

## **Governance and Ethics Committee**

**Thursday, 16 December 2021 at 14:00**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### **AGENDA**

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|----|--|---------|
| 1  | Minutes of the last meeting held on 11 November 2021   | 3 - 6   |
| 2  | To note the change in membership with the replacement of Councillor Steve Carr with Councillor Daniel Williamson   |         |
| 3  | Apologies for Absence  |         |
| 4  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 5  | Update on Local Government and Social Care Ombudsman Decisions   | 7 - 34  |
| 6  | Strategic Internal Audit Plan 2022-25  | 35 - 44 |
| 7  | Internal Audit Charter   | 45 - 58 |
| 8  | Councillor's Divisional Fund - Establishment of a Working Group  | 59 - 62 |
| 9  | Rushcliffe Borough Council Electoral Review - consultation response  | 63 - 74 |
| 10 | Bassetlaw Community Governance Review  | 75 - 82 |
| 11 | Work Programme   | 83 - 88 |

## **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 Jo Toomey (Tel. 0115 977 4506) 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 **Thursday 11 November 2021 (commencing at 2.00 pm)**

**membership**

Persons absent are marked with 'A'

**COUNCILLORS**

Philip Owen (Chairman)  
Nigel Moxon (Vice-Chairman)

Richard Butler **A**  
Steve Carr **A**  
Neil Clarke MBE  
John Cottee  
Errol Henry JP **A**

Michael Payne  
Helen-Ann Smith  
Roger Upton **A**  
Elizabeth Williamson **A**

**SUBSTITUTE MEMBERS**

Councillor Gordon Wheeler for Councillor Richard Butler  
Councillor Jim Creamer for Councillor Errol Henry  
Councillor Reg Adair for Councillor Roger Upton  
Councillor David Martin for Councillor Elizabeth Williamson

**OFFICERS IN ATTENDANCE**

Rob Disney	Chief Executive's Department
Richard Elston	
Keith Ford	
Patrick Hobson	
Emily Jackson	
Jo Kirkby	
Simon Lacey	
Keith Palframan	
Nigel Stevenson	
Sarah Stevenson	
Marjorie Toward	

Sue Batty	Adult Social Care and Health Department
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Laurence Jones	Children, Families and Cultural Services Department
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**OTHER ATTENDEES**

John Gregory	Grant Thornton (external auditors)
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## **1. MINUTES**

The Minutes of the last meeting held on 30 September 2021, having been previously circulated, were confirmed and signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

- Councillor Richard Butler – other reasons
- Councillor Steve Carr - other reasons
- Councillor Errol Henry – other reasons
- Councillor Roger Upton – other reasons
- Councillor Elizabeth Williamson- other reasons

## **3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None

## **4. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN (LGSCO) DECISIONS – SEPTEMBER TO OCTOBER 2021**

Jo Kirkby, Team Manager, Complaints and Information introduced the report which informed Members of the latest complaint outcomes from the LGSCO.

Sue Batty, Service Director, Ageing Well Community Services and Laurence Jones, Temporary Service Director, Commissioning and Resources responded to comments and questions from Members in relation to the Adult Social Care and Children and Young People Services findings respectively.

### **RESOLVED: 2021/042**

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

## **5. AUDIT FINDINGS REPORT 2020-21**

### **RESOLVED: 2021/043**

That, in light of Members' comments on the contents of the External Audit Report, no further actions were required at this stage.

## **6. DECISION TO OPT INTO THE NATIONAL SCHEME FOR AUDITOR APPOINTMENT MANAGED BY PUBLIC SECTOR AUDIT APPOINTMENTS THE 'APPOINTING PERSON'**

### **RESOLVED: 2021/044**

That Full Council be recommended to accept Public Sector Audit Appointments' invitation to opt into the sector-led option for the appointment of external auditors to principal local government and police bodies for five financial years commencing 1 April 2023.

## **7. FOLLOW-UP OF INTERNAL AUDIT RECOMMENDATIONS**

Sarah Stevenson, Group Manager, Business Services Centre and Employee Services Centre, outlined the key issues relating to the priority 1 actions relating to pensions administration – reconciliation of payments and responded to comments and questions from Members.

In response to Members' seeking progress on the overdue priority 1 actions relating to staff declarations of interests and to authorisation of overtime and timesheets, the Chairman confirmed that, in line with the agreed process, overdue priority actions would be reported to committee if still overdue after six months.

### **RESOLVED: 2021/045**

That, following Members' consideration, no further and more detailed updates in progress from relevant managers were required at this stage.

## **8. INTERNAL AUDIT PROGRESS TERM 1 2021-22 AND TERM 3 PLAN 2021-22**

During this agenda item, the Chairman welcomed Emily Jackson and Patrick Hoban, Internal Auditor apprentices, to the Committee.

### **RESOLVED: 2021/046**

- 1) That no further actions or follow-up reports were required at this stage.
- 2) That the planned coverage of Internal Audit's work in Term 3 of 2021/22 be progressed to help deliver assurance to the Committee in priority areas.

## **9. GOVERNANCE UPDATE**

### **RESOLVED: 2021/047**

That no additional actions or further reports were required at this stage.

## **10. WORK PROGRAMME**

### **RESOLVED: 2021/048**

That no changes were required to the work programme.

The meeting closed at 2.51 pm.

CHAIRMAN



**16 December 2021****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE  
AND EMPLOYEES****LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN DECISIONS  
OCTOBER TO NOVEMBER 2021****Purpose of the Report**

1. To inform the Committee about Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council since the last report to Committee up to 18<sup>th</sup> November 2021.

**Information**

2. Members have asked to see the outcome of Ombudsman investigations regularly and promptly after the decision notice has been received. This report therefore gives details of all the decisions received since the last report to this Committee on 11<sup>th</sup> November.
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/](http://www.lgo.org.uk/)). The decisions are anonymous, but the website can be searched by Council name or subject area.
5. A total of eight decisions relating to the actions of this Council have been made by the Ombudsman in this period. Appendix A to this report summarises the decisions made in each case for ease of reference and Appendix B provides the full details of each decision where fault has been found.
6. Following initial enquires into three cases the LGSCO decided not to continue with any further investigation for the reasons set out in Appendix A.
7. Full investigations were undertaken into five complaints. Appendix A provides a summary of the outcome of each investigation. Where fault was found, the table shows the reasons for

the failures and the recommendations made. If a financial remedy was made the total amount paid or reimbursed is listed separately. (Reference and page numbers refer to the information in Appendix B).

8. After full investigation no fault was found in two cases; one related to a Traffic Regulation Order relating for parking restrictions outside the complainant's property, and the other concerned the work carried out in Adult Social Care in assessing a service user's needs helping him to find an alternative care provider.
9. The three cases where fault was found also related to adult social care services. The first concerned the communication with a daughter who provided care for her mother and centred on communication and clarity about financial contributions and responsibilities. The Council has made a small payment, to recognise distress, waived 4 weeks financial contributions, and has agreed to review its guidance. The Direct Payment agreement had already been updated, and the internal guidance about Direct Payments is currently being reviewed.
10. The second complaint concerned the reduction in a package of overnight care jointly funded by the Council and Nottinghamshire Clinical Commissioning Group. No fault was found in relation to that decision, but fault was found in relation to the handling of the complaint. The two organisations did not work together to provide a joint response, and the final response from each organisation took too long. A payment has been made (an apology had already been given), and a joint protocol is in place.
11. The final case related to a safeguarding investigation and was made by the person who was the subject of the investigation. The LGSCO found the process took too long, and that the Council should have approached one other organisation for information. A payment and apology have been made and the information is being sought and consideration will be given as to whether this affects the outcome of the investigation.

## **Statutory and Policy Implications**

12. 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**

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

## **Financial Implications**

14. The details of the financial payments are set out in Appendix A. £800 and the fee waiver all come from Adult Social Care budget.



## **Implications for Service Users**

15. 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 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:**

Jo Kirkby Team Manager – Complaints and Information Team

## **Constitutional Comments (HD (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 19/11/2021)**

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

The details of the financial payments are set out in Appendix A. £800 and the fee waiver all come from Adult Social Care budget.

## **Background Papers and Published Documents**

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

- LGSCO decision statements for complaints not investigated, and those where no fault found.

## **Electoral Division(s) and Member(s) Affected**

- All



## APPENDIX A

### DECISIONS NOT TO INVESTIGATE FURTHER

DATE	LGO REF	PROCEDURE	COMPLAINT SUMMARY	REASON FOR DECISION
21.10.21	21 007 186	Adults	In 2018 the Council recommended an unsuitable care home placement for stepfather.	LGSCO will not investigate late complaint about the Council's actions in 2018, because complainant could have come to us before now if he was concerned his stepfather was living in unsuitable accommodation.
9.11.21	21 010 873	Corporate	Complaint about serious injuries due to the Council's failure to repair a pothole.	LGSCO will not investigate Mrs B's complaint because it is reasonable for her to take the Council to court.
16.11.21	21 010 153	Adults	Complaint about living arrangements for complainant's adult son, and that a council officer lied in court	Outside LGSCO's jurisdiction because it is about matters considered and decided in court.

### FULL INVESTIGATIONS WHERE NO FAULT FOUND

DATE	LGO REF ANNEX PAGE No	PROCEDURE	COMPLAINT SUMMARY	DECISION
19.10.21	20 013 673	Corporate	Complaint about Traffic Regulation Order for parking restrictions outside complainant's property	Council was not at fault.
12.11.21	19 019 154	Adults	Complaint about the Council's actions and communications while assisting complainant in finding a different care provider within his personal budget. He says that the Council did not consider his needs and treated him as a 'nuisance' which affected his mental health.	No fault

## FULL INVESTIGATIONS WHERE FAULT FOUND

DATE	LGO REF ANNEX PAGE NO	PROCEDURE	COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY	STATUS OF AGREED ACTION
10.10.2021	20 006 041	Adults	Complaint about Council and Nottinghamshire Clinical Commissioning Group reducing jointly funded care package. Also, about the handling of the complaint by both organisations.	No fault in relation to care package reduction. Both organisations at fault in complaint handling.	Council to pay £300  Ensure process in place to jointly address complaints.  Ensure staff are aware of their responsibilities to deal with complaints promptly.	£300	All completed:  Payment made, protocol in place and staff reminder issued.
15.10.2021	20 013 237	Adults	Complaint about mother's care and support, and the financial assessment and contribution to care costs.	No fault in allocation of care hours. Fault in communication about and clarity about funding situation. Delay in responding about to complainant about over payment.	<ul style="list-style-type: none"> <li>• Apology and payment of £250 to complainant and waive 4 weeks contribution to care package.</li> <li>• Set out options to pay outstanding contributions;</li> <li>• Clarify responsibilities re 3rd party payments.</li> <li>• Review procedures relating to payments when family member providing care</li> </ul>	£250  Waive 4 weeks contributions to care package.	Apology, payment and waiver actioned.  Review of internal guidance concerning direct payments underway.

15.11.2021	21 001 571	Adults	Complaints about the conduct of a safeguarding investigation	No fault in how council involved complainant in investigation and shared her personal data. Delay in sending minutes, and investigation took too long. Failure to gather a specific piece of evidence.	Apology, £250 payment, seek evidence form housing provider.	£250	Apology and payment made. Additional safeguarding enquiries being made.
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## **The Ombudsman's final decision**

Summary: Ms X complained about how the Council assessed her mother Ms Y's care and support needs and about how it handled the financial assessment and Ms Y's financial contribution. There was no fault in the way the Council assessed Ms Y's care needs, in the support it identified she required or in the way it assessed her financial contribution. The Council was at fault for delays in notifying Ms Y of her contribution, for delays in responding to Ms X and for the way it recouped an overpayment which left Ms Y without sufficient funds to pay for her care. The Council has agreed to waive four weeks of Ms Y's contribution and make a payment to Ms X to acknowledge the distress and frustration caused. It has also agreed to review its processes to prevent a recurrence of the faults identified.

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## **The complaint**

1. Ms X complained on behalf of her and her mother Ms Y about her mother's care and support and how the Council has handled Ms Y's financial assessment and her contribution to her care costs. In particular she complained the Council:
  1. failed to allocate sufficient care hours to meet Ms Y's needs and failed to carry out a review six weeks after the care started. This caused Ms X additional strain as she had to meet Ms Y's needs.
  2. delayed advising them of Ms Y's contribution to her care costs and then delayed telling them a debt had accrued. Ms Y cannot afford to pay the debt and this has caused her distress.
  3. stopped paying its contribution to the care costs in July 2020 without giving them any notice which left Ms Y without the funds to pay for her care and meant Ms X was not paid as she should have been
  4. failed to ensure there were sufficient funds in the direct payment account from the start so Ms X was only paid for 15 hours of support she provided each week and not the 19 hours of support Ms Y was assessed as needing.

## **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

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complaint. I refer to this as ‘injustice’. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)

3. 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**

4. I have considered the information provided by Ms X and have discussed the complaint with her on the telephone. I have considered the Council’s response to my enquiries and the relevant law and guidance, including the Care Act 2014 and the Care and Support Statutory Guidance.
5. I gave Ms X and the Council the opportunity to comment on a draft of this decision. I considered the comments I received in reaching a final decision.

## **What I found**

### **Relevant law and guidance**

#### **Assessment of needs**

6. A council must carry out an assessment of any adult who seems to need care and support. The assessment must be of the adult’s needs and how they impact on their wellbeing and the results they want to achieve. Having identified eligible needs through a needs assessment, the council has a duty to meet those needs.
7. If a council decides a person is eligible for care, it must prepare a care and support plan. The support plan may include a personal budget which is the money the council has worked out it will cost to arrange the necessary care and support for that person. The detail of how the person will use their personal budget will be in the care and support plan. The personal budget must always be an amount enough to meet the person’s care and support needs.
8. Direct payments are monetary payments made to individuals who ask for one to meet some or all of their eligible care and support needs. They provide independence, choice and control by enabling people to commission their own care and support to meet their eligible needs.
9. Under the Care and Support (Direct Payments) Regulations 2014 direct payments should not be used to pay for care from a close family member living in the same household, except where the council determines this is necessary to meet the person’s needs.

#### **Charging for adult social care**

10. The Care Act 2014 sets out the legal framework for charging. Councils can make charges for care and support services they provide or arrange. They must do so in line with the Care and Support (Charging and Assessment of Resources) Regulations 2014. Charges may only cover the cost the council incurs.
11. Councils must assess a person’s finances to decide what contribution he or she should make to a personal budget for care. The assessment must comply with the principles in law and guidance, including that charges should not reduce a person’s income below Income Support plus 25% (also known as the minimum income guarantee). The Council can take a person’s capital and savings into account subject to certain conditions. If a person incurs expenses directly related



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to any disability he or she has (disability related expenditure), the Council should take that into account when assessing his or her finances. (*Care Act 2014 Department for Health, 'Fairer Charging Guidance' 2013, and 'Fairer Contributions Guidance' 2010*)

### **What happened**

12. Ms Y is elderly. She has Alzheimer's disease and physical health conditions including arthritis. In late December 2019 Ms Y moved to the Council's area to be nearer her daughter. In January 2020 she requested direct payments to meet her care and support needs. In the council area where she lived previously, Ms Y received direct payments which she used to pay her daughter Ms X to provide her 24.5 hours per week of care and support as Ms Y would not accept support from anyone else.
13. The Council assessed Ms Y's needs. It considered Ms Y had eligible care needs. Her needs included support with medication and personal care, meal preparation and domestic tasks. It assessed Ms Y required 19 hours of support per week for support four times a day plus additional weekly support with shopping and domestic tasks.
14. Ms Y chose to continue using the same third-party direct payment support service she had used previously to manage the direct payment. She wanted Ms X to continue to provide her care and support. As Ms Y received direct payments it was her responsibility, with the help of the third-party direct payment support service, to manage the direct payments and to pay Ms X. The Council sent Ms X a financial assessment form so it could calculate Ms Y's contribution to her personal budget.
15. The Council wrote to Ms Y in February 2020. The letter set out that Ms Y would receive her personal budget as a direct payment and set out how much she would receive each week. It said *'once we have completed a financial assessment...you may have to pay towards your support'*. It went on to say that if Ms Y did have a contribution to pay this would be backdated to January 2020. The Council started paying direct payments for the full amount of the personal budget to Ms Y's third-party direct payment support service to ensure Ms X could be paid.
16. The Council did not receive a completed financial assessment form and so contacted Ms X. She said they had not received it and so the Council agreed to resend it. Ms X and Ms Y completed and returned the financial assessment form to the Council in early March 2020.
17. In late April 2020 the social worker telephoned Ms X. Ms X was unhappy with the level of the personal budget. The social worker explained they were satisfied the level of the personal budget was appropriate to meet Ms Y's needs. They had contacted the previous council where Ms Y lived but it had not provided any information to persuade them to change their view. The notes record they offered Ms X contact details to make a complaint if she was dissatisfied but Ms X declined these.
18. The Council wrote to Ms Y in May 2020 setting out her contribution to her personal budget. Ms X says they did not receive this letter.
19. In July 2020 the Council's audit team contacted Ms X to advise Ms Y had not paid her personal contribution and so Ms Y owed the Council nearly £3000. Ms X could not understand the level of debt and said she would contact the Council's finance team who provided her with a copy of the financial assessment. The Council stopped making payments into Ms Y's account. The third-party direct

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payment support service contacted the Council as there was insufficient money in the account to pay Ms X's wages.

20. In late August 2020 Ms X rang the finance team. She said she had contacted the finance team and left messages but it had no record of this. She was unhappy with the level of Ms Y's contribution. The finance team explained how Ms Y's contribution was calculated. It advised her to contact the customer services centre if she considered Ms Y's disability related expenditure was wrong or if she felt there were issues of affordability. Ms X called the customer services centre to report they had not received the letter of May 2020 and Ms Y could not afford to pay her assessed contribution or the debt.
21. In September and October 2020 the records show Ms X contacted the Council a further four times to ask to discuss the direct payments. She said she had not received the letter of May 2020 and had not been paid. The Council responded to Ms X and agreed to reassess Ms Y's needs.
22. In October 2020 the Council reviewed Ms Y's care and support needs. It agreed to increase her support to 24 hours per week. The social worker noted this was '*due to a deterioration in [Ms Y's] condition*'. Ms X contacted the Council again to report she did not consider Ms Y could afford to pay her contribution. In October 2020 Ms Y started to pay her assessed contribution towards the cost of her care package. The social worker advised Ms Y would be invoiced for her contribution and could then apply to pay by instalments. Ms X remained unhappy and complained to the Council.
23. In December 2020 the Council started paying into the direct payment account again.
24. In December 2020 the Council agreed to increase Ms Y's disability related expenditure to £28 backdated to January 2020 to account for additional chiropody costs paid by Ms Y.
25. The Council responded to Ms X's complaint. It was satisfied the level of the support package was appropriate and that this was reviewed by the social worker when they spoke to Ms X in April 2020. It said Ms X was advised Ms Y was not contributing to her personal budget in July 2020 but Ms X did not contact it again until September 2020. It was satisfied the contribution was correctly calculated and had since increased the support to 24 hours per week following a further assessment. It acknowledged Ms X considered Ms Y required 24-hour care but based on the needs assessment it did not agree this was the case. It said it could not waive the charge as Ms X and Ms Y were aware a financial contribution would apply. The Council accepted it delayed writing to Ms Y between early March 2020 when it assessed her contribution and May 2020. It apologised for this.
26. It explained the direct payment had not stopped. However, payments were suspended until it had offset against the amount 'overpaid'. It said it would have expected Ms Y to liaise with the third party direct payment support service. However if she wanted the Council to liaise with it in future she should send through authorisation.
27. Ms X remained unhappy. She reiterated she was not aware of the debt until July 2020. She said the demand for the money had caused hardship and stress. She explained that due to Ms Y's anxiety and high risk of falls she should have 24 hour care. She asked for the debt to be resolved, a reassessment and for her wages to be paid.

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28. In February 2021 the third-party direct payment support service contacted the Council. It said it never received any notification from the Council about Ms Y's personal contribution. It had not been possible to pay Ms X for more than 15 hours a week from the start as the budget was not sufficient. It was now receiving the contribution but could not pay Ms X the back payment owed as there was insufficient in the account.
29. In February 2021 the Council responded to Ms X at the second stage of its complaints' procedure. It explained the direct payment in the account was suspended as Ms Y should have made backdated payments into the account and the continued monthly contribution she was expected to make. It acknowledged it should have explained this more clearly when it wrote to Ms X in May 2020. It said if Ms Y had made the payments she was meant to, there would have been no gaps in the payments made to Ms X. The Council said Ms Y could speak to its financial services team if she could not afford the backdated full amount.
30. It was satisfied the temporary reduction in funds was correct to recoup the additional monies paid by the Council originally to cover the full personal budget. It said the failure to pay Ms X was the result of Ms Y not paying her full contribution. It said this was an employment issue between Ms X and Ms Y. It agreed to waive the personal contribution due for five weeks between April and May in recognition of the delay in completing the financial assessment. Ms X remained unhappy and complained to the Ombudsman.

## **Findings**

### **Allocation of care hours and review**

31. It is for the Council, not the Ombudsman, to decide how much support an individual requires to meet their eligible needs. The Council was not required to fund 24 hours a week of care just because this was funded by the previous council. The Council was required to ensure Mr Y received sufficient budget to fund the care and support necessary to meet the needs identified in the assessment and set out in the support plan. The Council assessed Ms Y's needs and contacted the previous council to discuss the level of support it had funded. It was satisfied Ms Y's needs could be met with 19 hours of funding. There was no fault in the way it reached this decision so I cannot question it.
32. The Council contacted Ms X in April 2020 to discuss the care hours. Ms X did not consider the funding was sufficient, but the Council was satisfied the care hours were sufficient to meet Ms Y's needs. It referred Ms X to its complaints' procedure, but Ms Y did not pursue this at that time. When it reviewed Ms Y's care needs in October 2020 it increased her support to 24 hours per week to reflect a deterioration in her condition. The Council was not at fault.

### **Delay advising of contribution to care costs**

33. The Council's records show it sent Ms X a financial assessment form in January 2020 and Ms Y the outcome of her financial assessment in May 2020. Ms X says she did not receive these but I cannot say that was due to Council fault.
34. The Council has calculated Ms Y's financial contribution to her care charges in line with the relevant statutory guidance, regulations and its own policy. It took into account her income and disability related expenditure. There was no fault in the way it carried out the financial assessment. If Ms Y has evidence of additional disability related expenditure or housing costs which should be taken into account it is for her to provide this to the Council.

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35. The Council delayed calculating the financial contribution between March and May 2020. This was fault. The Council has already waived the contribution for five weeks to reflect this. That was an appropriate remedy.
36. There was a lack of clarity and clear communication around the management of the direct payments. A third-party organisation was employed to manage the direct payments but the Council was reluctant to contact them. It failed to notify the organisation of Ms Y's financial contribution. The Council agreed Ms X could be paid as a carer but in doing so it should have ensured Ms Y understood her responsibility to manage the direct payment and was clear about the responsibilities and role of the third-party organisation to avoid any conflict of interest with Ms X's role as a paid carer. The failure to do this was fault. The consequence of this fault was confusion for Ms X and lack of clarity about the funding situation.

### **Stopped paying its contribution**

37. When it calculated Ms Y's contribution the Council stopped making payments into her direct payment account to reflect the amount she had been overpaid. The Council failed to clearly explain this would happen. This was fault. Ms Y did not receive the financial assessment letter and so was not aware of her contribution until July 2020. By which time Ms Y was not financially able to fund the backdated contribution of nearly £3000. Ms X contacted the Council in August and several times in September and October 2020 to discuss the affordability of the contribution and her concerns she had not been paid. When it did reply in October 2020 it advised Ms X that Ms Y would be reassessed but did not discuss how Ms Y could address the debt. It was not until late in November 2020 Ms X was told Ms Y would be invoiced for the contribution and at that point she could apply to pay by instalments. This delay in responding to Ms X is fault and added to the debt owed. This has left Ms Y with a large debt for her backdated contribution and meant Ms X did not receive the payments she was due as Ms Y's paid carer.

### **Not allocated sufficient funds to pay Ms Y for the hours worked**

38. Ms Y receives direct payments. Ms Y's direct payments are managed by a third party organisation on her behalf. As such it is her responsibility, with the help of the third-party direct payment support service, to manage the direct payments and to pay Ms X. The Council has paid its contribution to the cost of Ms Y's care.
39. The Council initially paid an amount equivalent to the full budget into Ms Y's direct payment account. Ms X only received payment equivalent to 15 hours a week, not 19 hours. I cannot say why the third-party direct payment support service did not pay her for the full 19 hours but that was not Council fault
40. Money is owed to Ms X but this money is owed to her by Ms Y not the Council. I recognise, had Ms Y paid a third party and not her daughter to provide support, the Council may have stepped in and paid the full contribution at the time before arranging for Ms Y to pay back the debt to prevent the care package breaking down. In these particular circumstances I cannot say the Council should pay Ms X only for it to then pursue Ms Y for the debt. However given the delays identified above, I consider the Council should reduce the debt to reflect the injustice this caused.

### **Agreed action**

41. Within one month of the final decision on this complaint the Council has agreed to:

- 
- a) apologise to Ms X and Ms Y for the distress caused by the faults identified and waive a further four weeks of Ms Y's contribution to her care package.
  - b) pay Ms X £250 to acknowledge the distress, frustration and additional carer's strain she was placed under by the Council's faults.
  - c) Explain the options to Ms Y of how she can pay the outstanding contribution.
  - d) Clarify the responsibilities of Ms X, Ms Y and the third-party direct payments support service in managing Ms Y's direct payments to ensure there is no conflict of interest and each person's role is clearly understood.
42. Within three months of the final decision the Council should review its procedures to ensure there is a suitable arrangement in place to manage direct payments and responsibilities are clearly understood where, due to exceptional circumstances, a family member is providing paid care.

### **Final decision**

43. I have completed my investigation. There was fault leading to injustice which the Council has agreed to remedy.

### **Investigator's decision on behalf of the Ombudsman**



## The Ombudsmen's final decision

Summary: We do not consider Nottingham and Nottinghamshire Clinical Commissioning Group acted with fault when it withdrew Mr U's night-time funding from a jointly funded care package with Nottinghamshire County Council. However, both organisations acted with fault handling Mr U's complaints. That caused him significant time and trouble which they should remedy with a financial payment and service improvements.

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## The complaint

1. Mr U complains that Nottinghamshire County Council (the Council) and Nottingham and Nottinghamshire Clinical Commissioning Group (the CCG) reduced his jointly funded care package in 2019. They stopped his night-time care without considering advice from his GP or a Neurologist. Mr U says the reduced support has impacted his physical health (choking, mobility, hydration, nutrition needs and access to toilet) and mental health (counselling for anxiety and depression). Mr U would like the Council and CCG to apologise, provide a financial remedy, and reconsider its decision.
2. Mr U also complains about how the Council and CCG handled his complaints. He said they have not followed the right procedures handling his complaint. Also, their communication was poor. Mr U says this compounded the distress he has suffered. He would like the organisations to apologise, provide a financial remedy and review the way it handles complaints from people with jointly funded care packages.

## The Ombudsmen's role and powers

3. The Ombudsmen investigate complaints about 'maladministration' and 'service failure'. We use the word 'fault' to refer to these. If there has been fault, the Ombudsmen consider whether it has caused injustice or hardship (*Health Service Commissioners Act 1993, section 3(1) and Local Government Act 1974, sections 26(1) and 26A(1), as amended*).
4. If it has, they may suggest a remedy. Our recommendations might include asking the organisation to apologise or to pay a financial remedy, for example, for inconvenience or worry caused. We might also recommend the organisation takes action to stop the same mistakes happening again.
5. The Ombudsmen cannot question whether an organisation's decision is right or wrong simply because the complainant disagrees with it. We must consider



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whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended, and Health Service Commissioners Act 1993, sections 3(4)- 3(7)*)

6. If the Ombudsmen are satisfied with the actions or proposed actions of the bodies that are the subject of the complaint, they can complete their investigation and issue a decision statement. (*Health Service Commissioners Act 1993, section 18ZA and Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

## How I considered this complaint

7. I have considered information provided by Mr U and the organisations. Mr U, the Council and the CCG had an opportunity to comment on my draft decision. I considered any comments received before making a final decision.

## What I found

### Key facts

8. Since 2007, the Council funded support for Mr U's daytime care and the CCG funded Mr U's night care.
9. By June 2016, the CCG funded a carer seven nights a week to support Mr U when choking (associated with excessive saliva), and to provide other personal care.
10. Three years later, the Council and CCG carried out a joint review of Mr U's health and social care needs using a Decision Support Tool (DST). The CCG's Continuing Healthcare (CHC) panel could not decide if Mr U's risk of choking was still a problem. He used medication to manage excessive saliva and had not received support from the Speech and Language Therapy (SALT) team in seven years. The panel decided to refer Mr U back to SALT to assess his night care needs, specifically his excessive saliva and choking risk. It also agreed to review 12 months' worth of night care records to better understand his needs at night.
11. On 27 July, the Council completed a review of Mr U's care and support needs. It recognised Mr U's choking risk, but the CCG did not consider it was a health need. Mr U said he needed an overnight carer if he needed to take a drink or use a urine bottle. The Council referred Mr U to a district nurse to support his toileting need. Mr U was not aware of the referral and later refused that support.
12. SALT visited Mr U twice on 24 July and 5 August 2019. On 22 August, SALT reported that: "[Mr U's] *coughing is reported with saliva, food and drink on a daily basis.*" Also, "[Mr U] *reports he can wake up coughing during the night at times. He is able to roll himself onto his back and sit himself up with his propping bed at night to take a drink.*" SALT recommended that people should fully supervise Mr U when he takes food and drink.
13. On 5 August 2019, the CHC panel decided Mr U did not have any health needs. His needs were social and the Council could meet those. SALT had not identified any choking risk associated with excessive saliva. That included a review of 12 months night-time care from Mr U's care provider.
14. On 13 August 2019, the CCG told Mr U it would stop funding for night care.
15. On 30 August 2019, Mr U's landlady and carer, Ms V, told the CCG that Mr U disagreed and wished to appeal the CCG's decision. He was unhappy that his care provider had not been recording his choking at night. In response, the CCG attached its appeals process for CHC decisions.

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16. On 10 September 2019, the CCG tried to informally resolve Mr U's concern. It decided to carry out another joint review of Mr U's needs with the Council and extended its night care funding to November.
  17. On 4 November 2019, Mr U and Ms V met with the Council and CCG to discuss the result of the joint review. The CCG decided its decision to remove the night-time care stood. Ms V appealed the CCG's decision for Mr U. In response, the CCG sent Ms V a copy of its complaints procedure. Ms V said she would like to put in a further appeal for Mr U. The CCG said there was no policy to appeal jointly funded packages of care, so she should make a complaint.
  18. At the same meeting, Mr U and Ms V discussed his night-time needs with the Council. The Council said Mr U should use his direct payments and personal assistants to support his drinking needs at night, and to use his urine bottle. Mr U rejected that idea. The Council referred Mr U for a continence assessment by a district nurse. A week later, Mr U raised his concerns about the Council's assessment again. He queried the complaints process. The Council passed his complaint to Person 1 to investigate his concerns.
  19. On 5 and 8 November 2019, Ms V confirmed she was corresponding with the CCG on Mr U's behalf.
  20. On 12 November 2019, Mr U registered a formal complaint to the CCG about the decision. Two days later, Mr U attached a letter from his Neurologist who had concerns about the CCG's decision (in addition to his own).
  21. On 20 November 2019, the CCG told Mr U its investigation would consider how it carried out the June DST. A week later, Mr U confirmed his specific concerns.
  22. On 2 December 2019, the Council sent its complaint response to Mr U. It said the SALT report did not identify any choking issues at night. Its support at that time met his health and social care needs, and gave him flexibility (with a personal budget) to decide how to support himself.
  23. Mr U chased the CCG on 9 December 2019. He attached the letters from his Neurologist and GP with concerns. The same day, Mr U asked the Council to escalate his complaint to the next stage.
  24. On 13 December 2019, the Council told Mr U it had escalated his complaint to Person 2 to review, who would most likely respond in the New Year.
  25. On 15 January 2020, the CCG sought Mr U's consent for Ms V to act for him. Ms V said she was simply the voice of Mr U; she did not have her own complaint.
  26. The next day, the CCG carried out a second DST.
  27. On 27 January 2020, the CCG sought Mr U's consent again. Also, if the result of the DST did not change, he should appeal. Ms V attached Mr U's consent the next day.
  28. A week later, Mr U and his MP chased a response from the Council. The Council said Person 2 had not finished the investigation but hoped to within three weeks.
  29. On 27 February 2020, the CCG told Ms V it would send its complaint response on 30 April, which was 65 working days since receipt of the signed consent form (received 29 January).
  30. In mid-April 2020, the CCG confirmed it had paused its investigation because of COVID-19 for three months. It apologised and hoped to respond by the end of July.



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31. On 2 May 2020, Person 2 asked the Council if Mr U's complaint was closed. The Council said their response to Mr U was still outstanding.
  32. In late June 2020, a professional advocate said Ms V was confused if the CCG was formally investigating Mr U's complaint. The CCG apologised that it did not send a letter confirming that.
  33. In late August 2020, the advocate chased the CCG's complaint response. The CCG said it was still waiting for a response from the CHC team.
  34. In mid-September 2020, Mr U raised a new complaint to the Council. He said it had delayed responding to his complaint.
  35. On 7 October 2020, Mr U asked LGSCO to investigate his complaint against the Council and CCG.
  36. On 8 October, the Council provided its final response. It recognised it had delayed responding to his complaint. However, his care package meets his assessed needs. Mr U should complain about health issues to the CCG.
  37. In mid-October 2020, the advocate chased the CCG's complaint response. The CCG confirmed it was drafting Mr U's response but could not confirm when it would be sent to him.
  39. In early December 2020, the CCG provided its final response to Mr U's complaint. It apologised for the delay responding to him. It recognised there were discrepancies with the June 2019 DST, but the result would not have been different. The CCG also said the information from the Neurologist and GP did not change the outcome of the June 2019 DST.

## Analysis

### The CCG's removal of night-time funding

40. The Department of Health's *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care* (November 2012 (Revised)) (the National Framework) is the key guidance about Continuing Healthcare. It states that where an individual is eligible for Continuing Healthcare funding the CCG is responsible for care planning, commissioning services and case management.
41. CHC is a package of ongoing care that is arranged and funded by the NHS where a person has been assessed as having a 'primary health need'. A person's local Clinical Commissioning Group (CCG) is responsible for assessing their eligibility for CHC. A nurse will usually co-ordinate a full multidisciplinary assessment and complete a Decision Support Tool (DST) form. The DST is a record of the relevant evidence and decision-making for the assessment. If, after a full multidisciplinary assessment a person disagrees with the CCG's decision that they are not eligible for CHC or FNC, they can ask the CCG to review its decision.
42. A local authority may carry out a needs or carer's assessment jointly with another body carrying out any other assessment in relation to the person concerned, provided that person agrees. In doing so, the authority may integrate or align assessment processes to better fit around the needs of the individual. An integrated approach may involve working together with relevant professionals on a single assessment.
43. Where more than one agency is assessing a person, they should all work closely together to prevent that person having to undergo a number of assessments at different times, which can be distressing and confusing. Where a person has both health and care and support needs, local authorities and the NHS should work

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together effectively to deliver a high quality, coordinated assessment. (*Care and Support Statutory Guidance 2014*)

44. Any review of jointly funded care packages should be carried out jointly by the CCG and the Council. The National Framework does not provide detailed guidance on how to carry out jointly funded care package reviews. In 2018, the Council and the CCG developed a protocol for jointly funded reviews. It says when there is a material change to someone's needs, they will carry out a joint team assessment and complete a new DST.
45. By June 2019, the Council and CCG had not reviewed Mr U's care and support for around four years. I consider the Council and CCG acted appropriately by deciding to review Mr U's care and support in June 2019 using the DST. They recognised he had not had a joint review in several years, so they needed to ensure his support reflected his level of needs.
46. I cannot say the CCG was wrong when it decided to withdraw funding for Mr U's night-time support. Rather, I have focussed on the way the CCG and Council made that decision.
47. For Mr U's night-time needs, the Panel clearly wanted to better understand the significance of Mr U's choking at night, in relation to his support (overnight carer). I understand why they decided to review 12 months of care records and why they also sought SALT's view on his choking risk.
48. The CCG said there was no evidence of Mr U choking in 12 months' worth of night-time records. I have reviewed those same records and I agree. Mr U disputes the accuracy of the records. He says he was choking after drinking during the night. But his care provider never recorded that. I do not doubt Mr U's version of events. However, based on the evidence available to the CCG, I do not consider it acted with fault when it decided there was no evidence of Mr U's choking at night.
49. The SALT assessment noted Mr U needed to be fully supervised when eating and drinking owing to his risk of choking. The CCG recognised that risk and decided to fund three hours of support during the day, but not at night. I have seen evidence that Mr U was drinking at night (in the 12 months of care records). The CCG says there was no evidence of Mr U choking when drinking at night. It added Mr U's choking risk was more associated with eating during the day.
50. I consider the CCG has provided a robust explanation why it considered the risk of choking was more severe during the day. It has balanced Mr U's views and made robust enquiries to better understand Mr U's needs at night. While I appreciate Mr U disagrees with the CCG's decision, I cannot say it made that decision with fault.
51. Mr U says the CCG did not consider evidence from his GP and a Neurologist which supported the reinstatement of his night-time support.
52. In November 2019, the Neurologist said Mr U's excess saliva was worse than normal which meant he struggled to swallow, triggering choking episodes. Therefore, he needed 24-hour care. He said it would not be safe for Mr U to be left alone for an extended period.
53. In December 2019, the GP said Mr U would not be able to drink if he was unaccompanied at night. So Mr U should receive full support at night. In response, the CCG said the Council supported Mr U at night through a direct

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payment. Mr U can manage his own support at night using that payment. The evidence shows Mr U received some support at night from Ms V.

54. The CCG spoke with the Neurologist to discuss his letter and gain a better understanding of Mr U's medications for his excessive saliva. The CCG told me it decided to carry out a second DST to fully assess Mr U's health and social care needs. That DST also considered the GP and Neurologist's views.
55. I have reviewed the January 2020 DST. That DST recognised the Neurologist's concerns. It said: "*High choke risk, excessive saliva treated with Botox (currently low local supply) waiting for appointment*". However, the CCG and Council still agreed there was little evidence Mr U was choking at night.
56. Overall, I am not persuaded the CCG acted with fault when it decided to remove Mr U's night-time funding. Its decision considered the relevant evidence, the views of Mr U and other professionals. It has provided a robust explanation why the Council can safely support his night-time needs. The CCG also formally documented that decision as part of a DST.

### **The support for Mr U's night-time needs**

57. Where councils have determined that a person has any eligible needs, they must meet those needs. When the eligibility determination has been made, councils must provide the person to whom the determination relates (the adult or carer) with a copy of their decision.
58. The Care Act 2014 gives councils a legal responsibility to provide a care and support plan (or a support plan in the case of a carer). The care and support plan should consider what the person has, what they want to achieve, what they can do by themselves or with existing support and what type of care and support may be available in the local area. When preparing a care and support plan the council must involve any carer the adult has. The care and support plan may include a personal budget, which is the amount of money the council has worked out it will cost to arrange the necessary care and support for the person.
59. The CCG decided it was the Council's responsibility to support Mr U's needs at night. The Council said it provided Mr U with a direct payment to pay for his night-time support. It would not fund an overnight carer to support Mr U. As Mr U refused to employ a full-time personal assistant to support his needs at night, there was no formal plan to support his night-time needs.
60. I have considered the Council's assessment and support for Mr U's needs at night. I do not consider the Council acted with fault. It carried out a robust review of Mr U's needs in July 2019. The Council considered his views and the existing support he received. I am satisfied the Council's suggestion that he should use his direct payment to support his night-time needs was proportionate and appropriate to meet his needs.

### **Complaint handling**

61. The complaints procedure for councils and NHS organisations is set out in the Local Authority Social Services and NHS Complaints (England) Regulations 2009. The provisions of the regulations mean that anyone who is dissatisfied with a decision made by the council or NHS is able to make a complaint about that decision and have the complaint handled by the council or NHS.
62. Section 9 is about complaints that concerns more than one responsible body. It states that, in these circumstances, the responsible bodies must co-operate in handling the complaint. This includes duties to: establish who will lead the

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process; share relevant information; and provide the complainant with a coordinated response.

63. The CCG told me it did not have a formal agreement with the Council to jointly handle complaints about joint health and social care packages, such as Mr U's. It decided it was their responsibility to respond to the complaint because it was about the decision to remove night-time support.
64. I consider the Council and CCG would have better addressed Mr U's complaint by jointly handling his complaints. The CCG decided to withdraw night-time funding. However, before it decided that, it worked with the Council to determine Mr U's health and social care needs. Therefore, when addressing his complaint, I consider it was a missed opportunity for both organisations to respond together. That was fault.
65. Below I will consider how each organisation handled Mr U's complaint separately.
66. First, I will consider how the CCG handled Mr U's complaint.
67. The CCG told me it did not consider Mr U's complaint as a formal appeal because Mr U was not contesting his eligibility for CHC. Rather, the CCG's decision to amend an existing joint care package. Therefore, it agreed to consider his complaint under the complaint policy.
68. I agree the appeal route would not have been suitable in Mr U's case. The CHC appeal route is for people who wish to challenge a decision that someone is not eligible for CHC. Mr U's main complaint was the removal of his night-time support. I am not persuaded the CCG should have considered Mr U's communication as an appeal.
69. Between August and November 2019, the CCG agreed to review its decision with the Council. I do not consider that was fault. That was an appropriate way to address Mr U's concerns. Once it decided its August 2019 decision stood, it appropriately shared its Complaints Policy with Mr U. I do not consider the CCG acted with fault.
70. I consider the CCG should have been ready to start its complaint investigation at the end of November 2019. By then, Mr U's complaint was clear, and the CCG should have sought his consent at that time, as per its Complaints Policy. Instead, it took the CCG another two months to obtain Mr U's consent. It was clear from November that Ms V was acting on behalf of Mr U. She specifically mentioned that. That delay was fault. I consider it should have started its investigation sooner than it did.
71. When the CCG started its investigation (late January 2020), it should have completed its investigation by the end of April. It should have completed most of its investigation when it decided to pause its investigation for three months (from mid-April). I do not find fault with the CCG's decision to pause its investigation. Under the circumstances, NHS complaints were not a priority and I understand its reasons for pausing all complaint work. However, after the CCG restarted complaint investigations, I am not satisfied the CCG provided its response in a timely manner.
72. It took the CCG another five months to send its response (even with the COVID-19 pause) which was much longer than 65 working days. That was fault. According to its Complaint Policy, the CCG should agree an extension with the complaint if its response is likely to take over 65 working days. The CCG did not do that in this case. Also, it only communicated with Mr U when his advocate

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chased a response from the CCG. I do not consider the onus should have been on Mr U and his advocate to chase the CCG's final response.

73. I understand how the CCG's complaint handling caused Mr U frustration and time and trouble. The CCG has already apologised for the delay sending its response. However, I consider it should take further action to remedy the injustice Mr U suffered.
74. Now I will move on to the Council's complaint handling.
75. I consider the Council sent its first response to Mr U's complaint within 20 working days (of 4 November 2019). That was in line with its Complaints Policy.
76. When Mr U returned to the Council and escalated his complaint, it should have sent its second (and final) response within another 20 working days. However, it did not and instead took 10 months. That was fault. The Council's evidence showed that no one seemed to take control of Mr U's complaint.
77. The repeated delay led Mr U to raise a new complaint about the delays. Overall, I consider the Council's lack of internal communication, and with Mr U, was fault. That caused Mr U time and trouble chasing the Council's response.
78. The Council has apologised to Mr U for the delays caused by ongoing assessments of his needs, and COVID-19. However, I consider it should take further action to remedy the injustice Mr U suffered.

### **Agreed actions**

79. Within four weeks of this decision, the CCG and the Council should pay Mr U £200 and £300, respectively, for the injustice Mr U suffered from their handling of his complaints.
80. Within eight weeks of this decision:
- The CCG and Council ensure there is process so that both organisations can jointly address complaints about jointly funded care packages.
  - The Council and CCG respectively ensure all relevant staff are aware of their responsibilities to not delay complaint investigations.

### **Final decision**

81. I do not consider the CCG acted with fault when it withdrew Mr U's night-time funding from a jointly funded care package with the Council.
82. However, both organisations acted with fault handling Mr U's complaints. That caused him significant time and trouble which they should remedy with a financial payment and service improvements.

### **Investigator's decision on behalf of the Ombudsmen**

## **The Ombudsman's final decision**

Summary: Mrs X complained about the Council's conduct of a safeguarding investigation. There is no fault in how the Council involved Mrs X in the investigation or shared Mrs X's personal data. There is fault in the Council's failure to consider relevant evidence. The Council also delayed sending Mrs X minutes of a safeguarding meeting and took too long to complete the investigation. This is fault. The Council has agreed to apologise, pay Mrs X £250 and review its findings.

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## **The complaint**

1. Mrs X complains about the Council's conduct of a safeguarding investigation. In particular, she says the Council:
  - Took too long to conduct the investigation
  - Delayed sending her documents and minutes
  - Denied her the opportunity to contribute to the investigation
  - Ignored relevant evidence
  - Shared confidential information about her with third parties
2. Mrs X says this caused her unnecessary distress and has negatively affected her mental health.

## **The Ombudsman's role and powers**

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), 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*)
5. 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*)



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## How I considered this complaint

6. I spoke to Mrs X about the complaint and considered the information she provided.
7. I made written enquiries of the Council and considered its response along with relevant law and guidance.
8. I referred to the Ombudsman's Guidance on Remedies, a copy of which can be found on our website.
9. Mrs X and the Council had an opportunity to comment on my draft decision. I considered any comments received before making a final decision.

## What I found

10. A council must make necessary enquiries if it has reason to think a person may be at risk of abuse or neglect and has needs for care and support which mean he or she cannot protect himself or herself. It must also decide whether it or another person or agency should take any action to protect the person from abuse or risk. *(section 42, Care Act 2014)*
11. In May 2019, the Council began an investigation to Mrs X's involvement with the care and support of a vulnerable adult, whom I will call Ms Z.
12. In order to protect Ms Z's anonymity, I will not set out the specific nature of her needs or of Mrs X's relationship to her.
13. The Council was concerned about Mrs X's involvement in Ms Z's care package. In particular, whether she had an inappropriate financial interest in Ms Z's care package.
14. The Council's investigation was complex and it took a long time. In February 2021, it concluded its investigation. It found that its safeguarding concerns were substantiated. This means it found that Mrs X had acted in a way which put Ms Z and her care at risk.
15. Mrs X complains about how the Council conducted this investigation.

## My findings

16. I will deal with each element of Mrs X's complaint in turn.

## Length of the investigation

17. Mrs X says the Council took much too long to complete the safeguarding investigation.
18. In response to my enquiries, the Council says that the investigation took a long time because of the complicated nature of Mrs X's involvement. It also explained the impact of COVID-19 and staff illness on its ability to conduct the investigation.
19. Although the reasons the investigation took so long are understandable, it nonetheless took the Council much longer than the four weeks its policy states. This is a fault.
20. This caused Mrs X additional distress and uncertainty at an already difficult time. This is an injustice to Mrs X.

## Delay providing minutes

21. The Council interviewed Mrs X in September 2020. However, it failed to provide her with the minutes of this interview until it responded to her complaint in March 2021.

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22. The Council says it accepted it had failed to send the minutes and had apologised to Mrs X.
  23. Not to send the minutes to Mrs X was fault. This denied Mrs X the opportunity to comment on the accuracy of the record of the meeting and caused avoidable frustration. This is an injustice to Mrs X.

#### **Denied the opportunity to contribute**

24. Mrs X says the Council denied her the opportunity to contribute fully to the investigation.
25. The Council says it would not have been appropriate for it to discuss the matter with Mrs X until it had gathered the necessary evidence. It says this was necessary to protect Ms Z and to prevent any opportunity for altering or disposing of evidence.
26. There is no fault in the Council's decision not to discuss the safeguarding concern with Mrs X until it had gathered evidence.
27. Once it had gathered the evidence, the Council met with Mrs X to discuss the matter. Mrs X had the opportunity to explain her role in Ms Z's care and to respond to the Council's concerns.
28. Mrs X may consider that matters could have been resolved more quickly had it spoken with her sooner, or indeed that the outcome of the investigation would be different had it done so. However, it is for the Council to decide how to conduct its investigation and its primary concern must be the welfare of the vulnerable adult. Therefore, I do not find that the Council denied Mrs X the opportunity to contribute to the investigation.

#### **Ignored relevant evidence**

29. Mrs X says the Council failed to consider relevant evidence before deciding that the safeguarding concern was substantiated.
30. In particular, she says the Council did not talk to Ms Z's housing provider. Mrs X says this was necessary to understand her involvement in Ms Z's care.
31. There is no evidence the Council considered whether it should seek information from the housing provider. In response to my enquiries, it says it did not consider it necessary. However, there is no evidence it weighed up this decision at the time.
32. Given the serious nature of the Council's findings and the complex nature of Ms Z's care arrangements, I consider the Council's failure to seek information from the housing provider to be fault.
33. As a result, there is uncertainty about whether the Council's findings would have been different were it not for the fault. This is an injustice to Mrs X.

#### **Shared confidential information**

34. Mrs X says the Council shared confidential information about her, and the investigation, with third parties. She says this violated her privacy and is a breach of data protection regulations.
35. The Council's records show that it did discuss the safeguarding concern with third parties. However, these third parties were all relevant to the investigation. The records also show that the Council Officer conducting the investigation informed these third parties that the matter was a confidential one.



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36. I find no fault with how the Council dealt with Mrs X's personal information as part of its safeguarding investigation.

### **Agreed action**

37. To remedy the injustice to Mrs X from the faults I have identified, the Council has agreed to:
- Apologise to Mrs X in writing
  - Pay Mrs X £250 in recognition of her avoidable distress, uncertainty, and frustration.
  - seek information from the housing provider about Mrs X's role in setting up and maintaining Ms Z's tenancy and consider whether the information provided affects its findings. Notify Mrs X and other relevant parties accordingly.
38. The Council should take this action within four weeks of my final decision.

### **Final decision**

39. I have completed my investigation. There is some fault by the Council. The action I have recommended is a suitable remedy for the injustice caused.

### **Investigator's decision on behalf of the Ombudsman**



16 December 2021

Agenda Item: 6

## **REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE & IMPROVEMENT**

### **STRATEGIC INTERNAL AUDIT PLAN**

#### **Purpose of the Report**

1. To propose an updated Strategic Internal Audit Plan for the period 2022-2025.

#### **Information**

2. The Strategic Internal Audit Plan was introduced in 2019, arising from the Head of Internal Audit's year-end self-assessment against the Public Sector Internal Audit Standards (PSIAS).
3. A driver for the strategy was the move from annual to termly audit planning. The self-assessment identified a potential risk of short-termism setting in, with the result that the service does not adequately deliver all of its key requirements over the medium-term. The strategic plan provides an over-arching framework within which the termly plans are delivered.
4. **Appendix 1** sets out a proposed Strategic Internal Audit Plan for 2022-2025, to align with the Council Plan. It has been drafted with the input of the Internal Audit Team and it has been endorsed by the Corporate Leadership Team.

#### **Other Options Considered**

5. None; the Committee determined in July 2019 that the Strategic Internal Audit Plan is required to set the framework within which termly audit plans are delivered.

#### **Reason for Recommendation**

6. To provide Members with the opportunity to consider and shape the content of the Strategic Internal Audit Plan, to ensure it will guide the service in delivering the broad areas of assurance the Committee wishes to receive from Internal Audit.

#### **Statutory and Policy Implications**

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

## **RECOMMENDATION**

- 1) That Committee approves the proposed Strategic Internal Audit Plan 2022-2025.

**Nigel Stevenson**

**Service Director for Finance, Infrastructure & Improvement**

**For any enquiries about this report please contact:**

Rob Disney

Group Manager – Assurance

### **Constitutional Comments (KK 15/11/2021)**

8. Governance & Ethics Committee is the appropriate body to consider the content of the report.

### **Financial Comments (RWK 15/11/2021)**

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

### **Background Papers and Published Documents**

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

- None

### **Electoral Division(s) and Member(s) Affected**

- All



# Nottinghamshire County Council

Delivery model

Understanding  
the Council's  
assurance  
needs

Deploying  
Internal Audit  
resources

Maintaining  
quality and  
VFM

Reviewing &  
reporting  
progress

## Strategic Internal Audit Plan 2022-2025



# Purpose of the Strategic Internal Audit Plan

The purpose of this document is to plan for how we will deliver our mission, as set out in the Internal Audit Charter:

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

The Strategic Internal Audit Plan sets out how our operating model will deliver what the Council requires of the service:

- To provide assurance to Members and Senior Officers that the Council has effective arrangements in place to deliver its Council Plan objectives
- To meet the statutory responsibility of the Section 151 Officer to arrange for the continuous, independent internal audit of the Council
- To meet the requirement under the Public Sector Internal Audit Standards (PSIAS) for the Group Manager - Assurance to deliver an annual opinion of the Council's arrangements for governance, risk management and control.

The Strategic Internal Audit Plan covers the period January 2022 to December 2025, to align with the time horizon of the Council Plan.



## Delivery model

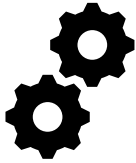
The Strategic Internal Audit Plan will be delivered by the in-house Internal Audit team. The service is committed to maintaining the strengths and benefits of operating as an in-house unit:

- Detailed knowledge of the activities of the Council
- Speed of response and flexibility
- Value for money
- Track record of delivering an effective in-house service, meeting internal audit standards
- High quality advice and consultancy
- Commitment to the Council and support for the delivery of its priorities.

Where we identify that we do not have the capability or capacity to meet an audit need, for example in relation to more technical ICT audits, we will bring in specialist resource to deliver the assurance.

We will continue to be outward-looking and keen to engage with our peers in other authorities, to look for opportunities for improvement. Central to this is our collaboration with Assurance Lincolnshire; we will work to consolidate this partnership over the period of this strategic plan. We will also continue to engage pro-actively with national, regional and local networks for internal audit and counter-fraud.

We will seek to retain our external contract with the Nottinghamshire Fire and Rescue Service for the provision of an internal audit service. This contract brings an income to the Council's budget, and it provides an opportunity for our staff to apply and develop their audit skills in a different operational environment. We will consider the merits of further commercial opportunities should they arise, but we will not pursue a policy of actively seeking them out.



# Understanding the Council's assurance needs

This Strategic Internal Audit Plan sets the medium-term framework within which the operational internal audit plans are designed and delivered. We operate three Termly Plans in each financial year, covering the following periods:

- Term 1: April to July
- Term 2: August to November
- Term 3: December to March

This approach provides for the timely refresh of our priorities, ensuring we are responsive to the changing risk profile of the Council. However, we recognise the potential risk that a continuous focus on the short-term may lead to drift from our longer-term objectives and failure to deliver a balanced span of assurance. Accordingly, our **strategic priorities** for internal audit coverage over the period of this plan are the following:

**a) To deliver timely assurance about the governance, risk management and control arrangements to deliver the Council's objectives**

The Council Plan is delivered by the Council's services, therefore this objective will be delivered through the risk-assessed priorities for the review of services in each Termly Plan. This is a significant element of the Strategic Internal Audit Plan, providing for the flexibility and responsiveness the Council requires to ensure audit coverage keeps pace with the changing risk profile of the organisation. This will be achieved through effective consultation with senior officers and members:

- With senior officers – scheduled termly slots at Corporate Directors' Strategic Leadership Team meetings and at Corporate Leadership Team meetings to discuss priorities for audit coverage in the coming term. These scheduled arrangements will also be complemented by ongoing and less formal liaison with Group Managers to update our intelligence about emerging risks.
- With members – each Termly Plan is scheduled for discussion and agreement at the Governance & Ethics Committee, affording Members of the Committee with the opportunity to influence our coverage. In addition to this, the Group Manager – Assurance meets regularly with the Chairman and Vice-Chairman of the Governance & Ethics Committee to discuss governance issues. These meetings provide an opportunity for all Members to channel any suggestions for audit coverage.

Through these arrangements, timely and relevant assurance will be delivered to Members and Senior Officers.

**b) To provide assurance that the Council's core systems and processes are operating effectively**

The statutory duty of the Section 151 Officer, coupled with the PSIAS requirements for the Group Manager – Assurance, bring with them their own requirements for audit coverage. These are focused on timely assurance that the Council's core systems and processes continue to be well controlled, governed and risk-managed. In order to ensure a balanced view of assurance is delivered over the life of the Strategic Internal Audit Plan, the following sets out a number of core systems and procedures that will be scheduled for coverage on a periodic basis, rather than on a pure risk basis, with all scheduled to be covered at least once during each strategic plan period.

Core Processes	
• Commissioning	• Risk management
• Procurement & accounts payable	• Business continuity
• Workforce planning & employee recruitment	• Performance management
• Payroll	• Asset management
• Accounts receivable (including Payment Card Industry compliance)	• Corporate governance
• Accounting clearing house	• Health & safety
• Budgetary control	• Counter-fraud
• Corporate financial management	• ICT access management
• Pensions administration & investment	• ICT networks
• Information governance	• Cyber security

It is important to ensure assurance about the above processes is delivered in the most efficient and effective manner. Two particular approaches will continue to be deployed over the course of this strategic plan to pursue this:

- Assurance mapping – pro-actively using evidence available from 2<sup>nd</sup> and other 3<sup>rd</sup> line assurance providers to ensure Internal Audit's coverage is both targeted and complementary
- Continuous auditing – working with 2<sup>nd</sup> line assurance providers to provide monthly assurance on key indicators of control over core processes.

We liaise on a regular basis with the Council's external auditors, to ensure effective co-ordination of the total audit effort the Council receives.

**c) To assist the Council in implementing its Counter-Fraud & Counter-Corruption Strategy**

The prevention and detection of fraud are the responsibility of management. However, Internal Audit has a key role to play in helping the Council to promote a strong counter-fraud culture. Strong arrangements for deterrence, coupled with robust preventative controls, should lead to fewer actual cases that need to be detected and acted upon. We are well positioned to take the lead in promoting the Council's Counter-Fraud and Counter-Corruption Strategy.

**d) To provide advisory and consultancy-style input to the Council's key developmental and transformation projects**

This is required to maximise the timeliness with which we can influence change within the Council. The Council needs us to be a trusted advisor, helping to ensure transformation projects have appropriate governance, risk management and control designed in while change is happening rather than after the event

**e) To facilitate the conduct of 'Value for Money' (VFM) type reviews in the Council**

The Governance & Ethics Committee's Annual Report for 2020/21 signalled its intent to commence a programme of expenditure reviews in targeted areas, from 2021/22 onwards. These are sponsored by the Committee's Vice-Chairman, and our lead role in co-ordinating their conduct and reporting has been agreed with him. We will work with colleagues across the Council to implement a VFM approach for the reviews selected.



f) **To track the implementation of agreed actions**

We will continue with our established follow-up process, tracking priority actions through to confirmed implementation, to provide confirmation that improvements in governance, risk management and control have been driven through.



## Deploying Internal Audit resources

We have a number of tools at our disposal to deliver our objectives. Most notable are the following types of audit input and approach which will be priorities for deployment in delivering this Strategic Internal Audit Plan:

- **Risk based audit**

This is the primary means by which we will deliver our objectives, being the approach deployed to review each prioritised area of service and activity in the Termly Plans. The approach features risk-based evaluation and testing of the control framework to ensure that each area of activity reviewed is well governed to deliver its objectives. This approach results in the delivery of an assurance opinion about the adequacy of governance, risk management and control procedures in a service area. This provides Members and Senior Officers with a clear, independent level of assurance about each area subject to audit. The profile of assurance opinions issued each year is a key contributor to the Group Manager – Assurance’s annual opinion.

- **Intelligence-led audit coverage**

We have been developing approaches to indicate both the areas in which we should carry out an audit and those that we can leave to a future plan period:

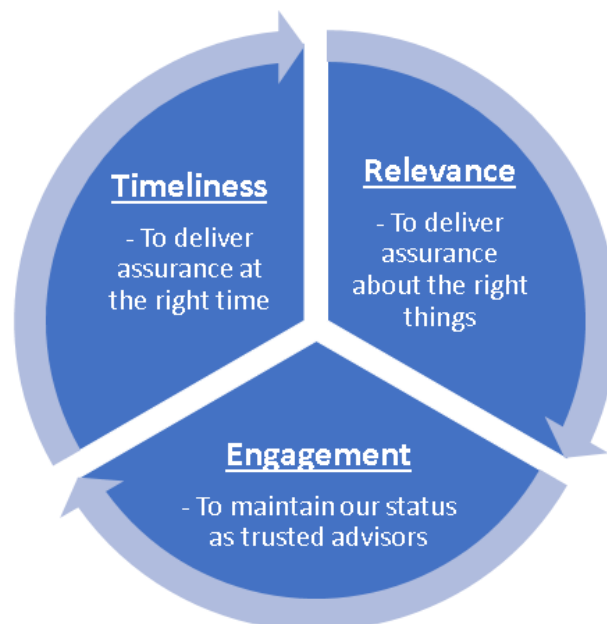
- *Forward-focussed planning* – to deliver our assurance at the most appropriate time. We will work to embed this new approach as part of this strategy
- *Assurance mapping and continuous assurance* – to provide ongoing indicators about the health of the Council’s core processes for governance, risk management and control. There is scope to develop these further, but we have to proceed at a pace that does not restrict too greatly our capacity to deliver the risk-based audits that our needs assessments identify as priorities.

- **Agile Audit**

A positive consequence of the pandemic was the impetus it gave to the development of our approach to ‘agile auditing’. This is a term commonly coined in the profession to encapsulate efforts to improve an internal audit service’s ability to deliver ‘***the right assurance, about the right things, and at the right time***’.

Developments here will focus on three key aspects:

- **Timeliness** – building the pace of our work, sharpening the focus of each review to target the risks and assurance that matter most, and then applying our data analytic strategy to bring ‘big assurance’ through the analysis of ‘big data’
- **Relevance** - embedding the recent change in our planning approach, to blend reviews of core processes with more forward-looking, intelligence-based reviews. We will also take advantage of corporate risk management now being the responsibility of the Assurance Group, to build closer links between audit plans and the Council’s key operational and strategic risks.
- **Engagement** – stepping up our engagement with the client during the audit fieldwork, and revamping our audit reports to make them more concise and digestible.



- **Advisory & consultancy style input**

Advisory input will be provided in a scalable manner, ranging from formally scoped, consultancy-style pieces of work to the provision of ad hoc emailed or verbal advice in response to day-to-day requests from operational staff. Whilst we are often approached by senior managers to become involved in significant, developmental projects, we will also be pro-active in ensuring our involvement in key transformation programmes. Priorities for our advisory input will be a feature of each Termly Plan, for consultation and agreement.

- **Counter-fraud**

In taking the lead on promoting a strong counter-fraud culture in the Council, we will provide for time in each of our Termly Plans for the following:

- a) Preparing and publishing periodic updates across the Council about counter-fraud risks, developments, best practice and recent successes
- b) Taking the lead in compiling the Council’s Annual Fraud Report
- c) Acting as the key point of contact for the Council’s participation in the National Fraud Initiative and in other national and regional counter-fraud networks.

- **Value for Money audit**

We will take the opportunity of the Governance & Ethics Committee’s expenditure reviews to develop our capability and offer for VFM reviews. We will base our initial approach on National Audit Office guidance, and look to adjust this with the experience of carrying out reviews locally.

- **Specialist input**

Our revised planning and prioritisation approach is founded on firstly identifying the assurance the Council requires in each Termly Plan. We recognise that this may mean our in-house Team does not have the capability or capacity to undertake some of the work. Where we identify this, we will assess options for bringing in the specialist resource needed, for example to deliver assurance on the more technical ICT risks.



## Maintaining quality and VFM

Successful delivery of this Strategic Internal Audit Plan relies fundamentally on the skills and abilities of the Council's Internal Audit Team. Priority areas for improvement are identified routinely through staff members' individual Performance & Development Reviews and more collectively through the service's annual Quality Assurance & Improvement Programme. Training requirements are identified through both of these routes, and these will be prioritised for delivery. In assessing which requirements to meet, consideration will be given to:

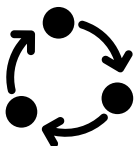
- The impact that new skills will have when deployed to deliver Termly Plans
- How widely new skills may be transferred to, and applied by, all staff in the team
- The relative costs and benefits of the training options available
- Opportunities to collaborate with Assurance Lincolnshire, and others, in the delivery of training.

We will maintain and progress our commitment to our internal audit apprenticeship programme. We expect our current two apprentices to achieve their full Institute of Internal Auditors qualification during the period of this strategy. We will keep under review the opportune timing to recruit new apprentices to the programme, to maintain the internal flow of the skilled auditors we need to deliver our plans.

Complementary to this is our continuing commitment to the Council's Graduate Programme; we will renew our standing offer of six-monthly placements with the Internal Audit team. These placements have proven mutually beneficial, offering graduates an interesting and broad-based insight into the workings of the Council, and providing the Internal Audit Team with enthusiastic, adaptable and fast-learning people who are quickly able to deliver valued contributions to our work.

We will deliver our service in compliance with, and in support of, the Council's objective to provide cost-effective services. Priorities for this strategic plan period will be:

- Engaging apprentices and trainees – these options place demands on our core team to deliver the training required for the recruits who come in, but our experience of operating these schemes tells us that they deliver far greater VFM when compared to other options, such as the engagement of agency auditors.
- Exercising a cost-benefit approach to commissioning specialist audit input and training for our staff
- Maximising use of the Council's smarter working tools and technologies to limit staff travel expenses and to develop our 'agile audit' approach.



## Reviewing and reporting progress

We report on the outcomes of our work three times a year through our Termly updates. These are reported to the Corporate Leadership Team and to the Governance & Ethics Committee.

The third Termly Report each year also incorporates the Group Manager – Assurance's Annual Audit Report to the Council. That annual report presents an appropriate opportunity to assess progress with implementing this Strategic Internal Audit Plan and in assessing whether the plan needs to be revised in any way. Any actions required will be built into our annual Quality Assurance and Improvement Programme.



**16 December 2021****Agenda Item: 7****REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &  
IMPROVEMENT****INTERNAL AUDIT CHARTER REFRESH****Purpose of the Report**

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

**Information**

2. The charter is a formal document defining the Internal Audit Section's purpose, authority and responsibility. It establishes the Section's position within the Council, including the nature of the Group Manager – Assurance's functional reporting relationship with the Governance & Ethics Committee. It authorises access to records, personnel and physical properties relevant to the performance of audit engagements, and it defines the scope of Internal Audit's activities. Final approval of the charter rests with the Governance & Ethics Committee.
3. The charter should be reviewed periodically, to ensure it remains relevant and up-to-date; it was last updated in September 2019. Mostly minor changes are proposed in this update, to reflect changes in job titles and team names. The more substantial changes to highlight are the following:
  - a) The addition of corporate risk management to the non-audit responsibilities of the Group Manager – Assurance. This leads to an impairment of independence for the Group Manager and means that future audits of the corporate risk management function will need to be conducted by an external assurance provider. This circumstance is provided for in the Public Sector Internal Audit Standards (PSIAS).
  - b) Moderate revision of the protocol for chasing management responses to draft internal audit reports. The proposal is to remove a layer of reminder, from three reminders to two, within the expected six-week timeframe over which internal audit reports should be finalised and issued.
4. The revised charter is attached as Appendix 1. It may also provide further assistance to the new members of the Governance & Ethics Committee in understanding the role of Internal Audit in the Council.

**Other Options Considered**

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

### **Reason/s for Recommendation/s**

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

### **Statutory and Policy Implications**

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

### **Financial Implications**

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

### **RECOMMENDATION**

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

**Nigel Stevenson**

**Service Director for Finance, Infrastructure & Improvement**

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

### **Constitutional Comments (KK 15/11/2021)**

9. The proposal in this report is within the remit of the Governance and Ethics Committee.

### **Financial Comments (RWK 15/11/2021)**

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

### **Background Papers and Published Documents**

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

- None

### **Electoral Division(s) and Member(s) Affected**

- All







# Nottinghamshire County Council

## Internal Audit Charter

### 1. **INTRODUCTION**

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

### 2 **MISSION OF INTERNAL AUDIT**

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

### 3 **CORE PRINCIPLES**

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

### 4 **PURPOSE, AUTHORITY AND RESPONSIBILITY**

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

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

In particular it:

- (a) carries out a risk-based review and evaluation of the entire control environment of the Council
- (b) provides management and Members with advice and assurance to assist them in the effective discharge of their responsibilities
- (c) plans audit work having regard to the Authority's corporate plans.

- 4.3 Internal Audit derives its authority from the Accounts and Audit Regulations 2015, from this Charter and from Nottinghamshire County Council's Constitution. The Financial Regulations, which are part of the Constitution, set out that:

- The Section 151 officer carries responsibility for ensuring an effective internal audit service is in place
- Internal audit reviews and reports on the Council's control environment and its arrangements for securing value-for-money, and it makes recommendations requiring a formal response
- Internal Audit staff have the right of access to such records, assets, premises and personnel, and are entitled to receive such information and explanation, as they think necessary for the proper fulfilment of their duties
- Internal Audit has a defined role in the Council's Fraud Response Plan
- Internal Audit reports its findings to Members of the Council, and it co-ordinates its activities with external audit.

- 4.4 The following key roles and responsibilities are established at Nottinghamshire County Council to ensure the requirements of the PSIAS and this Audit Charter are complied with:

- The role of the 'board' is fulfilled by the Governance and Ethics Committee
- The role of senior management is fulfilled by the Corporate Leadership Team, comprising the Chief Executive and Corporate Directors of the Authority
- The role of the chief audit executive is fulfilled by the Group Manager - Assurance. The Group Manager - Assurance reports directly to the Section 151 Officer, but also has unrestricted access to senior management and members, particularly the Leader of the Council, the Chair of the Governance and Ethics Committee, the Chief Executive, Corporate Directors and Service Directors. The Group Manager – Assurance reports in their own name.

- 4.5 In addition to Internal Audit, the Group Manager - Assurance is responsible for corporate risk management and the delivery of services by two further teams: the Risk and Insurance Team; and the Business Intelligence Unit. To maintain segregation from operations, the Group Manager – Assurance has put in place arrangements for avoiding conflicts of interest. These are focused on obtaining independent, external assurance that internal controls are effective in respect of the Council's arrangements for risk, insurance and performance management. Periodic reviews of these areas are carried out by external

providers of internal audit, the findings of which are reported independently of the Group Manager – Assurance to the Section 151 Officer and members of the Governance and Ethics Committee.

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

## **5 INDEPENDENCE AND OBJECTIVITY**

- 5.1 The Internal Audit Team is organised so that it is independent of the activities that it audits. Because of this, the Team can provide impartial and unbiased professional opinions and recommendations. Internal Audit is free to plan, undertake and report on its work, as the Group Manager - Assurance deems appropriate.
- 5.2 The status of the Group Manager - Assurance is sufficient to allow the effective discussion of audit strategies, plans, results and improvement plans with senior management in the organisation.
- 5.3 Internal Audit is accountable to the Section 151 Officer and the Authority's Governance and Ethics Committee, both being involved in determining its priorities. It reviews the resources available to it on a regular basis to ensure that it has sufficient resources to fulfil its responsibilities, reporting the results of the review to the Governance and Ethics Committee, as part of its termly planning process.
- 5.4 The Group Manager - Assurance provides termly updates to the Authority's Corporate Leadership Team, membership of which includes the three statutory officers: the Chief Executive, the Section 151 Officer and the Monitoring Officer. Key issues concerning the governance of the Authority are discussed and the Annual Governance Statement is kept under ongoing review.
- 5.5 The Group Manager - Assurance is required to confirm annually the organisational independence of the internal audit activity. The Group Manager - Assurance has the right to direct and unrestricted access to senior management and the Board.
- 5.6 Individual internal auditors are also required to have an impartial, unbiased attitude and avoid any conflict of interest. To meet this requirement, each

auditor is required to declare any interests they have that could have an impact on their audit work, and to confirm they have read the Authority's Code of Conduct for employees. The Group Manager - Assurance will not assign work to an auditor where a conflict of interest may arise. If independence or objectivity is impaired, either in fact or appearance, the details of the impairment must be disclosed to the relevant parties.

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

## **6 PROFICIENCY AND DUE PROFESSIONAL CARE**

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

## **7 QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME**

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

the organisation. The Group Manager - Assurance will raise this periodically with the Governance and Ethics Committee to determine the form of external assessment, the required qualifications and independence of the assessor and the frequency of the assessment.

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

## **8 MANAGEMENT OF INTERNAL AUDIT ACTIVITY**

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

- 8.5 The Team adopts a structured approach to all its work, including the use of a risk-based, systematic approach, where appropriate, for opinion audits.

## **9 GOVERNANCE AND ETHICS COMMITTEE RESPONSIBILITIES**

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

## **10 ADVISORY AND CONSULTANCY SERVICES**

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

## **11 SUSPECTED IRREGULARITY INVESTIGATIONS**

- 11.1 In accordance with the Authority's Financial Regulations, Internal Auditors may carry out investigations into suspected financial irregularities. All managers in the Authority have an obligation to maintain an effective internal control system within their areas of work, and this includes a responsibility for the prevention

and detection of fraud, corruption and other irregularities, as well as managing the risks of fraud or corruption.

- 11.2 When conducting audit engagements, Internal Auditors are alert to circumstances, such as control weaknesses, that could allow fraud. If any evidence of fraud or other irregularity is discovered, the relevant line manager is informed.
- 11.3 Managers are required to inform Internal Audit immediately if a fraud or other irregularity is suspected. In such cases, they should ensure that:
- Any supporting information or other evidence is secured
  - Confidentiality is maintained so as not to prejudice any subsequent investigation.
- 11.4 Internal Audit will consider each suspected fraud or irregularity and determine whether to investigate it itself or to resolve it by another means, for example, referral to Action Fraud and the Police, as appropriate. Internal Audit's role in tackling suspected cases of fraud or irregularity is set out in the Council's Fraud Response Plan.
- 11.5 The Group Manager - Assurance may carry out other special investigations at the request of the Section 151 Officer or other senior managers.




## 12 **INTERNAL AUDIT REPORTING**

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

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

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

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

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

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



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

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

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

Members

- All Members of the Governance and Ethics Committee
- Chair and Vice-Chair of the Finance Committee
- Chair and Vice Chair(s) of the relevant Service Committee
- Leader and Opposition Leaders

Officers

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

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



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

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

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

### 13 **COORDINATION OF AUDIT ASSURANCE**

- 13.1 The Group Manager - Assurance co-ordinates Internal Audit Plans and activities with other internal and external providers of assurance, including the External Auditors, to ensure the most efficient use of the total resources devoted to audit work. Regular liaison meetings take place during the course of the year as appropriate.
- 13.2 Internal Auditors foster constructive relationships with Members, the managers and others involved in the areas being audited, and also with other review and specialist agencies that it may encounter as part of its work.
- 13.3 Liaison with managers takes place at key stages of the audit process, namely: planning; undertaking; reporting; and responding to audits. The guiding principle adopted throughout is one of assistance in the achievement of the Authority's objectives and plans.
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**16 December 2021****Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****THE COUNCILLOR'S DIVISIONAL FUND – ESTABLISHMENT OF WORKING  
GROUP****Purpose of the Report**

1. To establish a working group of the Committee to carry out a review of the CDF Policy and procedures relating to the Councillor's Divisional Fund (CDF).

**Information****Background**

2. The CDF is a specific budget allocation which enables each County Councillor to put forward proposals for expenditure in their electoral divisions which accord with the strategic objectives of the Council. Such payments are subject to compliance with the requirements of the agreed CDF Policy.
3. The CDF Policy was last updated by Policy Committee on 18 July 2018, following prior consideration by Governance and Ethics Committee.
4. Governance and Ethics Committee maintains an overview of how the scheme operates, including:
  - a. all payments made;
  - b. the findings of the annual dip sample audit undertaken by Democratic Services officers;
  - c. the planned development of a new electronic system.
5. In light of recent concerns raised about the operation of the CDF scheme, Internal Audit undertook an audit earlier in 2021. The findings of this audit have been shared with members of this Committee.
6. In order to fully consider the findings of that audit and any possible ways of improving how the scheme operates, it is proposed that a cross party working group be established.

7. The proposed membership of the working group is the Chairman and Vice-Chairman of Governance and Ethics Committee, the Business Manager or their nominee from each political Group of the Council and the Council's non-aligned member.

### **Other Options Considered**

8. For officers to undertake a review of the policy and procedures for the Committee to consider but this would not enable Members' views to help shape the development of any new proposals.

### **Reason/s for Recommendation/s**

9. To ensure that the CDF Policy and procedures are reviewed enable the aims and objectives of the scheme and the strategic objectives of the Council to be fully met.

### **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.

### **RECOMMENDATION**

- 1) That a cross party CDF Review Working Group be established as outlined in the report with the membership being the Chairman and Vice-Chairman of Governance and Ethics Committee, the Business Manager or their nominee from each political Group of the Council and the Council's non-aligned member.
- 2) That a report detailing the proposed changes to the policy and procedures resulting from the Working Group be submitted to a future meeting of the Committee for consideration and approval.

**Marjorie Toward**

**Service Director, Customers, Governance and Employees**

**For any enquiries about this report please contact:**

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E-mail: [keith.ford@nottscc.gov.uk](mailto:keith.ford@nottscc.gov.uk)

### **Constitutional Comments (HD – 18/11/01)**

11. The proposals within the report fall within the remit of Governance and Ethics Committee who are responsible for policy development and approval matters within their remit (subject to any necessary approvals by Policy Committee or the Full Council) and are also responsible for monitoring the Councillors Divisional Fund. This matter does not have significant policy or other impacts to require Policy Committee approval and is not otherwise reserved to Full

Council, so the decision to establish a working group to change the Policy and procedures may be taken by the Governance and Ethics Committee.

### **Financial Comments (RWK 06/12/21)**

12. 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.

- Internal Audit Report – Councillor's Divisional Fund - October 2021

### **Electoral Division(s) and Member(s) Affected**

- All



**16 December 2021**

**Agenda Item: 9**

## **REPORT OF THE SERVICE DIRECTOR – CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **RUSHCLIFFE BOROUGH COUNCIL ELECTORAL REVIEW – CONSULTATION RESPONSE**

#### **Purpose of the Report**

1. The report asks Committee Members to approve the Council's response to the consultation on the electoral arrangements for Rushcliffe Borough Council, which is being run by the Local Government Boundary Commission for England.

#### **Information**

2. The Local Government Boundary Commission for England (the Commission) is currently undertaking a review of the electoral arrangements for Rushcliffe Borough Council. The review comprises two parts, the first of which is the determination of council size (the number of Councillors in Rushcliffe), which has now been completed. The second stage of the review concentrates on the development of warding arrangements based on that council size.
3. The timetable for the second stage of the review is set out below.

<b>Stage starts</b>	<b>Description</b>
20 April 2021	Number of Councillors decided
11 May 2021	Start of consultation seeking views on new Wards
19 July 2021	End of consultation; beginning of analysis of submissions and forming draft recommendations
5 October 2021	Publication of draft recommendations, start of second consultation
13 December 2021	End of consultation; beginning of analysis of submissions and forming of final recommendations
1 March 2022	Publication of final recommendations

4. Progress to date during this stage has seen the Commission invite warding proposals for the determined number of members (44). During this stage, interested parties, both organisations and individuals, were able to suggest arrangements for all or part of the Council area. Having taken account of these suggestions, the Commission has drafted its proposed warding arrangements for the borough and is now asking for feedback on those proposals.

5. In developing warding proposals, the Commission takes account of the electorate forecast for 2027 (five years from the scheduled publication of the Commission's recommendations in 2022), to produce a scheme that meets three statutory criteria:
  - a. Equality of representation
  - b. Reflecting community interests and identities
  - c. Providing for effective and convenient local government
6. While the deadline for submitting feedback on proposals is 13 December 2021 (before the Committee meets), the Commission has agreed that the Council could submit a draft response (**Appendix A**), with a final response being provided once the Committee has made its decision.
7. In drafting the response, comments have been invited from all those Councillors whose Divisions are within Rushcliffe Borough.
8. After the Commission has published its final recommendations, the changes it has proposed must be approved by Parliament. An order, the legal document that brings the recommendations into force, will be laid in draft in Parliament. The draft order will provide for the new electoral arrangements to be implemented at the all-out elections for Rushcliffe in 2023.
9. Any changes to the warding scheme of Rushcliffe Borough will not impact on Nottinghamshire County Council, however the revised warding scheme will be a consideration when the next review of Nottinghamshire's divisional boundaries is undertaken.

### **Other Options Considered**

10. The Council could choose not to make any representation to the consultation.

### **Reason/s for Recommendation/s**

11. As divisional members, Nottinghamshire's County Councillors enjoy significant local knowledge and can provide informed commentary on whether the proposals reflect community interests and identities and provide for effective and convenient local government.

### **Statutory and Policy Implications**

12. 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) That the Committee approves Appendix A for submission as the Council's response to the Local Government Boundary Commission for England's consultation on its proposed Warding arrangements for Rushcliffe Borough Council.

**Marjorie Toward**

**Service Director – Customers, Governance and Employees**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (HD – 7/12/2021)**

13. The decision may fall within the responsibility of Governance and Ethics Committee (due to its responsibility for Democratic Services functions) as well as Policy Committee (responsible for Local Democracy and Elections functions not reserved to Full Council). Where a report falls within the remit of more than one Committee, to avoid the report being discussed at more than one Committee the constitution provides for the report to be presented at the most appropriate Committee. Given the timescales within which a response is required to the consultation, Governance and Ethics Committee is the most appropriate Committee to determine the recommendations on this occasion.

### **Financial Comments (SES 24.11.2021)**

14. 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.

- [Local Government Boundary Commission for England - Rushcliffe review page](#)
- [Local Government Boundary Commission for England - Rushcliffe draft recommendations report](#)
- [Electoral review technical guidance](#)

### **Electoral Division(s) and Member(s) Affected**

- Bingham East – Councillor Francis Purdue-Horan
- Bingham West – Councillor Neil Clarke MBE
- Cotgrave – Councillor Richard Butler
- Keyworth – Councillor John Cottee
- Leake and Ruddington – Councillors Reg Adair and Matt Barney
- Radcliffe-on-Trent – Councillor Roger Upton
- West Bridgford North – Councillor Penny Gowland
- West Bridgford South – Councillor Jonathan Wheeler

- West Bridgford West – Councillor Gordon Wheeler

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# RUSHCLIFFE ELECTORAL REVIEW

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## Nottinghamshire County Council response

### General comments

#### Large areas

The Council has some concerns about the large size of some proposed rural Wards and the number of parishes that they incorporate. While these are often proposed to be multi-Member Wards, this would not necessarily mean the workload could be shared. This is partly driven by concerns about being seen and accessible. There are also barriers where seats within multi-

Member Wards are not held by a single political group. In these circumstances it significantly increases the number of parish councils and parish meetings each Ward Councillor would need to attend. Having to attend so many meetings may deter potential candidates for election.

#### 3 member wards

In preparing the response to the Commission's proposals, several Members expressed strong objection and concern to multi-Councillor Wards. Reasons included concerns around workload; Councillors within a multi-Member Ward felt that there was an expectation that they respond to everything and attend all relevant meetings within their area. There was also concern that this could lead to a lack of accountability.

There is some acknowledgement that, in some urban areas where there are large communities and few distinct boundaries, three Members Wards may be necessary.

## Population growth and the Councillor : elector ratio

Concern was expressed about the expected population growth in Rushcliffe by 2027 and the impact this would have on the Councillor : elector ratio.

The electorate in 2020 was 90,558 and is projected to increase to 107,012 by 2027 (18%). With the Council size proposed to remain the same, this will have a significant impact on the Councillor : elector ratio, increasing it from 1 : 2,058 to 1 : 2,432. Noting comments about multi member Wards, that would mean that on average, Councillors in three Member Wards would be serving an

electorate of 7,296 electors, who could be spread out over a significant area. This could place large demands on individuals where there is Councillors for the area represent multiple parties.

Retaining the same number of Councillors over the larger electorate would lead to the Councillor : Elector ratio exceeding comparable areas within Nottinghamshire, for example the ratio in Gedling is currently 2,198 electors per Council, while the average for Newark and Sherwood is 2,379 electors per Councillor. In Bassetlaw the ratio is even lower with an average of 1,845 electors per Councillor.

## Aligning boundaries

Councillors felt it would be helpful that, wherever possible, Ward boundaries should align with Division boundaries to avoid confusion and create a sense of place.

## Proposed Warding arrangements

Ward	Comments
Abbey	<p>The Council feels that the proposed Ward is too large without natural boundaries. Rather than reflecting local communities, the proposals feel arbitrary with the sole basis being electoral equality. They remove a sense of place from a suburban area. There is no community hub within the proposed Ward to provide a sense of identity. No significant development is planned within the area.</p> <p>The Council would suggest revising the boundaries of neighbouring Wards.</p>

One suggestion identified neighbouring Wards with one or two members, the boundaries of which could be redrawn to provide a more manageable area. A specific suggestion was made to redraw the proposed Abbey, Musters and Lutterell Wards creating three Wards each with two Councillors.

One suggestion identified Davies Road as a natural geographical boundary for the Ward, bringing Eltham Road and Blake Road into Abbey Ward and all of the Priory Road and Foundry Road area into the Trent Bridge Ward as it has an affinity with Henry Road and Millicent Road. The issues affecting residents in those areas are considered similar. Within this suggestion, Carnarvon Road was also identified as having greater affinity with the Trent Bridge area because of the location of the school at the boundary. As part of this suggestion, a preference was expressed for moving the boundary from Gordon Road to Burleigh Road or Stamford Road (or further north as determined by the numbers). The current boundary at Leahurst Road was considered appropriate with residents on both sides of the road being in the same Ward. This suggestion also recognised a feeling that the houses in Alford Road, south of Leahurst Road, have a greater affinity with Edwalton.

#### Aslockton & Cropwell

The Council does not support this proposal. Its vast geographical size is not conducive to effective and convenient local government. Instead, the Council suggests that Aslockton and Cropwell should remain as two separate Wards. The Council also asks that Barnstone is moved into Nevile and Langar Ward and suggests locating Upper Saxondale within Radcliffe on Trent as its natural centre for amenities.

Some comments received in the drafting of the response supported the suggestion of Aslockton and Whatton Parish Councillors, which was to retain an enlarged Cranmer Ward incorporating: Aslockton, Whatton in the Vale, Scarrington, Flawborough, Orston, Elton and Granby. There was also an indication that there was a strong local connection to the name Cranmer Ward, named for being the birthplace of Archbishop Cranmer.

This would sit alongside an amended Cropwell Ward featuring Cropwell Butler, Cropwell Bishop, Tithby and Wiverton and Colston Bassett.

#### Barton in Fabis

The Council recognises the significant development that is planned for Fairham Pastures in coming years and the complexities of finding a solution that is viable in both 2022 and 2027. The Council is aware of strong local feeling about the proposals as they currently stand because they do not respect the historical links and established identities of existing communities.

The Council supports the requests of local communities that Sutton Bonnington, Normanton on Soar and Stanford on Soar should be grouped together and Gotham, Thrumpton, Ratcliffe on Soar, Kingston upon Soar and Barton in Fabis (including the Fairham Pastures development) be grouped.

	<p>The current proposals will see Barton in Fabis village being separated from four similar villages with which it has historic links that are reflected in modern day community links. The Council has seen evidence of parochial church links, joint parish council meetings, joint campaigns relating to matters of local interest, shared amenities and social connections amongst the communities. This evidence is set out in the submission that is being made by all of the local parish councils and parish meetings.</p>
Bingham North	<p>The current proposal is to rotate the boundary for Bingham by 90 degrees from an East and West Ward to a North and South Ward. This would cut across county divisions and would cause confusion. The East/West approach fits with the surrounding villages, with the East side taking the whole of the centre of Bingham. This would mean that the town centre would be represented by one set of Councillors only. By changing the orientation, the town centre would split. This would be confusing for residents, particularly as they would then follow a different pattern to the county divisions.</p> <p>If retaining an East/West split was affected by the number of electors, there is the potential for Mill Hill Estate to be moved to provide greater electoral equality.</p> <p>The view of a majority of Members who were involved in drafting the response was that the proposal was not supported, and it was requested that where possible any changes to Ward boundaries should be consistent with county division boundaries.</p> <p>In drafting the response, an alternative view was also expressed, which understood and accepted the proposals.</p>
Bingham South	See comments for Bingham North.
Bunny	<p>The proposed Bunny Ward would comprise small parishes that share similar characters that sit well together. With limited development planned in this area, the Council is supportive of the proposal.</p>
Compton Acres	<p>Compton Acres and Lutterell run together. With no community hub in Lutterell, residents in this area look to Compton Acres, which has its own facilities. The Council therefore suggests that the proposed Compton Acres and Lutterell Wards be combined into a single 3-Member Ward. Notwithstanding comments elsewhere in this document expressing concern about the challenges of 3-Member Wards, it is considered in this instance to be the most convenient solution. It would avoid imposing artificial boundaries on a community, separating it from its amenities.</p>

Cotgrave	While having some concerns about three Member Wards, the Council acknowledges the number of houses within this area, which makes the proposal logical. Bringing in Normanton on the Wolds and Clipstone also makes sense as it reflects the county division.
East Bridgford	<p>The Council does not support the proposals for East Bridgford as it does not consider that the size of the area is conducive to effective and convenient local government.</p> <p>A more suitable proposal would be the use of the A46 as a natural boundary, creating a one Member East Bridgford Ward and a one Member Thoraton Ward. Small settlements around the boundary (the Flintham and Newton areas) would sit comfortably in either Ward and provide some flexibility for ensuring electoral equality.</p> <p>An alternative was also put forward which would see the creation of two Wards:</p> <p><b>Newton &amp; Saxondale:</b> Upper Saxondale, Saxondale village, Newton, Shelford, Car Colston and Screveton  <b>East Bridgford &amp; Flintham:</b> East Bridgford, Kneeton, Flintham, Sibthorpe, Shelton, Hawksworth and Thoraton</p>
Edwalton	<p>Overall, the Council accepts the proposals for the Edwalton Ward. Keeping the new housing estate at Sharp Hill with the rest of Edwalton is logical as it does not have its own facilities and would share the services available in the wider Edwalton area.</p> <p>The Council notes the proposal to move a part of Edwalton into Gamston Ward; there is concern that this may cause confusion amongst local electors but recognises it may be necessary to provide for better electoral equality in the new area.</p>
Gamston	The Council has already expressed some concern about moving some residents from Edwalton into the Gamston Ward because of a lack of affinity. It is recognised that the only way to resolve those issues would be by redesigning this area and Abbey Ward, creating 2 Member Wards and with Gamston exceeding the average Councillor / elector ratio.
Keyworth and Wolds	Overall, there are no specific objections to the proposed boundaries, however the Council is aware that housing growth is planned for Keyworth which will have a significant impact on the relevant Ward Member's workload. This could prevent people putting themselves forward for election.
Leake	The Council agrees with the current recommendation to combine East Leake and West Leake into one three-Member Ward.

Lutterell	The Council does not agree with the proposal for Lutterell (see comments in Compton Acres).
Musters	The Council does not wish to suggest any changes to the proposed Ward. The geography of the Ward is sensible, based on a spine road and those roads running off it. Local residents identify with living in that area; this was evidenced during a recent by-election.
Nevile and Langar	<p>While there is mostly support for this proposal, the Council has concerns about splitting the parish of Langar cum Barnstone. On the ground, this proposal does not make sense, separating a community with a strong local identity.</p> <p>If necessary, to provide better electoral equality, one suggestion made during the drafting of the response would see a slight revision to the proposed Nevile and Langar Ward: Barnstone, Langar, Hickling, Kinoulton, Owthorpe and Upper Broughton.</p>
Radcliffe on Trent	Overall, the Council supports these proposals. If necessary, to accommodate other suggested amendments it would have no issue with Radcliffe on Trent retaining Upper Saxondale, as Radcliffe would provide the focal point for amenities for residents living in that area. The Council does request that the whole Upper Saxondale area is contained within a single Ward rather than split across two.
Ruddington	The Council supports the proposed Ward as presented.
Soar Valley	See comments within Barton in Fabis.
Tollerton	The Council supports the proposed Ward.
Trent Bridge	<p>The Council has concerns about the proposed Trent Bridge Ward. There is particular concern about the Lady Bay area, which the proposals subsume within Trent Bridge. Lady Bay is a tight-knit urban village which has its own identifiable community.</p> <p>Suggestions about how Lady Bay could be separated are:</p> <ul style="list-style-type: none"> <li>- Reconfiguring Trent Bridge and Abbey Wards to separate out Lady Bay</li> </ul>



- Taking Kendall Court and everywhere north of Radcliffe Road and west of Regatta Way, which would follow geographical and psychological boundaries in the area. While Ella Road could be separated with Priory Road, this area also feels like Lady Bay as it is cut off by the Parks.

The proposal to move part of Lutterell to Trent Bridge is noted.

A further comment made during the preparation of the Council's response was that the area either side of Melton Road, just south of Rectory Road, is linked by the shops and shares similar issues and would sit well together.



**16 December 2021****Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR – CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****BASSETLAW COMMUNITY GOVERNANCE REVIEW****Purpose of the Report**

1. This report informs Councillors about the process that is being followed by Bassetlaw District Council in undertaking a Community Governance Review of its area. It also summarises the proposals that are subject to consultation as part of the first phase of the review. The Committee is also asked to confirm that the Council reserves its position on submitting a formal response until the next phase of the consultation by sending the courtesy letter attached to the report (**Appendix A**).

**Information**

2. The Local Government and Public Involvement in Health Act 2007 sets out the framework for principal councils to undertake community governance reviews of their local area. For Community Governance Reviews the principal authority in two tier areas is the district or borough council.
3. A Community Governance Review is a legal process through which the principal council will consult those living in the area, and other interested parties, on the most suitable ways of representing the people in the area identified in the review.
4. A review can consider one or more of the following options:
  - a. Creating, merging or abolishing parishes
  - b. The naming of parishes and the style of new parishes and the creation of town councils
  - c. The electoral arrangements for parishes (for instance, the ordinary year of election, council size, the number of councillors to be elected to the council and parish warding)
  - d. Grouping parishes under a common parish council or de-grouping parishes
  - e. Other types of local arrangements, including parish meetings
5. The principal authority sets the terms of reference for its review and must undertake consultation when considering what changes to make.

6. Bassetlaw District Council is conducting a Community Governance Review to consider arrangements relating to a number of parishes within its area to ensure that they are sustainable, provide connectivity and reflect local community identities. It also takes account of forecast electorate figures and new developments.
7. The terms of reference and full details of the review can be found on Bassetlaw District Council's website: [Community Governance Review | Bassetlaw District Council](#).
8. The timeline for the review, together with the actions that will take place at each of its phases are set out below:
  - 1 October 2021 – Bassetlaw District Council published the Terms of Reference for the review, which highlighted what it will cover and notified stakeholders
  - 1 October 2021 to 1 January 2022 – Stakeholders can make submissions to Bassetlaw District Council on future arrangements (as defined by the Terms of Reference)
  - January and February 2022 – Submissions will be reviewed by the Council and draft proposals will be prepared
  - 3 March 2022 – Bassetlaw District Council will agree the draft proposals for consultation; once agreed these will be published and stakeholders notified
  - March to May 2022 – Stakeholders can make submissions to Bassetlaw District Council on the draft proposals
  - 23 June 2022 – Bassetlaw District Council will confirm its final recommendations, which will be published
  - 1 September 2022 – The Reorganisation Order will be published and a request made to the Local Government Boundary Commission for England to approve any consequential changes
9. The review is currently at phase one and the Council has been invited to make any initial submissions on the proposals, which are set out in the table below:

Ranskill / Torworth <i>Misterton Division</i>	Torworth Parish Council has asked for the Parish boundary with Ranskill, in the vicinity of the A638, to be reviewed as a result of a recent development.
Carlton-in-Lindrick and Worksop <i>Worksop North Division</i>	Residents from the Blyth Road development, Worksop which is within the Parish of Carlton-in-Lindrick have contacted the District Council for the area to be classed as part of the Worksop town area. The District Council does not have the power to amend Ward boundaries but can make recommendations to the Local Government Boundary Commission for England.
Holbeck and Welbeck <i>Worksop South Division</i>	All the Parish Councils in the area are very small. This brings challenges of capacity and sustainability. The Parishes wish to explore options for mergers.

Beckingham-cum-Saundby <i>Misterton Division</i>	Proposed reduction in the number of Parish Councillors from 11 to 8, one for Saundby and seven for Beckingham.
Misson <i>Misterton Division</i>	Proposed increase to the number of Parish Councillors. The Council currently has 7 seats.
Rampton and Woodbeck <i>Tuxford Division</i>	Proposed increase to the number of Parish Councillors from 7 to 8.

10. At present the proposals do not impact on County Division boundaries however it is possible that the proposals may change in response to any comments received during the first phase of consultation. Any individual or group can comment on the proposals and put forward their own suggestions.
11. A Council undertaking a Community Governance Review may ask the Local Government Boundary Commission for England to make changes to boundaries at district or county level to reflect revised parish boundaries to maintain coterminosity. This may be a representation that the County Council wishes to make in the event that the updated proposals affect County Divisions.
12. The Commission may agree to implement these related alterations and make an Order to implement them. Changes would come into effect at the next ordinary elections for each Council so there may be a period where boundaries are not coterminous.
13. If the Commission decided not to implement any proposed related alterations, the existing boundaries would remain in force.
14. If a principal council was satisfied that the identities and interests of local communities were still reflected and that effective and convenient local government would be secured, then it may decide that it does not wish to propose related alterations to ward or division boundaries.
15. Where proposals for related alterations are submitted to the Local Government Boundary Commission for England, it would expect to receive evidence that the principal council has consulted on them as part of its review.

### **Other Options Considered**

16. The Council is under no duty to submit a response. Not submitting a response at this stage of the review would not prejudice the Council's ability to respond to any further phases of consultation.

### **Reason/s for Recommendation/s**

17. Bassetlaw District Council is undertaking comprehensive consultation on its initial proposals. Any individual, group or body could submit a response, which would be taken into account when the final recommendations are prepared.
18. At this stage it is recommended that the Council adopts a watching brief, as it is not required to respond at this stage and simply responds with a courtesy letter to the District Council explaining that it will reserve its position under the next stage of the consultation.

19. By reserving any comments until the consultation on the final draft proposals, the Council will be able to refer to any local submissions made by other consultees during the current consultation in forming its response. It will also be clear at this point whether the proposals will impact on County divisional boundaries.
20. If any individual Councillor or group wished to make comments on the proposals at this stage, they are able to send any comments directly to Bassetlaw District Council.

## **Statutory and Policy Implications**

21. 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.

### **Implications for Service Users**

22. Based on the proposals as they currently stand, there would be no impact on service users from a County Council perspective.
23. There are wider impacts of the review, which will be for Bassetlaw District Council to consider when it develops its final proposals and subsequently votes on the final recommendations.

## **RECOMMENDATION/S**

- 1) That the Committee authorises the Chief Executive to submit the letter at **Appendix A** to the report as a courtesy response to the consultation on the draft proposals in respect of Bassetlaw District Council's Community Governance Review, reserving its position for any formal response until phase 2 of the consultation.

**Marjorie Toward**  
**Service Director – Customers, Governance and Employees**

**For any enquiries about this report please contact:**

Jo Toomey, Advanced Democratic Services Officer  
Telephone: 0115 977 4506  
Email: jo.toomey@nottcc.gov.uk

### **Constitutional Comments (EKH 29/11/2021)**

24. At this stage of the consultation, no formal response is proposed and it is therefore acceptable for this matter to be considered at the Council's Committee responsible for oversight of general governance matters affecting the Council.

### **Financial Comments (SES 24/11/2021)**

25. 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.

- [Community Governance Review | Bassetlaw District Council](#)
- [Local Government and Public Involvement in Health Act 2007](#)
- [Local Government Boundary Commission for England – Guidance on community governance reviews](#)

## Electoral Division(s) and Member(s) Affected

All County Councillors whose divisions fall within the Bassetlaw area are listed below; those Divisions shown in bold include the parishes listed within the terms of reference of the review:

- Blyth and Harworth – Councillor Sheila Place
- **Misterton – Councillor Tracey Taylor**
- Retford East – Councillor Mike Introna
- Retford West – Councillor Mike Quigley
- **Tuxford – Councillor John Ogle**
- Worksop East – Councillor Glynn Gilfoyle
- **Worksop North – Councillor Callum Bailey**
- **Worksop South – Councillor Nigel Turner**
- Worksop West – Councillor Sybil Fielding





This matter is being dealt with by:

**Name: Heather Dickinson**

Reference: CGR/2021BBC

**T** 0300 500 80 80

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**W** [nottinghamshire.gov.uk](http://nottinghamshire.gov.uk)



**Nottinghamshire  
County Council**

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Head of Corporate Services  
Bassetlaw District Council  
Queen's Buildings  
Potter Street  
Worksop  
S80 2AH

16 December 2021

Dear Stephen

Thank you for notifying Nottinghamshire County Council about the Community Governance Review that you are currently undertaking within the District.

The Council appreciates that this is the first of two periods of consultation and that at this time other proposals are likely to come forward.

At this stage Nottinghamshire County Council would like to acknowledge our interest in the review but we do not wish to make comments at this time.

The Council reserves the right to respond during the second consultation stage, after the final draft recommendations have been published. We can then consider these in conjunction with submissions and comments made by local communities during the first phase of consultation. We will therefore consider whether a formal response providing comment and response is required at that time.

Yours sincerely

**Anthony May**  
**Chief Executive**  
**Nottinghamshire County Council**



**16 December 2021****Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To review the Committee's work programme for 2021-22.

**Information**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the Committee's agenda, the scheduling of the Committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Committee meeting. Any member of the Committee is able to suggest items for possible inclusion.
3. The attached work programme includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
4. The work programme is currently being reviewed and a more comprehensive appendix will be prepared for the next meeting.

**Other Options Considered**

5. None

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and

the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **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:**

Jo Toomey, Advanced Democratic Services Officer / Keith Ford, Team Manager, Democratic Services

Tel. 0115 9774506 / 0115 9772590

E-mail: [jo.toomey@nottsc.gov.uk](mailto:jo.toomey@nottsc.gov.uk) / [keith.ford@nottsc.gov.uk](mailto:keith.ford@nottsc.gov.uk)

### **Constitutional Comments (EH)**

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

### **Financial Comments (NS)**

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

### **Background Papers and Published Documents**

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

- None

### **Electoral Division(s) and Member(s) Affected**

- All

## **GOVERNANCE & ETHICS COMMITTEE – WORK PROGRAMME (AS AT 8 DECEMBER 2021)**

<b><u>Report Title</u></b>	<b><u>Brief Summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>27 January 2022</b>			
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Marie Rowney
Fraud update report	To consider progress against the counter-fraud and counter-corruption action plan	Rob Disney	Simon Lacey
Regulation of Investigatory Powers Act 2000 (RIPA) Annual Report 2020-21	To consider the annual report	Marjorie Toward	Heather Dickinson / Emma Hunter
<b>10 March 2022</b>			
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Marie Rowney
Whistleblowing update	To update the committee on whistleblowing activity during 2021	Marjorie Toward	Heather Dickinson / Emma Hunter
Corporate Governance Update	To receive an update on progress against the Annual Governance Statement action plan for 2021.22	Rob Disney	Rob Disney
Internal Audit Term 3 (2021/22) Report and Term 1 (2022/23) Plan	To review the outcomes of Internal Audit's recent work and consider proposals for planned coverage in the next term	Rob Disney	Simon Lacey
Corporate Risk Management 6-monthly update	To consider the updated corporate risk register and developments in the Council's approach to risk management	Rob Disney	Simon Lacey
Whistleblowing Policy Review	To consider the outcome of the review	Marjorie Toward	Heather Dickinson / Catherine Haywood

<b>21 April 2022</b>			
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Marie Rowney
Governance and Ethics Committee annual report	To consider the draft annual report and recommend to full council for consideration	Rob Disney	Rob Disney
Statement of Accounts 2021-22 – Accounting Policies	To consider the annual review of the accounting policies	Nigel Stevenson	Glen Bicknell
Informing the Risk Assessment – 2021/22 Statement of Accounts	To consider the risk assessment	Nigel Stevenson	Glen Bicknell
Annual Governance Statement 2021-22	To consider the draft statement for 2021/22	Rob Disney	Simon Lacey
Follow-up of Internal Audit recommendations – 6 monthly update	To consider an update on progress with implementing agreed actions from Internal Audit reports	Rob Disney	Simon Lacey
<b>9 June 2022</b>			
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Marie Rowney
Assurance Mapping 2021-22	To review the assurance provided from the map in 2021/22 and consider coverage for 2022/23	Rob Disney	Simon Lacey
Head of Internal Audit Annual Report 2021-22	To consider the Head of Internal Audit's annual opinion of the arrangements for governance, risk management and control	Rob Disney	Rob Disney
External Audit Plan 2021/22	To consider the External Audit Plan for the forthcoming audit	Nigel Stevenson	Glen Bicknell
Update on the Use of the Councillor's Divisional Fund	To consider six monthly update	Marjorie Toward	Keith Ford
<b>21 July 2022</b>			

Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Marie Rowney
Annual Fraud Report 2020-21	To review the incidence of fraud over the year and an update on risks and mitigations	Rob Disney	Simon Lacey
Internal Audit Term 2 2022/23	To consider proposed audit coverage for Term 2	Rob Disney	Simon Lacey
Councillor Code of Conduct Review	To consider the findings of the working group	Marjorie Toward	Heather Dickinson
<b>Other – to be removed</b>			
Review of virtual and hybrid meetings	To consider the impact of virtual and hybrid meetings including on public engagement	Marjorie Toward	Dem Services / Comms / ICT
<i>This item has been superseded because the Council is currently broadcasting its public meetings with no current legislative provision for virtual and hybrid Council and Committee meetings</i>			

