

Governance and Ethics Committee

Wednesday, 30 January 2019 at 13:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|----------|
| 1 | Minutes of last meeting held on 18 December 2018 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Public Sector Audit Appointments - Local Audit Quality Forum | 9 - 12 |
| 5 | Assurance Mapping Update | 13 - 34 |
| 6 | External Residential Placements for Looked After Children | 35 - 38 |
| 7 | Effectiveness of the Audit Committee Role | 39 - 44 |
| 8 | The Code of Conduct for Councillors and Co-opted Members - Appointment of Independent Persons | 45 - 50 |
| 9 | Follow Up of Internal Audit Recommendations | 51 - 68 |
| 10 | Update on Use of Resources by Councillors | 69 - 80 |
| 11 | Local Government and Social Care Ombudsman Decisions November 2018 - January 2019 | 81 - 104 |

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 Keith Ford (Tel. 0115 977 2590) 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 Tuesday 18 December 2018 (commencing at 1.00 pm)

membership

Persons absent are marked with 'A'

COUNCILLORS

Bruce Laughton (Chairman)
Andy Sissons (Vice-Chairman)

Nicki Brooks
Steve Carr **A**
Mrs Kay Cutts MBE
Kate Foale
Errol Henry JP

John Longdon
Rachel Madden
Keith Walker
Gordon Wheeler

OFFICERS IN ATTENDANCE

Glen Bicknell
Adam Crevald
Keith Ford
Denise Makar
Nigel Stevenson
Marjorie Toward

Chief Executive's Department

Paul McKay

Adult Social Care and Health Department

John Gregory
Lorraine Noake

Grant Thornton External Auditors

1. MINUTES

The Minutes of the last meeting held on 6 November 2018, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Rachel Madden (illness).

The following temporary changes of membership, for this meeting only, were reported:-

- Councillor Mrs Kay Cutts MBE had replaced Councillor Phil Rostance
- Councillor Gordon Wheeler had replaced Councillor John Handley
- Councillor John Longdon had replaced Councillor Mike Quigley MBE.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN (LGSCO) ANNUAL REVIEW LETTER

Keith Ford, Team Manager – Democratic Services, introduced the report which informed the Committee of the Annual Review Letter from the LGSCO for 2018.

RESOLVED: 2018/060

That no actions were required in relation to the issues contained within the report.

5. UPDATE ON LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN DECISIONS

Keith Ford, Team Manager – Democratic Services, introduced the report which informed the Committee of recent Local Government and Social Care Ombudsman (LGSCO) decisions about the Council.

During discussions, Members referenced the complaint not investigated by the LGSCO due to it being out of timescale and requested further information about the timescales followed and their appropriateness.

RESOLVED: 2018/061

That further information about the timescales for making complaints be included in the next update report to this Committee.

6. INFORMATION GOVERNANCE IMPROVEMENT PROGRAMME: PROGRESS UPDATE

Caroline Agnew, Programme Manager, introduced the report which informed the Committee of progress in delivering the Council's Information Governance Improvement Programme.

Members requested further clarification of the rules around the use and retention of information obtained by Councillors through questionnaires, petitions etc and the process for reporting potential breaches of these rules.

RESOLVED: 2018/062

- 1) That a follow-up report on the Information Governance Improvement Programme be submitted to the Committee in six months' time.
- 2) That an Information Governance Action Plan be submitted to the Committee in March 2019 for approval, with quarterly performance updates against the Action Plan scheduled within the Committee's work programme.

7. NATIONAL AUDIT OFFICE CYBER SECURITY AND INFORMATION RISK GUIDANCE FOR AUDIT COMMITTEES

Adam Crevald, Group Manager – Customer and Service Design, introduced the report which provided Members with a review of the National Audit Office's cyber security advice for audit committees.

RESOLVED: 2018/063

That an update report be submitted to the Committee in six months' time.

8. EXTERNAL AUDIT - PROGRESS REPORT

John Gregory, external auditor (Grant Thornton) introduced the report and sought Members' views on the content and format.

During discussions, Members queried whether the content of future update reports needed to be more concise and specific to Nottinghamshire and County Councils. However, the importance of members of the Committee having an understanding of the wider context and national perspective was also recognised.

RESOLVED: 2018/064

That Members' views on the External Auditors' latest progress report be noted.

9. COUNTER FRAUD PROGRESS REPORT

Simon Lacey, Audit Team Leader, introduced the report which updated the Committee on Counter Fraud work undertaken in the first two terms of the 2018-19 Internal Audit Plan.

RESOLVED 2018/065

- 1) That the draft policy statement on the 'Facilitation of Tax Evasion' be endorsed and recommended to the Policy Committee for adoption.
- 2) That no additional actions to tackle fraud and no further reports on the actions already being taken were required at this stage.

10. UPDATE ON USE OF THE COUNCILLORS' DIVISIONAL FUND

Keith Ford, Team Manager, Democratic Services, introduced the report which provided a six monthly update on the use of the Councillors' Divisional Fund.

During discussions, Members requested that, in future such reports, consideration be given to collating the expenditure into different categories in order to highlight any shortfalls for particular activities that may require a more corporate approach as part of the Council's overall budget. In response it was underlined that the new 'self-serve' system should enable collation by Council Plan priorities in future.

RESOLVED: 2018/066

- 1) That the CDF expenditure for the period April-September 2018 detailed in Appendix A be noted.

- 2) That the outcomes of the planned audit exercise be included in the next six monthly update to the Committee.
- 3) That the plans to introduce a new electronic 'self-serve' system be supported.

11. UPDATE ON USE OF RESOURCES BY COUNCILLORS

Keith Ford, Team Manager, Democratic Services, introduced the report which provided the first update to the Committee on this issue, in line with the revised Code of Conduct for Councillors and Co-opted Members.

During discussions Members requested that further information be brought back to the next meeting of the Committee about:-

- the reasons for any potentially excessive printing costs, with further details sought from the Councillors in question and from the Multi-Function Device providers where appropriate;
- the variation in the costs of business cards;
- the particular reasons why Councillors were choosing to use non-County Council buildings for some case surgeries.

Members also felt that the Committee needed to give further consideration to agreeing set limits for printing by Councillors and support officers (with the limits proportionate to the number of Councillors within a political group) and to agreeing the processes for monitoring and enforcing these limits. Members also thought the criteria and processes for using other resources such as external postage and taxis needed further consideration also (with Members of the Committee also underlining that there were more cost-effective, electronic means of dealing with constituents these days).

With regard to any other areas of resources, Members requested that the Team Manager, Democratic Services include any areas of concern or discrepancies within future six monthly monitoring reports.

RESOLVED: 2018/069

- 1) That in relation to the resources expenditure for the period April-October 2018, further information be requested from Councillor Zadrozny about the reasons for potentially excessive printing costs and that this information be reported to the next meeting of the Committee along with further details about the variations in costs relating to business cards.
- 2) That postage and printing and photocopying costs relating to the Nottinghamshire County Council Chairman and Vice-Chairman civic roles be recorded and reported separately from this point onwards.
- 3) That the requirement for advance Governance & Ethics Committee approval for outgoing mail outs in excess of 50 items and the use of alternative venues for case surgeries be reinforced with Councillors, subject to further consideration of these issues by the Committee.

- 4) That all outgoing mail from Councillors be sent from the political groups (or from the Governance Team in Democratic Services in relation to non-aligned Councillors) and the cost be logged on an ongoing basis from this point onwards.
- 5) That the reasons for the continued use of Shireoaks Village Hall as a venue for Councillor Surgeries be requested from Councillor Fielding and reported to the next meeting of the Committee.
- 6) That the reasons for the continued use of Focus Point as a venue for Councillor Surgeries be requested from Councillors Bosnjak and Tsimbiridis and reported to the next meeting of the Committee.
- 7) That the Team Manager, Democratic Services include any other areas of resources of concern or discrepancies within the next six monthly overview report to this Committee.

12. WORK PROGRAMME

RESOLVED: 2018/068

That the work programme be agreed, subject to the inclusion of a further report on Use of Resources by Councillors in January 2019 and the inclusion of an item to a future meeting about transparency and access to information in relation to informal and formal meetings of the Council (in line with the motion agreed by Full Council on 13 December 2019).

The meeting closed at 2.27pm.

CHAIRMAN

30 January 2019**Agenda Item: 4****REPORT OF VICE CHAIR - GOVERNANCE AND ETHICS COMMITTEE AND
SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE & IMPROVEMENT****PUBLIC SECTOR AUDIT APPOINTMENTS - LOCAL AUDIT QUALITY FORUM****Purpose of the Report**

1. To update members of the Governance and Ethics Committee of key messages and emerging issues from the Public Sector Audit Appointments (PSAA) Local Audit Quality Forum held on the 3 December 2018 attended by Cllr Andy Sissons and Simon Lacey, Internal Audit.

Information***Coverage***

2. The report brings together:
 - A summary of key messages from presentations during the forum; and
 - Emerging issues and challenge questions on which Members may wish to seek assurance from management.

Summary of key messages from presentations

3. The forum received presentations from a variety of speakers including:
 - Public Sector Audit Appointments – Tony Crawley, Chief Executive;
 - Surrey County Council – Leigh Whitehouse, Executive Director of Finance;
 - Ernst and Young – Janet Dawson, Partner; and
 - National Audit Office – David Aldous, Director.
4. This report captures the key messages from presentations during the day which have been brought together in the following themes. A comment has been incorporated with each key message to identify the actions taken by Nottinghamshire County Council, or the implications for this Council.

Reporting the Results of External Auditors' work

5. The majority of Councils achieved the earlier accounts deadline of 31 July. There were only a limited number of adverse Value for Money (VFM) conclusions despite the continuing financial pressures on local government. Some adverse VFM conclusions were high profile and the majority were in relation to financial resilience and Children's Services.

This Council achieved an unqualified opinion and VFM conclusion within the earlier accounts deadline.

Financial Resilience – The Challenge

6. The scale of the financial challenge at Surrey County Council (SCC) was used to demonstrate the need to continually assess financial resilience. SCC identified similar financial pressures to Northamptonshire County Council. Notably, the council faced escalating demand pressures in Adult Social Care and Children's Social Care, along with emerging pressures in Special Educational Needs and Disability.

These pressures are not dissimilar to the financial pressures faced by this Council but not to the same scale as experienced in Northamptonshire.

7. A number of actions were taken to address the challenge at SCC: CIPFA were engaged to undertake a financial resilience review; business cases were developed for transformation projects; a 'back to basics' approach was adopted to budgeting; and financial planning horizons were shortened. The need to challenge financial resilience incorporated a review of the financial strategy, including demand management, earlier intervention and funding challenges to front line services.

The Council has already implemented similar challenge actions and has engaged internal audit to undertake an assurance review of financial resilience.

What do external auditors look for?

8. The current Code of Audit Practice (CoDE) requires external auditors to provide a VFM conclusion based on the **arrangements** at the Council rather than the **achievement** of VFM. The Council is responsible both for ensuring that appropriate arrangements are put in place and that VFM is achieved. This includes ensuring that risks from financial pressures and financial resilience are appropriately managed. External auditors identified a number of triggers that could result in additional risk for the VFM conclusion work. These included use of reserves and balances; achievement of savings; refinancing and borrowing; capital funding and commercial activities.

Internal Audit have incorporated the aforementioned triggers within the scope of the financial resilience assurance review currently in progress.

9. Finally, the scope of the current CoDE is to be reviewed by the National Audit Office by no later than April 2020, which could include a refresh of the scope of the VFM conclusion.

Summary of emerging issues and challenge questions

10. The forum afforded delegates the opportunity to network with colleagues and peers, from a cross-section of public sector bodies, and to discuss key messages with a panel of practitioners, the President of CIPFA and the Director of the National Audit Office. These discussions generated a number of thought provoking themes and challenge questions for delegates to take back to their respective organisations. The emerging challenge questions for Nottinghamshire County Council have been captured below:

Challenge Questions

- Has the Council robustly challenged its own financial resilience?
- How effectively have escalating demand pressures been challenged and justified?
- Have financial strategies been reviewed against common risk areas identified by other councils?
- Have management over-relied on External Audit for assurance regarding the achievement of VFM?
- Does the current CoDE go far enough to provide assurance on the achievement of VFM as opposed to the arrangements for securing it?
- Should consultation on the CoDE consider a revised approach to the VFM conclusion?

Post forum publications

Since attending the forum two relevant reports have been published by the National Audit Office, namely 'Local auditor reporting in England 2018' and 'Local authority governance'. The two reports support the themes discussed at the forum with some key facts being reproduced below. The Council needs to be mindful of these findings to support responses to the aforementioned challenge questions.

- 18% of single-tier local authorities and county councils received a qualified conclusion on arrangements to secure value for money in 2017-18;
- 27% of local authorities' external auditors thought risk profiles had increased from 2016-17 to 2017-18; and
- 48% of external auditors agreed or strongly agreed that audit committee members in their authority were appropriately trained to deliver their role.

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.

The report identifies learning from the experience of other councils in dealing the significant financial pressures they currently face. This provides a basis for considering whether the Committee requires further assurance that a prudent approach is being taken at this Council.

RECOMMENDATION

- 1) Members note the key messages arising from the forum and consider what further assurance is required from management that the emerging issues are being addressed effectively at this Council.

Councillor Andy Sissons
Vice Chair – Governance and Ethics Committee

Nigel Stevenson
Service Director for Finance, Infrastructure & Improvement

For any enquiries about this report please contact:
Rob Disney
Group Manager Assurance

Constitutional Comments (KK – 16/1/2019)

12. The proposals in this report are within the remit of the Governance and Ethics Committee.

Financial Comments (SES – 18/1/2019)

13. 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

30 January 2019**Agenda Item: 5****REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &
IMPROVEMENT****ASSURANCE MAPPING UPDATE****Purpose of the Report**

1. To update Members on the progress being made with the pilot approach to assurance mapping in 2018/19, and to invite feedback to influence the final stage of its implementation in the remainder of the year.

Information

2. Members approved a pilot approach to assurance mapping at the meeting on 1 February 2018, to be conducted in a four-stage process as depicted in **Appendix 1**. A first update on progress in July 2018 determined the Key Lines of Enquiry (KLOEs) for each of the three aspects of governance covered by the pilot: financial management; performance management; and risk management.
3. The pilot has now progressed to the second stage of the process, to identify the key sources of assurance available to the Council for each of the KLOEs across each of the three lines of defence:
 - 1st Line routine and day-to-day management controls
 - 2nd Line internal checks and reporting by corporate functions
 - 3rd Line reviews by independent and external assessors.
4. The mapping exercise was conducted through consultation with the Extended Corporate Leadership Team (ECLT), which comprises the Corporate Directors and Service Directors. Draft assurance maps for each of the governance areas were shared with ECLT members and feedback from their wider management teams was incorporated into refined versions. The draft maps were also shared with selected other officers who were able to provide targeted feedback in some of the more specialist areas covered by the KLOEs.
5. The latest versions of the assurance maps are presented in **Appendix 2**. These set out the range of assurance sources identified for each of the KLOEs across the three lines of defence. At this stage in the process, the maps provide the opportunity to assess how

effectively and efficiently assurance is provided in the Council. In particular, they present the opportunity to identify one or other of the following possibilities:

- Gaps in assurance, for which consideration might be given to establishing additional controls
- Duplications, which might prompt a redirection or reduction in the extent of assurance effort.

6. The following sets out a summary of the maps presented in Appendix 2, focussing on the strengths and weaknesses of the assurance sources available for each of the areas covered by the pilot.

Aspect of Governance	Summary of assurance available
Financial Management - Budgetary control	A well established budgetary control process is in place and applied to all NCC services. 1 st Line – the duties of budget holders are clearly set out and these provide the primary source of assurance for monitoring budgets, devising and implementing corrective actions and generating options for savings and developments. 2 nd Line – this is a strong line of defence providing professional advice and guidance to budget holders, along with regular and consistent assurance to senior managers and Members. 3 rd Line – Internal Audit periodically reviews 1 st and 2 nd Lines of assurance. No gaps or duplications in assurance are identified.
Financial Management - Financial compliance	The Council's Financial Regulations set out the framework with which all officers and Members are required to comply. 1 st Line – reliance is placed on front-line managers to ensure all staff are aware of, and trained in, their responsibilities for compliance with Financial Regulations. 2 nd Line – continuous monitoring and guidance by a range of corporate professionals through a variety of means. 3 rd Line – Internal Audit provides independent assurance through its approved plan of coverage. No duplications in assurance are identified. The extent and focus of assurance provided by the 2 nd and 3 rd Lines of defence is flexible to respond to indicators of need.
Financial Management - Value for money	The fundamentals are in place to manage the economy, efficiently and effectiveness with which services are delivered. The annual report to be delivered by this assurance mapping process will provide an opportunity to present a co-ordinated and informed view of VFM. 1 st Line – all front-line managers are required to comply with established Council procedures for managing budgets and performance, alongside engaging with the Challenge Panel and transformation programme. 2 nd Line – routine reporting of performance, budget monitoring and progress with transformation projects, plus access to benchmarking sources. 3 rd Line – External Audit's annual VFM report is the primary, established source of assurance, although this is limited to the arrangements the Council has for securing value for money. No duplications in assurance are identified at this stage, but sources are diffused and not currently captured in a co-ordinated manner. Additional 3 rd Line assurance from Internal Audit is currently being delivered in the form of a review of financial resilience (see below at para 8)
Financial management	Council policy is clearly established for managing the Council's funds. 1 st Line – responsibility for the day-to-day arrangements for managing compliance with Council policy.

- Financial prudence	<p>2nd Line – comprehensive and regular reporting of compliance and performance against the policy to appropriate Committees.</p> <p>3rd Line – Internal Audit's cyclical reviews complement the annual coverage by External Audit as part of its opinion work on the statement of accounts.</p> <p>No gaps or duplications in assurance are identified.</p>
Performance Management	<p>The Council's Planning and Performance Management Framework establishes the procedure with which all services are expected to comply.</p> <p>1st Line – day-to-day responsibility for implementing the Framework in each area of service, monitoring progress against performance targets and devising corrective actions where required.</p> <p>2nd Line – routine and regular reporting to appropriate Committees of progress against corporate and departmental plans.</p> <p>3rd Line - Internal Audit periodically reviews 1st and 2nd Lines of assurance. This is complemented by periodic and ad hoc reviews by a range of external inspectors to assess the quality of service delivery in target areas.</p> <p>No gaps or duplications in assurance are identified.</p>
Risk Management	<p>The Council's Risk Management Framework establishes the procedure with which all services are expected to comply.</p> <p>1st Line – all service managers are expected to implement the risk management policy in their areas of service and to engage with the established departmental and corporate risk management groups.</p> <p>2nd Line – advice and guidance is provided by corporate professionals in risk management, along with regular and consistent assurance to senior managers on the Risk Safety & Emergency Management Board and to Members on the Governance & Ethics Committee.</p> <p>3rd Line – Internal Audit provides a periodic review of the 1st and 2nd Lines of assurance. This is designed around the regular reviews and inspections carried out by the Council's insurers and by health and safety assessors.</p> <p>The assurance map has identified a gap in assurance in that there is no clear process for establishing the Council's risk appetite.</p>

7. Arising from the above, there are two areas in which assurance gaps have been identified:
 - a) *Financial management - Value For Money*: the key issue here is that there is no co-ordinated approach for bringing together sources of assurance into a regular assessment of value for money in the delivery of services. The production of the annual assurance report, as part of this pilot process, may be used as an opportunity to fill this gap. For 2018/19, this will be supported by the completion of the financial resilience audit.
 - b) *Risk management*: no assurance has been identified that the Council's risk appetite in the delivery of its services is clearly established. This issue will be discussed further with the Group Manager – Emergency Planning Management and Registration, to explore options for addressing this gap.
8. The final two stages of the process are to gather evidence from the sources of assurance identified in Appendix 2 and to present the findings in the form of an annual assurance report. These stages will be carried out in the final quarter of the year, with a view to presenting the annual report alongside the draft Annual Governance Statement at the Committee's meeting in May 2019. The opportunity will be taken as part of the next update to review the pilot process and to make recommendations for its future use in the Council.

9. Members of the Governance and Ethics Committee requested independent assurance on the financial resilience arrangements in place at the Council, following presentations by officers relating to the Northamptonshire Best Value Report. In line with the agreed engagement record for this work, a two-phased approach is being applied to complete this review. Phase one is utilising the assurance mapping techniques piloted within this report, applied over five high priority risk areas:

- Strength of budgetary control
- Progress in delivering savings
- Use of capital receipts and one-off resources
- Dealing with increasing service demands and budget pressures
- Engaging external assurance

10. The findings from phase one, in particular any apparent weaknesses in assurance, will be incorporated within phase two. This will also consider three further medium level risks:

- NCC officer structure and leadership;
- Consideration of issuing a S114 Notice; and
- Role of Members in scrutiny.

11. The scope of the engagement has also incorporated trigger areas identified from attendance at the Public Sector Audit Appointments – Local Audit Quality Forum, further details of which are separately reported on today's agenda. Members will be updated with the outcomes from each phase as they become completed.

Other Options Considered

12. The pilot approach to assurance mapping was agreed by the Governance & Ethics Committee in February 2018. Regular updates on progress with the pilot are providing the opportunity to consider whether amendments to the approach are needed.

Reason/s for Recommendation/s

13. To provide timely feedback on whether the pilot approach is likely to deliver the assurances that Members wish to receive as part of the annual report.

Statutory and Policy Implications

14. 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.

The assurance map aims to deliver a comprehensive assessment of the effectiveness of the Council's governance, risk and control framework. This will provide assurance relating to many of the considerations listed above.

RECOMMENDATION/S

- 1) Members agree the suggested approach for addressing the gaps in assurance identified so far, and consider whether there are any further gaps in assurance that they wish to see covered by the remainder of the pilot process.
- 2) Members agree that the Committee receives a further update following completion of the pilot process and to consider at that time recommendations for its future development.

Nigel Stevenson

Service Director for Finance, Infrastructure & Improvement

For any enquiries about this report please contact:

Rob Disney

Group Manager - Assurance

Constitutional Comments (KK 14/01/2019)

15. The proposals in this report are within the remit of the Governance & Ethics Committee.

Financial Comments (RWK 14/01/2019)

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

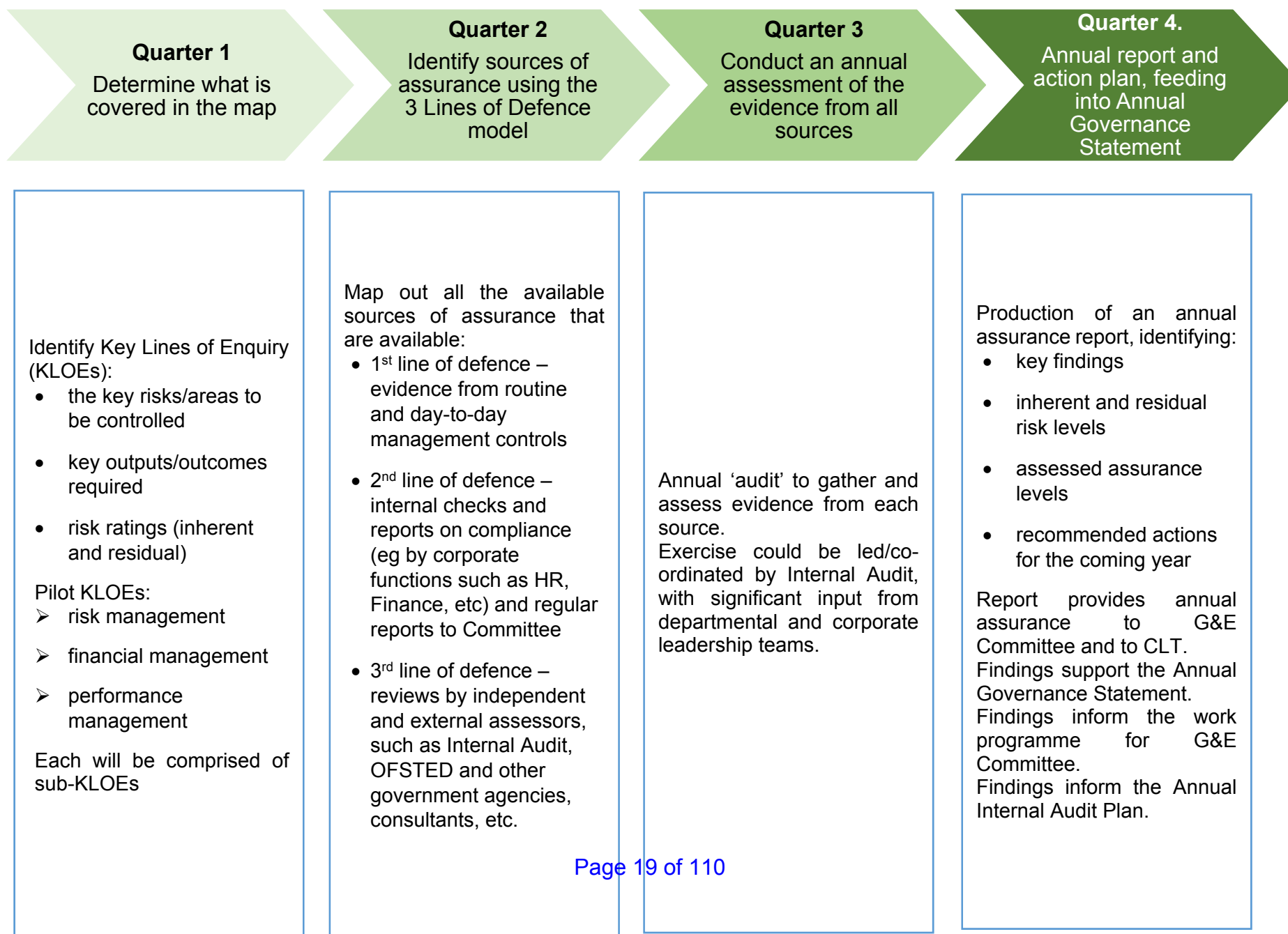
Background Papers and Published Documents

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



KLOE	1 st Line	2 nd Line	3 rd Line
Financial Management			
Budgetary Control			
Corporate, departmental and service plans are congruent, achievable and will deliver the Council's strategic plan	<ul style="list-style-type: none"> Managers compile service plans – showing how the service will contribute to the Corporate Plan Service plans incorporate budget planning Sign-off of service plans by senior managers Allocation of budget responsibility and service delivery responsibility are aligned 	<ul style="list-style-type: none"> Review of service plans by Performance Team Routine and periodic performance reporting against corporate aims/targets Finance staff input to the development of annual budget Financial comments on committee reports 	<ul style="list-style-type: none"> Internal audit of service planning Internal audit of budget-setting process
Effective monitoring and reporting is in place	<ul style="list-style-type: none"> Budgetary control responsibility is clearly assigned to managers Budget holders conduct monthly monitoring and submit monthly forecasts for approval by more senior managers Corporate Directors' annual assurance statements to support the Annual Governance Statement 	<ul style="list-style-type: none"> Finance prepare monthly budget monitoring reports for SLTs, CLT & Finance & Major Contracts Management Committee Finance monitor compliance with the forecasting system and report non-compliant managers to SLTs Monthly Financial Strategy & Compliance/BSC Financial Control Statement produced and reviewed. 	<ul style="list-style-type: none"> Internal audit of budgetary control
Strong arrangements for determining and implementing corrective actions	<ul style="list-style-type: none"> Forecasts include a comment facility to identify corrective action to address significant variances 	<ul style="list-style-type: none"> Finance review and challenge forecasts which do not explain current variances 	<ul style="list-style-type: none"> Internal audit of budgetary control

Budget pressures are captured, assessed and prioritised	<ul style="list-style-type: none"> • Senior managers capture pressures • Managers generate and input ideas to the Challenge Panel process 	<ul style="list-style-type: none"> • Maintenance and ongoing review of the MTFS by Finance • Finance input to Challenge panel process • Budget virements can only be actioned by designated staff within Finance • Re-prioritisation may be proposed in periodic monitoring reports to Committee 	<ul style="list-style-type: none"> • Internal audit of budgetary control
In-year forecasts are reliable	<ul style="list-style-type: none"> • Budget holders submit monthly forecasts for approval by more senior managers 	<ul style="list-style-type: none"> • In-year review of fluctuations in forecasts by Finance 	<ul style="list-style-type: none"> • Internal audit of budgetary control
Income streams are maximised	<ul style="list-style-type: none"> • Budget holders conduct monthly monitoring and submit monthly forecasts for approval by more senior managers 	<ul style="list-style-type: none"> • Finance prepare monthly budget monitoring reports for SLTs, CLT & Finance & Major Contracts Committee • Finance review and challenge forecasts which do not explain current variances 	<ul style="list-style-type: none"> • Internal audit of budgetary control
Overspending is minimised	<ul style="list-style-type: none"> • Budget holders conduct monthly monitoring and submit monthly forecasts for approval by more senior managers 	<ul style="list-style-type: none"> • Finance prepare monthly budget monitoring reports for SLTs, CLT & Finance & Major Contracts Committee • Finance review and challenge forecasts which do not explain current variances 	<ul style="list-style-type: none"> • Internal audit of budgetary control
Underspends are re-directed to areas of budget pressure	<ul style="list-style-type: none"> • Budget holders conduct monthly monitoring and identify opportunities to 	<ul style="list-style-type: none"> • Virements can only be actioned by designated staff within Finance 	<ul style="list-style-type: none"> • Internal audit of budgetary control

	redirect confirmed underspends to areas of budget pressure	<ul style="list-style-type: none">• Volume of Virements are reported in monthly FCS.	
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KLOE	1 st Line	2 nd Line	3 rd Line
Financial Management			
Financial Compliance			
Accountability framework – compliance with budget holder duties	<ul style="list-style-type: none"> • Senior managers authorise monthly forecasts from budget holders • Corporate Directors' annual assurance statements to support the Annual Governance Statement 	<ul style="list-style-type: none"> • Finance monitor compliance with the forecasting system and report non-compliant managers to SLTs 	<ul style="list-style-type: none"> • Internal audit of budgetary control
Financial regulations are complied with	<ul style="list-style-type: none"> • Staff induction and ongoing review of training requirements through 1-2-1 supervision and EPDRs • Corporate Directors' annual assurance statements to support the Annual Governance Statement 	<ul style="list-style-type: none"> • Routine and ad hoc advice to front-line managers from support service professionals in the Chief Executive's Department – incorporating staff in Finance and Procurement, Legal Services, HR, etc. • Financial comments on committee reports • Monthly Financial Control Statement • Schools Finance advice and visits to schools 	<ul style="list-style-type: none"> • Much of Internal Audit's work assesses compliance with Financial Regulations • Internal Audit visits to schools

KLOE	1 st Line	2 nd Line	3 rd Line
Financial Management			
Financial Prudence			
Treasury management framework is complied with	<ul style="list-style-type: none"> • Bank account balances are reviewed and monitored on a daily basis • Investable funds are identified and subject to review • Internal control processes are applied to approve available funds • Funds transfers are made to established institutions • Funds are subject to internal control when transferred • Transactions undertaken with remit of Treasury Management Strategy 	<ul style="list-style-type: none"> • Treasury Management Strategy established annually to form the basis of borrowing requirements • Full Council approve Treasury Management Strategy • Full Council approve the Treasury Management Policy • Management review available funds on a daily basis • Management control the transfer of funds • Routine reporting is undertaken for transactions undertaken • Performance reports are generated on available cash; net new borrowing and bank for Finance and Major Contracts Management Committee • Treasury Management report presented to Finance and Major Contracts Management Committee (as part of monthly Financial Monitoring Report) • Treasury Management Mid-Year Report to Full Council; 	<ul style="list-style-type: none"> • Internal audit cyclical review – 3 year basis • Annual AAF 01/06 assurance reports from Fund Managers • External Audit opinion on Statement of Accounts • CIPFA Treasury Management in the Public Services: Code of Practice and Cross-Sectorial Guidance Notes • Code of Practice on Local Authority in the United Kingdom 2017/18 • Statutory reporting for borrowing framework (Prudential Indicators)

		Finance and Major Contracts Management Committee	
Investment strategy is complied with	<ul style="list-style-type: none"> • Investment Strategy implemented by staff • Investments monitored and reviewed from a financial and ethical position • Investment transactions subject to internal control processes • Individual transactions subject to check, review and authorisation processes 	<ul style="list-style-type: none"> • Investment Strategy Statement with benchmarks and expected returns – Nottinghamshire Pension Fund • Annual Treasury Management Policy Statement by S151 in line CIPFA Code of Practice. • Statement includes approved list of institutions and exposure targets. • Annual report on investment performance based on established targets • Local Government Pension Scheme Regulations published Funding Strategy Statement • Performance is reported in relation to Nottinghamshire Pension Fund Committee and Fund Managers (cross over) with investment performance 	<ul style="list-style-type: none"> • Internal audit cyclical review – 3 year basis • Annual AAF 01/06 assurance reports from Fund Managers • Barnett Waddingham LLP – Actuary – consulted on Funding Strategy Statement • FRC (indirectly) report on Fund Managers for compliance. • State Street – NCC Custodian • Northern Trust – LGPS Central Custodian
Finance charges are avoided or minimised	<ul style="list-style-type: none"> • Charges are established in a formal contract with the bank • Charges are subject to review by management • Charges are applied to the Corporate Bank • Fund Manager fees and charges subject to competitive procurement 	<ul style="list-style-type: none"> • Corporate Bank subject to Corporate procurement processes • Management review of banking contract • Management review of charges expenditure budget • Management review of actual transactions charges 	<ul style="list-style-type: none"> • Internal audit cyclical review of Corporate Bank account – 3 year basis • Annual AAF 01/06 assurance reports from Fund Managers • FRC (indirectly) report on Fund Managers for compliance.

		<ul style="list-style-type: none"> Treasury Management Strategy utilises PWLB 'certainty rate' lower than standard rates 	<ul style="list-style-type: none"> Investment Fund managers performance reports linked to fees
Returns on investments perform well in comparison with relevant benchmarks	<ul style="list-style-type: none"> Reports are generated to compare performance with other bodies and benchmarks Investment managers are set targets for performance which are monitored and reviewed 	<ul style="list-style-type: none"> Investment performance is routinely reported to Nottinghamshire Pension Fund Committee Comparison is made to established targets, industry standards and benchmarking data Investment managers are held to account for performance through reports to Nottinghamshire Pension Fund Committee Fund Valuation and Performance reported quarterly covering each investment type compared to benchmark data – Nottinghamshire Pension Fund Committee 	<ul style="list-style-type: none"> Internal Audit review – investment focus on NCC and Pension Fund Annual AAF 01/06 assurance reports from Fund Managers Barnett Waddingham LLP – Fund Actuary report – performance and projections for Admitted Bodies. Barnett Waddington LLP – IAS 19 reporting on valuations and performance for Admitted Bodies FRC (indirectly) report on Fund Managers for compliance. State Street – NCC Custodian Northern Trust – LGPS Central Custodian

KLOE	1 st Line	2 nd Line	3 rd Line
Financial Management			
Value for Money			
Ongoing review of service provision in priority areas of service	<ul style="list-style-type: none"> Engagement with the Council's Performance Management Framework and budgetary control procedure Periodic review of delivery against service plans 	<ul style="list-style-type: none"> Monthly performance reporting through performance boards and CLT/extended CLT Monthly reporting of budget update to CLT/extended CLT 	<ul style="list-style-type: none"> Internal Audit reviews
Use of benchmarking and other relevant comparisons to inform priority review areas	Service Directors, Group Managers and Team Managers engage with regional and national benchmarking groups wherever relevant (Please indicate the extent of your use of benchmarking)	<ul style="list-style-type: none"> Use of benchmarking and tools such as CFO Insights by Performance Team in SLT/CLT/Committee reporting Corporate membership of benchmarking clubs 	
Well researched options for change are routinely proposed	<ul style="list-style-type: none"> Managers generate and input ideas to the Challenge Panel process 	<ul style="list-style-type: none"> Finance input to Challenge Panel process 	
Value for Money is achieved			<ul style="list-style-type: none"> External Audit's annual VFM report
The transformation programme is delivering change in priority areas of service	<ul style="list-style-type: none"> Ongoing review of progress through managers' engagement with, and input to, transformation projects 	<ul style="list-style-type: none"> Routine progress reports by Transformation Team to CLT/extended CLT and to the Improvement & Change Sub-Committee 	<ul style="list-style-type: none"> Internal Audit input to transformation projects

KLOE	1 st Line	2 nd Line	3 rd Line
Performance Management			
Compliance with the key elements of the planning and performance management framework	Service Director and Group Manager responsibilities to engage with, and implement, the planning and performance management framework	Routine monitoring and liaison by Performance Team including quality assurance of plans, strategies and policies.	Internal Audit review of service planning and performance management
Target performance levels are achievable and will deliver the Council's ambitions	Service Directors and Group Managers set target performance levels in service plans and cascade these to their teams	The development of performance measures, targets and thresholds is supported and quality assured by the Performance Team. New targets and thresholds reported to SLT/Performance Boards	Internal Audit review of service planning and performance management
Effective performance management and reporting is in place	<p>Day-to-day arrangements at all levels of management to keep the performance of their teams under review</p> <p>Performance measures provide the information required by managers to manage the service effectively and efficiently. BI and visualisations in place to deliver this information</p> <p>Managers ensure that business systems are kept up to date and that key service data is not stored separately</p>	<p>Performance measures reviewed through Departmental Strategy and Service Plan development. Routine progress reports by Performance Team to CLT and Improvement & Change Sub-Committee</p> <p>Reporting on data quality and business system usage.</p>	Internal Audit review of service planning and performance management
Senior managers are held accountable for the levels of service they achieve	1:1 supervision, EPDRs, SLT/Performance Boards manage performance in each Department	Routine progress reports by Performance Team to SLT, CLT, Committees and the Improvement & Change Sub-Committee	Internal Audit review of service planning and performance management

Use of benchmarking and other relevant comparisons to inform priority review areas	Service Directors, Group Managers and Team Managers engage with regional and national benchmarking groups wherever relevant	Use of benchmarking and tools such as CFO Insights by Performance Team in SLT/CLT/Committee reporting	
Performance levels are achieved	<p>Day-to-day arrangements at all levels of management to keep reports of performance of their teams under review</p> <p>Managers use BI products such as Dashboards to actively performance manage business processes, service delivery, costs and demand.</p> <p>Six and 12 month reviews of delivery of service plans.</p>	<p>Performance Team advice on the development of and deliver fit for purpose BI and Dashboards. Performance Team provide analysis and reports to SLT , CLT, Committees and the Improvement & Change Sub-Committee</p>	
The transformation programme is delivering fundamental change in priority areas of service	<p>Service Directors, Group Managers and Team Managers are responsible for:</p> <ul style="list-style-type: none"> • generating proposals for service transformation • allocating resources to drive through change projects • implementing action plans • monitoring achievement of transformation objectives 	Routine progress reports by Transformation Team to Extended CLT and Improvement & Change Sub-Committee	Internal Audit review of, and advisory input to, transformation projects

KLOE	1 st Line	2 nd Line	3 rd Line
Risk Management			
An effective risk management strategy and framework is in place	<p>Service Directors', Group Managers' & Team Managers' engagement with the risk management framework</p> <p>Risk, Safety & Emergency Management Groups (RSEMGs) take lead responsibility for the implementation of the framework in each department</p>	<p>Corporate Risk Management Team lead the development, refresh and communication of the risk management strategy and framework</p> <p>Risk, Safety & Emergency Management Board (RSEMB) receives updates at each meeting from the RSEMGs</p> <p>Corporate Risk Management Team updates to CLT</p> <p>Corporate Risk Management half-yearly update to the Governance & Ethics Committee</p>	Internal Audit review of risk management
National, regional and local horizon scanning informs risk assessments	<p>Service Directors, Group Managers & Team Managers maintain on-going focus on emerging risks</p> <p>Emerging risks feed in to day-to-day service planning and delivery</p> <p>RSEMGs update departmental risk assessments at each of their meetings</p>	RSEMB receives updates from RSEMGs at each meeting	
The Council's risk appetite is established and applied consistently			

Risk registers are maintained and updated appropriately	RSEMGs lead on the development and maintenance of departmental risk registers	<p>Corporate Risk Management Team input – lead partner model with RSEMGs</p> <p>RSEMB receive regular updates from RSEMGs</p> <p>RSEMB reviews the corporate risk register at each meeting</p> <p>Corporate Risk Management Team updates to CLT</p> <p>Corporate Risk Management half-yearly update to the Governance & Ethics Committee</p>	Internal Audit review of risk management
Effective monitoring and reporting is in place – mitigating actions are complied with and insurance provisions are in place	<p>Nominated officers in risk registers take the mitigating actions required</p> <p>Insurance Team arrange and maintain insurance provision for those risks agreed to be covered through this option</p>	<p>RSEMGs review current and emerging risk issues in their department</p> <p>RSEMB receive updates at each meeting from RSEMGs, Health & Safety Team and Insurance Team</p> <p>Update reports to CLT and the Governance & Ethics Committee</p>	<p>Internal Audit review of risk management, insurance and health & safety</p> <p>Periodic reviews by Council's insurer</p> <p>Periodic reviews of Health & Safety compliance by external assessor</p>
Risk management informs key decision-making in the Council	Service Directors, Group Managers & Team Managers are responsible for considering key risks in day-to-day decision-making		Internal Audit review of risk management

	Committee reports identify expected implications of decisions across a range of factors		
Exposure to significant risks is minimised	Service Directors, Group Managers & Team Managers escalate emerging risk issues through management hierarchy and RSEMGs	<p>Corporate Risk Management Team input – lead partner model with RSEMGs</p> <p>RSEMB receive regular updates from RSEMGs</p> <p>RSEMB reviews the corporate risk register at each meeting</p> <p>Corporate Risk Management Team updates to CLT</p> <p>Corporate Risk Management half-yearly update to the Governance & Ethics Committee</p>	<p>Periodic reviews by Council's insurer</p> <p>Periodic reviews of Health & Safety compliance by external assessor</p>
There is a clear focus on high priority risks	<p>Service Directors', Group Managers' & Team Manager' engagement with the risk management framework</p> <p>Service Directors, Group Managers & Team Managers maintain on-going focus on emerging risks</p>	<p>Corporate Risk Management Team input – lead partner model with RSEMGs</p> <p>RSEMB receive regular updates from RSEMGs</p> <p>RSEMB reviews the corporate risk register at each meeting</p> <p>Corporate Risk Management Team updates to CLT</p>	Internal Audit review of risk management

		Corporate Risk Management half-yearly update to the Governance & Ethics Committee	
Prompt actions are taken where risks materialise	Corporate Risk Team co-ordinate response to major incidents RSEMB convened to manage significant events as they arise	RSEMGs and RSEMB review significant incidents at each meeting to identify learning points	Periodic reviews by Council's insurer Periodic reviews of Health & Safety compliance by external assessor

30 January 2019**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, COMMISSIONING AND RESOURCES**
EXTERNAL RESIDENTIAL PLACEMENTS FOR LOOKED AFTER CHILDREN**Purpose of the Report**

1. The purpose of this report is to provide an update to the Committee on the significantly reduced instances of off-contract spend on external placements for Looked After Children following the introduction of a new contracting arrangements for the procurement of high needs supported accommodation for Looked After Children and care leavers from May 2018.

Information

2. An earlier report was presented to the Committee in March 2018 which set out the amount of off-contract spend during the financial year 2017/18. This spend was facilitated via a Financial Regulations Waiver introduced in April 2017 in order to provide a formalised and compliant process for the procurement of external placements for Looked After Children with particularly complex needs where a suitable placement cannot be obtained via the Council's established contracts for providing specialist residential care. This followed an earlier internal audit review which highlighted the issue of off-contract spend and recommended that steps be put in place to manage it in line with the Council's financial regulations.
3. The Committee acknowledged the work in progress at that time towards establishing a new procurement process to ensure suppliers of semi-independent accommodation that are not currently included on any of the existing frameworks that the Council has access to, are listed on an approved supplier list. This would bring the process for procuring semi-independent accommodation in to line with that by which specialist education placements are sourced and for which there was evidence that providers had benefitted from joining an approved provider list in terms of more streamlined payment process and having priority consideration for future placements.
4. The new High Needs DPS (Dynamic Purchasing System) process was introduced in May 2018. Nineteen approved providers were established at that time. The process allows for additional providers to be added periodically and there are now some 33 approved providers.
5. A recent auditing exercise to review the new procurement process confirmed that between May and December 2018 there have been 40 'high needs' placements, supporting 38 young

people to live in semi-independent accommodation as they transition to adulthood and/or leave the care system (2 young people had more than one placement). Of these:

- 34 placements were secured using the new High Needs DPS;
- 3 placements were commissioned by Adult Social Care colleagues via their Younger Adults DPS as part of the young person's planned transition to being cared for via adult social care services;
- 2 placements were procured out-of-county, in line with the young person's care plan and following on from out-of-county residential care placements;
- 1 placement was procured off-contract for a young person with particularly challenging and complex needs for whom none of the approved providers were able to offer a placement. However, the selected provider will be applying to join the DPS at the next available opportunity.

The forecast cost of high needs placements from May 2018 to March 2019 is £1,043,606. Over 86% of this (£977,951) has been procured via approved providers and 14% (£164,589) has been procured off-contract. This relates to the 2 out-of-county placements plus the additional placement with the provider procured off-contract but who will be an approved provider for future placements.

6. The above example of a provider subsequently electing to become an approved provider after initially being procured off-contract mirrors the experience of operating the approved list for specialist education placements as outlined in paragraph 3 above. Suppliers do consider it beneficial to be part of the Council's formal contracting arrangements. That said, providers cannot be compelled to register as an approved supplier and there is no guarantee that those who do will be able collectively to meet all of the Council's specialist care and education placement needs into the future. However, this new DPS has plugged a gap in the Council's portfolio of contracting arrangements for different types of care / education placements; the Financial Regulations Waiver was used on 58 occasions during 2017/18 so the 40 placements secured via this new DPS has itself resulted in a significant reduction in the instances of off-contract spend. It has also extended the number and range of providers with whom the Council has a formal contractual relationship, and registered suppliers will be prioritised if they are able to meet the specific needs of the child or young person in question.
7. Nevertheless there remains a number of cases where, in discharging its role as corporate parent, the Council has no alternative than to place a young person outside of any of these contracted arrangements. This is primarily due to there being a limited market for the provision of residential care and semi-independent accommodation for children and young people with specific special and/or complex needs. It can also arise when there is a need for an emergency care placement and there is no immediately available and/or suitable capacity within contracted arrangements to meet this need. Equally, the specialist education placement might have resulted from parental preference taking precedence and it identifying a school that is not on any local or regional contracts/frameworks. In all cases, officers responsible for securing the most appropriate care and/or education placement for a young person will seek firstly to do so via established contracts. Off-contract spend is, and will remain, the option-of-last-resort and will in any event be pursued only if it is deemed to be in the best interests of the Looked After Child or care leaver for whom the Council is the corporate parent.

Other Options Considered

8. In addition to the introduction of this High Needs DPS, the Council is pursuing a range of options to increase the volume of residential placements for Looked After Children available to it. In addition to plans to increase its own internal residential home capacity, this includes extending existing contracts with providers and also working in collaboration with neighbouring authorities across Derbyshire and Nottinghamshire to establish sub-regional joint commissioning arrangements. This will initially focus on the provision of residential home and foster care accommodation for Looked After Children and, if successful, be extended to cover other externally commissioned provision, e.g. specialist education placements for children and young people with an Education, Health and Care Plan (EHCP) whose special needs mean they cannot suitably be educated in a mainstream school.

Reason for Recommendations

9. The recommendations address the key issue identified in the previous report to the Committee in March 2018, together with the earlier audit report with regard to off-contract spend on external placements for Looked After Children.

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 specialist nature of these placements is reflected in the weekly cost. The costs are met from within existing budgets (including the Dedicated Schools Grant for specialist education placements in the independent and non-maintained sector) and can experience considerable pressure as the number of specialist placements and their weekly costs increase. The introduction of the new DPS set out in this report has ensured that the procurement of these placements is undertaken in line with the Council's financial regulations. Where there arises the need for a particularly specialist and /or complex placement that cannot be sourced from within existing contractual arrangements, this will be facilitated through the use of the Financial Regulations Waiver and reported to Committee.

Safeguarding of Children and Adults at Risk Implications

12. The Council will, in all cases, seek to discharge its statutory duty as corporate parent by considering what is in the best interests of the Looked After Child concerned. Within this context, off-contract spend will only be pursued when all of the suitable placement options for which the Council has pre-existing contractual arrangements have been explored. It will

in any event be considered only if it is deemed to be in the best interests of the child or young person, whether they be LAC and / or in receipt of an EHCP.

RECOMMENDATION/S

That:

- 1) Members consider whether there are any further actions they require beyond those set out within the report to reduce the amount of off-contract spend that might otherwise be incurred in relation to specialist care and education placements for vulnerable children and young people
- 2) any further updates on the volume of off-contract spend on external placements for Looked After Children be provided through the annual report on the use of Financial Regulations Waivers.

Laurence Jones
Service Director, Commissioning and Resources

For any enquiries about this report please contact:

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Constitutional Comments (EP 10/01/19)

13. The Governance and Ethics Committee is the appropriate body to consider the contents of the report.

Financial Comments (SAS 16/01/19)

14. The financial implications of the report are set out in paragraph 11 above.

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.

Procurement of External Residential Placements for Looked After Children – report to Governance and Ethics Committee on 14th March 2018.

Electoral Division(s) and Member(s) Affected

All.

C1206

30 January 2019**Agenda Item: 7****REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &
IMPROVEMENT****EFFECTIVENESS OF THE AUDIT COMMITTEE ROLE****Purpose of the Report**

1. To feed back to Members the outcome of the discussion at the meeting in November 2018 around the effectiveness of the Committee's performance of the audit committee role in the Council.

Information

2. CIPFA's publication, 'audit committees – Practical Guidance for Local Authorities and Police' was considered by the Governance & Ethics Committee in July 2018. The updated guidance represents CIPFA's position statement on audit committees, and it sets out best practice advice around the following:
 - The purpose of an audit committee
 - The core functions of an audit committee
 - The arrangements for an audit committee's independence and accountability
 - Membership of an audit committee to ensure its effectiveness
3. Among the recommendations agreed in July 2018 was for each member of the Committee to complete the self-assessment template, along with consideration of the knowledge and skills framework for audit committee members. Both self-assessment templates are contained in the CIPFA guidance.
4. Feedback was obtained by means of the following:
 - a) A joint, written response from three members of the Committee
 - b) Written responses from two officers who have been regular attendees at Committee meetings
 - c) A facilitated discussion at the Committee's meeting in November 2018.

5. A summary of the feedback for each of the nine areas of the self-assessment is set out below.

Aspect of audit committee input	Summary of feedback
Promoting the principles of good governance and their application to decision-making	<p>The Committee is actively contributing in this area.</p> <ul style="list-style-type: none"> • approved a Local Code of Corporate Governance and overseen the arrangements for assessing compliance against it as a basis for compiling the Annual Governance Statement • driving the pilot of an assurance mapping process in the Council • follow-up reports commissioned from officers to delve more deeply into areas flagged up by the internal audit service <p>An area for development is more work on reviewing governance arrangements in partnerships.</p> <p>Some members expressed the view that, although familiar with the principles of good governance, they felt much less skilled and confident in the audit aspect of this committee, particularly when working with partners such as the PCC. It was considered that this is the result of taking away the separate Audit Committee with the required expertise.</p>
Contributing to the development of an effective control environment	<p>The Committee has good arrangements in place to deliver this:</p> <ul style="list-style-type: none"> • strong process in place for driving through the implementation of agreed Internal Audit recommendations • holding senior officers to account to ensure they own the implementation of agreed actions, through requiring their attendance at Committee to explain progress • timetable for management to respond to internal audit report recommendations • Head of IA has unfettered access to key Members and Statutory Officers to raise concerns/issues <p>Some Members expressed the view that the lack of a separate Audit Committee also impinged on effectiveness in this area, and that a Chair and Vice-Chair of Audit would be more effective with these responsibilities.</p>
Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks	<p>The Committee has commenced its input to this area through receipt of a first update on corporate risk management in September 2018. This identified that more work is required to help Members understand the process and identification of key Council risks. Understanding of this area is growing but additional training would be welcomed.</p>
Advising on the adequacy of the assurance framework and considering whether assurance is deployed efficiently and effectively	<p>The Committee's involvement is progressing through the pilot approach to assurance mapping. This is building on established arrangements for reviewing the effectiveness of internal and external audit provision, two of the Committee's primary assurance providers.</p> <p>The current arrangements that include the review of auditors were felt to be working.</p>
Supporting the quality of the internal audit activity, particularly by underpinning its organisational independence	<p>The Committee has been very active in this area:</p> <ul style="list-style-type: none"> • reviewed and agreed refreshes of the Internal Audit Charter • regularly assessed the effectiveness of internal audit through scrutiny of the service's planning and progress reports and through review of the external quality assessment of the service <p>Through this input, the Committee supports the independence of the internal audit service and encourages its proposals for developments and improvements.</p> <p>Some members considered they are gaining a better understanding of this but need to be more pro-active in suggesting areas for audit.</p>
Aiding the achievement of the authority's goals and objectives through helping to ensure appropriate governance, risk,	<p>This is an area in which the Committee has identified scope for clearer links with the work of the Improvement and Change Sub-Committee and the assurance the Sub-Committee can provide around the achievement of the Council's goals and objectives.</p>

Aspect of audit committee input	Summary of feedback
control and assurance arrangements	The Committee recommended the commissioning of a Local Government Association peer review at its meeting in November 2018. Some Members expressed the view that the lack of a separate Audit Committee also impinged on effectiveness in this area.
Supporting the development of robust arrangements for ensuring value for money	This is an area under development. Value for money is an element of the pilot assurance mapping process, which should provide additional assurance to the annual VFM assessment delivered by external audit. Without expertise in the Audit process, some Members considered this is difficult to do in a robust fashion.
Helping the authority to implement the values of good governance, including effective arrangements for countering fraud and corruption risks	The Committee has been very active in this area, notably through reviewing arrangements for countering fraud and corruption risks through scrutiny of the Council's Annual Fraud Report. Follow-up reports from selected areas of service particularly vulnerable to fraud have also been commissioned. The Committee has been active in considering the ethical framework in the Council, notably through its review of the Members' Code of Conduct.
Promoting effective public reporting to the authority's stakeholders and local community and measures to improve transparency and accountability	The Committee reviews the annual statement of accounts and it brings a transparent approach through open consideration at each meeting of Ombudsman reports. The Committee has committed to developments in this area through the preparation of an annual report on its work, to be instituted from 2018/19. This might help to address one concern raised by Members that reporting should be clearer and easier to access from one source.

6. In relation to the knowledge and skills framework, Members expressed a desire for further development to aid their understanding of the context within which its assurance providers operate. This would also assist in understanding some of the terminology used by those assurance services. Particular areas highlighted were the following:
 - The operational context for the internal audit service – it was suggested that this could be achieved through a case study approach, to guide Members through the key elements of the internal audit process.
 - Clearer understanding of risk management terminology
7. Also identified above is the scope for closer links between the Governance & Ethics Committee and the Improvement & Change Sub-Committee. To this end, Members' attention is drawn to a further piece of guidance for audit committees, issued by the National Audit Office (NAO), concerning transformation. This guidance is set out in the same style as the NAO's guidance on cyber security, providing for a series of areas in which audit committees may wish to seek assurance. This guidance might be used as the basis for a paper to the Improvement & Change Sub-Committee, which in turn might then provide assurance to this committee.
8. At its meeting on 25 July 2018, Committee agreed to the development and implementation of an annual public report on the effectiveness of the Governance & Ethics Committee's discharge of its audit committee role. A draft report for 2018/19 will be scheduled for consideration by the Committee at its meeting on 1 May 2019, with a view to approval for subsequent reporting to Full Council.

Other Options Considered

9. No other options were considered for this report.

Reason/s for Recommendation/s

10. To provide Members with a summary of the feedback provided in relation to the best practice guidance, so that priorities for development may be identified.

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.

RECOMMENDATION/S

- 1) The Committee considers the summary feedback presented in the report and agrees that future developmental items are brought to the Committee to cover risk management and an internal audit case study.
- 2) The Committee agrees that the Improvement & Change Sub-Committee should be requested to consider a self-assessment against the NAO's audit committee guidance for transformation in councils.
- 3) The Committee agrees to receive a draft Annual Report on the work of the Governance & Ethics Committee in 2018/19 at its meeting scheduled for 1 May 2019.
- 4) The Committee considers whether there are any additional areas in which it would like to see actions taken or developmental items brought to future meetings.

Nigel Stevenson

Service Director for Finance, Infrastructure & Improvement

For any enquiries about this report please contact:

Rob Disney

Group Manager - Assurance

Constitutional Comments (KK 14/01/2019)

12. The proposals in this report are within the remit of the Governance & Ethics Committee.

Financial Comments (RWK 14/01/2019)

13. 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

30 January 2019**Agenda Item: 8****REPORT OF THE MONITORING OFFICER****THE CODE OF CONDUCT FOR COUNCILLORS AND CO-OPTED MEMBERS
– APPOINTMENT OF INDEPENDENT PERSONS****Purpose of the Report**

1. To seek approval of a recruitment and selection process for the appointment of Independent Persons.

Information

2. It is a legal requirement for the County Council to adopt a Code of Conduct for Councillors and Co-opted Members; the Council's latest Code was adopted in May 2018. It is also a legal requirement for the County Council to appoint at least two Independent Persons, whose views must be sought and taken into account if a Code of Conduct complaint is investigated. Councillors and Co-opted Members who are the subject of an allegation may also seek the view of the Independent Person if they wish to.
3. In May 2018 the County Council decided that due to the length of time that the current Independent Persons have been in appointed, a full recruitment process be undertaken for 2019-20. The County Council agreed for Governance and Ethics Committee to oversee the process.
4. It is proposed to establish a cross-party steering group comprising of 3 Members of Governance and Ethics Committee, and the Monitoring Officer as advisor, to oversee the recruitment process and undertake selection and interview as required. It is proposed that between 2 and 3 Independent Persons be appointed, depending on the number of suitable candidates identified. No allowance is payable for the role of Independent Person therefore the number of appointments does not impact costs, except for payment of expenses and any training undertaken.
5. Advertisements will be placed in Nottinghamshire's local newspapers, and the vacancy will be advertised online through the Council's job vacancy procedures. Neighbouring authorities will also be asked to make their Independent Members aware of the vacancy. Advertisements will encourage applications from all communities to ensure appointments represent Nottinghamshire's population appropriately. Initially it was proposed to advertise vacancies

together with Nottinghamshire Police and Crime Panel vacancies, but this proved unworkable due to conflicting timescales.

6. Advertising costs are estimated to be in the region of £1,700. These costs will be met from the Democratic Services budget.
7. The appointments will need to be approved at the County Council's annual meeting, following endorsement by Governance and Ethics Committee.
8. A draft job description and person specification is attached in the Appendix to this report.

Other Options Considered

9. It is a legal requirement to appoint at least 2 Independent Persons.

Reason/s for Recommendation/s

10. To ensure the vacancy is advertised sufficiently widely to attract a variety of candidates.

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.

RECOMMENDATION/S

- 1) To establish a cross-party steering group comprising of 3 Members of Governance and Ethics Committee, and the Monitoring Officer as advisor, to oversee the recruitment process for the appointment of Independent Persons and undertake selection and interview as required.
- 2) To advertise the role as detailed in paragraphs 5 and 6 of the report.
- 3) To approve the job description and person specification attached in the Appendix to the report.
- 4) For Governance and Ethics Committee to receive a further report once recruitment and selection is complete, to consider endorsing the appointment of the preferred candidates to Full Council.

Marjorie Toward

Monitoring Officer and Service Director – Customers, Governance and Employees

For any enquiries about this report please contact:

Sue Bearman, Senior Solicitor susan.bearman@nottscc.gov.uk, 0115 9773378

Constitutional Comments (HD 08/01/2019)

12. The recommendations proposed fall within the remit of Governance and Ethics Committee.

Financial Comments (SES 08/01/19)

13. The financial implications are set out in paragraph 6 of 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.

- Report to Nottinghamshire County Council dated 10 May 2018 (published)

Electoral Division(s) and Member(s) Affected

- All

Appendix

Role Description and Person Specification for Nottinghamshire County Council Independent Persons

Nottinghamshire County Council is required by law to adopt a Code of Conduct for Councillors and Co-opted Members and to appoint at least two Independent Persons, whose views must be sought and taken into account if a Code of Conduct complaint is investigated.

Details of the role and the person specification for the Independent Persons are given below.

Role Description

1. When requested by the County Council, to provide an impartial and objective view in relation to an allegation that there has been a breach of the County Council's Code of Conduct for Councillors and Co-opted Members.
2. When requested by the individual who is the subject of the allegation, to provide an impartial and objective view in relation to an allegation that there has been a breach of the County Council's Code of Conduct for Councillors and Co-opted Members.
3. When requested by the County Council, to attend a meeting of the Council's Governance and Ethics Sub-Committee to participate in a formal hearing under the procedure for dealing with Conduct allegations against Councillors and Co-opted Members.
4. When requested by the County Council, to sit on any advisory panel considering the dismissal of a senior statutory officer of the County Council.
5. To undertake training and development relevant to the role.
6. To operate in line with the seven principles for standards in public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. In particular you must declare any potential conflicts of interest and respect the confidentiality of any information received.
7. Independent Persons are not members of the County Council's Governance and Ethics Committee or Sub-Committee but are entitled to attend all meetings and to speak if they wish in relation to Code of Conduct issues, but not to vote.

Person Specification

As well as being a person whose impartiality and integrity Councillors, Co-opted Members and the public can have confidence in, Independent Persons will need to possess the following:

1. Working knowledge/experience of local government or other public service and/or of a large complex organisations including awareness of and sensitivity to political processes.
2. Knowledge or interest in and a strong commitment to the importance of high levels of ethical standards and behaviours.
3. Ability to communicate well, challenge when needed, reach rational and reasoned conclusions, and to consider issues at a strategic level.
4. Live or work within Nottinghamshire
5. At least 18 years old
6. Must **not** be (or have been during the 5 years prior to appointment) an elected Councillor, Co-opted Member or employee of Nottinghamshire County Council or any District or Borough Council in Nottinghamshire or Nottingham City Council, or a relative or close friend of an elected Councillor, Co-opted Member or employee of Nottinghamshire County Council.
7. Must **not** be elected to or a candidate for a political party, act as an election agent, be an officer of or participate in the management of a political party or any branch of a party, and cannot canvas on behalf of a political party in an election. You must not have a public profile in relation to political activities.

30 January 2019

Agenda Item: 9

REPORT OF SERVICE DIRECTOR, FINANCE, PROCUREMENT & IMPROVEMENT

FOLLOW-UP OF INTERNAL AUDIT RECOMMENDATIONS

Purpose of the Report

1. To report progress with the implementation of agreed management actions to address Internal Audit recommendations.

Information

2. Internal Audit carries out regular follow-up work to obtain assurance that the actions proposed by management in response to Internal Audit's recommendations are being taken. This assurance is obtained in two phases, as set out below:

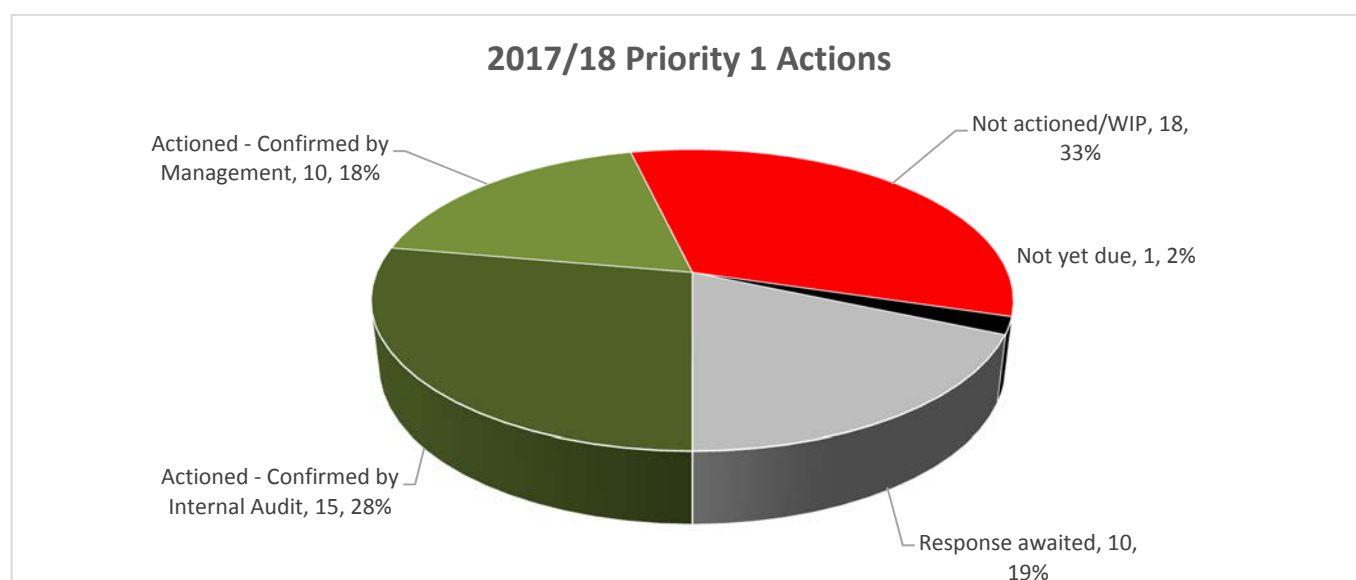
Priority rating of recommendation	Management assurance	Internal Audit assurance
Priority 1	Assurance is sought from management that all agreed actions have been taken	Compliance testing scheduled to confirm all agreed actions relating to high priority recommendations are carried out consistently.
Priority 2		Compliance testing is scheduled for selected medium priority actions

3. Internal Audit carries out the following work to provide an update on progress:
 - For recommendations agreed in audit reports issued since the date of the previous meeting, seeking assurance from management that agreed actions have been taken in accordance with the proposed timescales
 - For actions previously confirmed to have been taken by management, carrying out compliance testing to confirm satisfactory implementation.
4. In connection with the move from an Annual Internal Audit Plan to three Termly Audit Plans per year, Members agreed to a revised and less frequent schedule for reporting the follow-up of recommendations. Updates are now presented on a 6-monthly basis rather than quarterly.

5. A further development currently in progress concerns the facility for obtaining management assurance. Internal Audit's automation system is undergoing development to enable action owners across the Council to input their updates on progress directly to the Audit system. This will be prompted by system-generated reminders as each action's implementation date falls due. Once tested and rolled out, this should bring further efficiency to the follow-up procedure.

Priority 1 Actions

6. **Appendix 1** sets out the updated position with the Priority 1 actions that are being cleared through the follow-up process. This sets out details of the agreed management actions, the management assurances received and the outcome of Internal Audit's follow-up testing to date. The appendix also indicates the proposed timing for follow-up testing by Internal Audit in future periods. It has been updated since the previous update to Committee as follows:
- Actions previously confirmed as implemented by Internal Audit have been removed
 - New actions agreed in recently issued reports have been added.
7. The status of the Priority 1 actions from 2017/18 audits is summarised in the following chart:



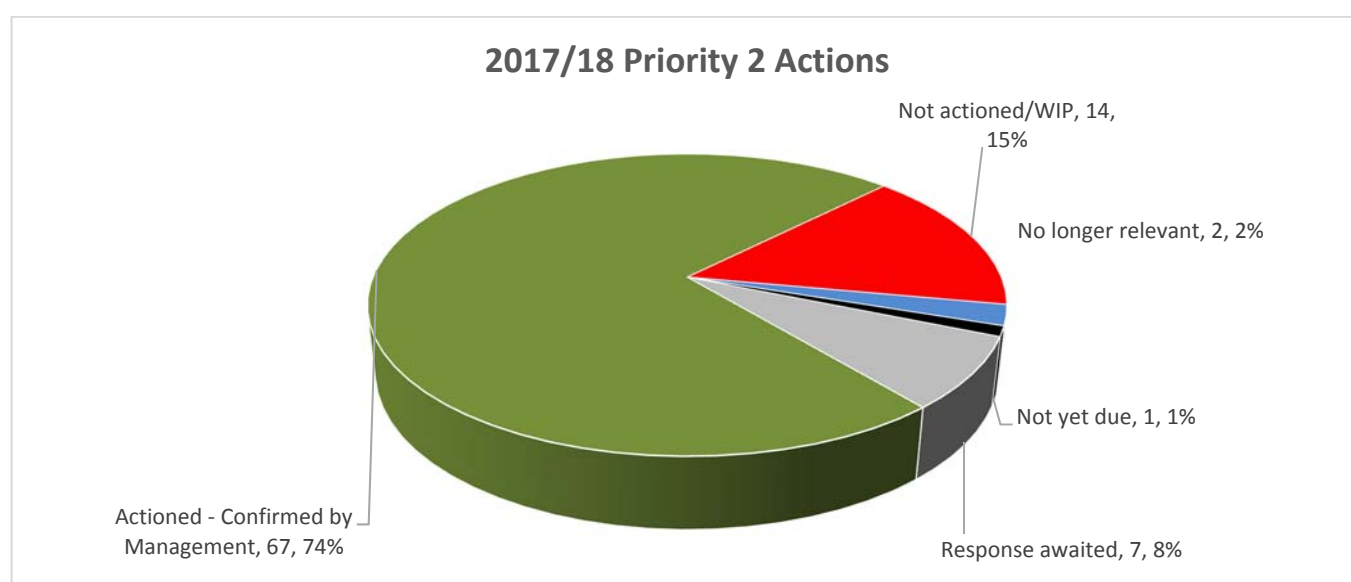
8. Follow-up testing by Internal Audit since the previous update in May 2018 has been completed in the following areas:
- a) Adults, Social Care & Health (ASCH) Dept: Short Breaks – testing confirmed implementation of the agreed actions.
 - b) ASCH Dept: Procurement of Interim Homecare – the service has been retendered and it was hoped this would remove the need for the use of spot providers, other than to provide continuity of service to on-going service users. Testing identified the engagement of a further spot provider to supplement the work of the tendered providers, therefore further management updates and testing by Internal Audit will be scheduled to monitor progress.
 - c) ASCH Dept: Procurement of suppliers – significant progress has been made across each of the 10 Priority 1 actions arising from this audit. However, full implementation of four actions was continuing at the time of the follow-up. Members of the Procurement Team will attend the Committee to provide a verbal briefing on the progress being made.
 - d) Children & Families (C&F) Dept: School expansion & pupil place planning – one of the Priority 1 actions arising from this audit was due for testing and this confirmed

implementation. A further two Priority 1 actions will be tested as they fall due for the next update.

- e) Place Dept: Catering – progress with implementation of an electronic basis for confirming the receipt of goods prior to paying suppliers' invoices remains in progress. A verbal update on the progress being made will be provided at the Committee by an appropriate officer from the service area.
- f) Cross-cutting: Strategic Risk Management – the action to re-introduce a risk register for the Place Department has been implemented.
- g) Cross-cutting: Invoicing & debt recovery – testing confirmed implementation of the agreed actions.
- h) Cross-cutting: Compliance with tendering regulations – testing confirmed implementation of the agreed actions.

Priority 2 Actions

9. Progress with implementation of these recommendations is summarised in the following chart.



10. The position above relates primarily to the assurance updates received from management and this continues to provide a positive level of assurance that improvements to the Council's system of internal control are being made as a result of Internal Audit's work.

Management updates to the Governance & Ethics Committee

11. Arising from the details presented in this report, the Committee may consider that it requires further updates and assurances from management at its next meeting in relation to one or more of the areas in which agreed actions remain outstanding.

Other Options Considered

12. No other options for obtaining the required assurances were considered at this time.

Reason/s for Recommendation/s

13. To enable the Governance & Ethics Committee to consider whether it has received sufficient assurance that actions in response to Internal Audit's recommendations are being

implemented as agreed, or whether it considers that further and more detailed updates from management are required.

Statutory and Policy Implications

14. 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.

Many of Internal Audit's recommendations are made with specific financial implications in mind. Such recommendations, and the associated management actions, are designed to secure effective governance, internal control and risk management.

RECOMMENDATION/S

1) The progress detailed in the report and its appendix are considered, and the Committee determines whether it wishes to receive further and more detailed updates on progress from relevant managers in any of the areas of activity covered by this report.

Nigel Stevenson
Service Director – Finance, Procurement and Improvement

For any enquiries about this report please contact: Rob Disney, Group Manager - Assurance

Constitutional Comments [KK 14/01/2019]

15. The proposals in this report are within the remit of the Governance & Ethics Committee.

Financial Comments [RWK 14/01/2019]

16. 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

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Adult Social Care and Health				
Procurement of interim homecare service				
Competitive tendering - Only providers that have been awarded a competitively tendered contract to be used. No other providers should be used without a discussion with both the Market Management team and Corporate Procurement to find a solution. A waiver from tendering to only be applied for in accordance with financial regulations 9.5.2 to 9.5.5.	There are two aspects to this Action. One has been completed. The interim homecare service was properly tendered and commenced in October 2017 as a 'rapid response and hospital discharge service' for two years with an option to extend for a further two years. The other aspect has not been fully resolved. The 'home based care and support services' were properly tendered and commenced in July 2018. 'Spot providers' are now only completing any legacy work which was awarded before this date. However some current work is being awarded to another contractor where the properly procured contractors are unable to provide the full service	Testing performed; further management update and testing to be scheduled	Information provided in the management update has been evidenced.	Confirmed by Internal Audit as Partly Implemented (AMBER)
Direct Payments				
Nominated or authorised account holders - Guidance provided to service users to clearly explain the roles of nominated and authorised persons in the context of receiving a direct payment and the Direct Payments Policy to accord with the Care Act 2014 in this regard.	Guidance updated to clearly explain the roles of nominated and authorised persons in the context of receiving a direct payment	Testing performed; further management update and testing to be scheduled	Agreement form for service users still does not explain circumstances under which a nominated or authorised person can also receive payment for care. Council needs to assess if and when an authorised person can also be allowed to receive payment for care.	Implementation remains in progress (RED)
Adequacy of financial monitoring procedures - The processes for escalation, times scales for dealing with alerts, reporting back and consequence for non-return of bank statements to be clearly defined in the financial auditing/monitoring process and the Assessment and Care Management Team (ACMT) to have clearly defined procedures on what they are required to do once an alert is raised.	A process flow chart has been agreed for this task which includes escalation and flow and timescales.	Testing of compliance with new processes to be scheduled		Confirmed by management (AMBER)
Misuse identification - The procedures regarding the examination of bank statements and identification of misuse to be routinely followed by ACMT.	A process flow chart has been agreed for this task which includes escalation and flow and timescales.	Testing of compliance with new processes to be scheduled		Confirmed by management (AMBER)
Access to bank statements - To have an effective way of obtaining bank statements where service users repeatedly fail to return them.	DP guidance and agreement form now modified to include DP being stopped for failing to provide info requested or misuse. But not possible to have remote access to bank accounts, only to prepaid cards, whose use is encouraged.	Testing of compliance with new processes to be scheduled		Confirmed by management (AMBER)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Alerts for non-return of bank statements - Where alerts remain unresolved after referral to workers, to have agreed procedure of what should happen following this.	A process flow chart has been agreed for this task which includes escalation and flow and timescales.	Testing of compliance with new processes to be scheduled		Confirmed by management (AMBER)
Potential Fraud Investigations - To have adequate procedures and capacity to follow-through where there is suspected fraud. Further action to prevent repeated misuse to be taken.	Still addressing processes when bank statements are not returned and there is suspected or actual misuse, to deal with all cases in a more consistent manner.	Further update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Repeat Recoups - Action to prevent repeated excess balances and recoups to be more effective.	New processes for assessment workers to check audit history before reviews. ACFS currently only sending out alerts for large amounts. ACFS have also introduced the payment calculator which helps to more accurately calculate the cost of care, therefore reducing the risk of over-payment.	Further update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Recoupment of Funds - Formal debt to be established through the BMS system for monies to be recouped. All previous recoupment to be matched with service users.	Invoices are not being generated to establish formal debt. Procedures have been enhanced through the introduction of an online payments form for ceases and for audit recoups. This generates an email to ACFS so they know who has paid and what amount. ACFS run SAP reports to check through income received and match these against their audit sheet. Cheques are easily matched before being banked. However, not all previous recoupment can be matched with service users.	Further update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Ceased Payments - Final bank statements to always be obtained when a payment ceases. In cases where there has been prior misuse or fraud and where bank statements have been actively pursued but have still not been obtained, standard procedures to be agreed, which may include referral to Nottinghamshire Police or Action Fraud.	ACFS have drafted a stronger cease letter to say if bank statements are not received, payment will be due back from the date of last audit or start of service if no audit has taken place. Unless service users can provide a bank statement it will be treated as misuse. This letter is subject to approval and inclusion in the policy and procedures.	Further update to be obtained; testing to be scheduled	Holding further discussions regarding the need to refer or report cases of suspected fraud	Implementation remains in progress (RED)
Non-payment of Service-user Contributions - To have a robust method of ensuring that service user contributions are made in full into their direct payment account.	A process flow chart has been produced which maps the escalation process for non-payment of contributions. Mosaic is pending an update, after which it should be possible to automatically raise alerts	Further update to be obtained; testing to be scheduled		Implementation remains in progress (RED)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Short Breaks				
Action plans & service improvement plans - To use supervision with unit managers to ensure quality assurance action plans and improvements plans are completed effectively and followed up.	The use of action plans and improvement plans at all short break centres and procedures have been standardised.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Provider Information Return - To include areas for improvement in the unit's plan and involve teams in keeping records of progress up to date	More documentary evidence is now maintained, ie through action and improvement plans so that managers are able to evidence and monitor what is required of the CQC.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Procurement of adult social care suppliers and providers				
Suppliers not properly procured - To tackle areas of non-compliance through the Contracts and Payments Overview Group.	This was confirmed as having been actioned in an update to the G&E Committee in December 2017.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Suppliers not properly procured - To be monthly through a contract status report from procurement to senior departmental managers	This was confirmed as having been actioned in an update to the G&E Committee in December 2017.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Notifying Corporate Procurement of procurement exercises over £10,000 - To be through the Contracts and Payments Overview Group and liaison between commissioners and the Category Manager	This was confirmed as having been actioned in an update to the G&E Committee in December 2017.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Arrangements when Reed cannot meet a request for temporary staff - To be under review between the Category Manager, Chief Executive's Dept and the Group Manager HR	This was confirmed as having been actioned in October 2018.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Out of county care support and enablement - A Care, Support and Enablement Framework Agreement to been tendered to capture out of County Services	A framework agreement is in place for in and out of county provision.	Testing performed; further management update and testing to be scheduled	Testing confirmed the recommendation has not yet been actioned. Four of the five providers in our original report are still being used and have not applied to join the Provider Agreement, although there is an option for them to apply to join in the future as the Agreement is opened 4 times a year for new Providers to apply	Implementation remains in progress (RED)
Day services transport - To be under review with the Category Manager – Place who is looking at procurement approaches	A day services transport dynamic purchasing system is in place with the first round of applicants now contracted onto the list of approved providers.	Testing performed; further management update and testing to be scheduled	Testing confirmed the recommendation is partly actioned. Of the providers mentioned in our original report one is still being used without competing for the work because it intends to leave the market in the near future	Confirmed by Internal Audit as Partly Implemented (AMBER)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Equipment for care and support centres - To be explored through the Contracts and Payments Overview Group	This was confirmed as having been actioned in an update to the G&E Committee in December 2017.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
County Enterprise Foods: specialist food products - To be under review with the Category Manager – Place who is looking at procurement approaches	Delays in progress are down to specific requirements that the supplier provides that are unique to them. The Category Manager is working with the department to put a compliant contract in place.	Further update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Live-in carers inherited from a service user with direct payments - To be explored through the Contracts and Payments Overview Group	This was confirmed as having been actioned in an update to the G&E Committee in December 2017.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
Telecare monitoring service - To be under review and procurement plans are being put in place with the Category Manager. A tender process is scheduled, Procurement are waiting for the commissioners' specification	The contract was tendered and commenced on 1 October 2018.	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
County Enterprise Foods: packaging for meals - To be under review with the Category Manager – Place who is looking at procurement approaches	Use of this supplier stopped but has recommenced and the Category Manager is to look at options to address this.	Further update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Stop Smoking contract				
Clarification of eligibility criteria - To be included in the mobilisation plan during the mobilisation period prior to the start of all new contracts, or where eligibility has changed by contract variation with an existing contract. These criteria must be in written form, and discussed face to face for clarity. It must be clear whether one, several or all criteria must be met, including residency, NHS registration and/or any other criteria such as membership of priority population groups.	The PH team is currently starting its commissioning intentions for 1 st April 2020 to include an integrated healthy lifestyle service (OPWM/ Tobacco /Mental health /Alcohol /workplace); single supported homelessness accommodation; domestic abuse. Whilst payment options will be discussed as part of the work being done, this has not happened as yet but as and when this is discussed and agreed, if pbr is looked at as an option or with any payment option, the tender documentation including the contract will be clear	Testing to be scheduled		Confirmed by management (AMBER)
Confirmation of provider plans and procedures for assuring accuracy of Payment by Results (PbR) claims - To be included in the mobilisation plan during the mobilisation period prior to the start of all new PbR contracts, and will be confirmed within existing PbR contracts as they come up for review.	Both the Public Health Policy Lead and Contract Manager are currently meeting with S4H Service Manager on a monthly basis to ensure robust systems are in place or being developed to ensure accuracy of claims.	Testing to be scheduled		Confirmed by management (AMBER)

	Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
	Agreement of the format and level of detail required of supporting data that allows for validation of claims - To be included in the mobilisation plan during the mobilisation period prior to the start of all new PbR contracts, and will be confirmed within existing PbR contracts as they come up for review.	Each monthly invoice is checked against the S4H QM10 database to ensure accuracy of data and that invoicing is correct.	Testing to be scheduled		Confirmed by management (AMBER)
	Validation of detailed claims data from the provider before payment - To be implemented and reviewed regularly within the Public Health Contracting team, balancing internal capacity with level of risk.	A new system is now in place where the invoice data will be sent to the Service Manager prior to the PH Contract Manager to ensure it is correct to ensure all paper records have been collected and input on to the system.	Testing to be scheduled		Confirmed by management (AMBER)
	County Enterprise Foods				
	Production targets - Targets set within the service plan to be reflected within the budget. Discussions to be undertaken between the finance department, service director and production unit to determine achievable targets to be reflected in the budget figures.	CEF continues to work with finance business partner and service director : targets set within the service plan to be reflected within the budget.	Testing to be scheduled		Confirmed by management (AMBER)
	Safeguarding adults - governance, monitoring & reporting				
	Progress on workstream action plans - The workstream action plans that are reported to the Governance Group are to be complete with respect to targets and progress made.	This was confirmed as having been actioned in November 2018.	Testing to be scheduled		Confirmed by management (AMBER)
	Response rates for internal quality assurance audits - Internal quality assurance audits need to be completed.	Not yet complete. The response rate has increased to 82%, but is still below the target of at least 95%.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
	Action plan from the internal quality assurance audits - An action plan still needed to be developed to address the findings of the January 2018 internal quality assurance audits.	This was confirmed as having been actioned in November 2018.	Testing to be scheduled		Confirmed by management (AMBER)
	Services to self-funders				
	Age UK and successor model - As sign-posting and support function is brought in-house, to utilise available synergies between the Customer Service Centre (CSC), the Benefits Advice Team and the Notts Help Yourself website where digital use increased during the Age UK contract.	New online survey to complete following signposting. Under Age UK found that NCC was missing information on deprivation of assets so factsheet developed. Benefits team reports monthly on self-funders seen and additional benefits achieved. CSC provides monthly reports on self-funder numbers, who are offered factsheet and details of independent financial advisors (IFA's) on NottsHelpYourself. Work undertaken to increase number of IFA's.	Testing to be scheduled		Confirmed by management (AMBER)

	Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
	Benefits signposting - The Benefits Team believed additional service user referrals could be made to their Team by CSC Operatives, particularly around Attendance Allowance claims. The cause was perceived to be an overly rigid approach from too-closely complying with the wording of a script or particular drop down box at the CSC.	Audit report states unless enquiry is a new benefits enquiry there is no option to refer to Benefits Team. On reviewing current guidance in Firmstep process already amended to cover new and existing benefits – offer is now consistent for either option. Finances always considered in every conversation CSC has, whether case suitable for benefits to maximise income or self-funders to be offered financial information and advice – all reiterated in training. Will also be a review of impact of changes to Universal Credit.	Testing to be scheduled		Confirmed by management (AMBER)
	Homecare commissioning and contract management				
	Contract governance and management: Contract management arrangements, based around the key deliverables in the new contract , to be implemented in consultation with ASCH to ensure a smooth transition of the arrangements over to the department in 2020.	Homecare implementation Manager appointed to bed in new contract management arrangements . Contract management role of CPOs defined and responsibilities assigned.	Testing to be scheduled		Confirmed by management (AMBER)
	Outstanding risks: Contingency plans to be kept under review and tested as necessary.	Development of IT solution passed by the Gateway process. Oversight will be via the Systems Review Board. The necessity for a contingency plan will be kept under review.	Testing to be scheduled		Confirmed by management (AMBER)
	Outstanding risks: Processes to be established to monitor the progress of exiting core providers in transferring cases to the lead providers within the three month period scheduled	Comparison of old and new lead and additional providers indicates risk has not materialised.	Testing to be scheduled		Confirmed by management (AMBER)
	Outstanding risks: Direct payment activity to be monitored and intervention resources deployed accordingly.	Direct payment activity is closely performance monitored and reported to SLT so any differing patterns would be picked up.	Testing to be scheduled		Confirmed by management (AMBER)
	Spot provider contracts - That a contract is issued to Spot Providers at the earliest opportunity.	Spot provider contracts issued 7/8/18	Testing to be scheduled		Confirmed by management (AMBER)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Children and Families				
CFCS1612 External Placements of Looked After Children (LAC)				
Compliance with Council tendering regulations through use of the following hierarchy of options: 1 internal provision; 2 use of existing framework contracts; 3 issue contracts for specialist placements and invite the providers to join the existing frameworks	At a previous management update to G&E Committee in February 2018, it was highlighted that it remained a key action to implement a new dynamic purchasing system (DPS). A further management update is included in the agenda for the G&E Committee of January 2019 relating to the progress made since implementing the DPS.	Testing completed	Testing confirmed that 34/40 placements were with providers on HNSA list while 6 were not. 4/6 of these placements have since closed and generally appear to have been short-term placements. 2 active placements had to be placed outside of the DPS because no provider on the DPS could meet the needs of those LAC. We were informed that these 2 providers were to be added to the DPS.	Confirmed by internal audit (GREEN)
School expansion & pupil place planning				
Statutory consultation - Statutory consultations to be clearly evidenced as having been undertaken in accordance with the 2016 statutory guidance.	Statutory Consultation process in operation and outcomes reported to CYP Committee	Testing performed	Report to C&YP committee in Nov-18 confirms retrospective consultation undertaken regarding Lambley Primary and East Markham Primary. Officer nominated to be responsible for consultations and is mentoring others in the section to ensure knowledge is disseminated. Consultations to be undertaken for Christchurch Infants and All Saints School in 2019/20.	Confirmed by internal audit (GREEN)
Use of forecasting model to prioritise pupil place demand pressures between planning areas - A standardised scoring methodology/model evaluation template for planning areas to be developed to ensure that all relevant factors are evaluated, subject to challenge and outcomes ranked in order of priority.	Work in progress. Programmes and Projects team engaged and process maps developed. Further work required.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Expansion business case accuracy and completeness - Business cases to explicitly address standardised set of criteria so all relevant factors can be identified and evaluated. Impacts on planning areas (including school estate) to be evaluated as standard element of business cases. Full audit trail of decisions to be maintained. Ofsted reports to be included as factor in expansion business cases.	Work in progress. Basic need report in development	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Place				
HM Coroner's service				
Budgeted contribution: NCC to set a budgeted contribution that is both realistic and affordable. Proposals to further increase the level of council contributions to continue to be subject to scrutiny and, as far as possible, to a degree of challenge. Once the County Council is informed by the City Council of the final budget it has agreed with the County Coroner, to take 50% of that amount to be our budgeted or forecast contribution.	Management assurance received. The audit recommendation was reflected in a pressures bid for budget provision for 2018-2019. However, this bid was unsuccessful and the 2018-19 budget remains in line with that for 2017-18. Management to continue to cite the recommendation in future budget setting processes. Management have advised that Member Challenge panel have agreed that this can be funded out of contingency in year if required.	Testing performed	The pressures bid for the budget in 2018-19 has been tested to agree with the budget in line for 2017-18	Confirmed by internal audit (GREEN)
Catering (County Hall & Trent Bridge House)				
Confirmation of goods received prior to paying invoices to suppliers: Re-introduce checks of consolidated invoices on the basis of a 10% ratio	Checks are made on consolidated invoices. These are then signed off and recorded. No discrepancies have been found. The checks are from September 16 onwards.	Testing performed by discussing progress with management. Further management update and testing to be scheduled	There have been complications with the electronic food ordering direct from kitchens and the invoices are not in the correct format to enable the anticipated electronic testing.	Implementation remains in progress (RED)
Innovation Centres				
Contract variation - all future variations to contract are lodged with Legal Services and minuted accurately by the Strategic Management Board	The next contract is due for extension in March 2018 until September 2018 and variations can be reviewed then.	Testing completed	Testing has been undertaken on the latest contract variations issued to confirm the recommendation has been implemented.	Confirmed by internal audit (GREEN)
Risk Assessment of Fraud - ensure that adequate fraud checks are undertaken on future letting and contracts for those managed through OI Ltd and NCC contracts.	The OI Ltd contract fraud checks have been brought in-house and now reviewed by NCC. A new process for ensuring and obtaining fraud checks is being developed and will include a risk assessment.	Schedule testing when recommendation has been implemented T1 2019/20.		Implementation remains in progress (RED)
KPI Validation - ensure adequate resources are devoted to periodically obtaining independent assurance as to the accuracy of information reported by the contractor in any future management contracts	The independent assurance has been obtained through the review undertaken by the Team Surveyor and Team Leader. The KPI report is generated and now excludes the OI Ltd contracts.	Schedule testing for T1 2019/20.		Confirmed by management (AMBER)
Vacant property management				

	Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
	Reliable documentation of handover checks / Extent of handover checks / Documented vacant property and site security strategy / Decommissioning / Exit fire risk assessment - Existing handover documentation to be revised and improved to incorporate a check list to ensure consistency of application. A new procedure for managing and monitoring vacant properties, complete with responsibilities of service departments and stakeholders will be produced and shared with affected parties. This will include an assessment of risk (trespass, vandalism, fire, etc.) and detail utility provision and management (including ensuring disconnections and certification where appropriate). Documents to be available on clearly identified shared drive.	Internal Audit received an update report on progress with implementation of all recommendations contained in the Vacant Management Report which was reported to the Governance and Ethics Committee on 25 July 2018. The progress report identified that action had commenced on each of the recommendations but the implementation of several recommendations would need to be considered alongside the Turner & Townsend review of Property Services.	Further management updates to be obtained and testing scheduled as implementation becomes confirmed	The development of recommendations remains the same as reported to the Governance and Ethics Committee and subsequently due for follow up July 2019	Implementation remains in progress (RED)
	Review and reporting of vacant properties / Insurance and Health & Safety advice - Corporate Property Management Group, comprising senior operational managers from service departments, Health and Safety and Risk and Insurance to be established and meet on a quarterly basis to share information, issues, and best practice.			The development of recommendations remains the same as reported to the Governance and Ethics Committee and subsequently due for follow up July 2019	Implementation remains in progress (RED)
Chief Executive's					
	Pensions administration				
	Reconciliation of pension payments to pension system - A feedback and monitoring mechanism should be established by the Pensions Administration Team to provide assurance that only authorised transactions have been paid through the Pensions Payroll and Business Support Payments System.	As at December 2018: Reconciliation of UPM to Payroll is incomplete due to an issue with the software. This has been bounced back to CIVICA to resolve. Without an accurate extract an effective reconciliation cannot be undertaken. Issue is as per reported by audit re gratuities and compensation payments originating outside the NLGPS. Pensions non-recurring payments : Bacs file has been created but BSC Finance Team are struggling to achieve posting to SAP codes. Civica consultant engaged to resolve. Pensions are still using the access database file to effect non-recurring payments.	Further management updates to be obtained and testing scheduled as implementation becomes confirmed		Implementation remains in progress (RED)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Periodic reconciliaiton of Pension UPM and Pensions Payroll data sets - That following the completion of the Guaranteed Minimum Pension (GMP) reconciliation exercise a periodic reconciliation of the UPM and Pension Payroll datasets is undertaken to enable the prompt investigation of any significant variances identified.	December 2018: UPM reconciliation to payroll exercise being led by Civica UPM.-issue in trying to extract and compare UPM and Payroll formats.Latest iteration has matched a 'high percentage' of the data. Variances are due to UPM legacy data introducing discrepancies together with gratuity and compensation payments present on the payroll system but not logged in UPM as these are not part of NLGPS. Will need payroll data to be successfully uploaded into UPM by Feb/March 2019 to enable GMP reconciliation and calculation of potential over and underpayments due to /from HMRC.	Further management updates to be obtained and testing scheduled as implementation becomes confirmed		Implementation remains in progress (RED)
Treasury management				
Business continuity arrangements - A layered approach to establishing a sustainable continuity plan is in process. In the event of a failure of Barclays systems we would be reliant upon its continuity plans. An emergency payment backstop protocol is in progress with Barclays in the event of a system failure.	Emergency payment made using protocol, although Barclays only required one signature . Senior Accountant ensured that other authorised signatories were informed and approval obtained internally.	Implementation and testing to be scheduled Term 1 2019/20	Management assurance obtained and protocol is in place. Subsequent transactions could be tested following a systems failure.	Confirmed by management (AMBER)
Business continuity arrangements - A remote solution is in development to enable partial continuity of operations in the event of a failure of NCC IT systems. Approval has been sought to add Barclays.Net to the IT 'Safelist' which will enable the use of Barclays.Net from remote locations without having to pass through the NCC firewall.	Number of meetings held with IT. In December 2018 there was a failed payment due to system downtime which resulted in an overdrawn balance over the weekend. This resulted in IT escalating the priority re continuity and they have provided an IPAD which is configured to enable working if the network goes down. The safelist option is still being considered . Meeting scheduled in January to document the work done by IT so far.	To be scheduled following management update		Implementation remains in progress (RED)
Business continuity arrangements - A remote home-working process is under development to enable the Treasury Management process to be completed by staff working remotely	IT are not happy with individuals using their own home PCs in the event of a system failure as reliance cannot be placed on the integrity of personal security software.Decision currently taken to ensure that 2 members of the Pensions and Investment Team are in the office at any one time. Potential Sharepoint solution to provide an authorisation trail that will enable home working using NCC laptops is to be trialled in January/Feb 2019.	To be scheduled following management update		Implementation remains in progress (RED)
Payroll (data analytics review)				

	Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
	Overtime and other timesheet payments entered by, approved by and paid to the same person - review reports generated that identify the transactions that are not subject to approval controls.	The BSC has implemented a specialised software solution, called Profile Tailor Dynamics from Grey Monarch. This enables the BMS Authorisation and Security Team to monitor all transactions used by BMS users. The BMS Authorisation and Security Team receive an alert which highlights where employees are updating their own data. The output of the Grey Monarch reporting is reviewed to identify employees who are using Business Administrator roles to input data rather than ESS. There may be some circumstances where employees have to enter their own data where the risks have to be managed but ESS is encouraged.	Testing of Taylor Dynamics reports is currently underway and due for completion Q1 2019/20	Internal Audit have been engaged with the BMS Authorisation and Security Team to develop the use of reporting from Tailor Dynamics.	Confirmed by management (AMBER)

Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Cross-Cutting				
Agency Staff & Consultants				
Automation of management information: Build into future tendering exercises for this service the requirement to differentiate between the nature of agency placements	The future procurement exercise will have this built into the invitation to tender.	To be scheduled	We confirmed that the existing contract has been extended for one year until November 2018 and the new requirements are to be included in the tender documentation.	Pending new contract
Information Governance				
Management committed to a number of actions to improve controls in relation to the following priority 1 areas: completeness of Information Asset Registers; assessment of business impact levels and security classifications; Risk assessments for high business impact information assets; On-going review of risk assessments for high business impact information assets.	Since the issue of the Internal Audit report, the Council has put in place an Information Governance Improvement Programme to prepare for the General Data Protection Regulations which come into force in May 2018. The four key strands of the programme (covering strategy, security, awareness and access) are addressing the actions identified in the Internal Audit report.	Internal Audit is involved in the work of the Information Governance Group and is now finalising a review of progress against the actions agreed for implementation.	Internal Audit work is continuing on the IGIP review and a Draft Report has been generated. The implementation of previous recommendations has been covered by this report and subsequent recommendations with replace these recommendations.	Implementation remains in progress (RED)
Strategic Risk Management				
Risk register for Place department - To be implemented	The Place Department Risk Register is in place and is being managed through the routine meetings of the Place RSEM Group.	Testing completed		Confirmed by internal audit (GREEN)
Updated information on risk registers - Review risk registers to ensure information is up to date	This recommendation has given rise to the introduction of an ongoing rolling review process by the RSEMB. The Corporate Risk Register and three departmental risk registers have been tabled with the RSEMB, and it has been decided that each future meeting will examine one register in close detail and all will be reviewed at the annual Away Day. Following discussion with a representative from Essex County Council, an additional column has been included to indicate the potential risk once outstanding actions have been completed.	Further testing scheduled following the next RSEMB Away Day		Confirmed by management (AMBER)
Invoicing and debt management				

	Action Description	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
	Enforcement action for high risk customers - Debts which are 45 days overdue will be considered for Enforcement Action. Prior to taking Enforcement Action, for services provided to an external party, a copy of the signed agreement will be requested. A copy is required as per the new Pre-Action Court Protocols which were introduced in October 2017. If a signed agreement cannot be supplied, it will be taken up with the Management of the Sales Office who raised the invoice.	The management response to the recommendation indicates this has already been implemented.	Testing in Q3, 2018/19	Testing has been undertaken in relation to high risk debts. The creditworthiness checks have been completed by Finance. A sample of large value debts from 1 April 2018 have been tested and no issues arose with the testing undertaken.	Confirmed by internal audit (GREEN)
	Pursuing overdue debt - Finance Officers to be reminded of the procedure of working all of the account if they have an invoice in dispute. Senior Finance Officers and Senior Practitioner to check through dispute accounts every quarter to make sure that accounts are being picked up.	The Finance Officers have been reminded of the procedures to be followed at the team meeting on the 7 Feb 2018	Tested in Q3 2018/19	Testing confirmed the reminder was issued to staff and that accounts are being reviewed every quarter.	Confirmed by internal audit (GREEN)
	Procurement compliance				
	Fuel for fleet vehicles: There are 2 contracts for fuel, 1 for bulk fuel (called off from an ESPO), and Via also use fuel cards. To undertake a desktop exercise and understand who is the lead (NCC or Via). To liaise with Via regarding this to establish who is responsible for fuel cards.	Started to undertake the desk top exercise and the scoping that needs to be undertaken. Delayed because the status of Via in relation to this has been uncertain.	To be revisited in 2019		Implementation remains in progress (RED)
	Connection of bus stop Real Time Information (RTI) displays to the electricity network: to review the level of competition in the market for the connection of bus stop RTI displays to the electricity network, confirm if there are only two suppliers, and decide if a tendering exercise should be undertaken.	Compliant procurement complete via ESPO framework	Testing completed	Testing confirmed the recommendation has been actioned	Confirmed by internal audit (GREEN)
	Water: to continue to competitively procure water supplies, although this will not start until the end of 2018	Management update to be obtained in 2019	To be scheduled following management update		Not yet due

30 January 2019**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****UPDATE ON USE OF RESOURCES BY COUNCILLORS****Purpose of the Report**

1. To present Committee with an overview of the use of resources by Councillors and seek agreement for appropriate actions.

Information and Advice**Background**

2. At the meeting of Full Council on 10 May 2018, a revised Code of Conduct for Councillors and Co-opted Members was agreed.
3. The new Code included a range of protocols, including the Councillor and Co-opted Member Protocol for use of Resources (attached for the Committee's reference at **Appendix A**).
4. Some of the Protocol's guiding principles include the need to be mindful of costs and not using resources for political purposes. It also provides specific guidance, for example about volumes of printing, post and stationery, and stipulates that the only printing facilities to be used are the Council's Multi-Function Devices and Central Print service. Governance and Ethics Committee is responsible for taking an overview of the use of resources. This overview role includes considering:-
 - requests to exceed the 50 item limit on outgoing mail
 - requests to fund the use of venues other than County Council premises for Councillor Surgeries
 - possibly charging Councillors for excessive resource use (via direct debit)
5. The Committee considered its first such report at its meeting on 18 December 2018 and asked for further information on:-
 - i. the printing costs relating to the Councillor for Ashfields Division;
 - ii. the variation in costs relating to the printing of business cards;
 - iii. the reasons for use of non-County Council venues for case surgeries by the Councillors for Worksop West and for Mansfield North Division.

6. Members also wanted Committee to consider whether printing limits for Councillors and support officers were appropriate and to look again at arrangements for external postage and taxis given alternative and cost-effective, electronic means of contacting constituents are readily available.
7. The information provided to Committee in December showed the printing costs for the Chairman and Mansfield Independents together to reflect the fact that one person provided support to both. Whilst it is difficult to separate this historically, it was agreed to report this separately going forward.

Printing and Photocopying

8. The Councillor for Ashfields Division has clarified that a proportion of his printing charges were in relation to private print jobs for which he intended to reimburse the Council at the end of the financial year, in line with a process he states he had discussed with the previous Monitoring Officer. He also states that he provided his own supplies of printer paper for some of these jobs.
9. There were eleven larger jobs within the overall list of jobs, totalling £636.34. The Councillor for Ashfields Division will liaise with the Print Office directly to identify which were private print jobs and arrange for payment by the end of the financial year.
10. It should be noted that undertaking and paying for private print jobs through the Council is a facility that is open to both Officers and Councillors. However, it would be more transparent and cheaper for such private print jobs to be agreed with the Print Office team in advance to ensure the most efficient means of production is used. It is therefore recommended that in future any private printing must be identified and agreed by Councillors in advance with the Print Office team, who will then raise a charge for that work in line with their usual business practices.
11. With regard to business cards, it has been clarified by the Print Office Team that the standard charge for Councillor's business cards produced to the current specification is £33.00 for 250 and £45.00 for 500 – for a new card or reprint. Where final costs have gone over the standard charge this has been due to Councillors asking for amendments after the initial job has been submitted and proofed. It is therefore recommended that Councillors make no further changes to the content of their business cards after they have approved the proof.
12. With regard to the potential for introducing printing limits for political groups, it is proposed that members are reminded of the existing provisions relating to printing rather than looking to agree changes and that this is monitored and reported back to Committee as necessary.

Room Hire for Councillor Surgeries

13. As stated in the report to Committee in December 2018, Shireoaks Village Hall has been used by the Councillor for Worksop West at a nominal fee of £8 per monthly session (£72 to date during the current financial year). The Councillor had previously underlined that the village of Shireoaks has no other County Council establishment which offers easy access to residents which the Village Hall does. The use of this venue enables community engagement better

than other alternative approaches such as individual home visits. The Committee is asked to consider agreeing the continued use of this venue for this purpose in 2019.

14. For their surgeries, the two Councillors for Mansfield North use two venues: Mansfield Woodhouse Library which is a popular venue in the centre of the village and Focus Point, a community venue towards the edge of their constituency on Vale Road, Mansfield Woodhouse.
15. The Councillors advise that the Library is a more informal setting with limited privacy, whereas Focus Point, which they have jointly used for many years, offers something different in that it provides a private consulting room, a waiting area for residents who are greeted on arrival by office staff, photocopying facilities and the space for public meetings all within the cost. It also ensures that there is someone in the venue at all times which offers added security in the event that either member is holding surgeries alone.
16. The Councillors have underlined that the joint two-hour surgeries held at Focus Point attract attendance from a different resident population to those at the Library. The surgeries, which are held at both venues on a monthly basis, (one at the library and one at Focus Point) are well attended. The annual costs of the room booking at Focus Point is £900 between the two Councillors, which equates to £37.50 per Councillor per month. This includes free room hire for other meetings arranged by the Councillors including five or six public meetings each year covering a range of subjects such as school issues, parking, speeding, road humps, fracking and the quarry. The numbers attending such meetings range from 8 to 40 people.
17. The Councillors emphasise that they use the Library because of where it is but that it doesn't meet all of their constituents' needs, whilst Focus point provides a different location and variety of services enabling both Councillors to consult and engage with their community, reaching well in excess of 100 of their residents. Again, the Committee is asked to consider agreeing the continued use of this venue for this purpose in 2019.

External Postage

18. The Use of Resources Protocol states:-

Councillors should be economical in their use of post; volume use (anything in excess of 50 items) is not acceptable unless approved in advance by Governance and Ethics Committee. Use email or hand-deliver instead where possible. The Post Room reserves the right to open any post to ensure policies are being adhered to.

19. The limit of 50 items per mailshot was introduced to encourage members to be mindful of the costs associated with postage and the need to be economical in their use of post and to use other means wherever possible. Rather than revisiting the recently agreed threshold, it is suggested that officers explore any effective mechanisms for monitoring postal usage and report back at a future meeting.
20. One Member of the Committee has also queried whether the Protocol's rule may potentially disadvantage Councillors in relation to equalities issues. The Committee may wish to consider that particular point and whether such Councillors could, for example, arrange hand delivery of mail by other means for mailshots over 50 items.

Use of Taxis

21. The Use of Resources Protocol states:-

At all times your chosen method of travel must be the most cost effective method, taking into account the value of time saved, anticipated subsistence and other expenses and any other relevant matters. More details are available in the Travel and Accommodation Policy.

22. The Travel and Accommodation Policy within the Council's Constitution states:-

If a claimant travels by taxi, the claim must not exceed:

- a. in cases of urgency or where no public transport is reasonably available, the amount of the actual fare and any reasonable gratuity actually paid;*
- b. in any other case, the amount of the fare for travel by appropriate public transport.*
- c. Any claims by Members for travel costs where the Council has provided shared transport will only be payable in exceptional circumstance and subject to the agreement of the Team Manager (Democratic Services).*

23. It is proposed that members are reminded of the existing provisions relating to taxis rather than looking to agree changes and that this is monitored and reported back to Committee as necessary.

Other Options Considered

24. The report provides further information and issues for consideration by Governance and Ethics Committee following the initial consideration at the meeting of 18 December 2018.

Reason/s for Recommendation/s

25. To update the Committee and seek relevant approvals in line with the requirements of the revised Code of Conduct and the revised Councillor and Co-opted Member Protocol for use of Resources.

Statutory and Policy Implications

26. 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.

RECOMMENDATIONS

That the Committee:-

- 1) Notes the planned reimbursement of the costs of personal printing jobs by the Councillor for Ashfields division and endorses the recommended approach that any private printing by Councillors must be identified and agreed in advance with the Print Office team, who will then raise a charge for that work in line with their usual business practices and that this be communicated to members.
- 2) Agrees not to introduce a printing limit for each political group at this time but that this matter be kept under review and that reporting on printing costs for the Mansfield Independents and the Council Chairman be shown separately in future.
- 3) Considers the continued use of Shireoaks Village Hall as a venue for Councillor Surgeries by the Councillor for Worksop West at a cost of £8 per month.
- 4) Considers the continued use of Focus Point as a venue for Councillor Surgeries for the Councillors for Mansfield North at a cost of £900 per year.
- 5) Agrees that officers explore any effective mechanisms for monitoring postal usage and report back at a future meeting
- 6) Agrees that members are reminded of the provisions of the Travel and Accommodation policy and that this is monitored and reported back to Committee as necessary.
- 7) Agrees that members be reminded of the provisions of the Protocol on use of Resources including the Travel and Accommodation Policy.

Marjorie Toward

Service Director, Customers, Governance and Employees

For any enquiries about this report please contact:

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Constitutional Comments (SLB – 22/01/2019)

Governance and Ethics Committee is the appropriate body to consider the content of the report. If 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 22/01/19]

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

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

APPENDIX A



Nottinghamshire County Council

Councillors and Co-opted members – Protocol for Use of Resources

1. INTRODUCTION

This protocol provides rules on the use of Council resources in relation to your role as a Councillor.

The Council provides a range of support services and facilities to enable Councillors to carry out their duties. The full range of resources available and rules regarding use are set out in the **Schedule** attached to this protocol.

2. COUNCIL BUSINESS – WHEN THIS PROTOCOL APPLIES

Councillors may use Council facilities and resources in connection with the following Council business:

- Matters relating to the decision making process of the Council, e.g. Council and committee meetings
- Representing the Council on an outside body
- Holding division surgeries
- Meeting, communicating with and dealing with correspondence from residents, other Councillors, officers, Government officials, MPs etc. in connection with Council business
- Matters for discussion by a political group of the Council, so long as it relates mainly to the work of the Council and not your political party or group

3. PRINCIPLES FOR USE OF RESOURCES

- Councillors must be mindful of Council resources and must always seek to conduct business in the most cost effective way. Councillors must have regard to the need to ensure prudent and reasonable use of resources and value for money.
- Party political activities or individual campaigning do not form part of Council business and the Council's resources must not be used for these activities. This includes Council email addresses. The Council is prohibited by law from publishing any material which, in whole or in part, appears to be designed to affect public support for a political party or an individual Councillor, or to highlight their achievements.

- Use of resources for the purpose of representing individuals or small groups of residents is acceptable. However, high volume use of resources including sending out circulars and conducting wide-scale consultation exercises is not acceptable, even though these may involve Council business.
- In the interests of economy and the environment, Councillors are requested to use e-mail, or to hand-deliver, instead of using post wherever possible.
- Governance and Ethics Committee is responsible for oversight of use of resources including review of postage and photocopying costs incurred by individual Councillors and political groups. Committee is also responsible for considering requests for exceptions to be made. Committee reserves the right to charge Councillors for excessive use.

SCHEDULE

Equipment and Resources for Councillors

ICT Equipment - you will be provided with appropriate equipment for your full term of office.

If you have been provided with a phone, you will have access to unlimited calls and texts to standard numbers, with a 2GB monthly data limit. Any laptop or tablet devices have a 5GB monthly data limit. You will be required to meet the costs of any usage above those limits at a cost of 5p per MB.

You will be reminded of the terms and conditions around the appropriate use of these devices during your induction training.

On receipt of equipment Councillors are required to confirm that they have read the Councillors' ICT Acceptable Use Guidance.

Support for technical matters is supplied by the Council's ICT helpdesk. User training is available on the intranet.

Councillors' Webpages - the Council's Website includes a page for each Councillor. This page includes your contact details, photograph, and committee membership details. There is also a facility for you to provide regular updates on your activities as a Councillor. These webpages will be removed during all pre-election periods.

Arrangements for incoming mail – you will have a pigeonhole, located within your relevant group area (where applicable) for meeting papers and any mail sent to you at County Hall. Mail should be collected wherever possible but if you are not expected to be at County Hall for some time then you can ask for mail to be sent to your home address. Please discuss your specific requirements with your group researcher.

Arrangements for outgoing mail – there will be an outgoing mail tray located within your relevant group area (where applicable); this is the only mail tray you should use. The Council's corporate letter templates and window envelopes **must** be used in order to enable mail to be franked. If mail cannot be franked it is more expensive to post. Unless there are exceptional circumstances postage will be second class. Councillors should be economical in their use of post; volume use (anything in excess of 50 items) is not acceptable unless approved in advance by Governance and Ethics Committee. Use email or hand-deliver instead where possible. The Post Room reserves the right to open any post to ensure policies are being adhered to.

Stationery - a limited range of stationery is available from either your group researcher or Democratic Services. Stationery must not be adapted to include political logos. Photographs can be included but must be printed in black and white. The Multi-Function Devices are regularly re-stocked with printer paper; you should contact Facilities to re-stock if necessary rather than taking paper from other locations in the building; this is to ensure proper reporting to Governance and Ethics Committee regarding volumes used.

Printing– Photo security passes will enable you to print, scan and photocopy from the Multi-Function Devices located around County Hall. These will be the only printing facilities available, with the exception of Central Print. This is in order to ensure to ensure proper reporting to Governance and Ethics Committee regarding volumes used. In the interests of transparency and cost-effectiveness these facilities are only available when security passes as used. In accordance with the Council's Print Strategy **high volume copying and printing (any job involving 99 plus sides of paper) must be sent to Central Print as this is the cheapest option.** Due to the high costs associated with colour printing, you should always print /copy in black and white unless colour is required to enable the document to be understood. Councillors should be economical in their use of print.

Business Cards can be obtained from Democratic Services. You may request a supply of 500 cards to cover your full term of office. These cards should only include contact details for County Hall, to prevent any subsequent changes being required.

Room Hire for Surgeries – for your constituency surgeries you should seek to use meeting rooms that do not incur a charge to the Council. These can include community facilities and some Council premises. If no suitable premises are available an application for the cost of hiring an alternative venue will need to be approved by Governance and Ethics Committee

Disclosure and Barring Service checks – to undertake your role as a Councillor you need to have a Disclosure and Barring Service (DBS) check. Democratic Services will contact you about the process and documentation required to complete an electronic DBS application form. You may have a current DBS check, however there are very limited circumstances in which checks can be transferred. Democratic Services will advise you on this issue.

Nottingham City Transport Cards - a limited number of Nottingham City Transport Cards for official business travel on City buses are available for staff and Councillors from Reception at County Hall. These must be signed for and returned to County Hall reception after each use. At all times your chosen method of travel must be the most cost effective method, taking into account the value of time saved, anticipated subsistence and other expenses and any other relevant matters. More details are available in the Travel and Accommodation Policy.

Conferences – attendance at conferences, seminars and training events for which a fee is payable must be approved in advance by the relevant committee.

County Hall Essential Information

County Hall is open Monday to Friday, usually 6.30am to 6.30pm. The building is also usually open on Saturdays from 8.00am to 1pm. If you intend to continue working in an office after 6.30pm, you should inform the Facilities office on extension 73316.

Security pass. You will be issued with a security pass. Security is very important and you should wear your pass at all times on a County Council lanyard as you may be asked for identification. Your pass will operate the car park barrier, the reception barriers and the doors to secure areas of the County Hall campus.

Each card is individually programmed to provide access to particular areas in the building. Your initial pass will be a temporary version – this will be replaced with a new pass containing your photograph which, as well as giving you the relevant access rights, will also enable you to scan, copy and print from the large machines around the building (called Multi-Function Devices or MFDs).

Car Parking spaces for Councillors' exclusive use in connection with Council business are available in the Members' Car Park on the River Trent frontage. Drive around to the rear of County Hall and present your security pass at the barrier to allow access to this area. Unless you are on Council business you should pay for parking at times when members of the public are required to pay to use the Car Park, for example during cricket and football matches.

Office Accommodation is provided for Councillors' use. There are currently suites of rooms on the ground and first floors at County Hall. The allocation of accommodation will be confirmed as soon as possible after the election, after consultation with the political groups.

Confidential Waste bins are provided in all work areas for secure disposal of confidential or sensitive documents. Recycling bins are also provided.

Meeting rooms – meetings involving Councillors will usually be held in

Council Chamber	- main building, floor 1.
Committee rooms B & C	- main building, ground floor.
Rufford Suite	- Riverside block, floor 1.
Committee room A & Civic Suite	- Riverside block, ground floor.

Lifts are available to all floors within County Hall. There is also a wheelchair lift to the Rufford Suite and Riverview Restaurant.

Catering facilities are available. Rolls, beverages and other snacks can be bought from the snack bar in Reception. The Riverview restaurant in the Riverside block serves hot meals and sandwiches. Councillors are entitled to complementary drinks from within their group accommodation or from the snack bar.

Visitors to County Hall must sign in at the reception desk in the entrance foyer; all visitors will be provided with a temporary pass. They should sign out and return the pass on leaving the building.

Fire Alarms are tested at 10.00am on the first Wednesday of every month. A continuous ring signals the fire alarm and an intermittent ring signals a bomb alert. If you hear the alarm bell you must vacate the building at the nearest fire exit. Please make yourself aware of these with the posters placed around County Hall and be aware of the relevant assembly points.

30 January 2019**Agenda Item: 11****REPORT OF THE MONITORING OFFICER****LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN DECISIONS
NOVEMBER 2018- JANUARY 2019****Purpose of the Report**

1. The purpose of this report is to inform the Committee about the Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council in the period 30 November 2018 – 04 January 2019.

Information

2. The Committee has asked to see LGSCO decisions 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 on 18 December 2018.
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 7 decisions relating to the actions of this Council have been made by the Ombudsman in this period (attached at annex A). Following initial enquires in 6 cases, the LGSCO decided not to continue with any further investigation. The reason is that in each case, the initial information gathered by the complaints team demonstrated to the Ombudsman that a further investigation was unlikely to reveal the Council was at fault.
6. One complaint (ref: 18 010 613 – which is the last decision in the attached Annex A) concerning school transport for a child with a disability did progress to a more detailed investigation. The Ombudsman did not find fault in the way the Council has considered the transport request nor in the way it responded to the complaint.

7. During this period no recommendations have been made by the Ombudsman to the Council.

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 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

9. The decisions attached are anonymised and will be publically available on the Ombudsman's website,

Financial Implications

10. There are no financial implications to consider.

Implications for Service Users

11. 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

That members consider:-

1. Whether there are any actions they require in relation to the issues contained within the report.

Marjorie Toward

Monitoring Officer and Service Director – Customers, Governance and Employees

For any enquiries about this report please contact:

Laura Mulvany-Law, Temporary Team Manager – Complaints and Information team

Constitutional Comments SLB (Standing)

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 08/01/19)

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

The Ombudsman's final decision

Summary: The Ombudsman will not investigate Mr X's complaint that the Council will not pay to move a street light outside his property. The complaint is late and it is unlikely we would find fault by the Council causing Mr X significant injustice. If Mr X wishes to move the street light he will need to pay the Council's costs.

The complaint

1. The complainant, Mr X, complains the Council will not move a street light on the pavement outside his property unless he pays £1,500.

The Ombudsman's role and powers

2. 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'. We provide a free service, but must use public money carefully. We may decide not to start or continue with an investigation if we believe:
 - it is unlikely we would find fault, or
 - the fault has not caused injustice to the person who complained, or
 - the injustice is not significant enough to justify our involvement, or
 - it is unlikely we could add to any previous investigation by the Council, or
 - it is unlikely further investigation will lead to a different outcome, or
 - we cannot achieve the outcome someone wants.

(Local Government Act 1974, section 24A(6), as amended)
3. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. *(Local Government Act 1974, sections 26B and 34D, as amended)*

How I considered this complaint

4. I reviewed Mr X's complaint, shared my draft decision with him and considered his comments.

What I found

5. The Borough Council granted Mr X planning permission to extend his property several years ago. The decision notice included a non-binding statement that Mr X would need to widen access to his driveway and that he should contact the County Council to discuss this.
6. Mr X contacted the County Council in 2015 and was told he would need to pay £1,500 to move the street light before he could widen the dropped kerb. Mr X suggests he did not proceed with the work as he considered the cost unreasonable. He says the position of the street light is unsuitable and that it causes him problems accessing his drive.
7. The Ombudsman will not investigate this complaint. Mr X asked the Council about moving the street light to widen the dropped kerb in 2015 and did not complain to the Ombudsman until 2018; his complaint is therefore late.
8. Although the Ombudsman has discretion to investigate late complaints I do not consider it would be appropriate to exercise our discretion in this case. This is because it is unlikely we would find fault by the County Council causing Mr X significant injustice.
9. The Council installed the street light before Mr X purchased his property and the installation did not therefore cause Mr X injustice; the light only affects Mr X now because he bought the property. Had Mr X felt the light would cause problems in accessing his driveway it was for him to decide whether to proceed with his purchase.
10. The Council is under no obligation to pay to move the street light simply because Mr X has concerns about its position. The Borough Council's decision on Mr X's planning application states Mr X should liaise with the County Council about widening access to his driveway but it does not bind the County Council to agreeing to his proposal or paying for any work. Mr X's complaint suggests the County Council has agreed to move the street light at Mr X's expense so it is for him to decide whether to go ahead with this.

Final decision

11. The Ombudsman will not investigate this complaint. This is because the complaint is late and it is unlikely we would find fault by the Council causing Mr X significant injustice.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Ms X complained the Council wrongly decided her late mother, Mrs Y, deliberately deprived herself of an asset to avoid future care costs. The Council considered the timing and motivation for the transfer of the asset, having regard to legislation and guidance operating at that time. It therefore made its decision without fault.

The complaint

1. Ms X complained the Council wrongly decided her late mother, Mrs Y, deliberately deprived herself of an asset, her home to avoid care costs. She says her mother transferred ownership of part of her home to Ms X in 2011 because of tax reasons, not to avoid costs.
2. Ms X wants the Council to change its decision and accept her mother did not purposefully deprive herself.

The Ombudsman's role and powers

3. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. (*Local Government Act 1974, sections 26B and 34D, as amended*)
4. The key decision made by the Council about Mrs Y's disposal of assets, happened in 2015 and Mrs Y and Ms X were aware of it then. However Ms X complained to the Council about this decision in 2017 and it then investigated her complaint. Therefore, although it would have been reasonable for Ms X to have complained to the Ombudsman earlier, I have exercised my discretion to investigate the 2015 decision and the Council's subsequent actions.
5. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
6. If we are satisfied with a council'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

7. I spoke to Ms X about the complaint.

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8. I asked the Council questions and considered evidence it provided.
 9. I read the National Assistance (Assessment of Resources) Regulations 1992, Charging for Residential Accommodation Guide (CRAG) 2011, Care Act 2014 and associated Care and Support Statutory Guidance.
 10. I gave the Council and Ms X the opportunity to comment on my draft decision. I considered Ms X's comments before making my final decision.

What I found

Legislation and guidance

11. People who have savings above a certain level (currently £23,250) are expected to pay the full cost of their residential care home fees. In this statement I have called this the 'capital threshold'. Once their savings reduce to less than this upper limit, if they are eligible for financial assistance they only have to pay an assessed contribution towards their fees.
12. In deciding how much assets someone has available, councils can consider whether the person has deliberately chosen to reduce their assets to avoid paying care costs. During the time covered by this complaint, various legislation and guidance has been in force governing how councils should make this type of decision.
13. In 2012, when Mrs Y transferred part of the value of her house to her children, the National Assistance (Assessment of Resources) Regulations 1992 was the key legislation concerning decisions about council charges for care.
14. This said "*A resident may be treated as possessing actual capital of which he has deprived himself for the purpose of decreasing the amount that he may be liable to pay for his accommodation*". This meant a council could treat someone as still having capital assets if it decided they deliberately transferred them to someone else to reduce what they might need to pay towards their care.
15. The Charging for Residential Accommodation Guide (CRAG) 2011 was key guidance at the time. It explained what councils had to consider when making this type of decision. Important considerations for this complaint were:
 - The person's purpose in disposing of the asset. For a council to say deliberate deprivation occurred, it had to show avoiding the accommodation charge was a significant motivation for the disposal.
 - The timing of the disposal of the asset. Any transfer had to occur when the person could reasonably have foreseen needing to move to residential accommodation, incurring care costs.
16. By the time Mrs Y's savings ran out in 2015 and the Council decided she had deprived herself of assets, the Care Act 2014 and associated Care and Support Statutory Guidance was in force. This set out the rules the Council had to follow when undertaking the financial assessment.
17. In any case, the Care Act guidance about deprivation is broadly the same as the earlier CRAG. It requires councils to consider:
 - Was avoiding the care and support charge a significant motivation for asset transfer?
 - The timing of the disposal of the asset – could the person have reasonably expected to need care and support at the time they disposed the asset?

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- Did the person have a reasonable expectation of needing to contribute to the cost of their eligible care needs at the time they transferred assets?
18. The capital value of a person's home is disregarded for the first 12 weeks of a stay. This is called a property disregard. Statutory Guidance says councils must disregard the value of a person's main or only home when the value of their non-housing assets is below the upper capital limit. It says this applies for the 12 weeks after the point "*When they first enter residential care as a permanent resident*".

Background

19. Mrs Y was an elderly woman who lived in her own home in 2010. She had a Council assessed personal budget for her care, but because she had savings over the capital threshold she paid the full cost of this home care. Her daughter, Ms X moved in to help look after her in 2010.
20. The Council's record of an occupational therapist visit in June 2011 said Mrs Y was "*thinking seriously about the level of support she needs and now feels the care package needs to continue*". A Council record later that month said Mrs Y "*doesn't anticipate that much improvement in her mobility can be achieved*".
21. Mrs Y went into hospital later in 2011. The Council says it gave her a leaflet at that time about services, explaining what contribution someone needing residential care would need to make.
22. In December 2011 Mrs Y left hospital and went into residential care. Initially she paid for all her care costs as a self funder.
23. In February 2012, Mrs Y transferred 80% of her home to Ms X and her brother. Mrs Y kept 20% of the share. Ms X says her mother started making this transfer in late 2011 and completed the process in February 2012. This was therefore happening at the same time as she moved into residential care. Ms X says this transfer was to reduce potential future inheritance tax. She says it was not to avoid the Council counting the asset in its calculation of what she would need to pay towards care costs. She says this was not the intention or motivation.
24. In May 2015 Ms X told the Council that Mrs Y was using up her available money and would soon not be able to afford to pay for her residential care. She asked it for assistance. To avoid risking continuity of the placement, the Council started to pay for it in June 2015, whilst carrying out a financial assessment.
25. As a result of its assessment the Council decided Mrs Y needed to pay the full cost of care because it said she had assets above the capital threshold (including the value of the house). This was because it treated her as if she still had the entire value of her house. It wrote to Mrs Y in November 2017 to explain this decision was because:
- At the time she transferred part of her house she knew about the Council's charging policy.
 - She had existing health problems at the time of transfer. There had been several contacts since 2013 and she was struggling with her personal health needs.
 - Since then the occupational health team had been involved with intermediate care and a care package.

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- She had been in residential care, self-funding, since December 2011. It said the paying for care booklet had been given to her then, explaining the charging policy.
26. The letter said that because of these four factors it considered the transfer of property to be a deprivation of assets and she was eligible to pay the full cost of care.
27. The Council told Ms X that as it was already paying the care home directly, Mrs Y could arrange to pay it whatever she could afford, over and above her income, minus her personal allowance. It says Ms X, who had power of attorney did not make any arrangements and stopped making payments in July 2017.
28. Ms X contacted the Council in 2017 sending a valuation of Mrs Y's property asking it to reconsider how it treated this asset. It replied to say this had no impact on liability for charges. It explained that, as Ms X was already aware, the Council included all of the value of the house as it had decided Mrs Y had deprived herself of this asset when she transferred 80% of it to Ms X and her brother. It said the only way to appeal this decision was by a complaint.
29. Ms X complained to the Council in December 2017. She said Mrs Y had made the transfer to reduce inheritance tax liability. All Mrs Y's money had now been spent on her care. She said the transfer happened before Mrs Y knew she needed long term care. She asked for a face to face meeting or formal response.
30. The Council replied in January 2018. It said it had decided Mrs Y had deprived herself of assets to avoid care costs having considered that:
- The Council had been in contact with Mrs Y since July 2003 providing occupational therapy support
 - Mrs Y had told the Council, in June 2011 she had capital above the threshold and she would be a self-funder. She had paid for home care from July 2011 until December 2011.
 - It had given Mrs Y a booklet whilst in hospital setting out charging arrangements.
 - Mrs Y had gone into the care home as a self funder in December 2011.
 - Contact in July 2015 had triggered a financial assessment as Mrs Y's savings were reducing.
 - A letter confirming its decision to charge full costs had been sent on 27 November 2015. The reasons for this decision were detailed in that letter.
31. The Council also referred to the file note from June 2011 that said Mrs Y was seriously thinking at that time about what support she needed. It said she had been getting attendance allowance since 2015. It said it would arrange for calculation of when Mrs Y would become eligible for any council funding towards her care costs. It advised Ms X about its power to recover charges from her as Mrs Y's attorney.
32. Later in January 2018 the Council advised Ms X of its calculations. It said, based on the value of her house and on her care costs, Mrs Y would continue to have capital assets above the threshold until 2022. Ms X continued to complain regarding this matter. She said the Council was considering the complaint against the Care Act which wasn't in force at the time of the events.
33. The Council replied again in March 2018. It explained it had used the regulations in force before 2014 to guide its decision. It said the tax threshold operating at the

time was several times the value of Mrs Y's house so this was not a plausible motivation for transfer. It said it had considered the timing of the transfer and whether Mrs Y had a realistic expectation of needing to contribute towards the cost of care at that time.

34. It referred to the earlier file records showing Mrs Y was seriously thinking about her future support needs. It confirmed its decision that Mrs Y had deprived her assets to reduce or avoid care charges.
35. It said that Mrs Y could have asked the Council for support when her savings fell below £23,250 and it would have assessed her situation. It said this was not an 'entitled threshold'. Because of its decision she had deliberately deprived herself of assets, it still considered she had savings above this limit. It said the 12 week property disregard had expired in February 2011.
36. Ms X then complained to the Ombudsman. She said the Council was wrong to say the tax reduction motive was irrelevant. The family had been concerned about future changes that could have brought the property into the relevant threshold.
37. Mrs Y died in August 2018.

My findings

38. The Council's letter explaining its decision, in 2015, that Mrs Y had deprived herself of assets explained why it considered she had a reasonable expectation of needing to contribute towards the cost of her care. It referred to the Council giving Mrs Y information about charging, and about her health and likely future care needs at the time of the transfer. The Council therefore correctly followed the CRAG guidance concerning its consideration of the timing of disposal.
39. The Council's letter did not explain how it considered Mrs Y's motivation for the transfer of part of her assets. Guidance operating at that time said that in order to decide whether deliberate deprivation had occurred, the Council needed to decide avoiding the accommodation charge was a significant motivation for the disposal. However Ms X and Mrs Y did not question this matter further at the time.
40. The Council's response to Ms X's complaint in 2017 explained how it made its decision about the timing of the transfer, referring to relevant evidence about Mrs Y's condition and her expectations of future health in 2011. It explained why it therefore decided Mrs Y had a reasonable expectation of future care needs at the time of the transfer.
41. The Council also explained why it did not accept Ms X's alternative explanation about the motivation for the transfer. Ms X strongly disagrees with this and maintains the transfer was to avoid future tax liability. The Ombudsman is not an appeal body and cannot say what was the motivating factor. Our role is to decide whether the Council followed the correct process and considered relevant information in coming to its decision about motivation.
42. The Council should have explained, in its letter about its 2015 decision, how it considered Mrs Y's motivation for asset transfer. However, because of Ms X's complaint, the Council reviewed the basis for that decision. It has now explained its reasoning for that decision. It has explained how it considered Ms X's explanation for why the transfer took place. There is no fault in how the Council made that decision.
43. The Council also explained it would not apply the 12 week property disregard because this ran out in February 2011. Statutory guidance states councils must apply the disregard for 12 weeks after a person first enters residential care as a

permanent resident. Therefore there was no fault in how the Council made that decision.

Final decision

44. I have completed my investigation. The Council acted without fault.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman will not investigate this complaint about how the Council has reduced the speed limit on two roads near the complainant's home. It is unlikely he would find evidence of fault by the Council.

The complaint

1. The complainant, who I refer to here as Mr C, has complained because the Council has reduced the speed limit on two roads near his home. He says the Council has ignored objections to the change, including his own.

The Ombudsman's role and powers

2. 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'.
3. We provide a free service, but must use public money carefully. We may decide not to start or continue with an investigation if, for example, we believe it is unlikely we would find fault. (*Local Government Act 1974, sections 24A(6) and 34B(8), as amended*)
4. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3) as amended*)

How I considered this complaint

5. I have considered what Mr C said in his complaint, the Council's response to his concerns and information on the Council's website.

What I found

6. To change a speed limit, a council must make a traffic regulation order (TRO) in accordance with the Regulations. These set out procedures for consultation and dealing with objections to a proposal before a council makes a TRO. (*Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996*)
7. It is clear the Council consulted on the proposed TROs. Elected Members on the Council's Communities and Place Committee considered a report on the outcome of the consultation and decided to make the TROs. That was a decision the

Committee was entitled to make even though some people, including a local councillor, had objected to the proposal.

8. I have seen nothing to suggest fault in how the Council made the decision to make TROs. In the absence of fault, we cannot criticise the Council's decision. Further, I have seen no evidence of fault in how the Council made the TROs themselves.

Final decision

9. I have decided we will not investigate this complaint because we are unlikely to find evidence of fault by the Council.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman will not investigate this complaint about the behaviour of two social workers involved with the complainants' family. This is because we could not add to the Council's investigation and could not achieve the complainants' desired outcome.

The complaint

1. The complainant, who I refer to here as Mr D and Ms E, say that:
 - Two social workers for the Council who have been previously involved with their family have behaved unprofessionally towards them. They have provided untrue information, bullied and threatened them, refused to recognise positive steps made, and breached confidentiality; additionally
 - The Council has not investigated the complaint properly or provided a proper remedy.

The Ombudsman's role and powers

2. The Local Government Act 1974 sets out our powers but also imposes restrictions on what we can investigate.
3. We cannot investigate a complaint if it is about a personnel issue. (*Local Government Act 1974, Schedule 5/5a, paragraph 4, as amended*)
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'. We provide a free service, but must use public money carefully. We may decide not to start or continue with an investigation if we believe:
 - it is unlikely we could add to any previous investigation by the Council, or
 - we cannot achieve the outcome someone wants, or
 - there is another body better placed to consider this complaint.(*Local Government Act 1974, section 24A(6), as amended*)

How I considered this complaint

5. I considered the information provided by the complainants, and I have sent them a draft decision for their comments.

What I found

6. Mr D and Ms E have a son, who has been subject to Child Protection procedures.
7. Mr D and Ms E feel that the social workers who have been involved with their family during this process have treated them in an unprofessional manner.
8. They say that one of the social workers was rude and judgemental towards them, and has made unsupportive and unprofessional comments to them and about them. They feel her actions amount to bullying and harassment.
9. Mr D and Ms E have also complained about a data breach, in which confidential information about them was inappropriately shared.
10. The Council has considered the complaint. It upheld the issue regarding the data breach. It found this was due to an error, and has apologised for it.
11. It does not uphold the complaints about the behaviour of the social workers. It says that the records show that many positives have been recognised, but that the social workers' duty is to the child. It characterises the social workers' behaviour as firm in relation to potential dangers to the child, and does not agree they have been unprofessional.
12. Mr D and Ms E have now complained to the Ombudsman, but we will not investigate the complaint as we cannot add anything to the Council's investigation, or achieve the outcome that the Mr D and Ms E want. They want disciplinary proceedings to be taken against the social workers, but we cannot achieve that as all personnel matters are out of our jurisdiction.
13. Mr D and Ms E do have the right to go to the social workers' professional body, the Health and Care Professionals Council, if they believe that the social workers have been unprofessional.
14. They also have the right to complain to the Information Commissioner's Office regarding the data breach if they are not happy with the outcome to their complaint about it.

Final decision

15. The Ombudsman should not investigate this complaint. This is because we cannot add to the Council's investigation or achieve the complainants' desired outcome.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Mr X's parents complain on his behalf that the Council did not act in his best interests when his social worker failed to find him alternative accommodation in the community. The Ombudsman will not investigate the complaint because there is insufficient evidence of fault by the Council or injustice caused to Mr X.

The complaint

1. Mr X's parents, who I refer to as Mr and Mrs B, say their son's social worker should have found him alternative accommodation in the community instead of placing him back into the care unit in which he had been living. They say she did not listen to them when they said he needed his own flat.

The Ombudsman's role and powers

2. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
3. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. We provide a free service, but must use public money carefully. We may decide not to start or continue with an investigation if we believe:
 - it is unlikely we would find fault, or
 - the fault has not caused injustice to the person who complained, or
 - the injustice is not significant enough to justify our involvement, or
 - it is unlikely we could add to any previous investigation by the Council, or
 - it is unlikely further investigation will lead to a different outcome, or
 - we cannot achieve the outcome someone wants. (*Local Government Act 1974, section 24A(6), as amended*)

How I considered this complaint

4. In considering the complaint I spoke to Mrs B and reviewed the information she provided, including the Council's responses to the complaint under its complaints procedure. I gave Mr and Mrs B the opportunity to comment on my draft decision.

What I found

What happened

5. Mr X, who has mental health problems, moved from an NHS care unit, where he had been living for about 6 months, to a shared house. A few days after moving in, Mr X was asked to leave the accommodation because of his behaviour. His social worker, Ms Q, arranged for him to stay a few nights in a hotel before arranging with the care unit to take him back.
6. In deciding to make this arrangement, Ms Q spoke to Mr X and to senior managers. She took into account his condition and concluded he would be safer and better placed in hospital than the community. When Mr X was interviewed by a doctor, he said he wanted to go back to the care unit. Mr and Mrs B say Mr X had been placed under pressure and had not really been given a choice about this.
7. Mr and Mrs B complained to the Council that Ms Q did not act in Mr X's best interests after he had been asked to leave the shared accommodation and did not listen to them or consider alternative accommodation in the community for him.
8. In responding to their complaint, the Council explained Ms Q had supported Mr X to see his Community Psychiatric Nurse and receive his medication while he had been in the hotel. She had visited him there and had had concerns about his safety. She discussed his case with senior managers and decided he would not be able to manage a tenancy at that time and needed either to return to hospital or residential care so that future plans could be made for him. It found Ms Q had continued to support Mr X and found no grounds on which to uphold the complaint against her.

Assessment

9. Ms Q, in discussion with her managers, used her professional judgement in deciding that Mr X would be best placed to return to the care unit rather than be placed in alternative accommodation in the community as she did not consider he would be able to adequately cope with it.
10. Mr and Mrs B do not believe this was the right decision for Mr X but we cannot review the merits of it. It was a decision Ms Q, on behalf of the Council, was entitled to make and I have seen no evidence to suggest there was fault in the way she dealt with matters or that Mr X was caused injustice.

Final decision

11. The Ombudsman will not investigate this complaint because there is insufficient evidence of fault by the Council or injustice caused to Mr X.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman does not have reason to investigate this complaint that the Council had unreasonably excluded the press and public from meetings of a Councillors' working group. This is because we could not achieve a meaningful outcome for the person who complained now that the Council has disbanded the working group.

The complaint

1. The complainant, who I shall call Mr X, complained that the Council had unreasonably excluded the press and public from attending meetings of its Cross Party Working Group ('CPWG') of Councillors, which was considering proposals for local government re-organisation in the county. Mr X also complained the Council had unreasonably refused to disclose documents considered by the CPWG and records of its meetings. He alleged that, by doing so, the Council was wrongly preventing access to information which was in the public interest, and was contravening principles in its constitution regarding openness and accountability.

The Ombudsman's role and powers

2. 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'. We provide a free service, but must use public money carefully. We may decide not to start an investigation if, for example, we believe:
 - it is unlikely we would find fault, or
 - the fault has not caused injustice to the person who complained, or
 - the injustice is not significant enough to justify our involvement, or
 - it is unlikely further investigation will lead to a different outcome, or
 - we cannot achieve the outcome someone wants.

(Local Government Act 1974, section 24A(6), as amended)

How I considered this complaint

3. I considered the information Mr X provided with his complaint. I also gave Mr X an opportunity to comment on a draft of this decision before I reached a final view in his case.

What I found

4. The Council is currently debating proposals for a restructuring of local government in the area. The proposals include options to keep the present system of County, Borough and District Councils, or to create new unitary authorities from the existing Councils.
5. The Council decided to set up a CPWG, including Councillors from all political parties, to consider the restructuring proposals.
6. Mr X is a journalist with a special interest in local democracy issues. Mr X asked to attend the CPWG meetings so he could report on its activities, but the Council refused. The Council also refused to provide Mr X with copies of documents considered by the CPWG and minutes of its meetings.
7. Mr X complained to the Council about this matter. In particular he said the CPWG was effectively a committee or sub-committee of the Council, but renamed as a working group to get around the rules about access to meetings and documents.
8. In its response to Mr X's complaint, the Council disagreed with his analysis of the CPWG. In particular the Council said it was entitled to set up a working group to discuss the emerging reorganisation proposals in confidence, and it stressed the CPWG had no decision-making powers.
9. However, the Ombudsman does not have reason to start an investigation of Mr X's complaint about this matter. In particular there has been a significant change regarding the CPWG since Mr X made his complaint in that one of the political parties subsequently decided its members would stop going to CPWG meetings. Following this the Council decided to scrap the CPWG.
10. In the circumstances, I do not see we could achieve a meaningful outcome for Mr X's complaint now that the CPWG has been disbanded and there will be no further meetings.
11. In addition, Mr X has been able to obtain documents from the meetings which have taken place, from another source. So this appears to have substantially mitigated any injustice he suffered as a result of being denied access to the earlier meetings.

Final decision

12. The Ombudsman does not have grounds to investigate Mr X's complaint that the Council had unreasonably refused him access to the meetings and records of a Councillors' working group. This is because we could not achieve a meaningful outcome for Mr X now that the group has been discontinued.

Investigator's final decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Mrs X complains the Council is not providing suitable school transport for her daughter who has autism. The Council is not at fault in the way the Council considered Mrs X's transport request for her daughter. We do not uphold Mrs X's complaint.

The complaint

1. Mrs X complains the Council is not providing suitable school transport for her daughter (Child D) who has autism. She says Child D has missed school because the transport provided is not appropriate.

The Ombudsman's role and powers

2. If we are satisfied with a council'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

3. I have considered Mrs X's complaint and supporting information. I have also considered the information provided by the Council.
4. Mrs X and the Council have had an opportunity to comment on my draft decision.

What I found

The law

5. Councils must make 'suitable travel arrangements', 'as they consider necessary', for 'eligible children' to attend their 'qualifying school'. The Council must provide this transport free of charge.
6. The relevant 'qualifying school' is the nearest school with places available that provides 'education appropriate to the age, ability and aptitude of the child, and any special educational needs the child may have'.
7. The Council has published Home to School transport policy statements for under-16s and post-16s. Child D is 17 years old. The policy statement sets out details of:
 - who is eligible to apply for post-16 special transport;
 - how the Council assesses applications;

- the type of help that is available;
- independent travel training; and
- the rights of review.

What happened

8. Child D is autistic and attends a specialist school. A letter from the school says that Child D struggles with her balance and is unsteady on uneven surfaces. A letter from her doctor says that she has great difficulty in being close or being touched by anyone.
9. Mrs X says the Council has provided transport for Child D for the past 4 years. This has been a van taxi with a driver and an escort.
10. In August 2018, the Council confirmed that it would provide home to school transport for Child D. The letter says that a licensed car with regular driver and escort would collect and drop off Child D from the start of term in September.
11. On the first day of term, the taxi operator sent a standard car to collect Child D. The Council says this is standard practice as Child D was the only passenger (other than the escort).
12. Mrs X says that Child D refused to get into the car. She says her daughter needs routine and she was used to a large van taxi. Mrs X has provided evidence which says her daughter needs a large van taxi so she can move around with the confidence of not falling and so no one is close or touching her on the journey.
13. The next day, the Council provided an eight-seater car that Child D happily travelled in.
14. The following week, the Council provided a different eight-seater car. Mrs X says that Child D refused to get into the taxi because she was confused and upset that it was a different, smaller car.
15. For a 2-week period, the taxi operator provided daily reports for the Council. They said that in their view, Child D has been safely and happily boarding the car in the morning. In their view, it appears that Mrs X removes her daughter from the car rather than the daughter refusing to get in.
16. The Council wrote to Mrs X to say that it had made adjustments to the vehicle arrangements for Child D. It said that if Child D did not use the car, the Council would withdraw the transport.
17. The Council said that if Mrs X took her daughter to school, it would be prepared to consider offering mileage reimbursement at 22.6p a mile. This is the 'public transport rate' for two return journeys a day, as set out in the Council's transport policy statement. Mrs X says this is not enough. She says the family has so many extra costs because of Child D's complex needs.
18. The Transport Review Panel considered Mrs X's appeal for a larger car to transport Child D to school. The view of the Panel was the Council had made reasonable adjustments for Child D. The Council has exceptionally agreed to provide an eight-seater vehicle for her to travel in alone. The Panel felt the vehicle and crew being provided were suitable. It also noted the operator had advised that they had suggested ways to encourage Child D into the car.
19. The Panel upheld the Council's decision not to provide a larger car. It also provided Mrs X with details of how to apply for Direct Travel Assistance Payment. This is available to students with an Education, Health and Care Plan. It can be

used by parents to enable them to make their own home to school travel arrangements.

20. Child D has not been to school since the second week of September 2018. Mrs X has been home schooling Child D since then. The Council withdrew transport and the Panel made its decision at the end of September 2018.

Analysis

21. The Council has assessed Child D's needs and has provided suitable transport. It responded almost immediately to Mrs X's request for a larger car when her daughter refused to get into the standard car on the first day of term.
22. There is no fault in the way the Council has considered Mrs X's transport request for her daughter nor in the way it responded to her complaint. The panel also appears to have properly considered matters in upholding the council's decision.

Final decision

23. I do not uphold Mrs X's complaint. There is no fault in the Council's actions. I have closed this case.

Investigator's decision on behalf of the Ombudsman

30 January 2019**Agenda Item:12****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To review the Committee's work programme for 2018 - 19.

Information and Advice

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 items will be added to the programme as they are identified.

Other Options Considered

4. None.

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:

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Constitutional Comments (SLB)

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

Financial Comments (NS)

There are no financial implications arising directly from this report.

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

GOVERNANCE & ETHICS COMMITTEE - WORK PROGRAMME (AS AT 31 DECEMBER 2018)

Report Title	Brief summary of agenda item	Lead Officer	Report Author
13 March 2019			
Information Governance Action Plan	To seek approval for this new Action Plan.	Marjorie Toward	Caroline Agnew
Accounting Policies 2018/19	To outline proposed changes to the accounting policies used for the Authority's Statement of Accounts for 2018/19 for review and approval	Nigel Stevenson	Glen Bicknell
Outcomes from the Complaints Process – April 2017 – March 2018	To provide a summary of complaints made to the County Council in the 2017-18 financial; year.	Marjorie Toward	Laura Mulvany-Law
External Audit Plan 2018/19	To provide information on the External Auditors' Audit Plan for the 2018/19 audit	Nigel Stevenson	Glen Bicknell/External Auditor
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 (item to be confirmed).	Marjorie Toward	Laura Mulvany-Law
Internal Audit 2018-19 Term 2 Report and 2019-20 Term 1 Plan	To report the outcome of Internal Audit's work in Term 2 of 2018-19 and to consult on the planned work for Term 1 of 2019-20.	Rob Disney	Rob Disney
Internal Audit Resources	To update Committee on actions being taken to ensure the delivery of Internal Audit's Plans	Rob Disney	Rob Disney
1 May 2019			
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 (item to be confirmed).	Marjorie Toward	Laura Mulvany-Law
Statement of Accounts 2018/19 – Informing the Risk Assessment	To provide information on the external auditors' requirement for the provision of information regarding the Council's approach to dealing with fraud, litigation, laws and regulations as part of their audit	Nigel Stevenson	Glen Bicknell
Assurance mapping annual report and review of pilot	To present the outcomes of the pilot approach to assurance mapping and to present proposals for its application in 2019/20	Rob Disney	Rob Disney

Annual Governance Statement 2018-19	To approve the Annual Governance Statement for 2018-19	Rob Disney	Rob Disney
Governance & Ethics Committee's Annual Report 2018-19	To approve the draft Annual Report on the work of the Governance & Ethics Committee, for subsequent reporting to Full Council	Rob Disney	Rob Disney
12 June 2019			
Update on Use of the Councillors' Divisional Fund	To consider the six monthly update.	Marjorie Toward	Keith Ford
National Audit Office Cyber Security and Information Risk Guidance for Audit Committees	To consider a six monthly update and any subsequent actions required.	Nigel Stevenson	Adam Crevald
Information Governance Improvement Programme Update	To consider a six monthly update, as agreed by the Committee on 18 December 2018	Marjorie Toward	Caroline Agnew
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 (item to be confirmed).	Marjorie Toward	Laura Mulvany-Law
Presentation on 2018/19 Statement of Accounts and Status of External Audit	A presentation of the main headlines from this year's Statement of Accounts	Nigel Stevenson	Glen Bicknell
Annual Fraud Report 2018-19	To review the latest Annual Fraud Report and consider any follow-up actions required	Rob Disney	Simon Lacey
Follow-up of Internal Audit Recommendations	To consider the latest progress with the implementation of agreed actions from Internal Audit's reports	Rob Disney	Rob Disney
24 July 2019			
Update on Use of Resources by Councillors	To consider the six monthly update.	Marjorie Toward	Keith Ford
Information Governance Action Plan Update	To consider a quarterly update on performance against this new Action Plan.	Marjorie Toward	Caroline Agnew
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 (item to be confirmed).	Marjorie Toward	Laura Mulvany-Law

Statement of Accounts 2018/19	To seek approval for this year's Statement of Accounts	Nigel Stevenson	Glen Bicknell
Internal Audit Annual Report for 2018-19 2019-20 Term 2 Plan	To consider the Head of Internal Audit's Annual Report and to consult on the planned work for Term 2 of 2019-20.	Rob Disney	Rob Disney

