

Guildhall Gainsborough  
Lincolnshire DN21 2NA

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## AGENDA

**This meeting will be webcast live and the video archive published on our website**

**Governance and Audit Committee**  
**Tuesday, 11th October, 2022 at 10.00 am**  
**Council Chamber - The Guildhall**

**Members:** Councillor John McNeill (Chairman)  
Councillor Mrs Jackie Brockway (Vice-Chairman)  
Councillor Stephen Bunney  
Councillor Mrs Tracey Coulson  
Councillor Christopher Darcel  
Councillor Mrs Caralyne Grimble  
Councillor Mrs Angela White  
Alison Adams  
Andrew Morriss

1. **Apologies for Absence**
2. **Public Participation Period**  
Up to 15 minutes are allowed for public participation.  
Participants are restricted to 3 minutes each.
3. **Minutes of Previous Meeting** (PAGES 3 - 8)  
To confirm and sign as a correct record the Minutes of the Meeting of the Governance and Audit Committee held on Tuesday 19 July 2022.
4. **Members Declarations of Interest**  
Members may make any declarations of interest at this point but may also make them at any point during the meeting.
5. **Matters Arising Schedule** (PAGES 9 - 11)  
Matters Arising schedule setting out current position of previously agreed actions as at 3 October 2022.
6. **Committee Update on the delay in issuing the Auditor's Annual Report 2021/22** (PAGE 12)
7. **Public Reports for Consideration**

Agendas, Reports and Minutes will be provided upon request in the following formats:

Large Clear Print: Braille: Audio: Native Language

- a) Review of Strategic Risks (PAGES 13 - 41)
  - b) Internal Audit Quarter 2 Report 2022/23 (PAGES 42 - 63)
  - c) Local Government and Social Care Ombudsman (PAGES 64 - 86)  
(LGSCO) Annual Review Letter Report 2021/22
  - d) Member Development Annual Report 2021/2022 (PAGES 87 - 93)
8. **Workplan** (PAGES 94 - 96)

Ian Knowles  
Head of Paid Service  
The Guildhall  
Gainsborough

Monday, 3 October 2022

## WEST LINDSEY DISTRICT COUNCIL

MINUTES of the Meeting of the Governance and Audit Committee held in the Council Chamber - The Guildhall on 19 July 2022 commencing at 10.00 am.

**Present:** Councillor John McNeill (Chairman)

Councillor Stephen Bunney  
Councillor Mrs Tracey Coulson  
Councillor Christopher Darcel  
Councillor Mrs Caralyne Grimble  
Councillor Mrs Angela White  
Alison Adams  
Andrew Morriss

**In Attendance:**

Emma Foy	Director of Corporate Services and Section 151 Officer
Lucy Pledge	Head of Audit & Risk Management, Lincolnshire County Council
Natalie Kostiuk	Customer Experience Officer
Alastair Simson	Principal Auditor, Lincolnshire County Council
Katie Storr	Democratic Services & Elections Team Manager
Andrew Warnes	Democratic and Civic Officer

**Also in Attendance:** Councillor Susan Waring, Chairman of the Audit Committee, North Kesteven District Council (Visiting).

**Apologies:** Councillor Mrs Jackie Brockway (Vice-Chairman)

**Membership:** No Members were substituted.

### 9 PUBLIC PARTICIPATION PERIOD

There was no public participation.

### 10 MINUTES OF PREVIOUS MEETING

**RESOLVED** that the Minutes of the previous Meeting of the Governance and Audit Committee held on 14 June 2022 be approved and signed as a correct record.

### 11 MEMBERS DECLARATIONS OF INTEREST

There were no declarations of interests made at this point in the meeting.

## **12 MATTERS ARISING SCHEDULE**

With no comment, the Matters Arising Schedule was duly **NOTED**.

## **13 UNAUDITED STATEMENT OF ACCOUNTS 2021-22**

The Committee were presented with the Unaudited Statement of Accounts for Scrutiny. The Accounts had been approved for issue by the S151 Officer on 11 July 2021 to the Auditor, Mazars, prior to the statutory deadline of 31 July 2022 for consideration and review. These were to be published on 25 July and available until 5 September for public inspection.

The Committee was responsible for the approval of the Statement of Accounts and any material amendments of the accounts recommended by the external auditors.

The Audited Statement of Accounts would therefore be presented to the Committee again on 29 November 2022 after the audit process. The Unaudited Statement of Accounts for 2021/22 had been prepared under the International Financial Reporting Standards based Code of Practice on Local Authority Accounting (the Code). Members noted that extended deadlines again applied as they had the previous year, with the unaudited accounts having to be published on or before 31 July 2022. Audited accounts must be published by 30 November 2022.

Members of the Governance and Audit Committee would be provided with specific training on the Statement of Accounts, as required by the Constitution, a few days prior to the relevant Committee Meeting.

Debate ensued, and Members referenced the balance sheets. Arising from comments that the financial situation was not as strong, Members sought assurance as to whether collection rates would remain high. Further assurance was sought that the External Auditors would meet the target given last year's experience.

In responding, the Section 151 Officer advised she was liaising closely with the External Auditors, holding more regular meetings, and of the roles, she had to ensure Audit queries, working papers and other queries were responded to and provided quickly. The Officer also stressed that there were controls in place when such issues arose, and these were summarised to the Committee. Regarding collection rate security, Council Tax Rebate, Energy Support Schemes and a large number of residents on direct debits provided some level of protection. Members were advised that a report was due for consideration at the next Corporate Policy and Resources Committee setting out the financial pressures.

Responding to a query on the acceptable level of depleting reserves, the Section 151 Officer indicated reserves were currently in excess of twice the minimum level and that the current status of the Council would see the Authority through to 2023/24 in the worst-case scenario, using the uncertainty of Central Government funding, but through to 2025/26 on earmarked reserves.

In explaining the planned dip in business rates, Members learnt that a re-basing exercise was expected and how this affected income temporarily for the year in which the re-basing was conducted.

Regarding the pension liability, the Section 151 Officer stated that the liability was based on a theoretical position of having to pay all the pensions at once. The Officer asserted that the chances of doing so were low. Members heard that if there were a huge reduction in the value of investments, there would likely be an increase in pension liability. The Officer also stated that she could not confirm whether the Government would assist with pension liabilities.

In answering a set of questions on fair valuations, Members heard the valuation cost reflected the price the asset would achieve but did not include costs of sale. Fair valuations were sought from a variety of organisations dependent on the asset being valued, but all were subject to national regulation and professional code of practice. Additionally, all valuations received accreditation from the Auditor.

On a query about cash-flow reductions in the current accounts, the Section 151 Officer explained that these were short-term deposits in order to gain interest on the value of the money.

In responding to Members' comments regarding budget smoothing, and previous practices, the new Section 151 Officer indicated her biggest objective was to demystify local government finances and accounting and to increase understandability and accountability.

Having been moved and, seconded, on being put to the vote it was unanimously

**RESOLVED** that having had the opportunity to review the Unaudited Statement of Accounts there are no comments from the Committee which need to be referred to the Section 151 Officer for subsequent discussion with the Council's External Auditors, Mazars.

## **14 INTERNAL AUDIT ANNUAL REPORT 2021/2022**

Members gave consideration to the Internal Audit Annual Report 2021/22. The report aimed to provide a summary of the audit work undertaken over the past year. The report included an opinion on the overall adequacy of and effectiveness of the governance framework and internal control system and the extent to which the Council could rely on it. The report further advised on how the plan was discharged and of overall outcomes of the work undertaken. Finally, it drew attention Members' attention to any issues particularly relevant to the Annual Governance Statement.

Key messages highlighted to the Committee included the Auditor's overall opinion. For the twelve months ended 31 March 2022, the Council's arrangements for governance, risk management and control framework continued to be strong.

In presenting the report, the Auditor advised that it had been another challenging year for the Council – responding, supporting and recovering from the pandemic. Its systems and processes had operated effectively during this time, both remotely and more recently in a hybrid way, with staff working at home and in the office. The Auditor highlighted the continued level of high assurance but stated that remote working had elongated the auditing processes for several issues assessed.

Debate ensued, and Members congratulated the team for their work. In addition to the findings of the Annual Report, results showed that most services performed well, and only a few performed adequately.

In response to a query about the combined assurance and issues with communication between different departments, the Auditor stated that the Audit Team were adapting to working longer and flexibly in hybrid working. The Auditor was keen to stress the level of work, with the Section 151 Officer offering to take up any issues with communication. Responding to a comment about communication to Officers, the Chairman suggested that the recently published yearbook helped support Members' enquiries to the responsible Officers.

Having been moved and, seconded, on being put to the vote it was unanimously

**RESOLVED** that: -

- (a) having considered the Head of Audit's Annual Report and Opinion for 2021/2022 no further actions had been identified; and
- (b) the Annual Report and the Head of Internal Audit's opinion would be taken into account by the Committee, when considering the Council's Annual Governance Statement 2021/22.

## **15 DRAFT ANNUAL GOVERNANCE STATEMENT 2021-22**

Members gave consideration to the report which presented the draft Annual Governance Statement for 2021/22. The Committee were asked to review its content and identify any additional issues they considered should be contained in the associated action plan, prior to receiving the final document for approval at its meeting on 29 November 2022.

Having reviewed the year; taken account of progress against the AGS 2020/21 action plan and having also considered recommendations made within various governance related reports/audits, the matters suggested for possible inclusion in the action plan were: -

- Loss of key staff – ensure that robust processes are fully documented, succession plans are in place where appropriate, identify activities which are overly reliant on one individual;
- Financial settlement – continue to update the MTFs as we gain greater certainty on the level of funding for future years;
- Prepare for all out elections in May 2023 – ensure robust election planning and deliver an effective Member induction plan;
- New finance system – ensure it is effective and compliant;
- Continue the review of corporate procurement procedures (carried forward from last year); and
- Continue the implementation of CIPFA FM Code requirements.

The 2020-21 Action Plan was attached in the report for review and sign off by the Committee.

Debate ensued, and Members drew attention to the financial settlement being lobbied for by the Council to Central Government. In response, the Director of Corporate Services advised that it would be a two-year settlement, with the Department for Levelling Up, Housing and Communities confirming this at the recent CIPFA conference. However, there were no guarantees when the Council would receive this.

In reply to a query about the new finance system, the Director stated that the new finance system had been implemented initially in February/March, with a few more modules left to implement. It was confirmed that continued support was provided from Technology One and AMS, in addition to the in-house team.

Having been moved and, seconded, on being put to the vote it was unanimously

**RESOLVED** that: -

- (a) having reviewed the draft Statement, no additional governance related matters be included in the draft statement; and
- (b) having reviewed the proposed set of issues, arising during the year and intended to form the Action Plan for 2021/22, they be agreed.

## **16 ANNUAL VOICE OF THE CUSTOMER REPORT 2021/22**

Members considered the Annual Voice of the Customer Report, which summarised customer feedback from the year 2021/22 and analysed customer contact and the demand data.

2021/22 saw an increase in customer feedback and customer demand compared to the previous year. There had been an increase in the number of compliments received, a small decrease in the number of complaints received and a large increase in the number of comments received.

The average response time for complaints had increased slightly, but the number of upheld complaints had decreased. More information on learning from complaints was included in the report, along with examples of the different types of complaints received.

Customer satisfaction had decreased slightly compared to the previous year; for 2021/22, the satisfaction score for the main customer-facing services was 74%. Customer demand had increased throughout the year, and telephone and online methods continued to be the preferred method of contact, with over 90% of customers using those channels.

Although face-to-face contact was limited at the beginning of the 2021/22 period, it had increased towards the end with more people attending the Guildhall building; this had also been affected by the Job Centre Plus seeing more customers on an appointment basis. Overall customer contact and demand, and in particular the number of telephone calls received, increased dramatically from February to March 2022. The reasoning for this was outlined, including the new recycling service implementation, the start of the Green Garden Waste Period, and an increase in enquiries concerning the Household Support Fund, the Council Tax Energy Rebate and the war in Ukraine.

Following the increase in customer feedback received, the Customer Experience Officer benefited from extra resources during the 2021/22 period. A customer service officer had been assisting with the workload on a temporary basis, which was being assessed to make it into a permanent position.

Members noted the improved layout and the live case studies. Members noted the feedback as more transparent, and Members were aware of the issues surrounding the increase of cases due to the introduction of the purple lidded bins.

Having been proposed and seconded, upon taking the vote, it was unanimously

**RESOLVED** that: -

- (a) the contents of the Annual Voice of the Customer report be noted;
- (b) Members are assured that robust and effective measures are in place to improve the overall customer experience; and
- (c) the work of the Customer Experience Officer and the Councils 'right first time' approach be supported.

## **17 WORKPLAN**

There was no comment or statements on the Workplan.

The Workplan as set out in the report was **NOTED**.

The meeting concluded at 11.07 am.

Chairman



## Governance & Audit Committee Matters Arising Schedule

### Purpose:

To consider progress on the matters arising from previous Governance & Audit Committee meetings.

**Recommendation:** That members note progress on the matters arising and request corrective action if necessary.

### Matters arising Schedule

Meeting	Governance and Audit Committee				
Status	Title	Action Required	Comments	Due Date	Allocated To
Black	Implementation and re-alignment of scheme of Officer delegation and new senior management structure	This action is taken from the extract from the draft Minutes and agreed action from the Governance and Audit Committee Meeting on Tuesday 12 April 2022: "(g) that the Monitoring Officer use current delegated powers, engaging the Chief Executive, and in consultation with Chairman of the Governance and Audit, to re-align the scheme of Officer delegation, on implementation of a new senior management structure (Section 4)."	See action required. This is an action that was recommended to Council, and it was agreed at Annual Council on 9 May 2022 that the 'action required' be acted upon.  New scheme published w/c 19 September	03/10/22	Katie Storr

<b>Black</b>	Frequently Asked Question Section for 2023 Members Induction	<p>This action is taken from the extract from the draft Minutes from the Governance and Audit Committee Meeting on Tuesday 12 April 2022:</p> <p>"It was suggested by Members that [the inclusion of a Frequently Asked Questions on Council / Committee procedure rules] should be part of Members Induction and that a 'Frequently Asked Questions' quick reference guide may be of assistance. In responding, the Assistant Director advised that the report did suggest Procedure Rules Training should form part of Members Induction in 2023, and furthermore would be considered mandatory for all Chairmen. The suggestion for a 'Frequently Asked Questions' section/booklet was welcomed by Officers, and would be considered for inclusion in the Members Induction Pack."</p>	<p>See Action Required. Update (30th September 2022): The request has been noted by the Democratic Services and Elections Team Manager. The item has been planned for inclusion for discussion at the Induction Workshop to be held shortly.</p>	30/12/22	Katie Storr
<b>Green</b>	Member Training for Statement of Accounts	<p>Taken from 14 June 2022 Meeting Minutes:</p> <p>"Noting the draft accounts were due at the next Committee, a Member queried when the Committee would receive their training, suggesting this should be prior to the draft accounts as opposed to the final accounts. The Director of Corporate Services</p>	<p>See action required. Update (1st July 2022): Item was discussed at today's Chair's Briefing, with plans for future training sessions to be organised by the Section 151 Officer, with assistance by Democratic Services. Update (23rd September 2022): Agreed that training would be held</p>	29/11/22	Emma Foy

		outlined the rationale for training Members prior to the final accounts with the Chairman indicating this would be discussed further at his next Chairman's briefing. It was hoped the on-line offer may be available by this stage too."	in week preceding November 2022 Governance and Audit Meeting. AW to liaise to arrange confirmed meeting date.		
<b>Green</b>	Climate Change and Sustainability Risk inclusion in Strategic Risks Review	This action is taken from the extract from the draft Minutes from the Governance and Audit Committee Meeting on Tuesday 12 April 2022: "There was a discussion on the merits of including a separate climate change and sustainability risk, with a Member referencing the work of the Council in recent years. The Officer informed the Committee that further consideration would be given to this matter and the outcome reported in the next review of strategic risks report."	Please see the action required. This was a requested action raised by a Member of the Committee, and agreed to be considered by the Monitoring Officer.	31/10/22	Emma Redwood

# Agenda Item 6



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30 September 2022

Dear Committee Member

## **West Lindsey District Council – Delay in Issuing the Auditor’s Annual Report 2021/22**

The 2020 Code of Audit Practice requires us to issue our Auditor’s Annual Report within 3 months of issuing our opinion on the financial statements, and before 30<sup>th</sup> September. Where this is not possible, we are required to write to you setting out the reasons for the delay in an ‘audit letter’. For the purposes of compliance with the Accounts and Audit Regulations (2015), this letter constitutes the ‘audit letter’.

As a result of an extension to the accounts and audit timetable for 2021/22, which extended the audit deadline to 30 November 2022, our Auditor’s Annual Report will not be issued by 30 September 2022. We anticipate issuing this, as required under the Code, no more than three months after the date of the opinion on the 2021/22 financial statements.

Yours sincerely



**Mark Dalton**  
Key Audit Partner  
For and on behalf of Mazars LLP



**G&A committee**

**11 October 2022**

**Subject: Review of Strategic Risks (September 2022)**

Report by:	Assistant Director People & Democratic Services
Contact Officer:	Emma Redwood Assistant Director People & Democratic Services
Purpose / Summary:	To present to the G&A Committee for review, the strategic risks facing the Council as at September 2022

## **RECOMMENDATION(S):**

For G&A Committee:

Members are asked to review the register and to consider:

- Do any additional risks of a strategic nature exist?
- Are current controls and proposed actions sufficiently robust?

## IMPLICATIONS

**Legal: None**

(N.B.) Where there are legal implications the report **MUST** be seen by the MO

**Financial: FIN/83/23/SL**

There are no financial implications arising from this report.

(N.B.) All committee reports **MUST** have a Fin Ref

**Staffing: None**

(N.B.) Where there are staffing implications the report **MUST** have a HR Ref

**Equality and Diversity including Human Rights: None**

*NB: Please explain how you have considered the policy's impact on different groups (for example: young people, elderly, ethnic minorities, LGBT community, rural residents, disabled, others).*

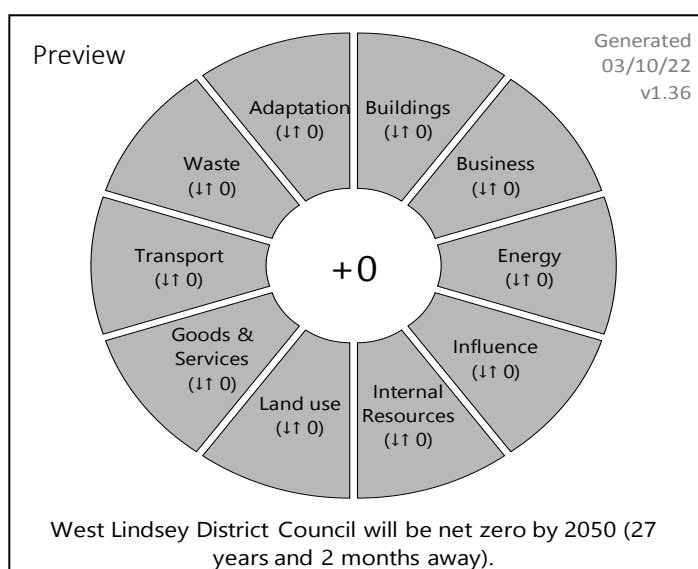
**Data Protection Implications: None**

### Climate Related Risks and Opportunities:

The Strategic Risk register records, monitors and mitigates the risks of the Council not achieving its Corporate Plan and statutory objectives.

This iteration of the risk register has no specific risks included in it relating to climate change. As the Corporate Plan and Executive Business plans are updated any risks of not achieving these objectives will be recorded, monitored and mitigated in the risk register.

Consideration was given to a climate related strategic risk, however this will be addressed in the full review of strategic risks aligned to the new 2023-27 Corporate Plan.



### Section 17 Crime and Disorder Considerations: None

### Health Implications: None

### Title and Location of any Background Papers used in the preparation of this report :

<https://www.west-lindsey.gov.uk/my-council/how-the-council-works/key-plans-policies-and-strategies/risk-management/>

**Risk Management Strategy 2019-2023**

### Risk Assessment: None

**Is the decision one which Rule 14.7 of the Scrutiny Procedure Rules apply?**

i.e. is the report exempt from being called in due to urgency (in consultation with C&I chairman)

**Yes**

☐

**No**

**x**

**Key Decision:**

A matter which affects two or more wards, or has significant financial implications

**Yes**

☐

**No**

**x**



## Summary of Strategic Risks – as at September 2022

Emma Foy	Inability to set a sustainable balanced budget	Our Council
Ady Selby	The quality of services do not meet customer expectations	Our Council
	Insufficient action taken to create a cleaner and safer district	Our Place
	Inability to maintain critical services and deal with emergency events	Overarching
Diane Krochmal	Inability to raise local educational attainment and skills levels	Our People
	Inadequate support is provided for vulnerable groups and communities	Our People
	Health and wellbeing of the District's residents does not improve.	Our People
	The local housing market and the Council's housing related services do not meet demand	Our Place
Sally Grindrod Smith	The local economy does not grow sufficiently	Our Place
Nova Roberts	ICT Security and Information Governance arrangements are ineffective	Overarching
	Inability to maintain service delivery with the amount of change initiatives	Overarching
Emma Redwood	Inability for the Council's governance to support quality decision making	Our Council
	Failure to comply with legislation including Health and Safety matters	Overarching

## 1 Introduction

- 1.1 Strategic risks are considered as being those faced by the Council that, if materialised, would adversely impact the delivery of corporate priorities.
- 1.2 This approach reflects the guidance provided by the Association of Local Authority Risk Managers (ALARM). This body advocates that strategic risks should focus on the long-term objectives of the organisation, which can be affected by areas such as financial concerns, political risks, legal and regulatory changes and changes in the physical environment.
- 1.3 The Governance and Audit Committee review the strategic risks on a six-monthly basis. (Previously presented April 2022)

## 2 Monitoring Arrangements

- 2.1 The strategic risks are presented to the Council's Management Team for review.
- 2.2 The Management Team review the risks, control measures and future actions to ensure that they remain sufficiently robust to mitigate the identified risks.
- 2.3 Where corrective action is required and/or additional risks are identified, the strategic risk register is updated accordingly.
- 2.4 During their reviews of the strategic risk register, one additional strategic risk has been added (January 2022). The strategic risks are presented in Appendix One.

## 3. Risk Matrix

- 3.1 To assess the severity of potential risks, the Council uses the following matrix based on the relationship between the likelihood and impact of risks arising.

Impact	Critical	4	8	12	16
	Major	3	6	9	12
	Minor	2	4	6	8
	Negligible	1	2	3	4
		Hardly Ever	Possible	Probable	Almost Certain
Likelihood					

- 3.2 The following guidance is available to determine which classification is applied:

You should assign a number in the range 1-4 as follows:
<b>Likelihood:</b>

1 = Hardly Ever (<5%) 2= Possible (5-35%) 3= Probable (35-75%) 4= Almost Certain (>75%)	
<b>1 = Negligible Impact:</b> <ul style="list-style-type: none"> <li>• Minor service disruption</li> <li>• Minor Injury</li> <li>• Financial loss &lt; £250k</li> <li>• Isolated complaints</li> </ul>	<b>2 = Minor Impact</b> <ul style="list-style-type: none"> <li>• Service disruption</li> <li>• Loss time injury</li> <li>• Financial loss &gt;£250k - £500k</li> <li>• Adverse local media coverage</li> <li>• Failure to achieve a service plan objective</li> </ul>
<b>3 = Major Impact</b> <ul style="list-style-type: none"> <li>• Significant service disruption</li> <li>• Major/disabling injury</li> <li>• Financial loss &gt;£500k - £1m</li> <li>• Adverse national media coverage</li> <li>• Failure to achieve Corporate Plan objective</li> </ul>	<b>4 = Critical</b> <ul style="list-style-type: none"> <li>• Total service loss for a significant period</li> <li>• Fatality to employee, service user or other</li> <li>• Financial loss &gt;£1m</li> <li>• Ministerial intervention in running service</li> </ul>

3.3 This methodology enables each risk to be categorised as either low, medium or high in nature and prioritisation as regards mitigations can be applied.

3.4 Using the methodology, the Council's Risk Strategy (2019-2023) sets out the requirement for risk owners to score the current (inherent) risk and the target (residual) risk once mitigations have been applied.

#### 4. Points to Note

4.1 Covid19 - the pandemic has been a major disruptive force on the operations of the Council over the two years. Its impact has been felt across most, if not all Council operations, both front-facing and internal.

4.2 To reflect this, the impact of and response to the pandemic has been distributed across all relevant risks, as opposed to adding Covid19 as a separate individual risk entry.

#### 5. Recommendation

5.1 Members are asked to review the register and to consider:

- Do any additional risks of a strategic nature exist?
- Are current controls and proposed actions sufficiently robust?

Risk Ref: Our Council		Risk Owner: <b>Emma Foy</b>		Date: Reviewed 5 September 2022				
Description of Strategic Risk: <b>Inability to set a sustainable balanced budget for 2023-24</b>								
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score			
1. Commercial ventures do not realise expected financial gains. 2. Government funding arrangements do not match estimates used in financial modelling. 3. Outcomes of: Business Rates Review; Fairer Funding Review; Comprehensive Spending Review; expected savings, efficiency or income initiatives do not deliver expected benefits. 4. Cessation of grant/match-funding streams. 5. Growth forecasts for District are not realised. 6. Unanticipated rise in demand for services. 7. Invest Gainsborough does not deliver. 8. Schemes for other market towns do not materialise. 9. Business planning is not robust. 10. Ongoing financial impacts of Covid-19, cost of living issues and Ukraine developments	1. Case for Gainsborough is not made (Place make). 2. Cuts or reductions in services. 3. Staff redundancies. 4. Inability to deliver Corporate Plan priorities. 5. Growth of the District stagnates. 6. Reputational damage.	1. MTFP in place. 2. Successful commercial trading and investment programme. 3. Annual business planning. 4. Regular budget monitoring. 5. Identification and use of grant-funding opportunities. 6. Value for Money Strategy adopted. 7. Lobbying strategy. 8. Regular review of the commercial property portfolio. 9. Volatility and risk reserves maintained. 10. Resilience indicators developed and monitored. 11. Working Balance minimum set at £2.5m 12. Commercial risk indicators set 13. Working jointly across Lincolnshire to mitigate inflationary pressures	2	4	Current Score: 8			
					Target Score: 8			
						Next Risk Review Date: 31.12.2022		
						Commentary: Close monitoring of the current spending profile; good performance mgt and benchmarking coupled with progressive service planning will support the minimisation of this risk. Peer Review findings: .. “sound financial management, robust control and successful implementation of commercial plan.” Impact of Covid19 on MTFP assessed and understood. Review of reserves to target invest to save projects.		
Actions for Improvement		Completion Date	Officer					

Risk Ref: Our Council	Risk Owner: <b>Ady Selby</b>			Date: Reviewed 5 September 2022				
Description of Strategic Risk: <b>The quality of services do not meet customer expectations</b>								
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score			
1. Poorly trained staff. 2. Systems and processes do not adequately support service delivery. 3. Resources available do not match demands on services. 4. Higher than expected customer expectations. 5. Insufficient attention paid to customer feedback.	1. Rise in number of complaints. 2. Reputational damage. 3. Financial loss – compensation costs and income reductions. 4. Reduction in market share of traded services. 5. Ineffective support for vulnerable customers.	1.Procedure in place to receive customer feedback; including complaints. 2. Customer Experience Officer appointed. 3. Training and development plans for officers. 4. Performance measures in place/monitored and reported. 5. T24 Service reviews underway 6. New Customer Relationship Management (CRM) technology being implemented 7 Robust performance mgt in place 8. Benchmarking processes in place. 9. Dedicated corporate training budget 10. Customer Experience Strategy being developed	2	3	Current Score: 6			
					Target Score: 4			
						Next Risk Review Date: 31.12.2022		
						Commentary: The T24 programme is designed to put the customer at the centre of every service and will help to mitigate this risk. Technology led service reviews in all service areas will address resilience and capacity issues The development and implementation of a Customer Experience Strategy will further mitigate this risk		
Actions for Improvement		Completion Date	Officer					
Implement CRM and ERP systems		31/12/2022	Jeannette Anderson					

Continual development of P&D reporting and review of measures	31/08/2022	Claire Bailey	
Development and adoption of Customer Experience Strategy	30/04/2022	Lyn Marlow	

Risk Ref: Our Council	Risk Owner: Emma Redwood		Date: Reviewed 5 September 2022		
Description of Strategic Risk: Inability for the Council's governance to support quality decision making					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Ineffective governance framework. 2. Poorly trained Members. 3. Out of date Council Constitution. 4. Ambiguity around the ambitions of the Council	1. Inefficient use of resources. 2. Reputational loss. 3. Rise in no. of Standard Complaints. 4. Judicial Reviews. 5. Delay in delivery/cancellation of key Council projects. 6. Poor rating from Internal/External for governance arrangements. 7. Poor Staff/Member working relationships and low morale. 8. Loss of opportunities.	1. Member training and development programme in place. 2. Member/Officer protocols established. 3. Annual review of the Council's Constitution. 4. Members' Code of Conduct adopted November 2021 5. Robust corporate governance framework. 6. Annual schedule of audits and internal/external audit oversight. 7. Corporate Plan 2019-2023 approved. 8. Programme Boards operating to oversee project development. 9. Annual Governance Statement produced for 21-22	2	3	Current Score: 6
					Target Score: 6
			Commentary: Ensuring that all decisions are evidenced based and robust governance will continue to minimise the likelihood of this risk. Peer Review findings noted that corporate governance and Member/Officer relations were effective High assurance received from internal audit on the Good Governance Follow up audits All actions from the initial good governance audit completed. G&A Cttee have undertaken an effectiveness survey		
Actions for Improvement		Completion Date	Officer		
Reports and Recommendations review to take place		31/05/2023	Katie Storr		
Working group review to take place		30/09/2022	Katie Storr		

Risk Ref: Our People	Risk Owner: Diane Krochmal		Date: Reviewed 5 September 2022		
Description of Strategic Risk: Inability to raise local educational attainment and skills levels					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Poor teaching standards. 2. Lack of stability within schools. 3. Lack of appropriate role-modelling to raise aspirations. 4. Insufficient out-of-school support or mentoring. 5. Failure to address issues relating to Gainsborough in particular. 6. Impact of coronavirus pandemic preventing normal delivery of educational and skills services/activities 7. Loss of existing provision	1. Adverse effect on the career/further education opportunities of young people. 2. Inability of local job market to meet recruitment needs of employers. 3. Wage profile of the economy does not rise. 4. Poorer life chances for young people. 5. Increased welfare dependency and rise in vulnerable groups. 6. Viability of education and skills providers threatened.	1. West Lindsey Employment & Skills Partnership operating in line with approved strategy and delivery plan. 2. Supporting work experience for young people 3. Continue to be part of the Enterprise Adviser network, supporting careers advice and provision amongst all secondary and special schools 4. WLDC establish and lead Further Education Taskforce 5. UKSPF investment plan and Multiply delivery	3	3	Current Score: 9
					Target Score: 9
			Commentary; Employment and Skills Partnership have been engaged in the development of the skills element of the UKSPF. This can provide some limited support for training and skills provision. The team are working with LCC who are responsible for the Multiply element of the UKSPF which focuses on numeracy to ensure provision is made available where needed across the district. Major blow to local provision due to announced closure of Gainsborough College. Establishment of Taskforce to consider impacts and future options will be focus of work in short term.		
Actions for Improvement		Completion Date	Officer		
Deliver the Employment and Skills partnership action plan		31/03/2023	Amanda Bouttell		
UKSPF Business Case for Skills theme		31/12/2022	Amanda Boutell		



Establish Further Education Taskforce	31/12/2022	Amanda Boutell	
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Risk Ref: Our People	Risk Owner: Diane Krochmal		Date: Reviewed September 2022					
Description of Strategic Risk: Inadequate support is provided for vulnerable groups and communities								
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score			
1. Lack of strategic focus on relevant matters with LCC. 2. Inability to identify and reach vulnerable groups. 3. Insufficient/inaccurate data analysis to establish need. 4. Lack of engagement with and from vulnerable groups. 5. Impact of coronavirus pandemic not understood or acted upon 6. Impact of cost of living crisis on communities that are already identified as vulnerable	1. Cycle of dependency is perpetuated. 2. Demand pressures on services and resources. 3. Rural Isolation and increase in rural poverty. 4. Increased demand on formal/informal support networks. 5. Inability of communities to reach self-sufficiency 6. Health inequalities widened	1. Innovation re service provision 2. Selective licensing scheme reviewed and progress made towards future scheme 3. Focused support for residents of Hemswell Cliff. 4. Development of normalisation strategy for Scampton 5. Safeguarding policies and procedures operating. 6. Wide-range of enforcement tools. 7. Effective multi-agency partnership working. 8. Communities at Risk policy document in place 9 Audit recommendations adhered to 10. Housing and Wellbeing Board have oversight 11. UKSPF Investment Plan will focus on communities	3	3	Current Score: 9			
					Target Score: 6			
						Next Risk Review Date: 31/12/2022		
						Commentary: Focus in this period has been on the development of the UKSPF investment plan. Next step is development of full business case for further discussion and approval.  Also focus on support for Afghan; Ukraine and resettlement of asylum seekers has ensured WLDC are able to engage in these key work streams.  Work to maintain stability created in Hemswell Cliff has progressed well, showing that the normalisation strategy process is working. Focus on future of community at Scampton established within planning framework and through the tender exercise for potential development partner.  Ongoing work in SWW by Safer Streets Community Development Project Officer has led to informal ‘Together’ initiative. Focus moving forward is that the community is empowered to drive forward projects.		

Actions for Improvement	Completion Date	Officer	
P3 VHS, NSAP and RSAP and HATS housing projects delivered to assist vulnerable communities, providing a pathway to sustainable housing and also improve local housing stock	31/03/2023	Diane Krochmal	
SWW Partnership (Together) further developed and governance structure in place	31/03/2023	Diane Krochmal	
Development of Normalisation Strategy for Scampton	31/03/2023	Grant White/Shay Towns	

Risk Ref: Our People	Risk Owner: Diane Krochmal		Date: Reviewed 5 September 2022		
Description of Strategic Risk: <b>Health and wellbeing of the District’s residents does not improve.</b>					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Failure of leisure contract 2. Outreach service is ineffective 3. Wellbeing service does not achieve outcomes 4. Lack of understanding across the system of District Council role in health 5.Failure to meet housing and housing related support needs. 6. Lack of employment opportunities, mismatch of vacancies and skills	1. Increased burden on services and budgets across the system 2. Reduced life expectancy and health for residents 3. Less economically active residents 4. Adverse economic impact on district 5. Council Tax support costs increase 6. Potential impact on the on-going viability of leisure services	1 Leisure Contract monitoring 2.Everyone Active Community Wellbeing Plan developed 2. Wellbeing service in place and promoted with clear objectives. 3. WLDC Wellbeing Lincs Management Board representation 4. West Lindsey representation on Housing, Health and Care delivery group and adoption of Homes for Independence Blueprint 5 Representation on Health Inequalities Programme Board. 6. Development of District Health and Wellbeing Strategy	3	3	Current Score: 9
					Target Score: 6
			Next Risk Review Date: 31/12/2022		
			Commentary: Emerging framework of District Health and Wellbeing Strategy which will set out actions to address health inequalities Development of West Lindsey delivery plan aligned to H&W Strategy Homes and Communities portfolio role further understood with a i focus on independent living, reducing health inequalities and prevention and early intervention. Responsibility for the success of the leisure contract lies with Commercial Services however the impact of the contract will be viewed with a view to addressing health inequalities and not purely commercial return. Alignment to Let’s Move Lincolnshire Strategy		
Actions for Improvement		Completion Date	Officer		
Development and adoption of District Health and Wellbeing Strategy. Theme leads engaged and West Lindsey delivery plan developed		31/03/2023	Diane Krochmal		
Review the need for a Strategic Health Partnership.		31/03/2023	Diane Krochmal		

Risk Ref: Our Place	Risk Owner: <b>Ady Selby</b>		Date: Reviewed 5 September 2022		
Description of Strategic Risk: <b>Insufficient action taken to create a cleaner and safer district</b>					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Lack of robust enforcement policies. 2. Lack of capacity to respond effectively to service demand. 3. Ineffective messages about social responsibility. 4. Ineffective partnership working arrangements. 5. Inability to effectively implement new legislation. 6. Unexpected outbreak of environmental or health related issue.	1. Residents of the District feel unsafe. 2. Rise in number of crime and enforcement related incidents. 3. Reputational damage. 4. Increase in no. of complaints. 5. Increased threat of illness/harm to residents. 6. Adverse effect on natural wildlife habitats and bio-diversity. 7. Demand pressures on front-line services.	1. Award winning Waste Collection and Street Cleaning Service. 2. Trade Waste service provided. 3. Enforcement policies operating to oversee all relevant areas. 4. CCTV operations in place, 24/7 pilot being rolled out. 5. Press/media coverage of successful prosecutions and enforcement cases. 6. Adequate officer capacity deployed to cover enforcement matters. 7. Educating school children in recycling and sustainability. 8 Covid19 protocols in place and adhered to and key messages communicated across the District	2	4	Current Score: 8
					Target Score: 4
			Next Risk Review Date: 31/12/2022		
			Commentary: Single depot supports the continuing success of the waste service. Council agreement to fund work with schools to promote environmental and sustainability issues. Enforcement and environment teams fully resourced and have refreshed strategies. Member Working Group established to produce an Environment and Sustainability Strategy. All guidance relating to Covid19 implemented Restructure of waste management team to ensure futureproofing in place Review of enforcement policies Review of selective licensing scheme Member and Officer Flooding Working Groups established Working parties considering Selective Licensing and Enforcement Policies established		
Actions for Improvement		Completion Date	Officer		

Review and implement refreshed selective licensing scheme	30/10/2023	Andy Gray	
Review Enforcement Policies	31/12/2022	Andy Gray	

Risk Ref: Our Place	Risk Owner: Diane Krochmal		Date: Reviewed 5 September 2022		
Description of Strategic Risk: The local housing market and the Council’s housing related services do not meet demand					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Housing developers do not build in the District. 2. Lack of suitable development land. 3. Lack of intelligence on housing need/demand. 4. New properties do not match need/demand of local housing market. 5. Existing housing stock is in poor condition. 6. Empty properties not brought back into use. 7. Lack of Council strategic direction and understanding of statutory functions and associated tasks 8. Development and adoption of updated Local Plan to deliver housing to meet identified need.	1. Deterioration in condition of existing housing stock. 2. Increase in number of empty properties. 3. Increased homelessness and overcrowding. 4. Increase in numbers of vulnerable residents. 5. Increased pressure on housing services. 6. Lack of growth across District.	1. CLLP in place and review underway. 2. Housing Strategy refresh completed and in monitoring phase. 3. Selective Licensing Scheme reviewed and plans for future scheme under development 6. Housing & environmental health enforcement action taken. 7. Housing Assistance (financial) Policy. 8. Viable housing solution, RSAP and NSAP properties acquired 9. Review of homelessness strategy underway	3	3	Current Score: 9
					Target Score: 6
			Next Risk Review Date: 31.12.2022		
			Commentary: Housing Strategy refresh completed and now published and in monitoring phase. Review of homelessness strategy underway. Five-year land supply annual review completed and in robust position. Ongoing work to deliver allocations across the district. First Homes schemes with Homes England in progress with complex S106 works completed to enable delivery. Reg 19 consultation completed on local plan and submitted for examination in public. Expected Nov/Dec 2022.		
Actions for Improvement		Completion Date	Officer		
Resources structure revised to take account of market feedback and recruitment underway.		31/12/2022	Sally Grindrod Smith		
Development of District Health and Wellbeing Strategy		31/03/2023	Diane Krochmal		
Monitoring of Housing Strategy Implementation Plan		31/03/2023	Diane Krochmal		

Risk Ref: Our Place	Risk Owner: Sally Grindrod-Smith		Date: Reviewed 5 September 2022					
Description of Strategic Risk: The local economy does not grow sufficiently								
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score			
1. Slow take-up of strategic employment land. 2. Ineffective marketing of the District to attract inward investment. 3. Loss of a major employer(s) 4. Workforce skills do not match needs of employers. 5.Impact of wider economic conditions – inflation / recession	1. GVA does not grow. 2. Adverse effect on new job creation and upskilling of workforce. 3. Migration of skilled/educated workers out of the District. 4. Impinges on population growth ambitions. 5. Closure of businesses across the District 6. Cost implications for programmes in delivery	1. NNDR Policy established. 2. Refresh and update of Local Plan policy and evidence base for employment allocations 3. Maintain close working relationship with Business Lincolnshire and LCC Inward Investment to ensure investment and growth queries are well supported 4. Develop West Lindsey's input into Strategic Infrastructure Delivery Plan and emerging infrastructure strategy 5. Ongoing marketing and promotion of district wide successes across growth and development 6. Maintain effective working relationships with key funders to keep cost increases under review 7. Implement LU programme. 8. Development and delivery of Economic Recovery Strategy 9. Implementation of UKSPF Investment Plan	3	3	Current Score: 9			
					Target Score: 6			
						Next Risk Review Date: 31.12.2022		
						Commentary: The Council have approved an Economic Recovery Plan to support local recovery and growth. The WLDC bid to the Levelling Up Fund in 2021 was successful and the programme is now in delivery. Programme level risks are monitored by the LUF Programme Board. Further to the publication of the Levelling Up White Paper the West Lindsey UKSPF Investment Plan has been submitted and we await feedback from government. In the meantime work to develop the business cases for implantation are underway.		



Actions for Improvement	Completion Date	Officer	
Represent West Lindsey's opportunities and challenges within the emerging Greater Lincolnshire Infrastructure Strategy. This is an ongoing area of work led by LCC and therefor action remains and completion day reflects this.	1/04/2023	Sally Grindrod-Smith	
Adoption of Local Plan and revisit employment needs assessment post adoption.	01/04/2023	Sally Grindrod-Smith	
Implementation of Economic Recovery Strategy and working towards revised Economic Growth Strategy in 2024	31/10/2022	Economic Growth Manager (October 2022)	
Implementation of Visitor Economy Strategt	30/09/2022	Wendy Osgodby	
Implementation of UKSPF investment plan	31/12/2022	Sally Grindrod-Smith	

Risk Ref: Overarching Risk		Risk Owner: Nova Roberts		Date: Reviewed 5 September 2022				
Description of Strategic Risk: ICT Security and Information Governance arrangements are ineffective								
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score			
1. Significant data breach or loss of data. 2. Successful cyber security incident. 3. Lack of staff awareness or training. 4. Inadequate infrastructure or ICT security arrangements. 5. Lack of or inadequate policies and guidance 6. Contracts/sharing agreements with data processors/controllers that do not ensure clauses allowing movement of data to a third country.	1. Significant adverse impact on service delivery. 2. Financial loss/fines imposed by ICO. 3. Potential ransom demands for release of data. 4. Reputational damage. 5. Loss of personal and business-related data. 6. Failure to maintain our legal compliance with the National Cyber Strategy requirement to mitigate known vulnerabilities	1. Robust ICT security systems in place. 2. Cyber Assessment Framework assurance. 3. Up to date infrastructure and back-up arrangements (using the national 321 model). 4. Business continuity arrangements established. 5. Relevant policies covering ICT usage and information security. 6. Data Protection Officer and Senior Information Risk Owner roles in place. 7. On-going training and awareness for staff; reinforced due to ongoing agile working arrangements 8. Process in place for the reporting and investigation of data breaches and learning loop applied. 9. PCIDSS compliance 10. Rolling programme of audits 11. Ensuring standard contractual clauses are in place with data	3	4	Current Score: 12			
					Target Score: 8			
						Next Risk Review Date: 31.12.2022		
						Commentary: Continuous monitoring of officer training and promotion of incident reporting will further mitigate against this risk. The role of Senior Information Risk Owner has been reallocated to the Director of Corporate Services. SIRO attended SIRO training in October 2020. Recent IT Cloud Hosted services and IT disaster Recovery Audits in Sept 22 gave substantial assurance. In present circumstances the need for extra vigilance is regularly relayed to staff. Brexit arrangements may impact upon the Council's ability to maintain use of data processors/controllers that are storing data in the EU. Standard contractual clauses are being inserted into all relevant contracts and agreements.		

		processors/controllers who hold data outside of UK. 12. Insurance in place to cover costs of recovery from ICT failure/cyber attack.	
Actions for Improvement		Completion Date	Officer
Deliver against 10 year infrastructure development plan		31/03/2023	Cliff Dean

Risk Ref: Overarching Risk	Risk Owner: Emma Redwood		Date: Reviewed 5 September 2022		
Description of Strategic Risk: Failure to comply with legislation including Health and Safety matters					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Breach of legislation. 2. Failure to seek or follow legal advice. 3. Complaint from external organisation or member of public. 4. Whistleblowing report. 5. Increase of reportable incidents in specific work areas or activities. 6. Increase of insurance claims. 7. Accidents not reported or investigated. 8. Increase absence rates or other work related absences. 9. Non-compliance with primary legislation or Council policies. 10. Project work not planned effectively to control H&S risk. 11. Managers and employees not effectively trained in H&S matters. 12. Absence of robust H&S monitoring and recording system. 13. Fire Risk Assessments not current and reviewed by Managers	1. Reputational damage. 2. Financial loss. 3. Judicial Review. 4. Prosecution for H&S related incidents. 5. Employees injured through work activity. 6. Increased insurance claims and insurance premiums. 7. Member of public, contractor or employee killed at work, possible corporate manslaughter action. 8. Staff sickness rates increase due to lack of compliance with good H&S practice. 9. Increased employer/employee litigation through inconsistent approach to managing H&S in the workplace. 10. Unable to defend H&S claims or disputes.	1. Corporate H&S Officer in place. 2. H&S Champions across the Council. 3. General H&S training provided. Service specific H&S training and safe working procedures including lone working. 4. H&S incident reporting arrangements. 5. Service level H&S risk assessments undertaken and regular H&S walks undertaken to identify hazards. 6. Reporting to Mgt Team/JSCC on H&S incidents. 7. Regular H&S and stress mgt training for all staff. 8. Council subscription to Employee Assistance Programme for staff. 9. Regular inspections of property, including car parks. Pro-active maintenance programme. 10. Early resolution of reported defects. 11. Public Liability and Employers Liability insurance	2	4	Current Score: 8
			Target Score: 8		
			Next Risk Review Date: 31.12.2022		
			Commentary: The move to a new operational depot has now taken place. This will create a safer working environment for staff. New ways of working has been adopted by staff with DSE assessments in place. 4 <sup>th</sup> covid19 survey has been undertaken with positive feedback, good results from previous 3 surveys.		

		<p>in place.</p> <p>12. Legislative implications included on all reports.</p> <p>13. Compliance with current legislation and best practice.</p> <p>14. Membership and use of Legal Services Lincolnshire.</p> <p>15. H&amp;S compliance work being undertaken with services.</p>	
Actions for Improvement		Completion Date	Officer

Risk Ref: Overarching Risk	Risk Owner: <b>Ady Selby</b>		Date: Reviewed September 2022		
Description of Strategic Risk: <b>Inability to maintain critical services and deal with emergency events</b>					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Loss/failure of critical systems. 2. Inadequate response to incident or emergency. 3. Lack of, or ineffective, partnership working. 4. Lack of emergency planning or disaster recovery arrangements. 5. Ineffective communication arrangements.	1. Inability to deliver critical/key services. 2. Increased risk of harm to vulnerable customers. 3. Financial loss. 4. Reputational damage.	1. Robust infrastructure and back-up arrangements. 2. Package of information security incident policies and procedures. 3. IT Disaster Recovery Plan. 4. Robust emergency planning in place 5. Regular review of business continuity arrangements. 6. Membership of LRF Partnership. 7. Regular training for Strategic and Tactical Commanders + Members 8. Plans in place and tested regularly 9. Training for out of hours officers and those attending SCG and TCG 10. Effective internal EP Group 11. EP area at new depot 12. Audit undertaken	2	3	Current Score: 6
					Target Score: 6
			Next Risk Review Date: 31/12/2022		
			Commentary: Effective business continuity and emergency planning responses are in place. Frequent testing will be a key priority. The refreshed emergency plan was approved by members in 2021. Assurance Lincs recently gave high assurance following audit of EP and BC arrangements. Improved flood arrangements are in place.		
Actions for Improvement		Completion Date	Officer		
Refresher training for appropriate officers		31/03/2023	Ady Selby		

Training for all involved with EP and BC up to date	31/03/2023	Ady Selby	
Flood Group established and working effectively	31/03/2023	Ady Selby	

Risk Ref: Overarching Risk		Risk Owner: Nova Roberts		Date: Reviewed 5 September 2022	
Description of Strategic Risk: Inability to maintain service delivery with the amount of change initiatives					
Trigger	Impact	Current Controls	Likelihood	Impact	Risk Score
1. Loss/failure of service delivery 2. Significant uplift in customer contacts from ineffective service delivery or partnership working. 3. Ineffective or breakdown in customer communication 4. Failure for customers to access vital services	1. Inability to deliver critical/key services. 2. Increased risk of harm to vulnerable customers. 3. Financial loss. 4. Reputational damage.	1. Robust project management and engagement with service experts 2. Continuous improvement workstream to check implementation and ongoing change. 3. Robust governance through Programme board and Portfolio Board 4. Audits planned for the service areas testing process and policy delivery	2	4	Current Score: 8
					Target Score: 6
			Next Risk Review Date: 31/12/2022		
			Commentary: All agreed recommendations will be loaded into the council’s project management software allowing for oversight to be given to planned works and reporting through ICT, programme and portfolio board. A business case will inform any identified recommendations with a clear focus on resources to implement/embed as well as an understanding of the associate risk. The council’s progress and delivery framework will allow for identification of those corporate KPIs that are outside of agreed tolerances for 2 consecutive periods. Teams are heavily engaged in T24 allowing for the identification of potential issues and risks to be addressed and mitigated.		
Actions for Improvement		Completion Date	Officer		
1. Implementation of Project Management Office. Approved at Management Team on 05 <sup>th</sup> September, the PMO will allow for projects to be planned to ensure resources are in place to deliver. The PMO will also consider the change implications and help to ensure that change is managed.		31/12/2022	Change, Performance & Programme Manager		



2. Change Impact Assessment. The PMO will complete a Change Impact Assessment at a project's initiation helping to identify its impact to officers. This will help to inform the change management requirements of council projects	31/10/2022	Change, Performance & Programme Manager
3. Project Cohort. Stage One projects are to be approved by a cohort consisting of senior stakeholders. This cohort will ensure that projects are deliverable and assign relevant resources.	31/0/2022	Change, Performance & Programme Manager
4. Implementation of supporting technology. A project management system has been procured and is due for implementation early September.	31/10/2022	Change, Performance & Programme Manager
5. On-going maturity of Performance Management. Oversight of proposed projects will allow for impacted services to be engaged prior to implementation. Close working relationships between the PMO and Performance Management will assist in delivering high performing services.	30/11/2022	Change, Performance & Programme Manager

# Agenda Item 7b



**Governance and Audit  
Committee**

**Tuesday, 11 October 2022**

**Subject: Internal Audit Quarter 2 Progress Report 2022/2023**

Report by:	Alastair Simson – Principal Auditor – Audit & Risk Management – Lincolnshire County Council
Contact Officer:	Emma Redwood, Assistant Director of People and Democratic Services <a href="mailto:emma.redwood@west-lindsey.gov.uk">emma.redwood@west-lindsey.gov.uk</a>
Purpose / Summary:	<p>The report gives members an update of progress, by the Audit partner, during the Period June 2022 to September 2022, against the 2022/2023 annual programme agreed by the Audit Committee in April 2022.</p> <p>The report also raises matters that may be relevant to the Audit Committee role.</p>

**RECOMMENDATION(S):**

**That Members consider the content of the report and identify any actions required.**

## IMPLICATIONS

**Legal:** None directly arising from this report.

**Financial: FIN/92/23/SL**

There are no financial implications arising from this report.

**Staffing:** None directly arising from this report.

**Equality and Diversity including Human Rights:**

None directly arising from this report.

**Data Protection Implications:**

None directly arising from this report.

**Climate Related Risks and Opportunities:**

None directly arising from this report.

**Section 17 Crime and Disorder Considerations:**

None directly arising from this report.

**Health Implications:**

None directly arising from this report.

**Title and Location of any Background Papers used in the preparation of this report:**

N/A

**Risk Assessment:**

N/A

**Call in and Urgency:**

Is the decision one which Rule 14.7 of the 2016 Statutory Procedure Rules apply?

i.e. is the report exempt from being called in due to urgency (in consultation with C&I chairman)

Yes

☐

No

x

**Key Decision:**

A matter which affects two or more wards, or has significant financial implications

Yes

☐

No

x

# Internal Audit Progress Report



## West Lindsey District Council October 2022

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  - 3 - Internal Audit Plan 2022/23 – Progress to Date

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This report has been prepared solely for the use of Members and Management of **West Lindsey District Council**. Details may be made available to specified external organisations, including external auditors, but otherwise the report should not be used or referred to in whole or in part without prior consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended for any other purpose.

The matters raised in this report are only those that came to our attention during the course of our work – there may be weaknesses in governance, risk management and the system of internal control that we are not aware of because they did not form part of our work programme, were excluded from the scope of individual audit engagements or were not brought to our attention. The opinion is based solely the work undertaken as part of the agreed internal audit plan.

# Introduction

The purpose of this report is to:

- Provide details of the audit work during the period May 2022 to September 2022
- Advise on progress of the 2022/23 plan
- Raise any other matters that may be relevant to the Audit Committee role

## Key Messages

### Audit Plan

During the period we have completed six assurance audits and have four further audits in progress.

The six audits which have been completed are:

- Value For Money - High Assurance
- Flood Management - High Assurance
- Key Control and ERP - Substantial Assurance
- ICT Disaster Recovery - Substantial Assurance
- ICT Helpdesk follow up - Substantial Assurance
- ICT Cloud Services - Substantial Assurance

The four audits in progress are:

- Contract Management- draft report
- Staff Resilience - fieldwork
- Levelling Up Fund part 1 (part 2 due to commence in Q4) - fieldwork
- Housing Subsidy - draft report

**2**  
**HIGH**  
**ASSURANCE**

**4**  
**SUBSTANTIAL**  
**ASSURANCE**

**0**  
**LIMITED**  
**ASSURANCE**

**0**  
**LOW**  
**ASSURANCE**

# High Assurance

Overall we can provide a high level of assurance that the Council takes all reasonable steps to achieve Value for Money (VFM) in the delivery of its services, specifically in the high-risk areas of identification and implications of financial pressures, maintaining appropriate standards for Members and Officers and evaluating services to identify areas for improvement.

Examples of good practice include:

- A clear process for budget setting, consultation, review, and approval; responsibilities and processes clearly set out within the Council's Budgetary and Policy Framework and Financial Procedures.
- A detailed Medium Term Financial Strategy (MTFS) and 5 year Medium Term Financial Plan (MTFP) that set out a robust framework for the Council's spending plan; these documents, key to the budget setting process.
- Emerging/ongoing financial risks, pressures and savings identified and built into the MTFP and budgets. Submission of quarterly Budget Monitoring Reports to Corporate Policy and Resources Committee ensuring continuous review, scrutiny, and challenge of these.
- Detailed annual business planning carried out by Service Areas, allowing initiatives/projects that will achieve greater value of money or efficiencies to be identified. The financial impacts of approved suggestions clearly reflected in the MTFP/capital programme.
- Evidence of regular detailed performance reporting to the Corporate Policy and Resources Committee, with performance against key measures, areas for improvement and remedial action clearly outlined.
- A detailed VfM Strategy/Handbook exists providing guidance on assessment of value for money; formal approval of the latest version of this document and a further reminder to officers of its existence however is required.

We did identify one that VfM Profiles have not been carried out since 2020/21. Completion of these ensure Service Areas assess their cost and performance and assist in informing the business planning process so have recommended this action. This recommendation was agreed.

## Value For Money



# High Assurance

## Flood Management

Overall we can provide a High level of assurance that West Lindsey District Council's arrangements to manage flood risk are operating effectively and its statutory responsibilities are being adequately fulfilled. To ensure a co-ordinated approach to managing floods, the Council continues to pro-actively engage and work with other Risk Management Authorities and Lincolnshire County Council as the Lead Local Flood Authority. This collaborative working enables an appropriate response to be provided to managing and mitigating the flood risks within the District.

Examples of good practice include:

- a clear understanding of the key legislation and the Council's statutory duties and responsibilities relating to flooding.
- confirmation that the Council's Category 1 emergency flooding and 'first responder' duties under the Civil Contingencies Act (2004) are being discharged by Lincolnshire County Council / the LRF via formal agreements.
- Lincolnshire Resilience Forum (LRF) emergency response processes and protocols are robust, well-practised and responsibilities clear.
- a high profile, Lincolnshire multi-agency flood training exercise in which WLDC will have key involvement is scheduled for September 2022. This will significantly aid the testing and evaluation of WLDC's emergency flood plans/ arrangements in place.

We identified no High or Medium priority actions for this review.

# Substantial Assurance

## Key Control and ERP

Strong financial controls are vital within any public sector organisation. Overall our review of the effectiveness of the key controls in place for the systems reviewed has provided a Substantial assurance opinion. This year we combined our Key Control testing with multiple walk throughs of the Councils recently added Enterprise Resource Planning (ERP) System. This enabled us to ensure that the new system met the expected requirements as well as allow us to look at a wider range of finance systems than we typically would.

This year we examined:

- General ledger
- Creditors
- Debtors
- Procurement card
- Contracts
- Bank Reconciliation
- Assets/PPE

Some areas such as Bank Reconciliation and Contracts had not been fully transferred to the new system and so we walked through the existing process and the new system.

Key controls are working successfully with the system supporting staff with controls such as separation of duty, running automated checks, highlighting errors, and mandatory fields. We also identified that the system had been effectively set up with approval levels, audit trails and designated authorisers in place.

The system is still in development and we identified some improvements such as virements that could be set up and authorised by the same member of staff, a lack of procedure manuals, and performance management dashboards not yet set up. All recommendations have been agreed.

# Substantial Assurance

## ICT Disaster Recovery

We have concluded that Substantial Assurance can be given for the adequacy of the IT Disaster Recovery arrangements in place. This will help ensure that the Council can quickly resume after an unplanned incident.

Good practice identified includes:

- IT run regular tests to ensure the failover capability for all application servers
- Documented IT Disaster Recovery plans were in place
- Recovery plans clearly define procedures to rebuild and restore Council systems
- Data backup system in place to manage daily (incremental) and weekly (full) data backup routines.
- A number of Cloud Hosted applications are in place. We confirmed that data backup forms part of the Cloud hosted supplier's contractual responsibilities
- An external provider has been contracted to provide additional technical support in the event of an incident including the provision of a mobile data centre. In addition, a Cyber Mutual Aid Agreement has been established with Norfolk County Council. WLDC can seek mutual technical support in the event of a Cyber Security attack leading to the loss of key Council services.
- Disaster Recovery plans are supported by a suite of technical procedures covering issues such as ransomware infection or denial of service attack

In addition to IT Disaster Recovery plans, we confirmed that detailed Business Continuity Plans (BCP) were in place. BCP plans provide ICT with an agreed list of Council systems to be recovered together with their priority and expected timescales for system restore.

We also identified the areas of improvement. These include the need to review server room access rights, the need to review and expand data backup retention periods and the need to undertake annual IT Disaster Recovery tests. All recommendations have been agreed.

# Substantial Assurance

## ICT Helpdesk

We have carried out a follow-up review of the ICT Helpdesk following our previous review of this area in December 2021 which gave a Limited Assurance opinion. We reviewed the findings from the original audit and found the following:

- The Helpdesk priorities and resolution times that service users can expect have now been restated and agreed at the NKDC/WLDC Partnership Board. The minutes for this meeting were approved in April 2022.
- Performance indicators have improved and now provide information as to how the ICT service is delivering against the restated service levels. The revised performance information now also gives transparency over the volume of service requests that remain open at each month end, enabling each Council to assess trends and for the ICT service to consider whether resources are adequate.
- Our original enquiries in February 2021 identified a high volume of 650 ongoing service requests that predated 2021. For this follow up review we obtained a report on all the currently open service requests. This confirmed that the ICT service has continued to address the volume of open requests held in the Helpdesk system, leaving 41 outstanding service requests that predated 2021 to be resolved. Eleven of the 41 outstanding requests have been updated by the ICT service during 2022. Further work identified that some of the requests were in fact projects too large to be part of the Helpdesk system, some were due to be closed, and some were pending further information from the requester.

To support the continuing closure of these remaining 41 cases we raised further recommendations. All recommendations were agreed.

# Substantial Assurance

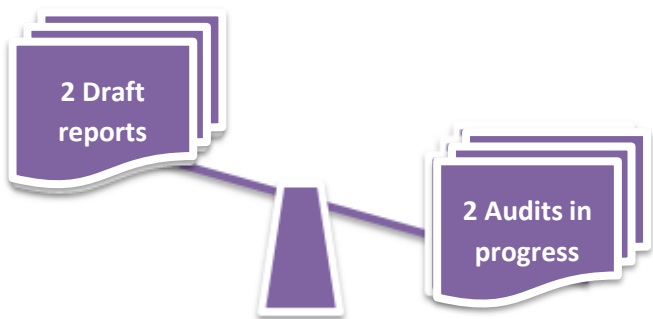
## ICT Cloud Services

Substantial assurance has been provided for the security controls in place to manage Cloud Hosted Services. This ensures that the Council is protected against the loss of key systems and services such as Planning, Waste Management and Housing Repairs.

Good practice identified includes:

- Information Assurance Risk Assessment questionnaires must be completed at the outset of the supplier evaluation process.
- The ICT Shared Services Manager and his team provide a technical support function for new and existing Cloud applications.
- Lincolnshire Procurement manage the sourcing of prospective suppliers via the G-Cloud government portal along with the contract management process for new Cloud Service Providers.
- All supporting contracts contained standard clauses on subjects such as confidentiality, data protection (GDPR), data backup, security testing and IT Disaster Recovery.
- We found that Due Diligence tests are undertaken jointly by both application owners and the ICT Shared Services Manager.
- All short listed suppliers must complete risk assessments covering key questions on data protection, Disaster Recovery, Cyber Security, and compliance with the National Cyber Security Centre's (NCSC) best practice security guidelines.
- We saw evidence that all Cloud Service providers are contracted to undertake external security testing. As an additional safeguard the ICT Shared Services Manager has proactively expanded the Councils' annual external penetration tests to scan for vulnerabilities across all cloud hosted websites.

We also identified areas that required attention where processes could be more robust. These are the absence of a Cloud Hosting security policy, the failure to enforce two factor authentication on all Cloud Hosted applications and a lack of assurance that all Cloud Service Providers undertake annual Disaster Recovery tests. All recommendations and actions were agreed.



We have 2 audits at draft report stage:

- Contract Management
- Housing Subsidy

## Work in Progress

We have the following audits at fieldwork stage:

- Staff Resilience
- Levelling Up Fund part 1 (part 2 due to commence in Q4)

## Other Significant Work

The audit tracker report identified that there were 12 actions due for completion by the 31<sup>st</sup> August 2022. These comprised of:

- 1 High Priority actions
- 11 Medium Priority actions

Following review and discussions with Managers we identified that:

- The High Priority actions had been completed (100%)
- 5 of the 11 Medium Priority actions had been completed (45%)

This information can be found in Appendix 3 along with an update on outstanding actions.

## Grant work

Contain Outbreak Management Fund (COMF) was allocated to councils during the Pandemic. The purpose of the grant is to provide support to the councils towards expenditure incurred in relation to the mitigation against and management of local outbreaks of Coronavirus (COVID-19). We confirmed that the use of the Grant complied with the relevant grant terms and conditions.



## Combined Assurance

We will be working with Management to produce the Combined Assurance review. This annual process involves discussion and intelligence gathering across the Council, and will provide Members and Management with an overview of the Councils assurance across Critical Activities, Key Projects, Key Partnerships and Key Risks. This work will commence in October 2022 with the report to be presented at the March Committee by Officers. This will also support the Head of Internal Audit's Annual Governance Statement and the 2023/24 Audit Plan.

## Staffing changes

Audit Team Leader Emma Bee will be leaving at the end of October for a new position as Head of Internal Audit for the RSPB. The Audit Principal will continue to lead on the management of the audit plan with the Head of Internal Audit Lucy Pledge directly supporting until this vacancy is recruited to. Emma has worked successfully with management and Members for a number of years and we wish her well in her new role.



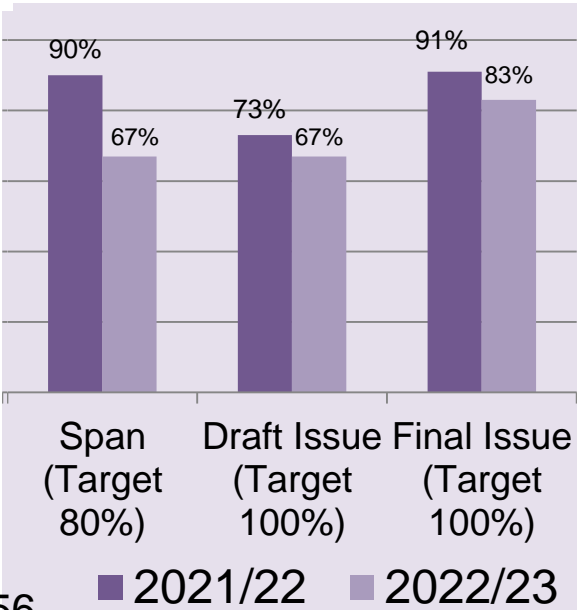


Internal Audit's performance is measured against a range of indicators. The statistics below show our performance on key indicators year to date.

Performance on Key Indicators

Positive feedback has been received

Plan completed: 32%







# Other Matters of Interest

A summary of matters that will be of particular interest to Audit Committee Members

## **CIPFA Position Statement on Audit Committees – published May 2022**

CIPFA has updated their position statement for Audit Committees and replaces the 2018 edition and sets out the vital role an Audit Committee plays in a Councils governance arrangements. It sets out key principles around:

- Independence and effective model
- Core functions
- Membership
- Engagement and outputs
- Impact

CIPFA will be issuing an updated 'Audit Committees – Practical Guide for Local Authorities and Police' – due to be published in September 2022.

<https://www.cipfa.org/services/support-for-audit-committees>

## **CIPFA - Internal Audit Untapped Potential – published May 2022**

CIPFA advocates best practice in assurance, governance, management and financial control across the public services. Internal audit has the potential to help organisations achieve their goals, but this potential may not be currently realised. This report, and the research that has been conducted to create it, explores the changing landscape of internal audit in the public services and how vital it is for an organisation in terms of its future success.

CIPFA intention with this report is to open a dialogue across public service organisations, the internal audit profession, audit committees, as well as those considering a career in internal audit. Internal audit is an important part of the solution for effective management of the public services, and CIPFA hope to facilitate change that will see greater independence of internal audit, sustainability of recruitment into the role and an increased understanding of assurance.

This report makes several recommendations. Some are directed at the internal audit teams working within and for the public services. Others are directed at the client organisations, both management and audit committees. There are areas of planned work that CIPFA will be taking forward, some in collaboration with the Chartered Institute of Internal Auditors (CIIA) and the Internal Audit Standards Advisory Board (IASAB).

We suggest that it would be good to explore the content of this report with the Audit Committee as part of its training and development plan – gaining greater insight into the Role and Impact of Internal Audit in the Council. **Page 57**

<https://www.cipfa.org/services/networks/better-governance-forum/internal-audit-documentation/internal-audit-untapped-potential>



# Other Matters of Interest

A summary of matters that will be of particular interest to Audit Committee Members

## **Croydon Council Governance Failing**

Fairfield Hall is an arts, entertainment and conference centre situated in Croydon. Refurbishment of this building was agreed by Croydon Council and work was undertaken between June 2016 and September 2019. It was delivered late and cost substantially more than the original £30m budget agreed by cabinet. Originally a Value for Money review, this became a Report in the Public Interest by their Internal Auditors Grant Thornton which highlighted failings of financial control and governance of this project.

The report found that the 'governance gaps' at the time 'prevented scrutiny and challenge that may have allowed corrective action to have been taken.' The report found that the statutory officers and chief officers throughout the time of the refurbishment, including the then chief executive, the two Section 151 officers and the then monitoring officer, failed to fulfil their statutory duties. All have since left the council. An action plan will be put in place to address the recommendations arising from this report.

This has led the Council putting in place new measures to address the findings. The Council has overhauled and strengthened its financial, legal, decision-making and other governance processes, and through its Croydon Renewal Plan is creating a new culture of good decision-making, transparency, accountability and value for money.

It also led the council to undertake an external independent review of its companies and company structures. Following that review, the council's intention is to wind down its development company Brick by Brick once it has completed its outstanding building work. The Fairfield Halls refurbishment contracts were taken back under direct Council control.

The full report can be seen here:

[Microsoft Word - London Borough of Croydon Public Interest Report FINAL 260122](#)

**High**

Our critical review or assessment on the activity gives us a high level of confidence on service delivery arrangements, management of risks, and the operation of controls and / or performance.

The risk of the activity not achieving its objectives or outcomes is low. Controls have been evaluated as adequate, appropriate and are operating effectively.

**Substantial**

Our critical review or assessment on the activity gives us a substantial level of confidence (assurance) on service delivery arrangements, management of risks, and operation of controls and / or performance.

There are some improvements needed in the application of controls to manage risks. However, the controls have been evaluated as adequate, appropriate and operating sufficiently so that the risk of the activity not achieving its objectives is medium to low.

**Limited**

Our critical review or assessment on the activity gives us a limited level of confidence on service delivery arrangements, management of risks, and operation of controls and/or performance.

The controls to manage the key risks were found not always to be operating or are inadequate. Therefore, the controls evaluated are unlikely to give a reasonable level of confidence (assurance) that the risks are being managed effectively. It is unlikely that the activity will achieve its objectives.

**Low**

Our critical review or assessment on the activity identified significant concerns on service delivery arrangements, management of risks, and operation of controls and / or performance.

There are either gaps in the control framework managing the key risks or the controls have been evaluated as not adequate, appropriate or are not being effectively operated. Therefore the risk of the activity not achieving its objectives is high.

### Audit Actions

The audit tracker report identified that there were 12 actions due for completion by the 31st August 2022. These comprised of:

- 1 High Priority actions
- 11 Medium Priority actions

Following review and discussions with Managers we identified that:

- The High Priority action had been completed (100%)
- 5 of the 11 Medium Priority actions had been completed (45%)

Please find below details of the outstanding actions along with reasoning as to why they are not fully complete along with a new proposed target date. These will be tracked in future progress reports.

### Outstanding Actions

Audit Title	Issued	Assurance	Total Recs	Recs imp	Priority of overdue recs	Recs not due
Local Land Charges 2021/22	Jan 2022	High	1	0	1 Medium priority	0

The recommendation related to the update of process and procedure documents that were out of date following updates during the pandemic. This action was due to be completed by 30<sup>th</sup> April 2022. As the new software system Horizon took longer to implement fully it has been recommended to change the date to allow a system bedding in period and processes to be established. To be completed by 30<sup>th</sup> September 2022.

Insurance 2021/22	May 2022	Substantial	8	2	4 Medium priority	2
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The recommendations related to team resilience, staff training and notifications of insurance requirements. The actions were due to be completed by 30<sup>th</sup> June 2022. The team resilience action requires training from the new Insurance Provider and this should now be completed by 30<sup>th</sup> October 2022. The training action requires that training to be completed and for a new member of staff to be in place, while the notification action requires that insurance be covered as a standard part of the monthly meetings that Finance Business Partners have with budget holders. Both should now be completed by 31<sup>st</sup> December 2022.

Covid-19 Business Grants 2021/22	July 2021	Substantial	3	2	1 Medium priority	0
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This action related to the implementation of the new Document Management System across Planning and Regeneration to support version control management. It was due 30th June 2022. It is expected to be implemented into Planning by 31/10/22 but Regeneration will not get this implemented until Phase 2 of the rollout. This is due to delays caused by Phase 1 data migration issues. The estimation for completion of the Regeneration element is December 2023.

Audit	Scope of Work	Start Planned Date	Start Actual Date	End Actual Date	Rating
Value For Money	To provide assurance that the Council takes all reasonable steps to achieve Value for Money in the delivery of its services.	20/04/22	20/04/22	19/08/22	High Assurance
Flood Management	To provide assurance that adequate arrangements are in place between the council and the LLFA to both prevent and respond to flooding	11/05/22	11/05/22	23/08/22	High Assurance
ICT Helpdesk	This follow-up review provides assurance that the actions agreed in the previous ICT Helpdesk audit have been satisfactorily implemented and an improved control environment now exists.	01/03/22	01/03/22	10/06/22	Substantial Assurance
ICT Disaster Recovery	To provide assurance that back-ups are robust, working effectively and that disaster recovery arrangements are in place and also periodically tested.	09/02/22	09/02/22	22/08/22	Substantial Assurance
ICT Cloud Services	Review of several cloud hosted solutions to ascertain the level of due diligence undertaken of selected providers and the adequacy of security arrangements in place.	06/05/22	06/05/22	22/08/22	Substantial Assurance
Key Control and ERP	Delivery of key control testing to enable Head of Internal Audit to form an opinion on the Council's financial control environment. To include coverage on the ERP system.	05/05/22	05/05/22	22/08/22	Substantial Assurance
Staff Resilience	Review looking at measures that WLDC have in place to manage and support staff including supervision, home workplace assessments and support mechanisms.	16/08/22	16/08/22		Fieldwork stage
Key Project: CRM System	Consultancy to advise and support on new system controls.	Q3			

Audit	Scope of Work	Start Planned Date	Start Actual Date	End Actual Date	Rating
Wellbeing Lincs Service	Review of delivery and effectiveness of the Council's elements of the wellbeing contract.	TBC			
Contract Management	Assurance that the contract management process within WLDC is operating as planned and in line with policy.	12/07/22	12/07/22		Fieldwork stage
Governance, Risk and Resilience Framework	Health check of WLDC against the 7 governance characteristics within the Centre of Governance and Scrutiny's Governance, Risk and Resilience Framework	Q3			
Risk Management	Review of the risk management monitoring procedures in place at WLDC.	Q3			
Levelling Up Fund	Assurance over the management, decision making and governance of the £10 million Levelling Up Fund received from the Government. This work will cover two phases in 22/23 – the set up process followed by a final review.	14/08/22	14/08/22		Fieldwork stage
ICT Patch Management	The review will focus on the patching of software used by Council, and the firmware used in its infrastructure, is kept up to date and safe against known exploits.	Q3			
ICT Asset Management Hardware	To achieve value for money, and full use from the hardware in use it is important that all ICT hardware assets are tracked and managed appropriately. This is increasingly important where staff and equipment are no longer stationary and working from home has become a necessity in response to Covid-19	Q4			

Audit	Scope of Work	Start Planned Date	Start Actual Date	End Actual Date	Rating
Key Control Testing	Delivery of key control testing to enable Head of Internal Audit to form an opinion on the Council's financial control environment. Terms of Reference which include scope and focus on key risks will be determined with the appropriate senior manager.	Q4			
Follow Ups	To provide management with assurance that actions from previous key audits have been implemented and this has led to improved outcomes.	Q4			

# Agenda Item 7c



**Governance and Audit  
Committee**

**Tuesday 11<sup>th</sup> October 2022**

## **Local Government and Social Care Ombudsman (LGSCO) Annual Review Letter Report 2021/22**

Report by:	Director of Commercial & Operational Services
Contact Officer:	Natalie Kostiuk Customer Experience Officer natalie.kostiuk@west-lindsey.gov.uk
Purpose / Summary:	Report on the Local Government and Social Care Ombudsman (LGSCO) Annual Review Letter 2022 covering complaints referred to and decided by them between April 2021 and March 2022. Examining upheld complaints, learning actions and benchmarking with other similar authorities.

### **RECOMMENDATION(S):**

That committee members welcome this report, and after considering its contents are assured that the current complaint handling procedures are functioning adequately.



## IMPLICATIONS

### **Legal:**

There are no legal implications arising from this report.

### **Financial: FIN/81/23/GA/SL**

A payment that was recommended as a conclusion of a complaint received by the LGSCO in the previous year (2020/21) was made in April 2021, this was a £450 payment made from an existing service budget.

### **Staffing:**

There are no staffing implications arising from this report.

### **Equality and Diversity including Human Rights:**

The LGSCO have not identified any issues with how complaints are handled in terms of Equality and Diversity and Human Rights.

### **Data Protection Implications:**

There are no data protection implications arising from this report.

### **Climate Related Risks and Opportunities:**

Not Applicable.

### **Section 17 Crime and Disorder Considerations:**

Not Applicable.

### **Health Implications:**

There are no health implications arising from this report.

**Title and Location of any Background Papers used in the preparation of this report :**

Link to the Local Government and Social Care Ombudsman website –  
Annual Review Letter 2022 for West Lindsey District Council

[Annual LGSCO Review Letters - West Lindsey District Council](#)

Link to the Local Government and Social Care Ombudsman website –  
Complaint Decisions for West Lindsey District Council

[LGSCO Decisions - West Lindsey District Council](#)

Link to the Local Government and Social Care Ombudsman website –  
Complaint Decisions for West Lindsey District Council

[West Lindsey District Council Performance 2021/22](#)

**Risk Assessment :**

Not Applicable.

**Call in and Urgency:**

**Is the decision one which Rule 14.7 of the Scrutiny Procedure Rules apply?**

i.e. is the report exempt from being called in due to  
urgency (in consultation with C&I chairman)

Yes

☐

No

X

**Key Decision:**

A matter which affects two or more wards, or has  
significant financial implications

Yes

☐

No

X

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## **Executive Summary**

This report examines the Local Government and Social Care Ombudsman (LGSCO) Annual Review Letter 2022 covering complaints that were either referred to or decided by them during the 2021/22 period from April 2021 to March 2022.

Historical data on complaints handled by the LGSCO is included within this report along with comparison to previous year's figures and findings.

Finally, the report compares how West Lindsey District Council has performed overall nationally and in comparison with 20 other similar authorities in terms of the number of complaints referred, investigated and upheld by the LGSCO.

During the 2021/22 period a total of 12 new complaints were referred to the LGSCO. 50% (6) of these were in relation to Planning and Development and 25% (3) of these were in relation to Planning Enforcement. 1 complaint was in regards to Council Tax, 1 was in relation to Community Safety and another 1 was about Housing.

As well as the 12 complaints referred to them the LGSCO made final decisions on 3 complaints that were still open from the previous (2020/21) period. Information on these decisions is included within this report.

The complaint referred to the LGSCO in regards to Housing was not shared with the Council at the time as it was referred to them prematurely so the complainant was referred back to the authority for local resolution.

The LGSCO closed 4 of the complaints referred to them after initial enquiries, either because the complaint was not warranted, was out of time, it was unlikely that any injustice had been caused, unlikely that any fault would be identified or because the complainant has another route of complaint they could follow such as a formal appeal. These complaints related to Planning and Development (3) and Council Tax (1).

In total the LGSCO carried out detailed investigations into 8 complaints, 1 of these was a complaint referred to them the previous year. 3 for Planning and Development, 3 for Planning Enforcement, 1 for Environmental Protection and 1 for Community Safety.

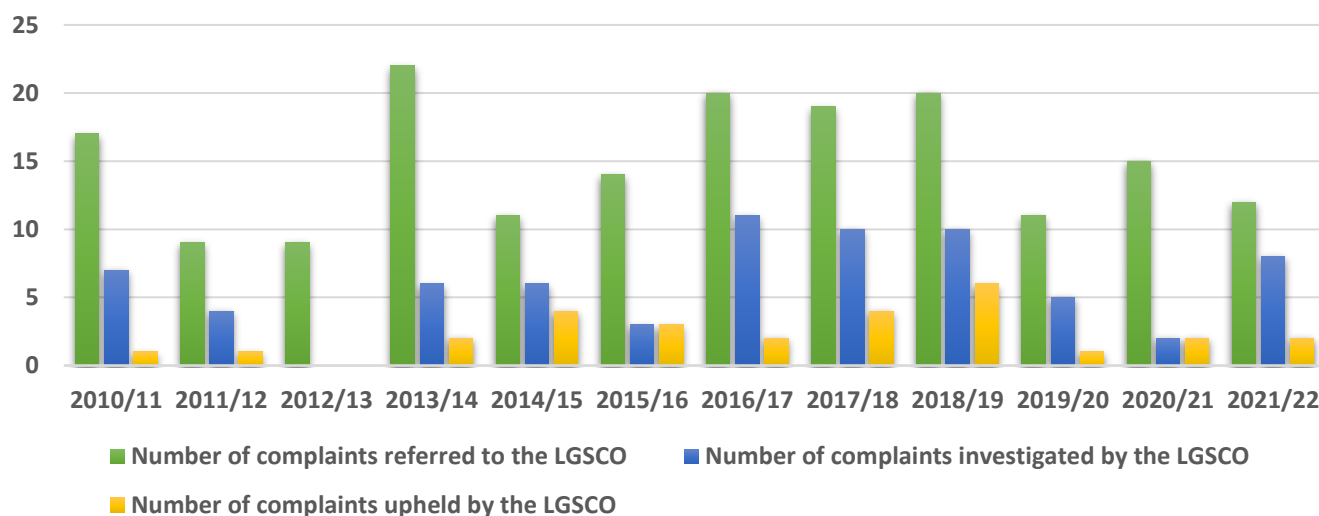
The LGSCO upheld 2 of the 8 complaints investigated, this equates to a 25% upheld rate, this compares to an average of 51% in similar organisations. The upheld complaints were in relation to Planning Enforcement and Community Safety. No financial payments were recommended but apologies and changes in process/procedure were recommended. These actions were carried out as requested, further details can be found within the upheld complaint section of this report.

The LGSCO were still considering 3 complaints that were referred to them between April 2021 and March 2022 when the Annual Review Letter for 2022 was published therefore those 3 outstanding complaints and the decisions reached will be detailed in next years report.

A complaint that was concluded at the end of March 2021 recommended a £450 payment and other improvement actions, this payment was made from an existing service budget in April 2021 and the other recommendations were completed during 2021/22. Details of the complaint and why it was upheld were included in last year's annual report but are also included in this year's compliance data.

## 1. Introduction

- 1.1 If a customer has completed the Council's formal complaints policy and remains dissatisfied with the outcome of their complaint or the way it has been handled by West Lindsey District Council they are entitled to refer their complaint to the LGSCO for review.
- 1.2 The LGSCO will only consider a complaint once it has been dealt with in full via the West Lindsey District Council Customer Feedback Policy and only if it meets their criteria for investigation - <https://www.lgo.org.uk/make-a-complaint/what-we-can-and-cannot-look-at>
- 1.3 Issues that have another formal route of appeal or tribunal will not be investigated by the LGSCO.
- 1.4 There is no cost to the authority for work carried out by the LGSCO.
- 1.5 An Annual Review letter is published by the LGSCO for each authority every year which details the number of complaints referred to them, investigated by them and details of any complaints upheld by them. Information regarding compliance with LGSCO recommendations is also included. The full Annual Review letter for 2022 can be found in [Appendix 1](#) of this report.
- 1.6 The information published by the LGSCO allows us to examine our performance for the year and look at how we compare to other similar authorities.
- 1.7 The investigations carried out and the decisions made by the LGSCO allow us to learn and make improvements to the way we operate our services and deal with our customers on a daily basis. We can also learn from LGSCO complaints and decisions made for other authorities, when weekly decision lists are published they are shared with relevant team managers.
- 1.8 The graph below illustrates how many West Lindsey District Council complaints have been referred to, investigated and upheld by the LGSCO each year since 2010. As you can see there has been a decrease in the number of complaints referred to them during 2021/22.



*\*The number of complaints investigated and upheld for 2012/13 is unknown*

- 1.9 The LGSCO do not necessarily investigate all of the complaints that are referred to them. During the 2021/22 period 12 new complaints were referred to them but they only investigated 8 of them.

## 2. Annual Review Letter Figures

- 2.1 In total 12 new complaints were referred to the LGSCO in 2021/22, this is less than the previous year when 15 were referred, this is lower than the historical average. The table below shows which services the complaints related to compared to the previous 5 years.

	Benefits and Council Tax	Corporate and Other Services	Environmental Services (including Community Safety)	Highways and Transport	Housing	Planning and Development (and Planning Enforcement)	Other	Total
2021/22	1	0	1	0	1	9	0	12
2020/21	0	0	3	0	1	10	1	15
2019/20	4	1	1	0	1	4	0	11
2018/19	4	1	3	0	1	11	0	20
2017/18	3	2	2	0	0	12	0	19
2016/17	3	1	4	1	2	9	0	20

- 2.2 During 2021/22 50% (6) of the complaints referred to the LGSCO were in relation to Planning and Development and 25% (3) of these were in relation to Planning Enforcement.
- 2.3 As you can see, historically the majority of complaints referred to the LGSCO have been in regards to Planning and Development, which includes Planning Enforcement complaints.
- 2.4 The Environmental Services category also includes Community Safety complaints.
- 2.5 LGSCO investigations into 3 of the complaints during 2021/22 were not completed by the end of March 2022, these complaints are included in the received figures within this report but not the decision figures. Decisions for the complaints have been received since March so information is included within this report but they will also be included within the decision figures in next year's report.
- 2.6 In total 12 decisions were made by the LGSCO during the 2021/22 period. The table below gives information on the complaints that were decided including the dates they were received and decided by the LGSCO, the service they related to, the decision made and any recommendations made in regards to the decision reached.

*Note: the first 3 complaints in the table are the ones that were received the previous year but decided during 2021/22 – **The Category and Reference titles below are live links to the full complaint report***

Category and LGSCO Reference	Received	Decided	Days	Decision	Decision Reason
<a href="#">Environmental Services &amp; Public Protection &amp; Regulation</a> <a href="#">20009972</a>	04/01/2021	02/08/2021	210	Not Upheld	No Maladministration
<a href="#">Environmental Services &amp; Public Protection &amp; Regulation</a> <a href="#">20010710</a>	15/01/2021	02/07/2021	168	Not Upheld	No Maladministration
<a href="#">Planning &amp; Development</a> <a href="#">20013364</a>	12/03/2021	21/04/2021	40	Closed after initial enquiries	26B (2) not made in 12 months
<a href="#">Planning &amp; Development</a> <a href="#">21001117</a>	26/04/2021	17/06/2021	52	Closed after initial enquiries	Not warranted by alleged maladministration/service failure
<a href="#">Planning Enforcement (Planning and Development)</a> <a href="#">21001434</a>	30/04/2021	06/12/2021	220	Upheld	Maladministration and Injustice
Planning & Development <b>21002031</b> (Report not published due to risk of identification)	21/05/2021	06/01/2022	230	Not Upheld	No Maladministration
<a href="#">Planning Enforcement (Planning and Development)</a> <a href="#">21004657</a>	30/06/2021	18/01/2022	202	Not Upheld	No Maladministration
<a href="#">Planning &amp; Development</a> <a href="#">21006422</a>	30/07/2021	04/02/2022	189	Not Upheld	No Maladministration
<a href="#">Community Safety (Environmental Services &amp; Public Protection &amp; Regulation)</a> <a href="#">21007140</a>	13/08/2021	27/03/2022	226	Upheld	Maladministration and Injustice
<a href="#">Planning &amp; Development</a> <a href="#">21008610</a>	10/09/2021	04/02/2022	147	Not Upheld	No Maladministration
Housing <b>21011440</b> (No LGSCO report produced)	02/11/2021	02/11/2021	1	Referred back for local resolution	Premature Decision - advice given
<a href="#">Council Tax (Benefits and Tax)</a> <a href="#">21017190</a>	21/02/2022	11/03/2022	18	Closed after initial enquiries	Other reason not to investigate

*These are the details of the complaints that had not received a decision by the end of March 2022 but have since then. These will be counted in next year's decision numbers and more details will be included in next year's annual report:*

Category and LGSCO Reference	Received	Decided	Days	Decision	Decision Reason
<a href="#">Planning &amp; Development</a> <a href="#">21018943</a>	28/03/2022	18/04/2022	21	Closed after initial enquiries	No further action
<a href="#">Planning &amp; Development</a> <a href="#">21018969</a>	28/03/2022	13/04/2022	16	Closed after initial enquiries	No further action
<a href="#">Planning Enforcement (Planning and Development)</a> <a href="#">21002386</a>	21/05/2021	27/04/2022	341	Not Upheld	No Maladministration

- 2.7 During 2022/23 there was 1 complaint that was referred back to West Lindsey District Council for a local resolution. This occurs when a customer has not initially made their complaint known to us or have not given us the chance to investigate and resolve their complaint internally. The LGSCO will only investigate complaints once they have been investigated via the authority under the Council's formal complaints process.
- 2.8 In total 3 complaints were closed after initial enquiries were made. This occurs when the LGSCO receive a complaint and consider the initial information including details of the complaint and the response we have given them. If the LGSCO decide that it is unlikely that any fault or maladministration will be found or that any harm or injustice has been caused they will not investigate the matter further. The LGSCO will also take this approach to complaints where an appeal or tribunal route is available to the complainant or where the complaint has been made out of time.
- 2.9 Two of the complaints that were closed after initial enquiries related to Planning and Development services, one of them was out of time as it was not made within 12 months of the complainant becoming aware of the problem and the LGSCO decided that the other was not warranted by the alleged maladministration/service failure. The other complaint closed after initial enquiries was in relation to Council Tax, the LGSCO decided that the complaint about the Council's decision on council tax liability was best dealt with by the Valuation Tribunal Service.
- 2.10 The LGSCO carried out detailed investigations into 8 of the complaints received, these were in relation to Planning and Development (3), Planning Enforcement (2), Environmental Protection (2) and Community Safety (1).
- 2.11 Two of the complaints that were investigated by the LGSCO were upheld as fault was identified, maladministration and injustice was identified in both complaints. These complaints were in relation to Planning Enforcement and Community Safety.
- 2.12 As the LGSCO upheld 2 of the 8 complaints investigated the 2021/22 upheld rate for West Lindsey District Council was 25%, this is a decrease compared to the previous year where both of the 2 complaints investigated were upheld resulting in a 100% upheld rate for 2020/21.

	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
Complaints and enquiries received by the LGSCO	12	15	11	20	19	20
Number of detailed investigations carried out by the LGSCO	8	2	5	10	10	11
Number of complaints upheld by the LGSCO	2	2	1	6	4	2
Upheld complaint percentage %	25%	100%	20%	60%	40%	18%



- 2.13 The upheld rate has fluctuated over the years depending on how many complaints were investigated by the LGSCO. The actual number of upheld complaints is minimal, this has decreased across the last 6 years.
- 2.14 The decrease in the number of complaints referred to the LGSCO overall and the reduction in the number of complaints that the LGSCO felt were justified could be attributed to the work of the Customer Experience Officer and the amended more centralised complaints handling process.
- 2.15 It is acknowledged that cases referred to the LGSCO have been more complex in nature and we welcome a fresh pair of eyes on these matters to assist us in identifying how we can do things differently in the future.

### 3. Upheld Complaints

- 3.1 In total the LGSCO carried out detailed investigations into 8 of the 12 complaints received, this is more than the previous year when only 2 were investigated. Overall 2 of the 8 complaints investigated were upheld. The tables below show information on the complaints that were upheld and the remedy that was recommended by the LGSCO. The received and decided dates illustrate the length of time that it took the LGSCO to investigate and reach a final decision.
- 3.2 It should be noted that the term 'maladministration' which is used by the LGSCO covers a broad spectrum of issues that may arise, from a small innocent and accidental human administration error or mistake to a deliberate and malicious action.

Service and LGSCO Reference	Received	Decided	Decision	Decision Reason
Planning Enforcement (Planning and Development) 21001434	30/04/2021	06/12/2021	Upheld	Maladministration and Injustice
<b>Days to resolve</b> 220 days				
<b>Remedy</b>				
An apology was recommended.				
<b>Service Improvement Recommendations</b>				
No service improvement recommendations were made in the LGSCO's final decision.				
<b>Learning and Improvement Actions</b>				
The maladministration and injustice that was identified was in regards to the length of time taken for enforcement action to be progressed against the complainant's neighbour. The LGSCO found that the Council unnecessarily delayed taking action and that the complainant was not properly updated on the progress of the case.				

Service and LGSCO Reference	Received	Decided	Decision	Decision Reason
Community Safety (Environmental Services & Public Protection & Regulation) 21007140	13/08/2021	27/03/2022	Upheld	Maladministration and Injustice
<b>Days to resolve</b> 226 days				
<b>Remedy</b>				
An apology and procedure or policy change/review was recommended.				
<b>Service Improvement Recommendations</b>				
The LGSCO recommended that the Council should review its procedures to ensure that the wording in Community Protection Notices is effective and that officers review them after any legal advice is received.				
<b>Learning and Improvement Actions</b>				
The maladministration and injustice that was identified was in relation to a Community Protection Notice (CPN) that was served on the complainant's neighbour. The LGSCO found that the CPN was not worded in a way that was enforceable.				

3.3 The information below includes the detail and the findings of the 2 complaints that were investigated by the LGSCO and upheld.

**3.4 21001434 Planning Enforcement (Planning and Development)  
Upheld – Maladministration and Injustice**

Mrs X complained the Council unnecessarily delayed taking planning enforcement action against her neighbour. She also complained about how we updated her on the cases progress. The LGSCO found the Council was at fault for allowing the case to drift for a short period of time. The LGSCO recommended that the Council should apologise to Mrs X and were assured that we had taken suitable action to prevent the fault occurring again.

When Mrs X first reported her concerns about the neighbours building work in September 2019, the Council responded within the time frames set out in its policy. We decided that, providing the neighbour made the amendments they said they would, the structure would be permitted development. The Council considered the relevant information in making its decision; we were not at fault.

When Mrs X reported further development in December 2019, the Council decided the development was in breach of planning control. We took informal action first, writing to the neighbour several times from December to February. We then decided to proceed to formal action, issuing the first Enforcement Notice in June 2020. We confirmed that we intended to prosecute Mrs X's neighbour and were preparing documents at the time of the complaint. The government encourages councils to resolve planning control

breaches informally and to use formal action as a last resort. We acted in accordance with government guidance so were not at fault.

We accepted there was some delay between contacting the neighbour in February 2020 and issuing the Enforcement Notice in June 2020. This was because of issues the neighbour raised which needed to be addressed and due to the impact of the COVID-19 pandemic. The LGSCO accepted our explanation and did not find us at fault.

The neighbour subsequently made further changes to the structure including adding a large fence along its edge. We reassessed whether the fence was a new breach of planning control before deciding to proceed with prosecution. We did not unduly delay doing so. The LGSCO concluded the Council was not at fault.

We decided to halt progress on the case while Mrs X's neighbour complained to the Ombudsman. This was not found to be a fault. However, the LGSCO's investigation ended in February 2021. We did not take any action until the end of May 2021 and then made little progress on the case until September 2021 when we began preparing the prosecution evidence. The LGSCO considered our explanation for the delay in that period but still considered there was unnecessary drift. The LGSCO concluded that this caused Mrs X avoidable frustration. The LGSCO therefore recommended that an apology be made to Mrs X. The LGSCO were satisfied the Council had made suitable efforts to prevent the fault again by hiring an extra member of staff and by reviewing how we respond to low priority cases.

The LGSCO found fault leading to personal injustice and recommended action to remedy that injustice. The LGSCO recommended that we offer Mrs X a meaningful apology for the frustration caused by the delays in progressing the case in 2021 and requested that we offer the apology within one month of the date of the final decision being reached.

### **3.5 21007140 Community Safety (Environmental Services & Public Protection & Regulation) Upheld – Maladministration and Injustice**

The LGSCO found evidence of fault by the Council. The Community Protection Notice served on a neighbour due to anti-social behaviour was not worded in a way that it was enforceable. In addition, when the Council got legal advice on the notice, it did not review or revise it to ensure that it was relevant to the anti-social behaviour complained about. The Council's apology and revision of procedures on wording and reviewing notices remedies the injustice caused.

The Council served a CPN in April 2020 as we believed the issues were mainly anti-social behaviour. In April 2020 we were not aware how long COVID-19 restrictions would be in place for and so expected to be able to carry out monitoring at some point.

We were aware that Mrs Y was experiencing problems with her neighbours that needed monitoring. However, we did not consider noise was the main issue so did not install noise monitoring equipment initially. Having looked at the diary sheets Mrs Y provided the LGSCO could see that her complaints were about a wide range of anti-social behaviour and so they could understand why the CPN was used rather than noise monitoring.

In response to the LGSCO's enquiries, we explained that we believed we could have improved three things during Mrs Y's complaint. The LGSCO considered that the first two were fault.

Firstly, the LGSCO said that the Council should have reviewed the CPN once officers were aware of the legal advice that serving the CPN on the property owner did not mean that it applied to other members of the household. Officers did not consider if a different notice could be served in order to remedy this fault.

Second, the LGSCO concluded that the wording of the notice needed improvement to enable the Council to take enforcement action. The CPN described the noise levels Mrs Y's neighbour should comply with as 'respectable' and 'minimal'. These are subjective and respectable levels of noise could mean different things to different people. The CPN also said the neighbour should tell Mrs Y when she was going to have a bonfire. But, unless this was done in writing there would be no proof. In addition, officers would be unlikely to be able to decide if the bonfire material was wet or dry once the neighbour had burnt it. So, the LGSCO considered the imprecise wording on the notice was fault.

We explained that we felt that we could have also managed Mrs Y's expectations in an improved way so she was aware of what the Council could achieve. While this was noted, the LGSCO were not convinced the Council's actions on this point amounted to fault.

We agreed that we were at fault, as we could have dealt with the above areas of the case more effectively. We explained that if Mrs Y continues to have problems with noise from her neighbours, we will consider installing noise monitoring equipment.

Mrs Y has explained that she felt there has been no deterrent to her neighbour, as the Council did not enforce the CPN. In order to remedy her injustice, The LGSCO considered the Council should apologise to Mrs Y and ensure that we improve our procedures to prevent similar problems in the future.

The LGSCO recommended that the Council wrote to Mrs Y within one month of the date of the decision on this complaint to apologise that we could have dealt with her complaint more effectively.

They also recommended that we review our procedures to ensure that the wording in Community Protection Notices is effective and that officers review them after any legal advice is received, within two months of the date of the decision on this complaint.

The LGSCO upheld this complaint as the Council was at fault and concluded that the steps outlined above were a satisfactory remedy to the injustice suffered by Mrs Y.

#### **4. Compliance with Ombudsman Recommendations**

- 4.1 The LGSCO produce and report statistics on compliance with the recommendations they make in relation to upheld complaints. The LGSCO's recommendations are specific and will include a timeframe for completion, allowing them to follow up with authorities and seek evidence that the recommendations have been implemented.
- 4.2 During 2021/22 there were two sets of recommendations that had to be completed within a certain time period.

- 4.3 We carried out the recommendations within the required timeframe so the compliance rate for West Lindsey District Council in 2020/21 was 100%.
- 4.4 The LGSCO state that failure to comply with recommendations made is rare. *“An organisation with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.”*
- 4.5 A complaint that was concluded at the end of March 2021 recommended a £450 payment and other improvement actions, this payment was made from an existing service budget in April 2021 and the other recommendations were completed during the 2021/22 period. Details of the complaint and why it was upheld were included in last year’s annual report but are also included again below. These recommendations are included in this year’s compliance data.

Service and LGSCO Reference	Received	Decided	Decision	Decision Reason
Environmental Services & Public Protection & Regulation 20006845	22/10/2020	26/03/2021	Upheld	Maladministration and Injustice
<b>Days to resolve</b> 155 days				
<b>Remedy</b>				
<p>Financial redress: Avoidable distress/time and trouble, Provide services, Procedure or policy change/review, Provide training and/or guidance</p> <ul style="list-style-type: none"> <li>• Pay Mr B £450 to recognise the distress, time and trouble we caused him.</li> <li>• Commence an investigation into the noise nuisance issue. We should ensure we record our decision making properly and appropriately.</li> <li>• If the Councils investigation leads to any action the Council should consider a financial remedy payment to Mr B for the period we failed to investigate. The LGSCO suggested that we should consider a monthly payment for any loss of amenity. This amount should take into consideration the severity of the loss, circumstances of the complaint and impact on daily life.</li> </ul>				
<b>Service Improvement Recommendations</b>				
<p>The Council should:</p> <ul style="list-style-type: none"> <li>• Remind relevant staff of the community trigger review process and when to inform a customer of this option.</li> <li>• Remind relevant officers of the importance of proper and appropriate record keeping of decision making.</li> <li>• Review its policy and procedure of how it works with other agencies in respect of noise nuisance and ASB complaints. It should conduct the review with the fault and learning points of this investigation in mind. It should provide the Ombudsman with evidence of any changes to prevent a recurrence of the fault.</li> </ul>				
<b>Learning and Improvement Actions</b>				
<p>An email was sent to relevant officers regarding the Community Trigger Review Process and amendments to the Environmental Policy in regards to how we will liaise with other agencies.</p> <p>Information regarding the Community Trigger Review Process is now included on our standard letters.</p>				

The policy for Environmental Protection has been reviewed and amended:

Section 3.6 now states *“Where there are complaints that contain both statutory nuisance and other regulatory issues (i.e. Anti – Social Behaviour) the Council will use the relevant powers available to deal with the specific complaint. This may mean that multiple powers and multiple officers are used across single cases in order to ensure that the overall complaint is resolved. For example, if an ASB case includes a noise complaint, the Council will investigate the noise and the ASB as separate cases in line with its statutory obligations. Where the complaints involve different agencies, it will be made clear to the complainant and any other parties involved, which agency is responsible for which aspects.*

*Where possible the Council will ensure that there is a lead officer for the overall case to ensure that there is a coordinated response to the customer. Information in relation to the case or cases will be shared across the relevant agencies in order to ensure that each party is aware of the current position.”* - All relevant staff are aware of this amendment to the policy.

The relevant officers have been advised and reminded of the importance of proper and appropriate record keeping via email. Updates have also been made to the decision-making form which is used by the team. This is merged through our database, can be used at any step, and is used for any decision recording the officer feels necessary. Our procedures have been updated to include to this process.

- 4.6 The other complaint that was upheld in 2020/21 that concluded in a recommendation from the LGSCO was in relation to Planning Enforcement (Planning and Development, the full details of this complaint are included within the sections above (21001434) Planning Enforcement. An apology was recommended, this was sent within the required timeframe.
- 4.7 The recommendations made for the upheld complaint (21007140) Community Safety which is included in the upheld section above were to be implemented within the next period (2022/23), they were completed in May 2021 and will be included within the compliance details in next year's annual report.

## **5. Learning from LGSCO Complaint Investigations**

- 5.1 During 2021/22 learning opportunities from LGSCO complaints have been minimal. Only one procedure/policy change was recommended.
- 5.2 Following receipt of the upheld complaint decision in relation to Community Safety relevant officers were briefed on the LGSCO's findings and recommendations. In May 2022 a new procedure for Community Protection Notices (CPN's) was produced and implemented to assist officers when drafting and serving a CPN in the future to ensure that any wording used is accurate, relevant and that it can be enforced should it need to be. The new procedure was shared with the LGSCO as evidence.
- 5.3 A complaint in relation to Planning Enforcement services, although not upheld, did highlight a need for ensuring planning application conditions are more relevant, specific and easily enforceable in the future. This stemmed from a complaint where the enforcement team were not able to take any action as the planning condition was not specific enough. It is important for all planning conditions to be practical and enforceable. This observation has been shared with the relevant Team Managers for consideration.

## 6. Comparison with other Local Authorities Nationally

- 6.1 The LGSCO deals with complaints for 356 local authorities in total.
- 6.2 West Lindsey District Council is number **264**/356 overall in terms of the number of complaints referred to the LGSCO for each authority, the highest number of complaints being 463 for Birmingham City Council. Last year West Lindsey District Council was number 188/356 overall.
- 6.3 In terms of the number of upheld complaints West Lindsey District Council is number **239**/356 overall. Birmingham City Council had the highest number of upheld complaints with 100 of their complaints being upheld by the LGSCO. Last year West Lindsey District Council was number 203/356 overall.
- 6.4 Compared to the previous period (2020/21) West Lindsey District Council has moved to a lower position on the chart for the number of complaints referred and upheld by the LGSCO, this is a positive move.
- 6.5 The tables that show the results for all authorities can be accessed here: <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/local-government-complaint-reviews>

## 7. How we compare with other similar Local Authorities

- 7.1 A list of 20 local authorities that are similar to West Lindsey District Council in terms of size, population and services provided has been compiled so that some meaningful comparison and benchmarking can take place.
- 7.2 The tables in [Appendix 2](#) of this report show how West Lindsey District Council compares with the other 20 similar authorities.
- 7.3 In terms of the number of complaints referred to the LGSCO, West Lindsey District Council is number **13**/21 compared to similar local authorities. Last year (2020/21) West Lindsey District Council was number 2/21 overall.
- 7.4 West Lindsey District Council is joint number **6**/21 in terms of the number of upheld complaints when compared to similar local authorities, please keep in mind that only 2 complaints were upheld in total.





## Appendix 1 – LGSCO Annual Review Letter 2022

20 July 2022

*By email*

Mr Knowles  
Executive Director of Resources  
West Lindsey District Council

Local Government &  
Social Care  
**OMBUDSMAN**

Dear Mr Knowles

### **Annual Review letter 2022**

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2022. The information offers valuable insight about your organisation's approach to complaints. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

### **Complaint statistics**

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

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

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

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

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

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 27 July 2022. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

## Supporting complaint and service improvement

I know your organisation, like ours, will have been through a period of adaptation as the restrictions imposed by the pandemic lifted. While some pre-pandemic practices returned, many new ways of working are here to stay. It is my continued view that complaint functions have been under-resourced in recent years, a trend only exacerbated by the challenges of the pandemic. Through the lens of this recent upheaval and adjustment, I urge you to consider how your organisation prioritises complaints, particularly in terms of capacity and visibility. Properly resourced complaint functions that are well-connected and valued by service areas, management teams and elected members are capable of providing valuable insight about an organisation's performance, detecting early warning signs of problems and offering opportunities to improve service delivery.

I want to support your organisation to harness the value of complaints and we continue to develop our programme of support. Significantly, we are working in partnership with the Housing Ombudsman Service to develop a joint complaint handling code. We are aiming to consolidate our approaches and therefore simplify guidance to enable organisations to provide an effective, quality response to each and every complaint. We will keep you informed as this work develops, and expect that, once launched, we will assess your compliance with the code during our investigations and report your performance via this letter.

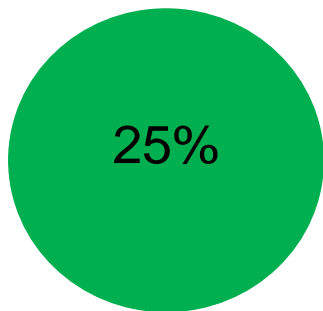
An already established tool we have for supporting improvements in local complaint handling is our successful training programme. We adapted our courses during the Covid-19 pandemic to an online format and successfully delivered 122 online workshops during the year, reaching more than 1,600 people. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a stylized flourish at the end.

Michael King  
Local Government and Social Care Ombudsman  
Chair, Commission for Local Administration in England

### Complaints upheld



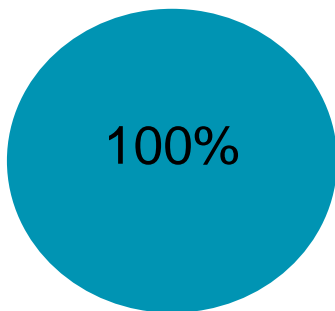
25% of complaints we investigated were upheld.

2 upheld decisions

This compares to an average of **51%** in similar organisations.

Statistics are based on a total of **8** investigations for the period between 1 April 2021 to 31 March 2022.

### Compliance with Ombudsman recommendations



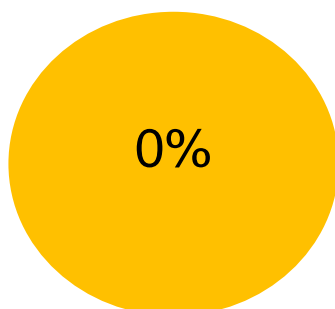
In **100%** of cases we were satisfied the organisation had successfully implemented our recommendations.

Statistics are based on a total of **2** compliance outcomes for the period between 1 April 2021 to 31 March 2022.

This compares to an average of **100%** in similar organisations.

- Failure to comply with our recommendations is rare. An organisation with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

### Satisfactory remedy provided by the organisation



In **0%** of upheld cases we found the organisation had provided a satisfactory remedy before the complaint reached the Ombudsman.

0 satisfactory remedy decisions

Statistics are based on a total of **2** upheld decisions for the period between 1 April 2021 to 31 March 2022

This compares to an average of **20%** in similar organisations.

## Appendix 2 – Comparison with 20 similar local authorities – Complaints Received

Local Government & Social Care <b>OMBUDSMAN</b>	Adult Social Care	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environmental Services, Public Protection and Regulation	Highways and Transport	Housing	Planning and Development	Other	Total
Derbyshire County Council	22	0	3	40	1	18	0	1	1	86
South Hams District Council	0	0	3	0	12	1	0	10	1	27
South Somerset District Council	0	6	4	0	6	0	0	9	0	25
Allerdale Borough Council	0	1	4	0	4	2	1	6	2	20
Breckland District Council	0	1	3	0	2	1	4	6	0	17
East Lindsey District Council	0	5	1	0	4	0	2	5	0	17
King's Lynn & West Norfolk Council	0	3	1	0	1	1	1	9	1	17
Selby District Council	0	1	3	0	1	0	1	10	1	17
Stratford-on-Avon District Council	0	1	2	0	2	2	1	8	0	16
Babergh District Council	0	0	4	0	1	0	0	9	0	14
Colnvald District Council	0	1	2	0	4	0	0	7	0	14
Tonbridge District Council	0	4	3	0	1	0	0	6	0	14
<b>West Lindsey District Council</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>12</b>
Huddersfield District Council	0	1	0	0	0	0	0	9	0	10
South Holland District Council	0	0	1	0	1	0	2	4	2	10
Mid Devon District Council	0	1	2	0	1	0	1	4	0	9
North Devon District Council	0	1	0	0	2	0	0	5	1	9
Mid Suffolk District Council	0	0	1	0	3	0	0	3	0	7
North Kesteven District Council	0	0	1	0	2	0	0	3	0	6
Copeland Borough Council	0	0	0	0	2	0	0	2	0	4
Daventry District Council	0	0	0	0	2	0	0	2	0	4

### Notes

These statistics include all complaints and enquiries that were received from 01 April 2021 to 31 March 2022.

Some cases are received and decided in different business years. This means the number of complaints and enquiries received may not match the number of decisions made.

You can find comparisons with last year's data on the second tab of this workbook.

For more information on how to interpret our : please visit: <http://www.lgo.org.uk/information-centre/reports/annual-review-reports/interpreting-local-authority-statistics>

## Appendix 2 continued – Comparison with 20 similar local authorities –

### Complaints and Enquiries Decided (by Outcome) 2021-22

Local Government & Social Care <b>OMBUDSMAN</b>	Invalid or Incomplete	Advice Given	Referred Back for Local Resolution	Closed after Initial Enquiries	Not Upheld	Upheld	Total	Uphold rate (%)	Average uphold rate (%) of similar authorities
Derbyshire County Council	2	3	30	28	6	24	93	80%	71%
Allerdale Borough Council	3	0	6	7	1	4	21	80%	51%
East Lindsey District Council	0	0	7	7	3	3	20	50%	51%
South Somerset District Council	0	0	12	7	4	3	26	43%	51%
Stratford-on-Avon District Council	0	0	3	7	2	3	15	60%	51%
Cotswold District Council	0	0	6	6	1	2	15	67%	51%
Daventry District Council	0	0	1	2	1	2	6	67%	51%
Hambleton District Council	0	0	1	7	2	2	12	50%	51%
North Devon District Council	0	0	4	6	0	2	12	100%	51%
North Kesteven District Council	0	0	0	4	2	2	8	50%	51%
South Hams District Council	3	0	12	8	3	2	28	40%	51%
Tonbridge District Council	0	0	5	9	3	2	19	40%	51%
<b>West Lindsey District Council</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>12</b>	<b>25%</b>	<b>51%</b>
Barnsley District Council	1	0	6	6	2	1	16	33%	51%
Mid Devon District Council	0	0	1	6	1	1	9	50%	51%
Mid Suffolk District Council	0	0	3	4	4	1	12	20%	51%
South Holland District Council	2	0	3	4	3	1	13	25%	51%
Breckland District Council	3	0	4	7	2	0	16	0%	51%
Copeland Borough Council	0	0	1	2	2	0	5	0%	51%
King's Lynn & West Norfolk Council	1	0	8	4	4	0	17	0%	51%
Selby District Council	0	1	3	12	2	0	18	0%	51%

#### Notes

These statistics include all complaints and enquiries that were decided from 01 April 2021 to 31 March 2022.

Some cases are received and decided in different business years. This means the number of complaints and enquiries received may not match the number of decisions made.

You can find comparisons with last year's data on the second and third tabs of this workbook.

For more information on how to interpret our statistics: <http://www.lgo.org.uk/information-centre/reports/annual-review-reports/interpreting-local-authority-statistics>





**Governance and Audit  
Committee**

**Tuesday, 11 October 2022**

**Subject: Member Development Annual Report 2021/2022**

Report by:

Monitoring Officer

Contact Officer:

Ele Snow  
Senior Democratic and Civic Officer

Ele.Snow@west-lindsey.gov.uk

Purpose / Summary:

To summarise Member Development activity for the past 12 months and to agree focus on 2023 Full Member Induction Programme

## **RECOMMENDATION(S):**

- 1. the report be accepted as an accurate reflection of Member Development activity for the period October 2021 to September 2022; and**
- 2. the outline proposals for the 2023 Full Member Induction Programme be supported; and**
- 3. the Governance and Audit Committee receive an additional report in January 2023 to consider, and approve, the 2023 Full Member Induction Programme**

## IMPLICATIONS

**Legal:** Members must receive training to sit on certain previously agreed Committees. If this training is not provided, the Council could be open to judicial review.

### **Financial: FIN/93/23/SL**

Member Development has existing budget of £9,000 for 2022/23 and £18,000 for 2023/24. There are no new financial implications at this stage and it is hoped that any proposals could be contained within existing budget provision.

**(N.B.) All committee reports MUST have a Fin Ref**

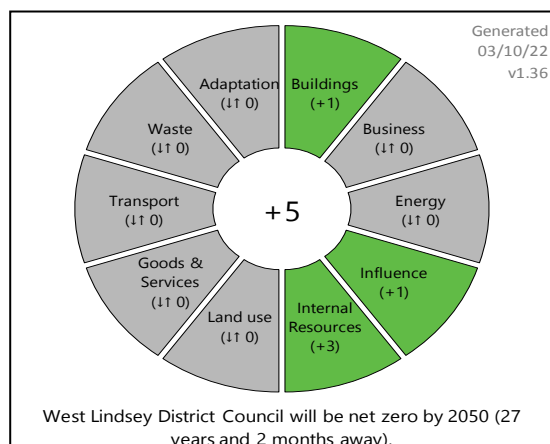
**Staffing:** Any staffing requirements for training events or development opportunities would be met within existing staff numbers.

**Equality and Diversity including Human Rights:** As far as possible, sessions are provided in differing formats and at a variety of times in order to accommodate individual requirements.

**Data Protection Implications:** None identified

**Climate Related Risks and Opportunities:** Priority is given to providing sessions in a virtual capacity where possible in order to minimise the need for Councillors to travel, thus helping to reduce associated emissions. New members will be given tablets or laptops to ensure they can operate in a paperless way

There will also be opportunities for new Members to understand the role of the Climate Change working group as part of Greater Understanding of the Council sessions.



**Section 17 Crime and Disorder Considerations:** None identified



**Health Implications:** None identified

**Title and Location of any Background Papers used in the preparation of this report :**

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**Risk Assessment:** N/A

**Call in and Urgency:**

**Is the decision one which Rule 14.7 of the Scrutiny Procedure Rules apply?**

i.e. is the report exempt from being called in due to urgency (in consultation with C&I chairman)

**Yes**

☐

**No**

**X**

**Key Decision:**

A matter which affects two or more wards, or has significant financial implications

**Yes**

☐

**No**

**X**

## **1 Introduction**

- 1.1 The Governance and Audit Committee is responsible for the monitoring of Member Development and has committed to receiving an annual report in order to maintain oversight.
- 1.2 The last report was received by the Committee in November 2021 and provided information of sessions undertaken in the previous year, as well as the intended focus for the period from the presentation of the report through to the May 2023 Full Member Induction Programme.
- 1.3 Since the presentation of the report in November 2021, the Democratic Services team has experienced ongoing resourcing issues and Officers recognise agreed actions have been postponed.
- 1.4 The intention of this annual report is to provide assurance to the Committee that there remains strong commitment from Officers to provide full and varied Member Development opportunities, with work underway on the Induction Programme, building on the success of the programme provided in 2019.

## **2 Summary of Member Development Activity October 2021 – September 2022**

### **2.1 Table of Development Sessions**

<b>Month</b>	<b>Session Title</b>	<b>Note</b>
October 2021	Code of Conduct – 2 sessions	Provider: Paul Hoey
November 2021	Annual Statement of Accounts	Mandatory for Members of G&A
January 2022	Pensions	Requested by G&A Cttee
	Treasury Management	Mandatory for Members of G&A
February 2022	Health and Well-Being/Covid Recovery/Integrated Care System	Information Session – Cllr S Woolley & Professor Ward
March 2022	Roll out of the Purple Lidded Bins	Information session
May 2022	UK Shared Prosperity Fund	Member Workshop
June 2022	Planning Training: Sessions 1&2	Mandatory for Members of the Planning Committee (external providers)
	UK Shared Prosperity Fund – Session 2	Member Workshop

- 2.2 Overall, attendance from Members has continued to see an increase in comparison with attendance statistics pre-covid pandemic. Attendance has consistently been at over 30%, with some sessions, for example the two Planning Training sessions, seeing over 55% attendance. It is believed this is due to the continued focus on virtual sessions, however we are also seeing increased attendance at in-person sessions. Anecdotally, this is due to the reduced number of these, meaning Councillors are content to travel to the Guildhall to attend as the demand on their time is still reduced from previous years.
- 2.3 It has been acknowledged that the use of LearningPool for Councillors has not been successfully implemented, due, in part, to a misunderstanding of some elements of the system. Each Councillor has been allocated to the LearningPool system, with assistance sessions due to take place in Autumn 2022. These will be a combination of day time and evening sessions, with Councillors being offered further support should it be required after these sessions.
- 2.4 A learning point to carry through to the Full Member Induction Programme and By-Election Induction Programme, is that login details are not auto-generated to Councillors and so will become an aspect of post-election work allocated within the Democratic Services team.

### 3 Member Induction Programme 2023

- 3.1 Officers have begun preparation for the Member Induction Programme, following all-out elections in May 2023. The programme in 2019 was a success, with positive feedback from Councillors and Officers alike. Where there have been suggested improvements, or requests over intervening years for additional sessions, these have been incorporated into the proposals for 2023.
- 3.2 Table of Inclusions for Member Induction Programme 2023

<b>Request / Feedback</b>	<b>Proposed Addition / Amendment</b>
Introduction to Council Services for new Cllrs	Service Fayre day 1 & 2 of Induction period
Use of Chamber tech	Webcasting etiquette sessions to be extended to include practical use of equipment, with hints and tips to be included
Role of the External Auditors	To be included in the first year programme for G&A Cttee Members (open to all)
Awareness of Standing Orders	To be included in the programme and mandatory for Chairs & Vice Chairs
Feedback re timings of sessions	Some sessions from 2019 have been separated out in order to reduce some session times whilst maximising focus

	on those areas (eg enforcement will become a standalone session)
'greater understanding of the work of the council'	Introduction of internally provided 'information sessions', more specifically aimed at new Cllrs but helpful to all (eg Corporate Plan and MTFP, CLLP & NPs, Environmental & Sustainability Strategy amongst others)
Tech support	Additional sessions to be provided to Cllrs as were offered in 2019, however there will be greater focus on the functionality of, eg, MS Teams and use of such within the council
Delivery methods	Whilst many sessions will remain face-to-face, hybrid sessions will be incorporated into the induction, as well as fully virtual sessions where appropriate. The set up on LearningPool will be a part of the Induction work of the team and Cllrs will be directed to additional resources using that online platform.

### 3.3 Timeline of progress and deadlines for completion of Induction Programme

<b>Time frame / deadline</b>	<b>Action</b>
Draft Induction Programme shared with Member Development Group	Throughout Autumn 2022
Proposed final programme confirmed by Member Development Group	Early January 2023
Final confirmed programme approved by G&A Cttee	24 January 2023
Initial timetable shared with <u>all</u> election candidates	February 2023
Full Induction Programme provided to each successful candidate	Night of election May 2023

## 4 Conclusion

- 4.1 The upcoming months will see a significant increase in Member Development focussed work. Working with the Member Development Group to finalise the Full Induction Programme, there will be increased opportunity for Member involvement, as well as shaping the future delivery options. It is hoped that with the Team assuming full officer

capacity again, this will also enable further expansion of the Member Development work stream.

4.2 Members are asked to:

4.2.1 Accept the report as an accurate reflection of Member Development activity for the period October 2021 to September 2022; and

4.2.2 Support the outline proposals for the 2023 Full Member Induction Programme; and

4.2.3 Agree to receive an additional report in January 2023 to consider, and approve, the 2023 Full Member Induction Programme.

## Governance and Audit Committee Workplan as at 3 October 2022

### Purpose:

This report provides details of reports scheduled for committee for the remainder of the Civic Year.

### Recommendation:

1. That members note the report.

Date	Title	Lead Officer	Purpose of the report
<b>11 OCTOBER 2022</b>			
11 Oct 2022	Member Development Annual Report 2021/2022	Ele Snow, Senior Democratic and Civic Officer	To review Member Development for the previous Civic Year and to agree relevant actions for the current Civic Year
11 Oct 2022	Review of Strategic Risks	Emma Redwood, Assistant Director People and Democratic Services	Biannual review of Strategic Risks
11 Oct 2022	Internal Audit Quarter 2 Report 2022/23	Alastair Simson, Principal Auditor, Lincolnshire County Council	To present the Quarter 2 Internal Audit Report.s
11 Oct 2022	Local Government and Social Care Ombudsman (LGSCO) Annual Review Letter Report 2021/22	Natalie Kostiuk, Customer Experience Officer	Report on the Local Government and Social Care Ombudsman (LGSCO) Annual Review letter 2021/22 covering complaints referred to them between April 2021 and March 2022. Examining upheld complaints, learning actions and benchmarking with other authorities.
<b>29 NOVEMBER 2022</b>			
29 Nov 2022	Audited Statement of Accounts	Emma Foy, Director of Corporate Services and Section 151	To present the Audited Statement of Accounts.
29 Nov 2022	Review of Whistleblowing Activity	Emma Redwood, Assistant Director People	To present data on Whistleblowing Activity

**24 JANUARY 2023**

24 Jan 2023	Draft Treasury Management Strategy 2023/24	Emma Foy, Director of Corporate Services and Section 151	To present West Lindsey District Council's Draft Treasury Management Strategy for 2023/24.
24 Jan 2023	External Audit Completion Report - ISA 260	Emma Foy, Director of Corporate Services and Section 151	To present to those charged with governance, the External Audit report on the quality of the Statement of Accounts and Annual Governance Statement 2021/22.
24 Jan 2023	Internal Audit Quarter 3 Report 2022/23	Alastair Simson, Principal Auditor, Lincolnshire County Council	To present the Quarter 3 Internal Audit Report.
24 Jan 2023	Member Development Induction Report 2023	Ele Snow, Senior Democratic and Civic Officer	To present the Member Induction Programme for Members elected at 2023 District Council Elections.

**14 MARCH 2023**

14 Mar 2023	Accounts Closedown 2022/23 Accounting Matters	Emma Foy, Director of Corporate Services and Section 151	To review and approve the accounting policies, actuary assumptions and materiality levels that will be used for the preparation of the 2022/23 accounts.
14 Mar 2023	External Audit Strategy Memorandum (Plan) 2022/23	Emma Foy, Director of Corporate Services and Section 151	To present the 2022/23 External Audit Strategy from our External Auditors, Mazars.
14 Mar 2023	Internal Audit Draft Annual Plan 2023/24	Alastair Simson, Principal Auditor, Lincolnshire County Council	To present the Draft Annual Plan for Internal Audit for the 2023/24 committee year.
14 Mar 2023	Combined Assurance Report 2022/23	Alastair Simson, Principal Auditor, Lincolnshire County Council	To present the Report from the Combined Assurance aspect for 2022/23

**18 APRIL 2023**

18 Apr 2023	Internal Audit Quarter 4 Report 2022/23	Alastair Simson, Principal	To present the Quarter 4 report from Internal Audit.
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Auditor, Lincolnshire  
County Council

18 Apr 2023

Annual Constitution Review & Monitoring Officer  
Report

Emma Redwood,  
Assistant Director People  
and Democratic Services

To review the Constitution and provide the MO annual  
report