

4.2 Building on these principles, the following general principles have been developed specifically for the role of councillor.

4.3 In accordance with the public trust placed in you, on all occasions you MUST:

- ✓ act with integrity and honesty;
- ✓ act lawfully;
- ✓ treat all persons fairly and with respect; and
- ✓ lead by example and act in a way that secures public confidence in the role of councillor.

4.4 In undertaking your role you SHOULD:

- ✓ impartially exercise your responsibilities in the interests of the local community;
- ✓ exercise your independent judgement, taking decisions for good and substantial reasons;
- ✓ account for your actions, particularly by supporting the authority’s scrutiny function;
- ✓ not improperly seek to confer an advantage, or disadvantage, on any person;

- ✓ avoid conflicts of interest;
- ✓ exercise reasonable care and diligence;
- ✓ ensure that public resources are used prudently in accordance with the Council's requirements and in the public interest; and
- ✓ ensure that the authority acts within the law.

5. Application of the Code of Conduct

5.1 This Code of Conduct applies to you as soon as you sign your declaration of acceptance of the office of councillor or attend your first meeting as a co-opted member and continues to apply to you until you cease to be a councillor.

5.2 This Code of Conduct applies to you when you are acting in your capacity as a councillor which may include when:

- ✓ Your actions would give the impression to a reasonable member of the public with knowledge of all the facts that you are acting as a councillor.

The Code applies to all forms of communication and interaction, including:

- ✓ at face-to-face meetings
- ✓ at online or telephone meetings

6. Standards of Councillor Conduct

6.1 This section sets out your obligations, which are the minimum standards of conduct required of you as a councillor. Should your conduct fall short of these standards, a complaint may be made against you, which may result in action being taken.

6.2 Guidance is included to help explain the reasons for the obligations and how they should be followed.

7. General Conduct

1. Respect

As a Councillor you should:

- 1.1 treat other councillors and members of the public with respect.

- 1.2 treat local authority employees, employees and representatives of partner organisations and those volunteering for the local authority with respect and respect the role they play.

Respect means politeness and courtesy in behaviour, speech, and in the written word. Debate and having different views are all part of a healthy democracy. As a councillor, you can express, challenge, criticise and disagree with views, ideas, opinions and policies in a robust but civil manner. You should not, however, subject individuals, groups of people or organisations to personal attack.

In your contact with the public, you should treat them politely and courteously. Rude and offensive behaviour lowers the public's expectations and confidence in councillors.

In return, you have a right to expect respectful behaviour from the public. If members of the public are being abusive, intimidatory or threatening you are entitled to stop any conversation or interaction in person or online and report them to the local authority, the relevant social media provider or the police. This also applies to fellow councillors, where action could then be taken under the Councillor Code of Conduct, and local authority employees, where concerns should be raised in line with the Council's councillor- officer protocol.

2. Bullying, Harassment and Discrimination

As a councillor you should:

- 2.1 not bully any person.
- 2.2 not harass any person.

The Advisory, Conciliation and Arbitration Service (ACAS) characterises bullying as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Bullying might be a regular pattern of behaviour or a one-off incident, happen face-to-face, on social media, in emails or phone calls, happen in the workplace or at work social events and may not always be obvious or noticed by others.

The Protection from Harassment Act 1997 defines harassment as conduct that causes alarm or distress or puts people in fear of violence and must involve such conduct on at least two occasions. It can include repeated attempts to impose unwanted communications and contact upon a person in a manner that could be expected to cause distress or fear in any reasonable person.

Unlawful discrimination is where someone is treated unfairly because of a protected characteristic. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 places specific duties on local authorities. Councillors have a central role to play in ensuring that equality issues are integral to the local authority's performance and strategic aims, and that there is a strong vision and public commitment to equality across public services.

3. Impartiality of Officers of the Council

As a councillor you should:

- 3.1 not compromise, or attempt to compromise, the impartiality of anyone who works for, or on behalf of, the local authority.

Officers work for the local authority as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example, their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

4. Confidentiality and Access to Information

As a councillor you should:

- 4.1 not disclose information:
 - a. given to you in confidence by anyone

- b. acquired by you which you believe, or ought reasonably to be aware, is of a confidential nature, unless
 - i. you have received the consent of a person authorised to give it;
 - ii. you are required by law to do so;
 - iii. the disclosure is made to a third party for the purpose of obtaining professional legal advice provided that the third party agrees not to disclose the information to any other person; or
 - iv. the disclosure is:
 - 1. reasonable and in the public interest; and
 - 2. made in good faith and in compliance with the reasonable requirements of the local authority; and
 - 3. you have consulted the Monitoring Officer prior to its release.
- 4.2 not improperly use knowledge gained solely as a result of your role as a councillor for the advancement of yourself, your friends, your family members, your employer or your business interests.
- 4.3 not prevent anyone from getting information that they are entitled to by law.

Local authorities must work openly and transparently, and their proceedings and printed materials are open to the public, except in certain legally defined circumstances. You should work on this basis, but there will be times when it is required by law that discussions, documents and other information relating to or held by the local authority must be treated in a confidential manner. Examples include personal data relating to individuals or information relating to ongoing negotiations.

5. Disrepute

As a councillor you should:

- 5.1 not bring your role or the local authority into disrepute.

As a Councillor, you are trusted to make decisions on behalf of your community and your actions and behaviour are subject to greater scrutiny than that of ordinary members of the public. You should be aware that your actions might have an adverse impact on you, other councillors and/or your local authority and may lower the public's confidence in your or your local authority's ability to discharge your/its functions. For example, behaviour that is considered dishonest and/or deceitful can bring your local authority into disrepute.

You are able to hold the local authority and fellow councillors to account and are able to constructively challenge and express concern about decisions and processes undertaken by the council whilst continuing to adhere to other aspects of this Code of Conduct.

6. Use of Position

As a councillor you should:

- 6.1 not use, or attempt to use, your position improperly to the advantage or disadvantage of yourself or anyone else.

Your position as a member of the local authority provides you with certain opportunities, responsibilities and privileges, and you make choices all the time that will impact others. However, you should not take advantage of these opportunities to further your own or others' private interests or to disadvantage anyone unfairly.

7. Use of Local Authority Resources and Facilities

As a Councillor you should:

- 7.1 not misuse council resources.
- 7.2 when using the resources of the local or authorising their use by others:
 - a. act in accordance with the local authority's requirements; and
 - b. ensure that such resources are not used for political purposes unless that use could reasonably be regarded as likely to facilitate, or be conducive to, the discharge of the functions of the local authority or of the office to which you have been elected or appointed.

You may be provided with resources and facilities by the local authority to assist you in carrying out your duties as a councillor.

Examples include:

- **office support**
- **stationery**
- **equipment such as phones, and computers**
- **transport**
- **access and use of local authority buildings and rooms**

These are given to you to help you carry out your role as a councillor more effectively and are not to be used for business or personal gain. They should be used in accordance with the purpose for which they have been provided and the Council's policies regarding their use.

8. Complying with the Code of Conduct

As a councillor you should:

- 8.1 undertake Code of Conduct training provided by the Council.
- 8.2 cooperate with any Code of Conduct investigation and/or determination.
- 8.3 not intimidate or attempt to intimidate any person who is likely to be involved with the administration of any investigation or proceedings.
- 8.4 comply with any sanction imposed on you following a finding that you have breached the Code of Conduct.

Protecting your reputation and the reputation of the local authority

It is extremely important for you as a councillor to demonstrate high standards, for you to have your actions open to scrutiny and for you not to undermine public trust in the local authority or its governance. If you do not understand or are concerned about the Council's processes in handling a complaint you should raise this with the Monitoring Officer.

9. Interests

As a councillor you should:

- 9.1 register and disclose your interests.

Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of interests of members of the Council.

You need to register your interests so that the public, local authority employees and fellow councillors know which of your interests might give rise to a conflict of interest. The register is a public document that can be consulted when (or before) an issue arises. The register also protects you by allowing you to demonstrate openness and a willingness to be held accountable. You are personally responsible for deciding whether or not you should disclose an interest in a meeting, but it can be helpful for you to know early on if others think that a potential conflict might arise. It is also important that the public know about any interest that might have to be disclosed by you or other councillors when making or taking part in decisions, so that decision making is seen by the public as open and honest. This helps to ensure that public confidence in the integrity of local governance is maintained.

You should note that failure to register or disclose a disclosable pecuniary interest as set out in Table 1, is a criminal offence under the Localism Act 2011.

Appendix B sets out the detailed provisions on registering and disclosing interests. If in doubt, you should always seek advice from the Monitoring Officer.

10. Gifts and Hospitality

As a councillor you should:

- 10.1 not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.
- 10.2 register with the Monitoring Officer any gift or hospitality with an estimated value of at least £25 within 28 days of its receipt.
- 10.3 register with the Monitoring Officer any significant gift or hospitality that you have been offered but have refused to accept.

In order to protect your position and the reputation of the local authority, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a councillor. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a councillor, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a councillor. If you are unsure, do contact the Monitoring Officer for guidance.

APPENDICES

APPENDIX A

The Seven Principles of Public Life

The principles are:

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

APPENDIX B

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable pecuniary interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must make a verbal declaration of the existence and nature of the interest at or before the consideration of the item of business. You must not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

Disclosure of Other Registerable Interests (*Personal Interests*)

5. Where a matter arises at a meeting which ***directly relates*** to one of your Other Registerable Interests (as set out in Table 2), you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

6. Where a matter arises at a meeting which ***directly relates*** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business as soon as the interest becomes apparent. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
7. Where a matter arises at a meeting which ***affects*** :
 - a. your own financial interest or well-being;
 - b. a financial interest or well-being of a friend, relative, close associate; or
 - c. a body included in those you need to disclose under Disclosable Pecuniary Interests as set out in **Table 1**

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

8. Where a matter ***affects*** your financial interest or well-being:
 - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	<p>Any employment, office, trade, profession or vocation carried on for profit or gain.</p> <p>[Any unpaid directorship.]</p>
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land and Property	<p>Any beneficial interest in land which is within the area of the council.</p> <p>‘Land’ excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.</p>
Licenses	<p>Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.</p>

Corporate Tenancies	<p>Any tenancy where (to the councillor's knowledge):</p> <ul style="list-style-type: none"> (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	<p>Any beneficial interest in securities* of a body where:</p> <ul style="list-style-type: none"> (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either: <ul style="list-style-type: none"> (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships;
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) any body directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

of which you are a member or in a position of general control or management.

Appendix 2

Draft Agenda for meeting of the Standards Complaint Hearing Panel

1. Notification to those present that the meeting will be recorded and streamed online
2. Apologies for Absence
3. Declarations of Interest from Members and Officers
4. Representations that any part of the hearing be held in private (NOTE: this will only be allowed in exceptional circumstances as the presumption is that it will be conducted in public).
5. [Investigation Report relating to.....]
6. Exclusion of the Press and Public

To consider resolving that, under section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Act.

7. Investigation Report relating to.....]

Draft Procedure for conducting Hearings

For reasons of fairness and proportionality a hearing should wherever possible take place within three months of the date on which the investigator's report was completed. However, the hearing should not take place sooner than 14 days after the investigation report has been issued unless the Subject Member agrees. This is to allow them sufficient time to prepare.

All hearings must follow the rules of natural justice and allow parties to have their say. In line with the principle of proportionality the approach taken in relation to individual cases may depend upon the seriousness of the issue. For example, if the Monitoring Officer is satisfied, following consultation with relevant the parties, that the investigation has allowed all sides to have their say, the Panel may simply review the report without further reference to the parties.

The Subject Member may choose to ask another person to speak on their behalf at a hearing; this must be agreed in advance by the Monitoring Officer and the Chair of the Panel.

In the interests of efficiency and to minimise distress for those involved, written evidence will be relied on where possible rather than calling witnesses to give verbal evidence.

The following is a concise draft procedure which can be tailored to individual circumstances. The Monitoring Officer will refer to the LGA Guidance on Member Model Code of Conduct Complaints Handling when considering procedure for individual cases and will consult with the Chair of the Panel to agree procedure before circulating to the relevant parties prior to the hearing.

1. Chair opens the meeting, introduces all parties present, and briefly outlines the process for the meeting.
2. The Investigation Officer presents a summary of their report and their conclusions. The Member who is the subject of the investigation (the Subject Member) can then ask questions of the Investigating Officer. The Committee may also wish to ask questions.
3. The Subject Member will then present their case. The Investigating Officer may wish to ask questions. The Committee may also wish to ask questions.
4. Chairman invites comments of the Independent Person.
5. At the end of this process the Sub- Committee will ask the parties to leave whilst it considers the facts and on whether there has been a breach of the code. Any officer who retires with the panel is there to advise on matters of procedure and law. Any advice given must then be conveyed back publicly to the meeting.
6. The parties will then be asked to return and the Investigating Officer and Subject Member will be asked to make representations on what sanctions should be imposed, if the decision is that there has been a breach.
7. The parties to leave room whilst Sub-Committee sits in private to decide on appropriate sanctions, if the decision is that there has been a breach. Any officer who retires with the panel is there to advise on matters of procedure and law. Any advice given must then be conveyed back publicly to the meeting.
8. The parties will then be asked to return and Chair advises parties of decision, which will be confirmed in writing in the next few days.

9. Chair closes meeting.

Appendix 3

[Guidance on Local Government Association Model Councillor Code of Conduct](#)

[Guidance on Member Model Code of Conduct Complaints Handling](#)



Report to: Audit & Governance Committee Meeting
25 September 2024

Director or Business Manager Lead: Nick Wilson, Business Manager – Financial Services
Sue Bearman, Assistant Director - Legal & Democratic Services, Monitoring Officer

Report Summary	
Report Title	Audit & Governance Committee Work Plan
Purpose of Report	Work Plan attached for consideration and approval
Recommendations	That the Audit & Governance Committee consider the Work Plan for approval.

AUDIT & GOVERNANCE COMMITTEE
MEETING DATE 25TH SEPTEMBER 2024

WORK PLAN

Meeting date at which action to be undertaken	Subject and Brief Description	Who will present the report	Intended Outcome
11 December 2024	Internal Audit Progress Report 2024/25	Phil Lazenby (TIAA Ltd)	Understand the level of assurance for audited activities and ensure management progress recommended actions to mitigate identified risks
	External Audit Annual Governance Report 2023/24	TBC (Mazars)	To gain assurance that the Council's Statement of Accounts are a true and fair representation of the Council's financial performance for the previous financial year and financial standing as at the Balance Sheet date, and that the Council has effective arrangements for achieving Value for Money
	Statement of Accounts 2023/24 & Annual Governance Statement	Nick Wilson	Gain assurance on the integrity of financial reporting By considering the assurance gained through its activities throughout the previous year, to give assurance that the Council's Annual Governance Statement accurately represents governance arrangements, that future risks are identified, and that arrangements in place support the achievement of the Council's objectives
	Q2 Budget Performance Report 2024/25	Nick Wilson	To ensure the sustainability of the Council's General Fund, HRA and Capital Programme through the in-year monitoring of the budgets.
	Assessment of the effectiveness of the Internal Audit Function and the Audit and Governance Committee	Nick Wilson	Three Members to report back on their findings (Cllrs Penny, Cozens & Farmer)
	Audit and Governance Committee Annual Report	Nick Wilson	To ensure that the Committee discharges its responsibilities as per its delegated

	To inform Members of the activity undertaken by the Audit and Governance Committee from 27 September 2023 to 31 July 2024.		authority within the Councils constitution.
	Financial Governance	Nick Wilson/Suzanne Shead	
	Outcome of a Housing Ombudsman Investigation – only draft received so far, delay to December meeting	Jill Baker	
	Risk Management report (previous report taken to April 2024 Audit & Governance Committee)	Richard Bates	Gain assurance that appropriate risk management arrangements are in place, update presented to the Committee on a 6 monthly basis.
	Results of Members Survey	Deborah Johnson	Suggested Actions
	Customer Feedback (Complaints, Suggestion & Praise for the period April 2024 – September 2024 (Half 1 - 2024/25)	Carl Burns	
	Review of the Council's Constitution	Sue Bearman	Discuss the Constitution Review
	Local Government Association Peer Review including any governance arrangements implications	Sue Bearman	
	LGA Newark and Sherwood District Council Cyber 360 Progress Report	Dave Richardson	To provide the RAG rating together with a progress report of the review of the Cyber 360 Action Plan to be presented to the Audit & Governance Committee if an update is available.
19 February 2025	Internal Audit Progress Report 2024/25	Phil Lazenby (TIAA Ltd)	Understand the level of assurance for audited activities and ensure management progress recommended actions to mitigate identified risks
	Q2 Budget Performance Report 2024/25	Nick Wilson	To ensure the sustainability of the Council's General Fund, HRA and Capital Programme through the in-year monitoring of the budgets.

	Budget Reports 2025/26	Nick Wilson	To review the Councils General Fund revenue budget, Capital Programme and Medium Term Financial Plan.
	Draft Treasury Strategy 2025/26	Andrew Snape	Gain assurance that risks in relation to the Council's treasury management activities are to be managed in accordance with need and the Council's risk appetite
	Draft Capital Strategy 2025/26	Andrew Snape	Outlines the principles and framework that shape the Council's capital proposals
	Draft Investment Strategy 2025/26	Andrew Snape	The investment strategy meets the requirements of statutory guidance issued by the government relating to the Councils Treasury and Non-Treasury investments.
	Annual Review of the Gifts and Hospitality Protocol and Policy	Sue Bearman	An annual review of the operation of the Council's Gifts and Hospitality arrangements
	Regulation of Investigatory Powers Act 2000 (RIPA) Annual Report	Sue Bearman	For the Committee to be aware of the use of RIPA activities as the RIPA policy requires annual reporting to this Committee.
	Annual Review of the Council's Whistleblowing Policy	Sue Bearman	A summary of actions taken will be reported back to Committee as an annual report
	Review of Significant Issues in the Annual Governance Statement	Sue Bearman	To update members of the Audit & Governance Committee on the significant governance issues identified in the Annual Governance Statement.
	Housing Ombudsman Annual Review Update	Jill Baker	To inform Members of the Housing annual review updates
	Customer Feedback	Carl Burns/Deborah Johnson	Half Yearly Report – July/February
	LGA Newark and Sherwood District Council Cyber 360 Progress Report	Dave Richardson	To provide the RAG rating together with a progress report of the review of the Cyber 360 Action Plan to be presented to

			each meeting of the Audit & Governance Committee.
19 March 2025	LGA Newark and Sherwood District Council Cyber 360 Progress Report	Dave Richardson	To provide the RAG rating together with a progress report of the review of the Cyber 360 Action Plan to be presented to the Audit & Governance Committee if an update is available.
23 April 2025	Annual Review of the Council's Constitution	Sue Bearman	Review the Council's Constitution
	LGA Newark and Sherwood District Council Cyber 360 Progress Report	Dave Richardson	To provide the RAG rating together with a progress report of the review of the Cyber 360 Action Plan to be presented to the Audit & Governance Committee if an update is available.



Report to: Audit & Governance Committee Meeting
25 September 2024

Director or Business Manager Lead: Sue Bearman – Assistant Director Legal & Democratic Services, Monitoring Officer

Lead Officer: Karen Langford, Democratic Services Officer, Ext. 5992

Report Summary	
Report Title	Change of Meeting Day of the Audit and Governance Committee
Purpose of Report	To consider moving the day for the Committee from a Wednesday to a Monday going forward, to support Committee Members who find it difficult to attend meetings on Wednesday evenings.
Recommendation	That the Audit & Governance Committee consider changing the dates of the remaining meeting schedule in 2024/25 as set out in this report.

1.0 Background

1.1 The following table sets out the proposed changes to the Audit & Governance Committee meeting dates for the remainder of the 2024/25 meeting schedule. The proposed changes are supported by the Chair and Vice-Chair of the Committee and the Leader of the Council. The decision to move the committee dates will also be notified to the Chief Executive in accordance with the requirements of the Committee Procedure Rules.

1.2

Scheduled Meeting Date	Proposed Meeting Date
Wednesday 11 December 2024	Monday 9 December 2024
Wednesday 19 February 2025	Monday 24 February 2025
Wednesday 19 March 2025	Monday 24 March 2025
Wednesday 23 April 2025	Tuesday 15 April 2025*

*Note - this meeting is proposed for a Tuesday as there is another meeting already scheduled in the Council diary for Monday 14 April 2025, Monday 21 April 2025 is a Bank Holiday and the Civic Suite is required for election preparation in that week.

1.3 The 2025/26 Meetings Schedule will be submitted to the Full Council in due course and will schedule Audit & Governance Meetings for Mondays.

Background Papers and Published Documents

NIL