

Governance and Ethics Committee

Wednesday, 10 January 2024 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|---|---------|
| 1 | Minutes of last meeting held on 29 November 2023 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) | |
| 4 | Update on Local Government and Social Care Ombudsman Decisions October to November 2023 | 7 - 36 |
| 5 | Regulation of Investigatory Powers Act 2000 - Annual Report | 37 - 40 |
| 6 | Internal Audit Charter Refresh | 41 - 52 |
| 7 | Counter Fraud Progress Report | 53 - 60 |
| 8 | Statement of Accounts 2022-23 | 61 - 62 |
| 9 | Attendance at the Commemoration of the 80th Anniversary of the Normandy Landings | 63 - 66 |
| 10 | Work Programme | 67 - 70 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>



Meeting **GOVERNANCE AND ETHICS COMMITTEE**

Date **Wednesday 29 November 2023 (commencing at 10.30am)**

membership

COUNCILLORS

Philip Owen (Chairman)
John Lee (Vice-Chairman)

Richard Butler
Samantha Deakin
Errol Henry JP
Andy Meakin
Michael Payne - **Apologies**

Sue Saddington
Helen-Ann Smith - **Apologies**
Nigel Turner
Roger Upton

SUBSTITUTE MEMBERS

Councillor Jim Creamer substituted for Councillor Michael Payne

OFFICERS IN ATTENDANCE

Rob Briggs - Children and Families

Richard Elston - Chief Executives
Keith Ford
Andrew Howarth
Simon Lacey
Marjorie Toward
Nigel Stevenson

1. MINUTES

The Minutes of the last meeting held on 19 July 2023, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Councillor Michael Payne (Other County Council Business)
- Councillor Helen-Ann Smith (Other Reasons)

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. UPDATE ON LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN DECISIONS (AUGUST TO SEPTEMBER 2023)

During discussions, Members requested:

- actual numerical figures (rather than percentages) in relation to assessments undertaken within and outside of the statutory timescales;
- a six-monthly update report on Education Health and Care Plan Assessments to the next meeting of the Committee;
- further anonymised details of case reference 23002721 which the Ombudsman was not able to investigate due to ongoing legal proceedings.

RESOLVED: 2023/42

That the findings of the Local Government and Social Care Ombudsman be noted and the lessons learned and actions taken in response to the findings be welcomed.

5. INTERNAL AUDIT TERM 1 PROGRESS REPORT AND TERM 3 PLAN 2023-24

RESOLVED: 2023/43

That the outcome of the Internal Audit Work carried out in Term 1 2023-24 be noted and the planned coverage of Internal Audit's work in Term 3 of 2023-24 be progressed to help deliver assurance to the Committee in priority areas.

6. FOLLOW-UP OF INTERNAL AUDIT RECOMMENDATIONS

During discussions, Members requested clarification of which Members had attended the recent training for Councillors and Officers who are appointed as directors of companies.

RESOLVED: 2023/44

- 1) That the contents of the reports and the progress that has been made against the Internal Audit recommendations be noted.
- 2) That a further progress report and an update on those actions outstanding be included in the next six-monthly review.

7. GOVERNANCE UPDATE

RESOLVED: 2023/45

That the actions taken to update the governance issues raised in the Committee report be noted.

8. WORK PROGRAMME

RESOLVED: 2023/46

That the work programme be updated to include the six-monthly update report on Education Health and Care Plan Assessments requested earlier in the meeting.

The meeting closed at 10:55am

CHAIRMAN

10 January 2024**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN DECISIONS
OCTOBER 2023 TO NOVEMBER 2023****Purpose of the Report**

1. To inform the Committee about Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council since the last report to Committee was completed and therefore any decisions after 30th October 2023.

Information

2. Members have asked to see the outcome of Ombudsman investigations regularly and promptly after the decision notice has been received. This report therefore gives details of all the decisions received since the last report to this Committee.
3. The LGSCO provides a free, independent and impartial service to members of the public. It looks at complaints about Councils and other organisations. It only looks at complaints when they have first been considered by the Council and the complainant remains dissatisfied. The LGSCO cannot question a Council's decision or action solely on the basis that someone does not agree with it. However, if the Ombudsman finds that something has gone wrong, such as poor service, a service failure, delay or bad advice and that a person has suffered as a result, the LGSCO aims to get the Council to put it right by recommending a suitable remedy.
4. The LGSCO publishes its decisions on its website (www.lgo.org.uk/). The decisions are anonymous, but the website can be searched by Council name or subject area.
5. A total of seven decisions relating to the actions of this Council have been made by the Ombudsman in this period. Appendix A to this report summarises the decisions made in each case for ease of reference and Appendix B provides the full details of each decision.
6. Full investigations were undertaken into three complaints. Appendix A provides a summary of the outcomes of the investigation. Where fault was found, the table shows the reasons for the failures and the recommendations made. If a financial remedy was made the total amount paid or reimbursed is listed separately.
7. There was fault found in two cases. The first case was in Adults. Mrs X complained about the Council's actions when Mrs X's child, D, who is disabled, moved from children's to adult social

care services. The Ombudsman found that the Council gave Mrs X wrong information about direct payments, failed to keep her updated, and delayed its transition assessment for D which caused a gap in care and support. The Council agreed to apologise, pay a financial remedy of £2300 to the family, and cover the cost of any financial loss caused to Mrs X by the wrong information it provided. It will also review relevant policies and procedures, and issue guidance to its staff.

There are several parts to this complaint and various teams have been involved. In March 2021 the Commissioning Team wrote to Mrs X to explain the changes to how the Council would commission and pay for Payroll Providers (otherwise known as Direct Payment Support Services). Mrs X did not opt to change the payroll provider and continued to receive support through The Rowan Organisation who were not selected to be on the Nottinghamshire County Council's approved provider list. Unfortunately, as the provider is not contracted by Nottinghamshire County Council we are unable to hold the provider to account for any failings in advice given to Mrs X on the redundancy issue. The Council still believes that redundancy isn't due as her circumstances didn't meet the criteria for redundancy. This has been explained to the provider. As there was still a requirement for a PA for D, albeit Mrs Y did not want to continue in this role, this does not satisfy the statutory definition of redundancy. On that basis Mrs X was informed no redundancy payment was owed to Mrs Y. The Short Breaks and Assessment Team even sought advice from the Council's legal team.

As far as the transition to adulthood is concerned, no decision was taken by the Council to postpone D's assessment. The Transition Team received the referral in September 2021 and following triage and allocation, D was first visited in December 2021 when he was 17.5. This is usual practice for someone with D's needs and there was no decision to record.

The assessment of D's needs commenced in December 2021 with an initial support plan started to consider short breaks provision and a carers assessment for Mrs X.

Support planning took longer than usual, due to the additional year at school and Mrs X preferring to access short breaks with a particular provider who were not taking any new referrals at the time and had a long waiting list. Mrs X was aware of this and indicated that she was happy to wait for her preferred provider. Day services were being explored for when D was to leave school in 2023.

Following an already lengthy wait for the preferred short breaks provider, other options were explored and following provider assessments, an alternative provider offered their services in May 2023 and Mrs X subsequently arranged with the provider for D to have his short break at the beginning of August.

Although the original Social Worker was absent from work due to sickness from 9th November 2022, another worker was allocated to work with the family on 13th December 2022, which did not constitute a significant gap in support or have a significant impact on support planning, as this was delayed more by the wait for the preferred short breaks provider.

However, it is accepted that we could have communicated better with Mrs X about the transition process and what to expect and when and we have taken steps to address this.

8. The other complaint is in Adults too. The complaint from Ms B is about the care and treatment provided to her mother, Mrs C, by a Care Home (acting on behalf of Nottinghamshire County Council) and the Family Medical Centre (the Practice). Ms B complains that the care home and Practice failed to take appropriate action when her mother became unwell in January 2022. She says care home staff failed to report that Mrs C had suffered two falls. The Ombudsman found fault with the care provided to Mrs C by a GP Practice and a care home acting on behalf of the Council. This leaves her daughter, Ms B, with significant uncertainty as to whether the outcome of Mrs C's care might have been different with appropriate care.

We would like to inform Members that Council Officers did speak to the Ombudsman regarding this case to understand their decision. We explained the lengths that the Quality and Market Management Team (QMMT) and the wider system have gone to in relation to the monitoring of quality in all services, provided specific examples of the monitoring visits completed in the service prior to the incident and the training provided to this service (and others) for Restore 2, Home rounds and the react2 package. The ombudsman representative explained that unfortunately despite us being able to prove that we (the council) have provided this level of support and monitoring we would still be held responsible for the care home's lack of action as we have either arranged and/ or are funding the package of care. This is written into legislation so the decision could not be challenged.

The representative did however explain that as we had evidenced the work we have done before and after the incident this will be recognised, in addition he did confirm that the Council is able to charge the provider for the cost of the fine. In response to this case the Council will raise with their regional Association of Directors of Adult Social Services (ADASS) and the Care Quality Commission (CQC) the concern they have in respect of being held accountable for when complaints are found against a private contracted social care services.

The Council is apologising to Ms B and providing a financial remedy of £400 and updating them with actions being taken to ensure adequate monitoring and support for care homes moving forward.

Other Options Considered

9. The other option considered was not bringing regular reports to the Committee detailing the decisions made by the Local Government and Social Care Ombudsman. This option was rejected as by not having oversight of this report the Committee would not receive assurances that the learnings from Ombudsman cases were leading to improvements in services.

Reasons for Recommendation/s

10. To enable members to scrutinise complaints dealt with by the Council that went to the Ombudsman and to inform them of the service improvements being made for the benefit of residents as well as colleagues.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

12. The decisions attached are anonymised and will be publicly available on the Ombudsman's website.

Financial Implications

13. The details of any financial payments are set out in Appendix A. £2700 will come from Adults services.

Implications for Service Users

14. All of the complaints were made to the Ombudsman by service users, who have the right to approach the LGSCO once they have been through the Council's own complaint process.

RECOMMENDATION/S

- 1) That members note the findings of the Local Government and Social Care Ombudsman and welcome the lessons learned and actions taken in response to the findings

Marjorie Toward

Monitoring Officer and Service Director – Customers, Governance and Employees

For any enquiries about this report please contact:

Richard Elston Team Manager – Complaints and Information Team

Constitutional Comments (HD (Standing))

15. Governance & Ethics Committee is the appropriate body to consider the content of this report. If the Committee resolves that any actions are required, it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (SES 07/11/2023)

16. The financial implications are set out in paragraph 13 of the report.

17. The details of the financial payments are set out in Appendix A.

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.

- None

Electoral Division(s) and Member(s) Affected

- All

APPENDIX A

DECISIONS NOT TO INVESTIGATE FURTHER

| DATE | LGO REF | PROCEDURE | COMPLAINT SUMMARY | REASON FOR DECISION |
|----------|----------|-----------|---|---|
| 24.11.23 | 23010829 | Corporate | The complaint is about how the Council dealt with the review of a child's Education Health and Care plan | Ombudsman will not investigate because the complainant has used their right of appeal to a tribunal and further investigation into separable matters would not lead to a different outcome |
| 22.11.23 | 23012015 | Corporate | The complaint is about the Council's decision to charge Mr X for additional road markings outside his property. | Ombudsman will not investigate complaint as it is late and there is insufficient evidence of fault in its decision to charge him for additional markings |
| 22.11.23 | 23012015 | Adults | Ms B says the Council failed to act correctly when she raised concerns about suspected abuse and neglect of her grandmother. Ms B says the Council did not respond in a timely manner and did not explain why it closed the safeguarding referral | Ombudsman will not investigate this complaint as there is not enough evidence of fault to justify investigating. The evidence shows the Council correctly completed a safeguarding enquiry and gave the complainant the outcome |
| 07.11.23 | 23010671 | Childrens | Ms X said a man sexually abused her from the age of 15 and that our previous investigation failed to see this | Ombudsman will not investigate this late complaint about child protection. There is no good reason to exercise discretion to investigate the matters alleged as Ms X was able to complain to us more than a decade ago. |
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THERE WERE NO FULL INVESTIGATIONS WHERE NO FAULT FOUND

FULL INVESTIGATIONS WHERE FAULT FOUND

| DATE | LGO REF | PROCEDURE | COMPLAINT SUMMARY | DECISION | RECOMMENDATION | FINANCIAL REMEDY | STATUS OF AGREED ACTION |
|----------|----------|-----------|---|---|---|------------------|--|
| 15.11.23 | 23001921 | Adults | Ms B complains about the care and treatment provided to her mother, Mrs C, by a Care Home (acting on behalf of NCC) and the Family Medical Centre. She states the care home and Practice failed to take appropriate action when her mother became unwell. She says care home staff failed to report that Mrs C had suffered two falls. There were errors by the GP practice too | Fault found with the care provided to Mrs C by a GP Practice and a care home. This leaves her daughter, Ms B, with significant uncertainty as to whether the outcome of Mrs C's care might have been different with appropriate care. | Apologise to Ms B for the failure of the home to take swift action and pay Ms B £400 for the distress | £400 | Apology and payment will be made before Xmas 2023 |
| 23.11.23 | 23003239 | Adults | Mrs X complained about the Council's actions when her child, D, who is disabled, moved from children's to adult social care services. The Council gave Mrs X wrong | Fault found. The Council was found at fault for not giving correct information about redundancy payment for the PA, | The Council agreed to apologise, pay a financial remedy to the family, and cover the cost of any financial loss caused to Mrs X by the wrong information it provided. It will also review relevant policies and | £2300 | Will all be completed by February 2024. The apologies and payment will be completed by Xmas 2023 |

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|--|--|--|--|--|---|--|--|
| | | | information about direct payments, failed to keep her updated, and delayed its transition assessment for D which caused a gap in care and support. | there were delays in assessments and providing support for Mrs X and Mrs X was left with no provision. | procedures, and issue guidance to its staff | | |
| | | | | | | | |

The Ombudsman's final decision

Summary: Mrs X complained about the Council's actions when her child, D, who is disabled, moved from children's to adult social care services. The Council gave Mrs X wrong information about direct payments, failed to keep her updated, and delayed its transition assessment for D which caused a gap in care and support. The Council agreed to apologise, pay a financial remedy to the family, and cover the cost of any financial loss caused to Mrs X by the wrong information it provided. It will also review relevant policies and procedures, and issue guidance to its staff.

The complaint

1. Mrs X complains about the Council's actions when her child, D, who is disabled, moved from children's to adult social care services in 2022. She says the Council failed to:
 - a) provide her with correct advice about a redundancy payment for D's Personal Assistant when the support with children's services ended. Mrs X had arranged this support herself using direct payments from the Council;
 - b) plan properly for the transition between services, and communicate properly between its children's and adult social care teams to ensure the right support was in place for D;
 - c) provide her with necessary information about the transition, and respond to her queries in good time; and
 - d) assess D's needs within adult social care, and arrange suitable support to meet those needs, within good time.
2. Because of this Mrs X says:
 - she owes a redundancy payment to D's previous Personal Assistant which she cannot afford to pay. This caused her significant stress, time, and trouble, and affected her ability to care for D. It also placed a strain on family relationships because the Personal Assistant is Mrs X's mother;
 - there was a gap between services, so D missed care and support for over seven months, which caused issues with their behaviour, anxiety, and stress;
 - Mrs X did not have any breaks from caring for D for those seven months; and
 - she has lost trust in the Council and its direct payments process, which she still needs to use to arrange support for D through adult social care services.

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3. Mrs X wants the Council to:
 - confirm whether she owes D's previous Personal Assistant a redundancy payment, and if so cover the cost; and
 - review its procedures to ensure no one else experiences the same issue with direct payments and redundancy for Personal Assistants.

The Ombudsman's role and powers

4. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused significant injustice, or that could cause injustice to others in the future we may suggest a remedy. (Local Government Act 1974, sections 26(1) and 26A(1), as amended)
5. When considering complaints, if there is a conflict of evidence, we make findings based on the balance of probabilities. This means that we look at the available relevant evidence and decide what was more likely to have happened.
6. If there was no fault in how the organisation made its decision, we cannot question the outcome. (Local Government Act 1974, section 34(3), as amended)
7. If we are satisfied with an organisation's actions or proposed actions, we can complete our investigation and issue a decision statement. (Local Government Act 1974, section 30(1B) and 34H(i), as amended)

How I considered this complaint

8. I considered:
 - information provided by Mrs X and discussed the complaint with her;
 - documentation and comments from the Council;
 - relevant law and guidance; and
 - the Ombudsman's [Guidance on Jurisdiction](#) and [Guidance on Remedies](#).
9. Mrs X and the Council had an opportunity to comment on my draft decision. I considered any comments received before making a final decision.
10. Under our information sharing agreement, we will share this decision with the Office for Standards in Education, Children's Services and Skills (Ofsted).

What I found

What should have happened

Children with special educational needs (SEN)

11. A child or young person with special educational needs (SEN) may have an Education Health and Care (EHC) plan. This sets out their SEN and the arrangements that should be made to meet the needs. An EHC plan should be reviewed annually and may continue until the young person is aged 25 years. The Council is responsible for ensuring the support arrangements set out in the EHC plan are delivered.

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12. For young people with special educational needs (SEN) who have an Education, Health and Care (EHC) plan under the Children and Families Act, preparation for adulthood must begin from year 9.

Disabled children

13. The Children Act 1989, section 17, requires councils to safeguard and promote the welfare of 'children in need' in their area, including disabled children, by providing appropriate services for them. All disabled children are regarded as 'children in need' and entitled to an assessment under section 17.
14. Assessments of the child's needs should take account of the needs of the whole family. While some services may be offered directly to the disabled child, services may also be offered under section 17 to parents or siblings.
15. When a council is assessing a child under section 17, it is required to consider whether it is necessary to provide "short breaks". These allow the child to participate in activities, and their parent(s)/ guardian(s) to have a break from caring.

Transition from children's to adult social care

16. When a child reaches 18 years old, they are legally an adult and responsibility for meeting their needs moves from the council's children services to its adult services. The legal basis for assessing their needs changes from the Children Act 1989 to the Care Act 2014. However, councils can decide to treat a children's assessment as an adult assessment and can also carry out joint assessments.
17. Statutory guidance says professionals should work together to share information and build new relationships in advance of transition from children's to adult services. It also says councils should have a clear understanding of their responsibilities, including funding arrangements.
18. The Care Act 2014 says councils must carry out a social care needs "transition" assessment where there is likely to be a need for care and support after the young person turns 18. There is no set age to carry this out, but the intent is to decide what services the child will need when they turn 18. Transition assessments should begin when it would be of "significant benefit" to the young person, i.e., when the council is reasonably confident about what their needs for care and support will be when they turn 18.
19. A young person or their representative has the right to request a transition assessment. A council must consider the request and decide whether the person is likely to have needs for care and support as an adult, and whether it is the right time to begin an assessment. If so, it must undertake an assessment. If not, it must provide its reasons to the person in writing, in a timely manner. If the Council considers it is not the appropriate time to carry out an assessment, it should consider what timescale it can give to the person. The onus is on the council to contact the person to agree the timing of the assessment, rather than leaving them in uncertainty or having to make repeated requests for an assessment.
20. The purpose of the assessment is to provide the young person and their family with information so they know what to expect in future and can prepare for adulthood. The assessment must identify all the young person's needs for care and support and identify the outcomes the young person wishes to achieve. The assessment should also consider whether the carer is able to continue in their caring role after the young person turns 18.

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21. Transition assessments should be carried out in a reasonable timescale. Councils should inform the person or carer of an indicative timescale over which the assessment will be conducted and keep them informed.
 22. After completing the transition assessment, the council must give the person an indication of which of their needs are likely to be “eligible needs” under the Care Act 2014, and which are not. This is so they can understand the care and support they are likely to receive and can plan accordingly. For those needs that are not eligible the council must provide information and advice on how those needs can be met.
 23. If a council is going to meet the person’s needs under the Care Act after they are 18, it must create a care and support plan and produce a personal budget. This is the money the council has worked out it will cost to arrange the necessary care and support for that person. This needs to be done early enough that the package of care and support is in place at the time of transition.
 24. If transition assessment and planning is carried out as it should be there should be no gaps in care and support. However, if adult care and support is not in place when the young person turns 18, the council must continue providing the services under children’s legislation until it is in place, or until it decides the person does not have eligible needs.
 25. The Children and Families Act enables councils to continue children’s services beyond age 18 and up to 25 for young people with EHC plans.

The Council’s process for transition from children’s to adult services

26. The Council’s policy on transition from children’s to adult services says:
 - its social care teams may play a part in identifying young people aged 12 – 25 who may need additional support to prepare for their adulthood;
 - its EHC plan team, children’s disability service, and social care teams may be involved in planning dates for the transition assessment, which it calls the “Preparing for Adulthood (PFA) review”.
27. In response to our enquiries, the Council told us the following.
 - a) Where a young person is entitled to short breaks from children’s social care, children’s services can make a referral for a transition assessment at any point after the person is 14 years old. Usually, the children’s short breaks team makes a referral when the person is approaching 17 years old. This is discussed with the person or their representative at the short breaks review nearest to their 17th birthday.
 - b) When the transition team receives a referral for an assessment, it contacts the referrer to gain more information, and to share information or guidance. It then allocates the referral for consideration. It may decide to postpone an assessment until it considers it to be an appropriate time; and
 - c) The Council does not have a formal or written policy about when transition assessments should begin. However, it said usually it aims to begin assessments at the following ages.
 - i. 16.5 years for young people with complex needs, and accommodation needs.
 - ii. 17 years for young people with complex needs within community services, and overnight short breaks.

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- iii. 17.5 years for young people who have a small allocation of short breaks or Personal Assistant hours from children's services.

Direct payments

28. Where there is a need for care and support for a child or adult, the Council can:
- provide or commission services to provide the support directly; or
 - make direct payments to the service user (or their representative), so they can arrange care and support themselves.
29. Where an authorised person in receipt of direct payments uses them to employ a Personal Assistant (PA), they become the PA's employer and have legal responsibilities under employment law. When they end the PA's contract, a redundancy payment may be due.

The Council's policy on direct payments

30. The Council issues internal guidance to its staff about direct payments. This says the following.
- a) Recipients of direct payments who employ a PA should not need to make a redundancy payment out of their own estate.
 - b) Employer's liability insurance policies may include redundancy cover, and the person's insurer should be contacted in the first instance to see if it will cover the redundancy payment.
 - c) Where the insurer will not cover the cost of redundancy, a one-off payment by the Council may be required to cover the cost. If insufficient funds are available as surplus in the person's direct payment account when a redundancy payment is needed, an additional one-off payment should be arranged.

What happened

31. Mrs X's child, D, turned 18 in mid-2022. Before this, D received support from the Council's children's social care service. D also had an EHC plan in place to meet their special educational needs. While under children's services:
- the Council provided Mrs X with direct payments to arrange care and support herself to meet D's needs; and
 - Mrs X used the direct payments to arrange short breaks for D at a day centre, and a Personal Assistant (PA) to provide overnight respite care. Mrs X's mother, Ms Y, was D's PA.
32. The Council began a transition assessment for D to decide what social care support they would receive in adulthood, in December 2021. In late-July 2022, after D turned 18 years old, the Council children's social care service ended its support for D. The Council had not completed its transition assessment, so D was left without care and support.
33. Mrs X complained to the Council in November 2022. She said:
- she had been chasing the Council for seven months about an outstanding issue with the direct payments from children's services. She said she owed the Personal Assistant a redundancy payment, and due to wrong information from the Council she did not have the funds for this; and
 - D still had no care and support in place and the family needed respite.
34. The Council responded to Mrs X's complaint at Stage 1 a month later. It said it was not responsible for the redundancy payment issues Mrs X described. It did

not mention the transition to adult services or respond to Mrs X's concern that D still had no care and support in place. Mrs X asked to escalate her complaint to Stage 2. The Council did not change its position about the redundancy issue.

35. In March 2023, the Council began providing direct payments via adult services, and Mrs X employed a new Personal Assistant for 4 hours a week. D had been without care and support for 8 months. Mrs X came to the Ombudsman in June 2023.
36. In August 2023, D was now 19 years old and had just finished a full-time school placement. The family started receiving overnight respite care, and care from a day service for 2 days a week, via adult services. This was in addition to the 4 hours a week of Personal Assistant support. In September 2023, D started attending 3 days a week at a new college.

My findings

Redundancy payment for D's personal assistant

37. Part of the direct payments provided to Mrs X was for her to spend on employer's liability insurance. The Council requires service users to take out this insurance where they use direct payments to employ a Personal Assistant. When the direct payments for D began, the Council's standard process was to arrange insurance for the service user. In 2019, it changed its procedures and instead included the cost of insurance in the direct payments, so people could arrange this themselves. When it wrote to Mrs X about this change, the Council said "the level of Public Liability Insurance you choose must include cover for redundancy, should this occur".
38. Mrs X used the services of Organisation B to help her manage the direct payments from children's services. Organisation B provided payroll support to ensure Mrs X paid Ms Y properly as a Personal Assistant, and met her tax obligations and complied with employment law.
39. When the direct payments for D began, the Council's standard process was to include the cost of payroll support in the direct payments, so people could choose their provider and manage this themselves. Organisation B was a provider it recommended. In 2021, it changed its procedures and set up direct contracts between the Council and five payroll support providers. Organisation B was not one of the contracted providers. The Council told Mrs X she could either move to one of its contracted providers and the Council would arrange the payroll support for her, or she could keep her own contract with Organisation B. It said, however, the Council would not take responsibility for the service provided by Organisation B if she stayed with them. Mrs X chose to remain with Organisation B.
40. The Council wrote to Mrs X in January and March 2022 to explain D's support from children's services would end in May. Both these letters said, "as you employ a Personal Assistant, you must ensure that you leave enough funds in the account for any Holiday Pay, Sick Pay or Redundancy Pay which they may be entitled to, your Payroll Company will advise."
41. Mrs X should have been aware it was possible a redundancy payment may be due to the Personal Assistant at some stage. However, the Council was at fault in how it handled the redundancy issue when Mrs X queried it.
42. Mrs X first queried the redundancy pay with Organisation B in April 2022. It told her a redundancy payment would be due to Ms Y. It said if she needed extra funding to pay the redundancy, she should ask the Council. It also said the

Council “may ask you to check with your employer’s liability insurer to see if it is covered by your policy”.

43. Mrs X was in touch with a member of staff from the Council’s children’s short breaks team about her redundancy queries. This Council officer, Officer F, consulted with staff in other teams about the issue and remained Mrs X’s point of contact. Officer F repeatedly told Mrs X not to worry about the redundancy and said she did not need to take any action because the Council would work with Organisation B to resolve the issue. In one email in early-August 2022, Officer F told Mrs X, “don’t panic it will be paid”. I consider it reasonable for Mrs X to have assumed this meant the Council would cover the cost.
44. In August 2022 Mrs X told the Council she planned to cancel her employer’s liability insurance soon. I consider it reasonable Mrs X cancelled the policy, because the Council had decided to stop making the direct payments which covered the policy’s cost. If Mrs X had waited until she received a definitive answer from the Council to cancel the policy, she would have had to fund this herself for five months after she stopped receiving direct payments. Also, the Council did not respond to Mrs X to tell her she should not cancel the policy.
45. In late-August 2022, the Council told Mrs X its view was no redundancy payment was due to Ms Y. It said it would contact Organisation B on Mrs X’s behalf to resolve the issue and would ask it to issue an amended final payslip for Ms Y to show no redundancy payment was due. Organisation B told the Council its view was a redundancy payment was due. The Council and Organisation B then agreed the correct route was for Mrs X to pursue this via her insurer. However, the Council failed to share this information with Mrs X. At that time, Mrs X still had insurance cover in place. She could have contacted the insurer had she known to do so, but the latest information she had received from the Council was that it was not her responsibility to resolve. The Council said it was the responsibility of Organisation B, not the Council, to update Mrs X about the discussions between the two organisations. I cannot comment on the actions of Organisation B. However, the Council specifically told Mrs X it would resolve things with Organisation B on her behalf. Therefore, it should have followed up with her directly to ensure she received the necessary information. It should not have relied on an independent organisation it had no contract or relationship with to resolve a query Mrs X had directed at the Council. Also, Mrs X continued to chase the Council about this, so it should have been clear to the Council she had not been told to contact her insurer by Organisation B either.
46. The Council took too long to give a clear definitive response to Mrs X about this. She first queried it with the Council in April 2022, after Organisation B told her to. Over the next eight months Mrs X had to repeatedly chase the Council, and eventually make a formal complaint, to get a response. By the time the Council responded to the complaint in December 2022 and told Mrs X for the first time to contact her insurer, this was three months after her insurance cover had ended. Mrs X also tried to pursue this with the insurer, but it told her it could not help as the cover had now ended.
47. The Council directed me to direct payment policies and guidance published on the adult social care section of its website. The issues with redundancy reported by Mrs X related to direct payments under children’s social care. Therefore, I do not consider it reasonable to expect Mrs X to have had sight of this information. Also, at the time of my decision the direct payments information published on the Council’s children’s social care webpages is out of date. It still refers to the

previous arrangements for insurance and payroll support services, which the Council told me it changed in 2019 and 2021. This is fault.

48. I accept Mrs X, not the Council, had responsibility to meet her legal obligations as Ms Y's employer. I also accept she had responsibility to provide accurate and timely information to Organisation B so it could correctly manage payroll. Had the Council not provided wrong or misleading information to Mrs X, I would not find fault with the Council. However, the Council repeatedly gave Mrs X wrong information, and failed to update her, which was fault. This fault caused Mrs X confusion, and meant she missed the opportunity to contact her insurer to make a claim to cover the redundancy payment. Had Mrs X had this opportunity, I am satisfied she would have taken it.
49. I cannot say, even on the balance of probabilities, whether Mrs X's insurer would have paid out if she had made a claim while still covered under the policy. However, based on the Council's internal staff guidance described at paragraph 30, I am satisfied that had the insurer refused the claim, the Council should have covered it if following its own policy.

D's transition from children's to adults social care

50. In 2021, D turned 17. D's school reviewed their EHC plan and decided to keep the plan the same. It was discussed that the following school year, 2021/2022, would be D's last year at the school. After this, they would be 18 and would no longer have a school place. Mrs X asked the Council to fund a place for Year 14 as well, so D could stay at the school until July 2023, when they would be 19.
51. In September 2021, 4 months after D turned 17, the Council's transition team received a referral to carry out a transition assessment. The Council told us for someone with D's level of support it would usually begin the assessment at this age. However, in D's case it decided to postpone until two months later, when they would be 17.5 years old. The Council could do this if it considered it appropriate in D's case. However, it did not properly record its consideration about this and why it decided to postpone. Therefore, I cannot be satisfied it considered this properly, which is fault in the Council's record keeping. However, there was no evidence this changed anything for D.
52. The Council also did not contact Mrs X to explain its decision and reasons or tell her when it planned to assess. This was also fault, which caused Mrs X distress and confusion. The Council should remedy the injustice caused.
53. In late-2021, when D was 17.5 years old, the Council allocated a transition worker, TW1, to D's case. Six weeks later, TW1 began the assessment and visited D and Mrs X at home. This conversation did not go into detail about D's needs and outcomes, or what support they would receive when they turned 18. This is because Mrs X was waiting to hear if D would remain on roll full-time at their school for another year, which would affect the hours of support needed. Mrs X told TW1 a month later the extra year at school had been approved at an EHC plan review, but they did not progress the assessment.
54. The day before D turned 18, the Council had not completed its transition assessment or decided whether D would receive care and support under adult services. Children's services therefore told Mrs X it had agreed to extend D's direct payments for a further three months to cover Personal Assistant hours for the transition period. Therefore, D continued to receive care and support via children's services until late-July 2022.

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55. However, the Council then did not make any progress in deciding what D's eligible needs were or arranging adult support, until after Mrs X chased several times, and made a formal complaint. It allocated a new transition worker, TW2, in December 2022, but by this time D had already been without support for five months. The delay was in part caused by staff sickness, but this only explained some of the delay. Either way, the Council should have suitable procedures in place to ensure people do not go without services due to staff sickness.
56. The Council's children's social care service knew D's transition assessment was incomplete, and no adult support had been arranged, when it ended D's three-month extension of support from children's services. This was fault. Children's and adult services should work together to ensure there is no gap in support while transition is ongoing. There was no evidence the two services communicated with each other properly about this.
57. After the Council allocated TW2 in December 2022 they completed a full transition assessment. However, an adult care and support plan was not finalised until March 2023, when the Council agreed to provide direct payments for a Personal Assistant. The Council should have worked to put care and support in place for D as soon as it decided they had eligible needs as an adult. Its failure to progress this in good time, especially when it was aware the family had no support in place, was fault. This meant D had no care and support in place at all for eight months.
58. When the Council completed D's care and support plan in March 2023, it decided they needed: 4 hours a week with a Personal Assistant; overnight respite breaks for 42 nights a year; and 2 days a week of day care from August 2023 when their full-time school placement finished. However, although the direct payments for a PA began straight away, D did not receive overnight respite care until August 2023, over a year after support from children's services ended. This was fault.
59. The Council's failure to progress the transition assessment in good time, and ensure a smooth transition with no gaps in support, was fault. This meant D went without care and support they needed, and Mrs X went without breaks from caring for D. This caused distress to both D and Mrs X. The Council should remedy the injustice caused.
60. The Council failed to communicate properly with Mrs X about the transition process after its transition service received the September 2021 referral. There was no evidence it properly explained to Mrs X what the process should be, or the likely timescales. She repeatedly had to chase the Council until it allocated TW2 in December 2022, who began providing regular updates. This was fault which caused Mrs X distress. The Council should remedy the injustice caused.

Complaint handling

61. The Council did not properly respond to all Mrs X's complaint. It did not address her concern that care and support was still not in place for D. It only responded to the redundancy issue. This was fault which added to the distress and frustration caused to Mrs X by the Council's failure to communicate with her properly. The Council should remedy the injustice caused.

Agreed action

62. Mrs X told me she had not yet made the redundancy payment to Ms Y, so at the time of my decision she had not suffered a financial loss. However, my view is if a redundancy payment is due, the Council should cover the cost of this. It is not the Ombudsman's role to decide whether a redundancy payment is due.

Based on the information available to it, Organisation B decided Ms Y should be paid redundancy, and so reflected this in her final payslip. Mrs X told me Ms Y is elderly and unable to carry out a Personal Assistant role for D anymore, so it was never the family's plan for her to continue in this role into D's adulthood. If the Council considers Ms Y resigned from her role and redundancy is not due for any reason, it may first try to help Mrs X to evidence this to Organisation B so it can amend Ms Y's final payslip. However, if Organisation B decides Mrs X needs to make a redundancy payment to Ms Y to cover her legal responsibilities as an employer, the Council should cover the cost of this.

63. Within one month of our final decision the Council will:
- a) apologise to Mrs X for faults identified and the impact those faults had on the family;
 - b) resolve the redundancy payment issue. If the Council considers Mrs X does not owe Ms Y a redundancy payment, it may first try to help Mrs X to evidence this to Organisation B. However, if Organisation B decides a redundancy payment is due, the Council should cover the cost of this;
 - c) in addition to covering the cost of the redundancy payment if needed, the Council should pay the family £2,300, comprising of:
 - i. £1,000 to recognise the distress caused to D because they went without care and support they needed;
 - ii. £1,000 to recognise the distress caused to Mrs X because she had no break in her caring responsibilities for D while no care and support was in place; and
 - iii. £300 to recognise the distress and confusion caused to Mrs X because of the Council's unreasonable delays and failure to communicate with her properly about these issues.
64. Within three months of our final decision the Council will:
- a) ensure all information published on its children's social care webpages about direct payments is up to date;
 - b) ensure staff with appropriate knowledge of direct payment issues respond to complex queries directly, and that all children's social care staff that may receive direct payment queries know where to direct these;
 - c) issue reminders to relevant children's social care staff that when a child is preparing for adulthood, care and support from children's services must not end until the Council's transition assessment is complete, and a decision made about adult services;
 - d) review its "Preparation for Adulthood" protocol for transition from children's to adult social care services, to ensure it sets out a clear process and procedure for how:
 - i. children's and adult services will work together to manage transitions and ensure no gaps in care and support; and
 - ii. its "Preparing for Adulthood" transition team will ensure it completes transition assessments in good time.
 - e) issue reminders to its transition team that:
 - i. all decisions and reasons should be properly recorded and communicated to the service user and/or their representative(s); and

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- ii. the service user and/or their representative(s) should be regularly updated and provided with an indicative timescale for completion of the assessment.
 - f) ensure procedures are in place within its transition team to ensure appropriate cover is in place where staff are absent due to sickness, and assessments progress in good time in their absence; and
 - g) issue reminders to the staff that dealt with Mrs X's complaint, that the Council should properly consider and respond to all issues raised in a complaint.
65. The Council will provide us with evidence it has complied with the above actions.

Final decision

66. I have completed my investigation. There was fault by the Council which caused avoidable distress to D and Mrs X. The Council agreed to our recommendations to remedy this injustice, review relevant policies and procedures, and issue guidance to its staff.

Investigator's decision on behalf of the Ombudsman

Complaint reference:
23 001 921

Complaint against:
Nottinghamshire County Council
Skegby Family Medical Practice

Local Government & Social Care **OMBUDSMAN**



Parliamentary
and Health Service
Ombudsman

The Ombudsmen's final decision

Summary: We found fault with the care provided to Mrs C by a GP Practice and a care home acting on behalf of the Council. This leaves her daughter, Ms B, with significant uncertainty as to whether the outcome of Mrs C's care might have been different with appropriate care. The Practice and Council will apologise to Ms B and pay her a financial sum in recognition of the impact of this fault on her. They will also explain what action they will take to prevent similar omissions occurring in future.

The complaint

1. The complainant, who I will call Ms B, is complaining about the care and treatment provided to her mother, Mrs C, by Sutton Court Care Home (acting on behalf of Nottinghamshire County Council) and Skegby Family Medical Centre (the Practice).
2. Ms B complains that the care home and Practice failed to take appropriate action when her mother became unwell in January 2022. She says care home staff failed to report that Mrs C had suffered two falls. Furthermore, Ms B says a GP failed to properly examine her mother and did not take account of the impact of her falls when misdiagnosing her with a Urinary Tract Infection.
3. Ms B says this poor care resulted in Mrs C eventually being admitted to hospital with severe pneumonia, by which point it was too late to treat her successfully.

The Ombudsmen's role and powers

4. The Ombudsmen investigate complaints about 'maladministration' and 'service failure'. We use the word 'fault' to refer to these. If there has been fault, the Ombudsmen consider whether it has caused injustice or hardship (**Health Service Commissioners Act 1993, section 3(1) and Local Government Act 1974, sections 26(1) and 26A(1), as amended**).
5. If it has, they may suggest a remedy. Our recommendations might include asking the organisation to apologise or to pay a financial remedy, for example, for inconvenience or worry caused. We might also recommend the organisation takes action to stop the same mistakes happening again.
6. If the Ombudsmen are satisfied with the actions or proposed actions of the bodies that are the subject of the complaint, they can complete their investigation and issue a decision statement. (**Health Service Commissioners Act 1993, section**

How I considered this complaint

7. In making my final decision, I considered information provided by Ms B and discussed the complaint with her. I also considered relevant records provided by the care home (via the Council) and Practice. This included the clinical records and care notes. I also took account of relevant legislation and guidance. Furthermore, I obtained clinical advice from a suitably qualified and independent clinician. I invite comments from all parties on my draft decision statement and considered the responses I received.

What I found

Relevant legislation and guidance

General Medical Council

8. The General Medical Council (GMC) produces guidance for doctors entitled 'Good Medical Practice (2013)'. This describes the professional values and behaviours expected of a doctor.
9. The guidance is categorised is separated into four care domains. Domain 1 relates to knowledge, skills and performance. Section 15 says a doctor must provide a good standard of practice and care. This means they must:
 - "adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary examine the patient
 - promptly provide or arrange suitable advice, investigations or treatment where necessary
 - refer a patient to another practitioner when this serves the patient's needs."
10. Section 16 says a doctor must:
 - "prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs
 - provide effective treatments based on the best available evidence
 - take all possible steps to alleviate pain and distress whether or not a cure may be possible."

National Institute of Health and Care Excellence

11. The National Institute of Health and Care Excellence (NICE) publishes guidance for doctors regarding the treatment of Urinary Tract Infections (UTI).
12. The NICE guidance requires a doctor to take a comprehensive clinical history. This should include a record of when the symptoms began and how they have changed. In older women, the doctor should also exclude any other causes of delirium.
13. The NICE guidance sets out that a urine sample should be taken and tested for all women with a suspected UTI who are older than 65 years.

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14. In addition, NICE produces a risk tool flowchart for doctors regarding sepsis. This prompts doctors to consider whether a person with an infection may be suffering from sepsis. This says that:
- “If the person presents with signs or symptoms that indicate infection, even if they do not have a high temperature.
 - Be aware that people with sepsis may have non-specific, non-localised presentations (for example, feeling very unwell).
 - Pay particular attention to concerns expressed by the person and their family or carer.
 - Take particular care in the assessment of people who might have sepsis if they, or their parents or carers, are unable to give a good history (for example, people with English as a second language or people with communication problems).”

Fundamental Standards of Care

15. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 set out the fundamental standards that registered care providers must achieve. The Care Quality Commission (CQC) has guidance on how to meet the fundamental standards.
16. Section 20 of the guidance relates to the duty of candour. This sets out that “as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person must;
- notify the relevant person that the incident has occurred...
 - ...and provide reasonable support to the relevant person in relation to the incident, including when giving such notification.”

Background

17. In January 2022, Mrs C was resident in the care home.
18. On 6 January, Mrs C suffered a fall. She was found by a care worker on the floor of her bathroom. The care worker checked her for injuries but found only a small graze on her wrist. A nurse took Mrs C’s clinical observations shortly afterwards and these were within the normal range.
19. A member of staff spoke to a GP at the Practice later that day. The GP noted that Mrs C was reported to be “a little chesty today” but that her observations were normal. The GP advised that Mrs C would be for review the following day if her condition did not improve.
20. A member of care home staff spoke to Ms B to advise her of the fall and the GP’s input.
21. On 8 January, Mrs C suffered a further fall. She was again found on the floor. The care worker who found her checked her for visible injuries and found nothing. However, she noted that Mrs C sounded “chesty” and was “not being herself”. A nurse took Mrs Y’s observations and found she had a raised temperature.
22. By 9 January, Mrs C’s temperature had reduced.
23. On the morning of 10 January, a member of staff noted that Mrs C appeared confused and was hot. However, she noted that Mrs C’s room was hot and that

this may have been a factor. Mrs C's temperature appeared normal when taken by a nurse.

24. Ms B took Mrs C out later that morning for a visit. She found Mrs C chesty and coughing up phlegm. Ms B said Mrs C did not eat or drink and simply slept. Ms B was sufficiently concerned to advise care home staff that Mrs C should see a doctor. I found no record of this conversation in the care home's records.
25. In the meantime, the care home arranged for Mrs C to be referred to the local community falls team.
26. On Tuesday 11 January, Mrs C suffered a further fall and was again found on the floor of her bathroom. She had sustained no obvious injuries and her clinical observations were normal.
27. A nurse discussed Mrs C with the GP that day. She queried whether Mrs C was suffering from a possible UTI due to her poor mobility and incontinence. The GP did not examine Mrs C. He recorded "? uti" and prescribed antibiotics to treat this.
28. In the early morning of 13 January, Mrs C was found on her knees in her room, with her head on her bed. Mrs C said she could not remember how she came to be there. She appeared unhurt on examination. A member of care home staff reported the incident to Ms B later that day.
29. On 15 January, a member of staff called the NHS 111 service. She noted that Mrs C "looks quite grey/yellow, and breathing appears quite slow, she keeps rolling her eyes and looks generally unwell." This call resulted in an ambulance being sent to the care home.
30. The attending paramedics found Mrs C had low oxygen saturation levels. However, her other observations remained within normal ranges. Nevertheless, the paramedics transported Mrs C to hospital due to her breathing difficulties.
31. Mrs C was subsequently diagnosed with pneumonia and sepsis and treated with intravenous antibiotics. She died in hospital on 25 January.
32. Ms B subsequently complained to the Practice. When she did not receive a satisfactory response, she escalated her concerns to NHS England. NHS England obtained advice from an independent clinician. This found the care offered by the GP had fallen below an acceptable standard.
33. The Practice declined to comment on NHS England's findings. This led Ms B to approach the Ombudsmen.

My analysis

Care Home

34. Ms B complained that the care home and Practice failed to take appropriate action when Mrs C became unwell. She said the GP did not properly examine Mrs C and simply prescribed antibiotics to treat a UTI.
35. In his response to the complaint, the GP said he had spoken to the care home on 6 January, when Mrs C was described as "chesty". The GP said he asked the care home to let the Practice know if Mrs C had not improved by the next day. The GP said he next spoke to the care home on 10 January when "care home staff felt that [Mrs C] had a Urinary tract infection. He went on to say that staff felt they would be unable to obtain a urine sample because of symptoms associated

with her long-term health conditions. Therefore, the GP said he prescribed antibiotics to treat a UTI.

36. The care records show that Mrs C was first noted to be “chesty” on 6 January. At that’s stage, the GP gave clear advice to the care home to contact the Practice again if her condition had not improved.
37. It is clear Mrs C remained unwell by 8 January, when she was noted to again to be “chesty” and had a raised temperature. Despite this, there is no evidence to suggest the care home contacted the Practice again to request further GP input. There was clear evidence to show Mrs C remained unwell by 8 January. This should have prompted care home staff to request further input from the Practice.
38. By 10 January, Ms B was sufficiently concerned about Mrs C’s condition to request that she be seen by a GP. Although I found no record of this conversation in the care home’s records, I am satisfied it took place as described by Ms B. This is because a note in the care home’s records from the following day refers to the conversation. Again, this should have prompted the care home to contact the Practice. I found no evidence that it did so at that stage.
39. The evidence I have seen shows the care home failed to advise Mrs C’s family when she fell on 8 and 11 January. This was contrary to the requirements of the CQC fundamental standards and represented fault by the Council (as the care home was acting on its behalf). This caused Ms B unnecessary distress.
40. Furthermore, the care home should have contacted the Practice when Mrs C’s condition had not improved following the consultation on 6 January. It did not do so until 11 January. This failure represented further fault by the Council.
41. It is not now possible to determine whether the outcome of Mrs C’s care would have been different if the care home had sought clinical input sooner than it did. This means Ms B is left with uncertainty.
42. In its response to my draft decision statement, the Council provided evidence of significant work it has done since 2021 to support care homes to recognise early signs of patient deterioration. This includes the introduction of a specialised training programme (Restore2) and accompanying toolkit that provide clear guidance for care staff on how to recognise, and respond to, deterioration. I am satisfied these tools, properly applied, would reduce the risk of similar problems occurring for other residents.
43. However, it is unclear whether the care home had accessed these tools at the time of Mrs C’s care. I have addressed this in my recommendations below.

Practice

44. On 11 January, the care home sought further input from the Practice as Mrs C’s condition had deteriorated.
45. The NICE guidelines and GMC guidance place a clear duty on doctors to properly assess patients and provide care accordingly.
46. The clinical record for the consultation on 11 January contains no clinical history for Mrs C, nor any record of her status at that time. There is no evidence in the clinical record to suggest the GP examined Mrs C and nothing to support a diagnosis of UTI. As a result, there was no clinical evidence base on which to prescribe antibiotics to treat a UTI. Furthermore, there is no evidence to show the GP considered whether Mrs C may be suffering from sepsis.

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47. The care provided by the GP fell below the standards set out in the GMC and NICE guidance. This was fault by the Practice.
48. I am unable to say whether the outcome of Mrs C's care would have been different even if she had received appropriate treatment. Nevertheless, the Practice missed an opportunity to properly examine Mrs C and prescribe appropriate medication to treat her chest infection. This means Ms B is left with significant uncertainty as to whether there would have been a different outcome if Mrs C had received the proper care.

Agreed actions

Council

49. Within one month of my final decision statement, the Council will write to Ms B to apologise for:
- the care home's failure to inform her that Mrs C had experienced falls on 8 and 11 January; and
 - the care home's failure to promptly seek further clinical input when Mrs C's condition had not improved by 8 January.
50. The Council will also pay Ms B £400 in recognition of the distress this caused.
51. Within two months of my final decision, the Council will also explain what action it will take to support the care home to put in place appropriate tools (such as the Restore2 training/toolkit) for care staff in how to recognise, record, and promptly respond to, deterioration in a resident's condition.

Practice

52. Within one month of my final decision statement, the Practice will write to Ms B to apologise for:
- its failure to properly examine Mrs C and prescribe appropriate medication to treat her chest infection.
53. The Practice will also pay Ms B £1,000 in recognition of the distress and uncertainty this caused.
54. The Practice will also explain what action it will take to ensure GPs are aware of the importance of properly examining patients and making evidence-based prescriptions.
55. The Council and Practice will provide the Ombudsmen with evidence that they have completed the above actions within the stated timescales.

Final decision

56. I found fault with regards to the care provided to Mrs C by the Practice and care home (acting on behalf of the Council).
57. I consider the actions the Council and Practice have now agreed to undertake represent a reasonable and proportionate remedy to the injustice arising to Ms B from this fault.
58. I have now completed my investigation on this basis.

Investigator's decision on behalf of the Ombudsmen

10 January 2024**Agenda Item: 5****REPORT OF SERVICE DIRECTOR – CUSTOMERS GOVERNANCE AND
EMPLOYEES AND SENIOR RESPONSIBLE OFFICER FOR RIPA****REGULATION OF INVESTIGATORY POWERS ACT 2000 – ANNUAL
REPORT****Purpose of the Report**

To report to the Committee:

- a. Activity by the Council under the Regulation of Investigatory Powers Act 2000 (RIPA) for the period since the last update to Committee on 4 January 2023.
- b. Activity by the National Anti-Fraud Network (NAFN) on behalf of the Council under the Investigatory Powers Act 2016 (IPA) in respect of Communications data.
- c. An update on mandatory training for Officers.
- d. An update on compliance with the Investigatory Powers Commissioner's Office annual return submitted on 31 January 2023.

Information**Background**

2. The Regulation of Investigatory Powers Act 2000 (RIPA) gives the Council the power to undertake covert surveillance in relation to certain investigations. Since 2017 the Investigatory Powers Commissioner's Office (IPCO) has been responsible for the oversight of the use of RIPA.
3. There is a strict authorisation process set out in the legislation; applications are considered by senior officers before final approval is given by the Magistrates Court. The Council is required to submit an annual statistical return to the IPCO on the number of authorisations made and is subject to periodic inspections.
4. The Council is also able to obtain certain communications data (i.e. data about electronic communications) through the National Anti-Fraud Network (NAFN), an expert provider accredited by the IPCO and the Home Office. This process is carried out in accordance with the Investigatory Powers Act 2016 (IPA). NAFN submits the annual statistical return to the IPCO on the number of submissions made by it on behalf of the Council.
5. A programme of monitoring and review is set out in the Council's RIPA policy and guidance. Since 2017 annual reports are made to the Governance and Ethics Committee. Throughout the year quarterly reports of Trading Standards activity, which

includes use of RIPA, are made to the Cabinet Member for Communities and Public Health.

6. This is the sixth oversight report to Governance and Ethics Committee since November 2017. This report covers January 2023 to December 2023.

Annual Activity January 2023 to December 2023

7. There has been one new RIPA application and authorisation during this period. This was made by Trading Standards and related to the sale of illicit tobacco.
8. NAFN has confirmed that it has made one new application for communication data access for this period on behalf of the Council. This is currently on-going and relates to fraud.
9. Training and awareness raising activity has been undertaken as follows:
 - a. Refresher RIPA training was provided to the Council's Senior Responsible Officer (SRO) for RIPA (the Service Director for Customers, Governance and Employees); the Service Director for Place and Communities; the Group Manager for Trading Standards and Communities and the Service Director for Help, Protection and Care (formerly Service Director for Youth, Families and Social Work) in December 2023.
 - b. Trading Standards Officers accessed EM Law Share webinars in relation to RIPA in December 2023 and are in the process of securing additional external training for 2024.
 - c. Awareness raising for employees and staff will be undertaken imminently via Yammer and an article for publication on Team Talk will be submitted in January 2024.

Compliance with IPCO monitoring

10. The Council submitted its annual statistical return to the IPCO for the 2022 period on 31 January 2023. It will submit the annual statistical return to IPCO for the 2023 period by 31 January 2024.

Other Options Considered

11. None. Activity under the RIPA Policy requires reporting to Committee.

Reason/s for Recommendation/s

12. To ensure the Council is able to exercise its statutory powers in relation to RIPA (and for NAFN to make the relevant applications on its behalf in respect of communications data in relation to IPA) where it is necessary and proportionate to do so.

Statutory and Policy Implications

13. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources,

human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Where appropriate consultation has been undertaken and advice sought on these issues as required

Crime and Disorder Implications

14. Use of surveillance can assist the Council in relation to the reduction of crime in Nottinghamshire.

Human Rights Implications

15. Every authorisation for surveillance requires consideration of human rights including the right to privacy and the right to a fair trial. The rights of people under surveillance need to be balanced against public safety and the prevention of crime. Every authorisation, therefore, has to clearly set out why the surveillance is considered necessary and proportionate in the circumstances.

RECOMMENDATION/S

- 1) That Committee notes the content of the report regarding activity over the past 12 month period.

Marjorie Toward

Service Director, Customers Governance and Employees and Senior Responsible Officer for RIPA

For any enquiries about this report please contact:

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Constitutional Comments [HD – 21/12/23]

The report falls within the remit of Governance and Ethics Committee as the body responsible for oversight of the Council's broad governance framework of which the RIPA arrangements form an important element. The Council is required to have procedures and policies in place to meet the legal requirements of the RIPA legislation and this report sets out relevant activity in respect of those matters within the past 12 month period.

Financial Comments [GB – 27/12/23]

There are no specific financial implications arising directly from this report.

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.

Electoral Division(s) and Member(s) Affected
All.

10 January 2024**Agenda Item: 6****REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &
IMPROVEMENT****INTERNAL AUDIT CHARTER REFRESH****Purpose of the Report**

1. To review and approve an updated version of the Internal Audit Charter.

Information

2. The charter is a formal document defining the Internal Audit Section's purpose, authority and responsibility. It establishes the Section's position within the Council, including the nature of the Chief Internal Auditor's functional reporting relationship with the Governance & Ethics Committee. It authorises access to records, personnel and physical properties relevant to the performance of audit engagements, and it defines the scope of Internal Audit's activities. Final approval of the charter rests with the Governance & Ethics Committee.
3. The charter should be reviewed periodically, to ensure it remains relevant and up to date; it was last updated in January 2023. Mostly minor changes are proposed in this update, to reflect changes in job titles, team names and distribution of reports.
4. The revised charter is attached as Appendix 1. It may also provide further assistance to the members of the Governance & Ethics Committee in understanding the role of Internal Audit in the Council.

Other Options Considered

5. The establishment and maintenance of a formal internal audit charter is a requirement of the PSIAS.

Reason/s for Recommendation/s

6. To ensure that this Council's Internal Audit Charter remains up-to-date and relevant to the developing needs of the authority from its internal audit service.

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

8. The activities of the Internal Audit service are a key element in the governance framework within the Council. The formal Internal Audit Charter is a key document in ensuring the Council receives an effective service from the resources it deploys on this area of activity.

RECOMMENDATION/S

- 1) That the revised Internal Audit Charter be approved.

Nigel Stevenson

Service Director for Finance, Infrastructure & Improvement

For any enquiries about this report please contact: Simon Lacey, Chief Internal Auditor

Constitutional Comments (GR – 24/11/2023)

9. Pursuant to the Nottinghamshire County Council Constitution this committee has the delegated authority to receive this report and make a decision contained within it.

Financial Comments (SES – 21/11/2023)

10. There are no specific financial implications arising directly from this report.

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.

- None

Electoral Division(s) and Member(s) Affected

- All



Nottinghamshire County Council

Internal Audit Charter

1. **INTRODUCTION**

- 1.1 This Charter defines Internal Audit's role within the County Council. The Charter complies with the Public Sector Internal Audit Standards (PSIAS), the Accounts and Audit Regulations 2015, and the County Council's Financial Regulations. This Charter has been approved by Nottinghamshire County Council's Governance and Ethics Committee, acting as the 'Board' under the requirements of the PSIAS.

2 **MISSION OF INTERNAL AUDIT**

- 2.1 To enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight.

3 **CORE PRINCIPLES**

- 3.1 The Internal Audit Team strives for compliance with the following 10 core principles for the professional practice of internal auditing, as set out in the PSIAS:
- Demonstrates integrity
 - Demonstrates competence and due professional care
 - Is independent, objective, and free from undue influence
 - Aligns with the strategies, objectives and risks of the organisation
 - Is appropriately positioned and adequately resourced
 - Demonstrates quality and continuous improvement
 - Communicates effectively
 - Provides risk-based assurance
 - Is insightful, proactive, and future-focused
 - Promotes organisational improvement.

4 **PURPOSE, AUTHORITY AND RESPONSIBILITY**

- 4.1 The purpose of Internal Audit is to provide an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

- 4.2 It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.

In particular it:

- (a) carries out a risk-based review and evaluation of the entire control environment of the Council
 - (b) provides management and Members with advice and assurance to assist them in the effective discharge of their responsibilities
 - (c) plans audit work having regard to the Authority's corporate plans.
- 4.3 Internal Audit derives its authority from the Accounts and Audit Regulations 2015, from this Charter and from Nottinghamshire County Council's Constitution. The Financial Regulations, which are part of the Constitution, set out that:
- The Section 151 officer carries responsibility for ensuring an effective internal audit service is in place
 - Internal audit reviews and reports on the Council's control environment and its arrangements for securing value-for-money, and it makes recommendations requiring a formal response
 - Internal Audit staff have the right of access to such records, assets, premises and personnel, and are entitled to receive such information and explanation, as they think necessary for the proper fulfilment of their duties
 - Internal Audit has a defined role in the Council's Fraud Response Plan
 - Internal Audit reports its findings to Members of the Council, and it co-ordinates its activities with external audit.
- 4.4 The following key roles and responsibilities are established at Nottinghamshire County Council to ensure the requirements of the PSIAS and this Audit Charter are complied with:
- The role of the 'board' is fulfilled by the Governance and Ethics Committee
 - The role of senior management is fulfilled by the Corporate Leadership Team, comprising the Chief Executive and Corporate Directors of the Authority
 - The role of the chief audit executive is fulfilled by the Chief Internal Auditor. The Chief Internal Auditor reports directly to the Section 151 Officer, but also has unrestricted access to senior management and members, particularly the Leader of the Council, the Chair of the Governance and Ethics Committee, the Chief Executive, Corporate Directors and Service Directors. The Chief Internal Auditor reports in their own name.
- 4.5 In addition to Internal Audit, the Chief Internal Auditor is responsible the delivery of services by the Risk and Insurance Team. To maintain segregation from operations, the Chief Internal Auditor has put in place arrangements for avoiding conflicts of interest. These are focused on obtaining independent, external assurance that internal controls are effective in respect of the Council's arrangements for risk and insurance. Periodic reviews of these areas are carried out by external providers of internal audit, the findings of which are reported independently of the Chief Internal Auditor to the Section 151 Officer and members of the Governance and Ethics Committee.

- 4.6 The resourcing of Internal Audit is under continuous review by the Section 151 Officer and the Chief Internal Auditor. The resource requirements are brought into sharp focus during discussions and agreement on the Internal Audit Strategy and Termly Plans. Further details are set out in Section 8.
- 4.7 In addition, the Team undertakes internal consultancy work, carries out some suspected irregularity investigations and provides an audit service, on a contract basis, to specific external clients. The nature and extent of work for external clients is kept under review to ensure a) it does not impinge on the audit work carried out for the Council, and b) there is no conflict of interest or impairment of independence arising from this work.
- 4.8 In carrying out consultancy work, the Internal Audit role is to assist management in the achievement of the Authority's objectives. The work involved may cover facilitation, process design, training, advisory services and investigatory work. For most assignments, specific terms of reference will be drawn up to define the scope and limits of the work involved.

5 INDEPENDENCE AND OBJECTIVITY

- 5.1 The Internal Audit Team is organised so that it is independent of the activities that it audits. Because of this, the Team can provide impartial and unbiased professional opinions and recommendations. Internal Audit is free to plan, undertake and report on its work, as the Chief Internal Auditor deems appropriate.
- 5.2 The status of the Chief Internal Auditor is sufficient to allow the effective discussion of audit strategies, plans, results and improvement plans with senior management in the organisation.
- 5.3 Internal Audit is accountable to the Section 151 Officer and the Authority's Governance and Ethics Committee, both being involved in determining its priorities. It reviews the resources available to it on a regular basis to ensure that it has sufficient resources to fulfil its responsibilities, reporting the results of the review to the Governance and Ethics Committee, as part of its termly planning process.
- 5.4 The Chief Internal Auditor provides termly updates to the Authority's Corporate Leadership Team, membership of which includes the three statutory officers: the Chief Executive, the Section 151 Officer and the Monitoring Officer. Key issues concerning the governance of the Authority are discussed and the Annual Governance Statement is kept under ongoing review.
- 5.5 The Chief Internal Auditor is required to confirm annually the organisational independence of the internal audit activity. The Chief Internal Auditor has the right to direct and unrestricted access to senior management and the Board.
- 5.6 Individual internal auditors are also required to have an impartial, unbiased attitude and avoid any conflict of interest. To meet this requirement, each auditor is required to declare any interests they have that could have an impact on their audit work, and to confirm they have read the Authority's Code of Conduct for employees. The Chief Internal Auditor will not assign work to an auditor where a conflict of interest may arise. If independence or objectivity is

impaired, either in fact or appearance, the details of the impairment must be disclosed to the relevant parties.

- 5.7 Internal Auditors also have due regard to the Seven Principles of Public Life (the Nolan Principles) – Selflessness; Integrity, Objectivity; Accountability; Openness; Honesty; and Leadership.

6 PROFICIENCY AND DUE PROFESSIONAL CARE

- 6.1 Internal Audit operates in accordance with the PSIAS. Compliance with the Standards is reviewed annually by the Interim Chief Internal Auditor.
- 6.2 A thorough recruitment process, in accordance with the Authority's procedures, applies to the appointment of Internal Audit staff to ensure the Team has the appropriate, professional skills and experience to fulfil its objectives. The Interim Chief Internal Auditor is appointed by the Section 151 Officer and must have a full CCAB qualification and have significant post qualification experience, preferably gained in an internal audit role. Similarly, the Audit Team Manager should be a qualified accountant with at least three years' financial and managerial experience. The qualifications and skills required for all posts are detailed in job descriptions and person specifications maintained by the Chief Internal Auditor.
- 6.3 Internal Auditors have an annual review of their performance and development needs. They are provided with the appropriate training to fulfil their responsibilities and to maintain their professional development and competence.

7 QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME

- 7.1 The Chief Internal Auditor reviews the work of the Team on an annual basis to provide assurance that it conforms to the relevant standards and requirements of the Internal Audit Charter.
- 7.2 The Internal Audit Team takes the following actions to provide a professional service:
- Adopts a flexible, risk driven approach
 - Works in partnership with managers and staff to develop and maintain adequate and reliable systems of corporate governance, risk management and internal control
 - Continually seeks to improve the effectiveness and efficiency of its services in consultation with managers from across the Authority
 - Maintains an effective Audit Manual and regularly reviews its procedures to ensure they remain appropriate
 - Monitors and reports on specific performance indicators and targets.
- 7.3 The PSIAS require that an external assessment of Internal Audit be conducted at least once every five years by a qualified, independent assessor from outside the organisation. The Chief Internal Auditor will raise this periodically with the Governance and Ethics Committee to determine the form of external assessment, the required qualifications and independence of the assessor and the frequency of the assessment.

- 7.4 Arising from the internal review, external assessments and the annual review of Internal Auditors' performance and development, the Chief Internal Auditor will, in discussion with senior management and the Governance and Ethics Committee, develop an Improvement Programme.
- 7.5 Where non-conformance to the PSIAS impacts on the overall scope or operation of the internal audit activity, the Interim Chief Internal Auditor must disclose the non-conformance to senior management and the Governance and Ethics Committee.

8 MANAGEMENT OF INTERNAL AUDIT ACTIVITY

- 8.1 Internal audit work is planned at all levels of operation in order to establish priorities, achieve objectives and ensure the efficient and effective use of audit resources in meeting the Internal Audit Charter.
- 8.2 The Chief Internal Auditor produces an Internal Audit Strategy, and this provides the framework within which three termly plans are delivered in each financial year. Each termly plan covers a period of four months and is developed in consultation with the Corporate Directors, Section 151 Officer and Senior Managers. The Strategy details how the assurance for the opinion on the overall adequacy and effectiveness of the organisation's corporate governance, risk management and control environment will be demonstrated.
- 8.3 The Internal Audit plans are subject to revision and approval by the Section 151 Officer for reporting to the Governance and Ethics Committee. These plans include an element of contingency to allow Internal Audit to be responsive to changes in conditions and to requests for assistance from managers. They also take account of the Authority's risk management process with the aim of identifying and evaluating any residual risks, not covered by appropriate control mechanisms, which need to be included in the Internal Audit Plan. The Plan process also involves assessing, through ongoing liaison with management and External Audit, any new developments or significant changes in the Authority's responsibilities.
- 8.4 Scopes are prepared for each Internal Audit engagement and are normally discussed with relevant line managers before the work is started. Internal Audit will schedule regular update meetings with the client while the audit is being undertaken, to ensure emerging findings and possible recommendations are raised, verified and discussed while the audit is live. At the close of the fieldwork, a feedback meeting will be arranged to discuss the findings of the review. During this closing meeting, draft management responses to recommendations will be elicited wherever possible, for inclusion in the formal, draft report when issued. Internal Audit will usually give reasonable notice to the relevant manager of the start of an audit and will minimise any disruption to the smooth running of the area under review. However, Internal Audit reserves the right to make unannounced visits where the Interim Internal Auditor considers it necessary.
- 8.5 The Team adopts a structured approach to all its work, including the use of a risk-based, systematic approach, where appropriate, for opinion audits.

9 GOVERNANCE AND ETHICS COMMITTEE RESPONSIBILITIES

- 9.1 Internal Audit has a responsibility to report to the Authority's Governance and Ethics Committee. The Committee is chaired by a member of the majority party and consists of 11 members. The Committee meets on a six-weekly basis and has clear terms of reference. It reviews both Internal and External Audit work throughout the Authority and contributes to the organisation's overall process for ensuring the Authority has good governance in place.
- 9.2 The Committee reviews and comments upon:
- Internal Audit Charter
 - Internal Audit's Annual Report (including the annual opinion on the Authority's control environment)
 - Internal Audit's strategy, termly plans and progress reports (including key findings and recommendations)
 - Assurance mapping
 - Annual Fraud Report
 - External Audit's Annual Audit Letter and Annual Plan
 - Reports on the implementation of Internal Audit recommendations
 - Reports on relevant public sector publications concerning general audit developments
 - Any significant audit issues that may arise within the Authority.
- 9.3 The Chief Internal Auditor attends every meeting and presents Internal Audit reports to the Committee.

10 ADVISORY AND CONSULTANCY SERVICES

- 10.1 Internal Audit offers an advisory and consultancy service to provide support and assistance to the Council in the development of its systems and procedures. Internal auditors are well positioned to offer this type of input, due to their detailed knowledge of the Council's activities, and due to their expertise in assessing value for money and options for process re-engineering.
- 10.2 The nature and scope of consultancy engagements are agreed with the client and are intended to add value and improve the Council's governance, risk management and control processes. Consultancy input may take the form of counsel, advice, facilitation and training. This type of input is beneficial to both clients and internal auditors alike; clients receive timely advice whilst systems and processes are being designed, and internal auditors have the opportunity to influence the developing control framework in the Council.

11 SUSPECTED IRREGULARITY INVESTIGATIONS

- 11.1 In accordance with the Authority's Financial Regulations, Internal Auditors may carry out investigations into suspected financial irregularities. All managers in the Authority have an obligation to maintain an effective internal control system within their areas of work, and this includes a responsibility for the prevention and detection of fraud, corruption and other irregularities, as well as managing the risks of fraud or corruption.
- 11.2 When conducting audit engagements, Internal Auditors are alert to circumstances, such as control weaknesses, that could allow fraud. If any

evidence of fraud or other irregularity is discovered, the relevant line manager is informed.

- 11.3 Managers are required to inform Internal Audit immediately if a fraud or other irregularity is suspected. In such cases, they should ensure that:
- Any supporting information or other evidence is secured
 - Confidentiality is maintained so as not to prejudice any subsequent investigation.
- 11.4 Internal Audit will consider each suspected fraud or irregularity and determine whether to investigate it itself or to resolve it by another means, for example, referral to Action Fraud and the Police, as appropriate. Internal Audit's role in tackling suspected cases of fraud or irregularity is set out in the Council's Fraud Response Plan.
- 11.5 The Chief Internal Auditor may carry out other special investigations at the request of the Section 151 Officer or other senior managers.




12 **INTERNAL AUDIT REPORTING**

- 12.1 Internal Audit reports its findings to appropriate managers, who have a responsibility to respond promptly to the reports' recommendations. Recommendations are priority ranked, as follows:

| Priority Level | Description |
|----------------|---|
| Priority 1 | Fundamental for effective governance, risk management and internal control, must implement recommendations to improve existing arrangements |
| Priority 2 | Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements |

'Advisory recommendations may also be raised in feedback meetings with managers at the close of fieldwork.

- 12.2 Reports on assurance work contain an audit opinion on the area reviewed. One of the following three audit opinions of the level of assurance is provided:

| | | |
|---|-----------------------|----------------------------|
|  | LIMITED ASSURANCE | Risk levels are high |
|  | REASONABLE ASSURANCE | Risk levels are acceptable |
|  | SUBSTANTIAL ASSURANCE | Risk levels are low |

The spread of Internal Audit opinions each year is one factor used to inform the Head of Internal Audit's Annual Report and the Authority's Annual Governance Statement.

- 12.3 Management responses to Internal Audit's draft reports are sought in accordance with the protocol set out in Table 1 below:

Table 1: Protocol for chasing responses to Internal Audit's Draft Reports

| | |
|----------------------|--|
| Week 0 | Issue draft report, typically to Group Manager and Service Director, requesting a response within 2 weeks |
| Week 3 – no response | Reminder issued by Head of Internal Audit to Group Manager, Service Director and Corporate Director. Request a response in 2 weeks. |
| Week 5 – no response | Issue a reminder and copy to: Chair of the Governance & Ethics Committee, Chief Executive and Corporate Director. Request a response in 1 week |
| Week 6 – no response | Issue final report with no response and schedule the report on the next meeting of the Governance and Ethics Committee, with the relevant manager(s) being requested to attend to provide an update to the Committee on proposed actions to address the report's recommendations |
| N. B | At any point in the above procedure, the timeline may be re-set to deal with particular circumstances such as: <ul style="list-style-type: none"> to further discuss the audit findings and recommendations wherever concerns with them remain to allow for extended response times during periods of extreme workloads or the non-availability of key staff revised timescales for responses should be formally agreed |

12.4 Management responses to draft reports are incorporated into a final version for circulation, as standard, to the following:

Members

- All Members of the Governance and Ethics Committee
- Cabinet Member and Deputy for Finance
- Cabinet Member and Deputy for the relevant Portfolio
- Leader and Opposition Leaders

Officers

- Relevant Corporate Director(s), Service Director(s) and Group Manager(s)
- Section 151 Officer and Monitoring Officer
- Group Manager Finance and relevant Senior Finance Business Partners
- External Audit

Members can raise queries on reports as appropriate by contacting the Chief Internal Auditor or Audit Team Manager directly on issues which concern them. This direct access by Members to Internal Audit applies in any situation where Members wish to raise issues of concern with Internal Audit.

12.5 All Internal Audit recommendations are followed up to confirm the agreed management actions are taken. Two levels of assurance are applied to confirm implementation, as detailed below:

| Priority rating of recommendation | Management assurance | Internal Audit assurance |
|-----------------------------------|----------------------|--------------------------|
|-----------------------------------|----------------------|--------------------------|

| | | |
|------------|---|---|
| Priority 1 | Assurance is sought from management that all agreed actions have been taken | Compliance testing scheduled to confirm all agreed actions relating to Priority 1 recommendations are carried out consistently. |
| Priority 2 | | Compliance testing is scheduled for selected Priority 2 actions |

- 12.6 Six-monthly progress on the implementation of agreed management actions is reported to senior management and to the Governance and Ethics Committee. The Governance and Ethics Committee determines whether it wishes to receive an update from senior managers at its next meeting to provide further assurance regarding actions to improve the internal controls in a specific area of activity.

13 **COORDINATION OF AUDIT ASSURANCE**

- 13.1 The Chief Internal Auditor co-ordinates Internal Audit Plans and activities with other internal and external providers of assurance, including the External Auditors, to ensure the most efficient use of the total resources devoted to audit work. Regular liaison meetings take place during the course of the year as appropriate.
- 13.2 Internal Auditors foster constructive relationships with Members, the managers and others involved in the areas being audited, and also with other review and specialist agencies that it may encounter as part of its work.
- 13.3 Liaison with managers takes place at key stages of the audit process, namely: planning; undertaking; reporting; and responding to audits. The guiding principle adopted throughout is one of assistance in the achievement of the Authority's objectives and plans.

10 January 2024**Agenda Item: 7****REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &
IMPROVEMENT****COUNTER-FRAUD PROGRESS REPORT****Purpose of the Report**

1. To update the Governance and Ethics Committee on the counter-fraud work undertaken to date in 2023/24.

Information

2. Counter-fraud work has continued to focus on key risk areas during 2023/24 and the Council has remained vigilant to the threat of fraud and emerging risks.
3. The report brings together work undertaken in relation to:
 - The National Fraud Initiative (NFI) – matches from the 2022-23 exercise
 - Counter-fraud activities – to provide an update on recent, pro-active work; and
 - Counter-fraud action plan - an update on progress made against the action plan

National Fraud Initiative

4. The Council participates every two years in the compulsory NFI exercise. Data matching reports were generated from the exercise, comparing Council data to data sources such as the Driver & Vehicle Licensing Agency (DVLA), mortality data, and the Department for Work & Pensions (DWP). This process seeks to identify potential issues such as:
 - duplicate creditor payments, for instance where there is a duplicate payment record by amount and creditor reference
 - payments to pensioners after they have deceased
 - blue badges and concessionary passes which have not been cancelled after a person is deceased or duplicate badges and passes for the same person

Not all of the matches are indicative of fraud or error, however, the outcomes for 2022-23 with a comparison to the 2020-22 outcomes are shown below in **Table 1**.

Table 1 – Headline Categories of Potential Fraud/Error - 2020-22 and 2022-23

| Category | 2020-22 | 2022-23 |
|--|--|---|
| Pension/Payroll matches | No reported outcomes from 1,668 matches | 1 case opened from 917 cases. No reported outcomes yet. |
| Trade Creditors | £81,640 reported outcome from 7,639 matches | £32,609 reported outcomes from 5,881 matches identified. |
| Total | £81,640 | £32,609 |
| Other significant estimated results | | |
| Blue Badges cancelled or withdrawn (no's) | £276,000 ¹ reported outcomes from 480 matches | All 2,193 cases processed. £430,300 ¹ reported outcomes from 662 cases. |
| Concessionary Travel Passes Cancelled (no's) | £44,136 ² reported from 1,839 matches | All 2,641 matches processed. £56,203 ² reported outcomes from 1,815 cases. |
| Residents Parking Permits | 11 cases completed. No reported outcomes | All 12 cases opened and processed. No reported outcomes. |
| ¹ Number of blue badges cancelled due to person deceased, multiplied by £650 (£595 in 2021-22) to reflect the estimated annual cost of blue badge fraud, the likelihood that badges are misused and the duration that fraudulent misuse will continue. | | |
| ² Number of passes identified by NFI and cancelled due to person deceased, multiplied by £30.97 (£24 in 2021-22), based on the cost of reimbursement to bus operators for journeys made under the concessionary pass scheme and the duration of fraudulent pass misuse during financial year 2022-23. | | |

5. In relation to trade creditors, 5,246 matches related to duplicate records by amount and creditor reference. A decision was made to only review transactions where the gross transaction value was £5,000 or above. Therefore 1,160 of these cases were subject to further review. Six payments totalling £32,609 were identified as duplicate payments and five of these related to Transport Section. Most of these related to invoices posted via the interface from the Transport system (Trapeze) and then submitted again through the non-purchase order route in error. The remaining duplicate transaction was paid twice in error through Corporate Procurement due to two purchase orders being raised against different vendor numbers. All duplicate payments have since been refunded. To address the recurring issues, Accounts Payable are holding a workshop with the Transport Team to go through the full end-to-end procedures to ensure further duplicates are avoided. In addition, as identified in our action plan, Internal Audit are working with the Business Service Centre to explore and develop in-house options to identify duplicate payments.
6. Blue Badge matches consisted of 1,467 deceased notifications, 49 potential duplicate badges and 676 where there was more than one application with a matching phone number or email address. The latter may be due to a third-party organisation assisting multiple applicants to apply for the badge, using their phone number/email address as the contact details. The NFI process identified 662 badges that had not been notified as deceased. These badges have now been cancelled and the team is proactive in using the Tell Us Once system to identify deceased notification to cross-reference to the blue badges scheme.

Counter-fraud E-learning and Other Activities

7. In 2021 we refreshed our fraud e-learning training. Since then, we have continued to monitor the completion of the e-learning and 423 staff have undertaken the training. We plan to review the training material once again to incorporate evolving fraud risks and will consider whether the training needs to be mandatory for finance staff, budget holders and those involved in purchasing, payments or any other financial activity.
8. The e-learning was again promoted to Team Managers and staff through Team Talk articles as part of International Fraud Awareness Week. This ran from 12 – 18 November 2023 and was publicised on the council's intranet from the end of October till the end of November. Included in the article were key fraud risks taken from recent intelligence and horizon scanning, links to key documents and information and actions staff can take to mitigate against fraud risk. We have also sent out a separate article to schools which provides resources, training and general fraud awareness material, especially in relation to mandates, to ensure they have the tools to prevent and detect fraud.
9. In October, to reinforce counter-fraud messages and to coincide with cyber security awareness month, the ICT department published an article on the intranet which outlined the need to keep software up to date to guard against potential computer viruses and vulnerabilities.
10. As reported in our Annual Fraud Report in July, we had an action to carry out a piece of pro-active work in relation to the threat of blue badge fraud. This work is currently underway and we are expecting to issue a draft report imminently. Once a final report is issued, this will be sent to Members of the G&E Committee for information.
11. The Risk and Insurance Team remain vigilant to potentially fraudulent claims and continue to undertake pro-active detection work, including using the fraud checklist to assist in the identification of fraudulent claims. No fraudulent claims were identified during financial year 2022/23, although the team have been active in the successful defence of claims made against the council and generated estimated savings of £2.07m during 2022/23 through such work. A further update on the current financial year will be provided in the next Annual Fraud Report.
12. Internal Audit continues to be involved in fraud investigation activities and are currently involved in two live cases. The developments and outcomes continue to be reported to the Chairman of this committee through regular updates with the Chief Internal Auditor and summarised to all members in the Annual Fraud Report.
13. During the year there have been three fraud cases taken to court. The Council is pursuing recovery against these individuals. Two of these involved NCC staff and one involved a school employee. Due to the nature of these frauds, a review of controls was undertaken in the teams concerned and we are now proactively identifying risks in operational areas through engagement with Managers.
14. In August 2023, the National Fraud Intelligence Bureau (NFIB) reported that 35% of reports of cyber-crime related to business email compromise (BEC) and the most common type of BEC was invoice fraud. Some schools have been the victim of BEC whereby fraudsters have

infiltrated their systems and amended payee details of invoices to known suppliers in order to divert funds. In respect of this, Internal Audit have been proactive to make schools aware of this type of crime including hacking of social media and email accounts and have advised on preventative measures.

15. In the year, an additional response to the NFIB has been a review of controls in relation to mandate fraud. We identified robust controls in place within Accounts Payable Team which have prevented several fraud attempts against the Council during the past few years. However, a report was issued (June 2023) to management outlining further risks in Schools due to different procedures undertaken. Recommended actions were agreed with Schools' Finance Team to continue to raise awareness of this type of fraud and others and share best practice to prevent further losses. Processes are now in place to share advice and alerts with schools on a regular basis. This awareness has helped to prevent several recent fraud attempts where schools have been subject to phishing attacks, scam invoices and purchase card frauds. Recognition of potential frauds has prevented losses in schools of £56,618 since April 2023. Schools' Finance continue to promptly alert schools when there are new and emerging fraud attempts.
16. Finally, during the year, a review of counter-fraud procedures was carried out in relation to Computer equipment replacement program (CERP). As a result, recommendations were made and agreed actions have been implemented or are in progress to enhance controls in this area.

Fighting Fraud and Corruption Locally (FFCL) Strategy and Checklist

17. FFCL 2020 is the latest national strategy developed jointly by central government and Cifas (a not-for-profit fraud prevention membership organisation). This provides the blueprint for a co-ordinated response to fraud for local authorities.
18. The national strategy contained a recommendation for organisations to consider their options in relation to providing counter-fraud coverage and provided a self-assessment checklist for completion. Internal Audit previously completed the self-assessment for the Council, and the outcome was presented to Members. All actions have now been completed, although some actions are ongoing. These actions include:
 - Providing regular reports on fraud risks to the Chairman of Governance and Ethics Committee
 - Monitoring compliance with standards of conduct across the local authority
 - Reviewing the Registers of Interest for Members and staff.
 - Using data analytical techniques to identify fraudulent activity
 - Updating the fraud risk assessment annually using latest intelligence

When a new strategy is released, this will be a timely point to complete a new checklist.

19. A member of the Audit Team recently completed the Certificate in Fraud Risk Management course run by the Chartered Institute of Public Finance and Accountancy (CIPFA). This was to further develop Internal Audit skills to proficiently identify and manage fraud risks within the Council. The objective was to develop more effective fraud risk assessment processes which in turn will help to identify key fraud risk areas to guide the Audit Plan. As a result of this, Internal Audit are in the process of engaging with departments to widen understanding of fraud

risks, involving a wider range of stakeholders. A questionnaire has been issued to Group Managers and it is anticipated that this will identify potential areas of weakness for fraud. Any fraud risks will be considered as part of our termly plan and reported to the G&E Committee.

20. We have updated the Counter Fraud Risk Assessment for 2023 to capture FFCL emerging issues, along with frauds that we have gathered from our intelligence sources through our connections with national fraud networks (see further details below) and other fraud risks identified as part of our internal fraud risk assessment. The risk assessment identifies high priority areas for the consideration of pro-active counter-fraud work. High risks continue to include procurement and mandate fraud, adult social care abuse of payments, pension fund fraud and cyber-crime.
21. Nationally, increased numbers of people have also been recorded to the enhanced internal fraud database maintained by Cifas (not-for-profit fraud prevention membership organisation). This includes increased numbers of people falsely applying for jobs, providing fake employment details and concealing adverse employment history to gain employment. We have confirmed that the Business Services Centre (BSC) continue to have robust measures in place ensuring that appropriate pre-employment checks are undertaken when a new starter is employed.
22. This includes completion of right to work checks which are a statutory obligation and an essential part of the Authority's onboarding process. No new starters are setup on payroll unless a right to work in the UK check has been successfully completed. The online system for Digital Identity Verification Process (DIVP) enables candidates who hold a current UK or Irish passport to use a new online process to submit and confirm their right to work in the UK. This was introduced by the BSC last year and has been extended to include identity verification for recruitment-based DBS checks. The next phase will be to rollout DIVP to all internal NCC business units undertaking DBS checks. Work is also underway with the supplier to integrate DIVP functionality into the pre-employment solution.
23. In addition to the audit work already outlined above, counter-fraud pieces of work continue to be incorporated into our termly planning, and key findings will be shared with Members.
24. It remains a key area of focus for the Internal Audit team to support the Council through the provision of timely advice and consultancy on appropriate counter-fraud measures and internal control.

Counter Fraud Networks and National Picture

25. We continue to disseminate any alerts received from other bodies such as Cifas, National Anti-Fraud Network (NAFN), NFIB and the Midland Counties Counter-Fraud Group (MCCFG). The MCCFG Knowledge Hub continues to be used as a forum to raise questions and share knowledge of potentially fraudulent activity or issues that have arisen at other local authorities to inform our risk assessment.
26. The Council's Counter-Fraud & Counter-Corruption Strategy and Fraud Response Plan are reviewed annually and the latest versions are available on the intranet and NCC website. A further update will be carried out in 2023-2024 as part of the annual report.

27. NCC have recently been consulted in relation to the new Economic Crime and Corporate Transparency Act 2023 which was granted Royal Assent on 26th October 2023. It contains a new failure to prevent fraud corporate criminal offence which will have implications for NCC and others. We are awaiting further Government guidance on reasonable fraud prevention procedures. Legal Services will be considering the legal implications of this and a further update will be provided to Members as part of the annual fraud report.

Counter Fraud Action Plan Progress

28. We have reviewed the implementation of actions within the Counter-Fraud Action Plan which was reported to the Governance and Ethics Committee in July 2023 and all actions have been addressed. The table below is an update on progress for each of the outstanding actions. All previously completed actions have been removed from the current action plan.

| Action | Timescale |
|--|----------------------------|
| Pro-active work with the Travel & Transport team to respond to the threat of Blue Badge Fraud, including an audit of the notification process (Tell Us Once). | In progress. |
| Review progress with actions from the FFCL self-assessment and address outstanding actions. | Completed November 2023 |
| The Business Service Centre to work with Internal Audit to develop additional in-house options to identify duplicate payments using Excel and IDEA Audit software. | March 2024 |

Other Options Considered

29. The Audit Section is working to the Public Sector Internal Audit Standards and the contents of the Counter Fraud Action Plan. This report follows the requirements of the Standards to undertake a risk-based approach to counter fraud work and report progress and outcomes of such work. No other option was considered.

Reason for Recommendation

30. To report the progress made by the Chief Internal Auditor – in undertaking counter fraud work.

Statutory and Policy Implications

31. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and disorder

32. The Council's Counter-Fraud Policy provides for a zero-tolerance approach to fraud and corruption. The Fraud Response Plan provides for all suspected cases being considered for referral to the Police for investigation.

Human Resources implications

33. Under the zero-tolerance approach in the Council's Counter-Fraud Policy, all suspected cases involving members of the Council's staff are investigated and consideration given to disciplinary proceedings.

Financial Implications

34. Any money lost to fraud is money that cannot be spent delivering critical public services to the citizens of Nottinghamshire. The Annual Fraud Report for 2021/22 was presented to the Governance & Ethics Committee in July 2022 and identified that the value of detected or prevented fraud in that year amounted to approximately £671,000.

RECOMMENDATION

1) Members note the contents of the report.

Nigel Stevenson

Service Director for Finance, Infrastructure & Improvement

For any enquiries about this report please contact:

Simon Lacey

Chief Internal Auditor

Constitutional Comments (EKH 04/12/2023)

35. Governance and Ethics Committee is the appropriate body to consider the content of the report.

Financial Comments (SES – 06/12/2023)

36. There are no specific financial implications arising directly from the report.

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.

- None

Electoral Division(s) and Member(s) Affected

All

10 January 2024**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR – FINANCE, INFRASTRUCTURE
AND IMPROVEMENT****STATEMENT OF ACCOUNTS 2022/23****Purpose of the Report**

1. To seek approval for Committee to delegate responsibility to the Section 151 Officer, in consultation with the Chairman of the Governance and Ethics Committee, to approve the Statement of Accounts 2022/23 on completion of all external audit work.

Statement of Accounts 2022/23

2. The deadline for publishing the draft Statement of Accounts 2022/23 was 31 May 2023. Nottinghamshire County Council's and Nottinghamshire Pension Fund's Statement of Accounts 2022/23 were published onto the Council's website on 31 May 2023. Less than a third of local authorities achieved this draft account publication deadline.
3. The deadline for publishing the 2022/23 Statement of Accounts with the auditor's opinion was 30 September 2023. Due to widely acknowledged difficulties being experienced in the Local Authority audit sector however, the Authority's Statement of Accounts were not able to be approved by this target date. In fact, only 1% of all local government bodies received an auditor's opinion by the target date.
4. The Council's external auditors, Grant Thornton, are continuing with their audit work and it is expected that the Statement of Accounts 2022/23 will be in a position to be signed off by the end of January 2024. In an effort to get the accounts signed off at the earliest possible convenience, and not wait until the next Committee meeting at the end of February, it is proposed that the responsibility to approve the audited Statement of Accounts 2022/23 is delegated to the Section 151 Officer, in consultation with the Chairman of the Governance and Ethics Committee. Also, at that stage, the Audited Statement of Accounts 2022/23 will be published in the Council's website.

Audit Results

5. The statutory audit of the Statement of Accounts 2022/23 is being undertaken by Grant Thornton. At the time of this Committee report's publication, the external auditors are continuing with their audit work. It is expected that Andrew Smith (Director – Grant Thornton) will provide a verbal update on their progress to date at this Committee meeting.

6. It is expected that the Audit Findings Report 2022/23 will be presented to Committee in February 2024.
7. The statement of accounts is one of the key documents prepared by the Council to demonstrate good governance and value for money. This provides information about the County Council's financial position, performance and cash flows and consequently, shows the results of the stewardship and accountability of elected members and management for the resources entrusted to them, which is of paramount importance in the use of public funds.

Statutory and Policy Implications

8. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

9. That the Committee delegates responsibility to the Section 151 Officer, in consultation with the Chairman of Governance and Ethics Committee, to approve the Statement of Accounts 2022/23 on completion of all external audit work.

Nigel Stevenson

Service Director – Finance, Infrastructure and Improvement

For any enquiries about this report please contact:

Nigel Stevenson

Service Director (Finance, Infrastructure and Improvement)

Constitutional Comments (GR 21/12/2023)

10. Pursuant to the Nottinghamshire County Council Constitution this Committee has the delegated authority to receive this report and make the recommendation contained within it

Background Papers

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.

None

Electoral Division(s) and Member(s) Affected

All

10 January 2024**Agenda Item: 9****REPORT OF THE INTERIM SERVICE DIRECTOR, PLACE AND COMMUNITIES****ATTENDANCE AT THE COMMEMORATION OF THE 80TH ANNIVERSARY OF THE NORMANDY LANDINGS ON 6TH JUNE 2024****Purpose of the Report**

1. The purpose of this report is to seek approval:
 - For the Council's Armed Forces Champion, Councillor Keith Girling, to attend the commemoration of the 80th anniversary of the Normandy Landings in France on 6th June 2024.
 - To allocate £1,381 from the appropriate revenue budget, held by Democratic Services to fund the cost of accommodation and travel.

Information

2. This Committee's terms of reference include approving councillors' attendance at a conference or other event which is held outside the United Kingdom with any necessary accommodation and travel costs.
3. On 6 June 2024 it will be the 80th anniversary of the Normandy Landings which took place on 6 June 1944, with a series of major commemorations and events happening across the UK and in France. Also known as D-Day, the historic operation saw the Allied Forces mount a large-scale invasion of Nazi-occupied France that tipped the course of the Second World War in the Allies' favour.
4. The Sherwood Rangers Yeomanry (SRY) and South Notts Hussars (SNH), both took part in the historic D-Day landings. These Regiments and the Regimental Association have asked that the Council's Armed Forces Champion Councillor Keith Girling, join them to commemorate this occasion in France. If approved Councillor Girling will take part in a full itinerary, including civic and church services' wreath laying events and acts of remembrance.
5. In recognition of the sacrifices made by the 366 Nottinghamshire men who were killed during the Normandy campaign between June and August, and the sacrifice of their families, the Council's Armed Forces Champion has been asked to lay a wreath on behalf of the Council at the British Normandy Memorial just outside the village of Ver-sur-Mer overlooking Gold Beach, and to lay another wreath at the Bayeux War Cemetery.

Other Options Considered

6. The Council could consider not to do this.

Reason/s for Recommendation/s

7. To enable the Council to be represented at this key historic event demonstrating its intention to continually support the armed forces community and reflect its ongoing commitment to the Armed Forces Covenant and the recent introduction of the Armed Forces Public Duties.
8. This provides a unique opportunity to commemorate and show respect for those who fought and died during the landings and Normandy campaign on the 80th anniversary in addition to the Council supporting Armistice Day, or Remembrance Day as it is also known, which marks the day that World War One ended in 1918.
9. Attendance of a councillor at a conference or other event which is held outside the UK must be approved in advance by the Governance and Ethics Committee.

Statutory and Policy Implications

10. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

11. The £1,381 cost of accommodation and travel is contained within the appropriate revenue budget, held by Democratic Services.

RECOMMENDATION/S

- 1) That approval be granted for the Armed Forces Champion to attend the commemoration of the 80th anniversary of the Normandy Landings on 6 June 2024.
- 2) That the £1,381 costs of travel and accommodation arrangements are approved from the appropriate revenue budget, held by Democratic Services.

Mark Walker

Interim Service Director, Place and Communities

For any enquiries about this report please contact: Claudine White, Interim Group Manager, Trading Standards & Communities. T: 0115 4718 E: claudine.white2@nottsc.gov.uk

Constitutional Comments (LW – 21/12/2023)

12. The recommendations fall within the remit of Governance and Ethics Committee by virtue of its terms of reference and paragraph 8 of the Travel and Accommodation Policy

Financial Comments (PAA29 20/12/2023)

13. The financial implications are set out in paragraph 11. The anticipated cost of £1,381 for travel and accommodation will be met from the Democratic Services 2023/24 revenue budget.

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.

- None

Electoral Division(s) and Member(s) Affected

- 'All'

10 January 2024**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To review the Committee's work programme.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the Committee's agenda, the scheduling of the Committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Committee meeting. Any member of the Committee is able to suggest items for possible inclusion.
3. The attached work programme includes items which can be anticipated at the present time.

Other Options Considered

4. The option to not present a work programme to the Committee was rejected as it would not allow forward planning or management of agenda items.

Reason/s for Recommendation/s

5. To assist the Committee in preparing and managing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That Committee considers whether any changes are required to the work programme.

Marjorie Toward

Service Director, Customers, Governance and Employees

For any enquiries about this report please contact:

Keith Ford, Team Manager - Democratic Services

Tel. 0115 9772590

E-mail: keith.ford@nottsc.gov.uk

Constitutional Comments (EH)

7. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no financial implications arising directly from this report.

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.

- None

Electoral Division(s) and Member(s) Affected

- All

GOVERNANCE & ETHICS COMMITTEE – WORK PROGRAMME (as at 20 December 2023)

| <u>Report Title</u> | <u>Brief Summary of agenda item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
|--|---|----------------------------|---|
| 28 February 2024 | | | |
| Update on Local Government and Social Care Ombudsman Decisions | To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council | Marie Rowney | Richard Elston |
| Annual Audit Report 2022/23 | To inform Members of the External Auditors' Annual Audit Report and outcome of the Value for Money Audit | Nigel Stevenson | Glen Bicknell |
| Annual Audit Findings Report 2022/23 | To share the findings of the main Annual Audit. | Nigel Stevenson | Glen Bicknell |
| Internal Audit Term 2 Progress 2023/24 and Term 1 Plan 2024/25 | To consider proposed audit coverage for Term 1 | Nigel Stevenson | Simon Lacey |
| Review of Arms Length Organisations | To review the governance arrangements of Arms Length Organisations | Nigel Stevenson | Derek Higton |
| Whistleblowing Policy Annual Update | To consider the outcome of the review | Marjorie Toward | Heather Dickinson/ Catherine Haywood |
| 6 Monthly Update on EHCP Assessments | To consider an update on EHCP Assessments | | Robert Briggs |
| 17 April 2024 | | | |
| Update on Local Government and Social Care Ombudsman Decisions | To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council | Marie Rowney | Richard Elston |
| Review of the improvements to communication | To review the impact of the measures introduced by Adult Social Care Financial Services following corporate review and in response to LGSCO decision findings | Sue Batty | Nicola Peace |
| Governance Update | To consider progress against the Governance Action Plan for 2023/24 | Nigel Stevenson | Simon Lacey |
| Statement of Accounts – 2023 – 24 Accounting Policies | To review and approve the proposed accounting policies used in creating the Statement of Accounts for 2023/24 | Nigel Stevenson | Glen Bicknell |
| 19 June 2024 | | | |
| Update on Local Government and Social Care Ombudsman Decisions | To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council | Marie Rowney | Richard Elston |
| Governance and Ethics Committee Annual Report | To consider the draft annual report | Nigel Stevenson | Simon Lacey |

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|--|--|-----------------|----------------|
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| Annual Governance Statement 2023 – 24 | To consider the draft statement for 2023/24 | Nigel Stevenson | Simon Lacey |
| Assurance Mapping Annual Report | To review the assurance provided from the map in 2022/23 and consider coverage for 2023/24 | Nigel Stevenson | Simon Lacey |
| Head of Internal Audit's Annual Report 2023/24 | To inform the Committee of the Annual Report for 2023/24 and opinion on adequacy of arrangements for governance, risk management and control | Nigel Stevenson | Simon Lacey |
| Follow-Up of Internal Audit recommendations – 6 monthly update | To consider an update on progress with implementing agreed actions from Internal Audit reports | Nigel Stevenson | Simon Lacey |
| Use of the Councillors Divisional Fund 2023/24 | To provide an annual update on the use of the Councillor's Divisional Fund for 2022/23 | Marjorie Toward | Keith Ford |
| 24 July 2024 | | | |
| Update on Local Government and Social Care Ombudsman Decisions | To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council | Marie Rowney | Richard Elston |
| Term 3 Progress 2023/24 and Term 2 Plan 2024/25 | To consider proposed audit coverage for Term 2 | Nigel Stevenson | Simon Lacey |
| Annual Fraud Report 2022-23 | To review the incidence of fraud over the year and an update on risks and mitigations | Nigel Stevenson | Simon Lacey |