

# Public Document Pack

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11 September 2024

## S U M M O N S

**MEETING:** Standards & Audit Sub Board  
**DATE:** 19 September 2024  
**TIME:** 6.00 pm  
**PLACE:** Committee Room 1  
**Democratic Services contact:** Linda Coote

Peter Baulf  
BOROUGH SOLICITOR AND MONITORING OFFICER

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## MEMBERS OF THE BOARD

Councillor Cox  
Councillor Mrs Cully  
Councillor Hutchison

Councillor Hylands  
Councillor Raffaelli

## **FIRE PRECAUTIONS**

(To be read by the Mayor if members of the public are present)

**In the event of the fire alarm sounding, please leave the room immediately. Proceed downstairs by way of the main stairs or as directed by GBC staff, follow any of the emergency exit signs. People with disability or mobility issues please identify yourself to GBC staff who will assist in your evacuation of the building.**

### **IMPORTANT NOTICE:**

- If you are in a wheelchair or have difficulty in walking and require access to the Committee Room on the First Floor of the Town Hall for this meeting, assistance can be provided by Town Hall staff on request.

If you require any of the services detailed above please ring the Direct Line for the Democratic Services Officer listed on the Summons (first page).

### **NOTE:**

- i. Councillors are requested to note that, if any Councillor who is not a Member of the Board wishes to speak at the Board meeting, then the Borough Solicitor is required to receive not less than 24 hours prior notice in writing or electronically and such notice shall indicate the agenda item or items on which the member wishes to speak.
- ii. Please note that mobile phones should be switched off or switched to silent for the duration of the meeting.
- iii. This meeting may be filmed or otherwise recorded. By attending this meeting, you are consenting to any broadcast of your image and being recorded.

**AGENDA**

1. APOLOGIES FOR NON ATTENDANCE
2. DECLARATIONS OF INTEREST
3. MINUTES OF THE MEETING OF THE SUB BOARD HELD ON 20 JUNE 2024 (Pages 5 - 8)
4. DEPUTATIONS- STANDING ORDER 3.4

*(NOTE: The Board is required to receive a deputation(s) on a matter which is before the meeting of the Board provided that notice of the intended deputation and its object shall have been received by the Borough Solicitor by 12 noon on Tuesday 17 September 2024. The total time for deputations in favour and against a proposal shall not exceed 10 minutes)*

5. PUBLIC QUESTIONS - STANDING ORDER 3.5

*(NOTE: The Board is required to allow a total of 15 minutes for questions from Members of the public on matters within the terms of reference of the Board provided that notice of such Question(s) shall have been submitted to the Borough Solicitor by 12 noon on Tuesday 17 September 2024)*

6. AUDIT PROGRESS REPORT (Pages 9 - 20)

To update the sub board on the progress of the Audit Plan 2024/25, agreed (March 2024), to the Members with responsibility for governance.

7. RISK MANAGEMENT POLICY AND STRATEGIC RISK REGISTER (Pages 21 - 32)

To seek approval from Members in regards to the Risk Policy 2024, following a review and update.  
To present the Strategic Risk register, for noting, as at August 2024, in line with the Risk Management Policy.

8. FACILITIES MANAGEMENT UPDATE (Pages 33 - 34)

This report sets out the actions taken so far by the Town Hall security officer group and its forward plan.

9. LOCAL GOVERNMENT OMBUDSMAN REVIEW 2023/2024 (Pages 35 - 42)

To advise the Sub Board of the Annual Review Letter 2024 received from the Local Government Ombudsman.

10. HOUSING SERVICE ANNUAL COMPLAINTS PERFORMANCE AND SERVICE IMPROVEMENT REPORT 2023/2024 (Pages 43 - 86)

The purpose of this report is to present the

- Housing Services annual complaints performance and service improvement report for the period 01 April 2023 to 31 March 2024, in accordance with the Housing Service Complaints Policy and the Housing Ombudsman Complaint Handling Code.
- The annual Self-Assessment Form against the Housing Ombudsman Complaint Handling Code

11. FREEDOM OF INFORMATION PERFORMANCE JULY 1ST 2023- JUNE 30TH 2024 (Pages 87 - 94)

To report to the Sub Board on the performance of the administration of Freedom of Information (FOI) requests.

12. GIFTS & HOSPITALITY RETURN FOR COUNCIL STAFF (Pages 95 - 96)

To advise the Sub Board of the Gifts and Hospitality declared by Council Staff for the period April 2023-March 2024

13. ANY OTHER ITEMS

# Public Document Pack Agenda Item 3

Standards & Audit Sub Board  
20 June 2024

## A MEETING OF THE STANDARDS & AUDIT SUB BOARD WAS HELD ON 20 JUNE 2024

Councillors Cox, Mrs Cully, Hutchison, Hylands and Raffaelli

### 1. APOLOGIES FOR NON ATTENDANCE

There were none

### 2. ELECTION OF CHAIRMAN FOR 2024-2025

RESOLVED: That Councillor Rob Hylands was duly elected as Chairman for the municipal year 2024-2025

### 3. ELECTION OF VICE CHAIRMAN FOR 2024-2025

RESOLVED: That Councillor Hutchison was duly elected as Deputy Chairman for the municipal year 2024-2025

### 4. DECLARATIONS OF INTEREST

There were none

### 5. MINUTES OF THE MEETING OF THE SUB BOARD HELD ON 28 MARCH 2024

RESOLVED: That the minutes of the meeting held on the 28 March 2024 were signed as a true and correct record.

### 6. DEPUTATIONS- STANDING ORDER 3.4

There were none

### 7. PUBLIC QUESTIONS - STANDING ORDER 3.5

There were none

### 8. EXTERNAL AUDIT PLAN 2023-2024

Consideration was given to a report by Simon Mathers (SM) Partner at Ernst & Young providing the Standards & Audit Sub Board with a basis to review the proposed audit approach and scope for the 2023/24 audit.

Members were advised that although the full planning report presented built on the March Sub Board meeting, it remained substantially the same. SM brought Members attention to the table summarising key risks and explained how these areas of risk would be tested. He confirmed the timeline would be unchanged, with the substantive amount of work being started in July with the results due in October.

In answer to a Members question, SM explained that they would work hard to build assurance over time and would reflect in the opinion what is possible to give assurance on and what is not. The fees for 2022-2023 were discussed and SM agreed that the scale fee would have to be determined but it wouldn't be the full amount as there have been no additional processes.

Resolved: That the Sub Board considered and noted the report.

## **9. AUDIT PROGRESS REPORT**

Consideration was given to a report by the Chief Internal Auditor (CIA) updating the Sub Board on the progress of the Audit Plan 2023/24, agreed (April 2023) to the Members with responsibility for governance.

The Chief Internal Auditor (CIA) introduced his report by explaining that this was the regular report brought to the Sub Board and there had been standard progress in the audit plan. He acknowledged a couple of typos in the report,

In answer to a Member's question, the CIA advised that the Social Media and the Housing Management System audits had been moved into the 2024/25 schedule. He explained that the originally planned facilities management audit had been removed and that a working group reporting got the CEX had been set up, of which he was a member, and would be able to reassure the Members if any risks were identified. Officers agreed to circulate a report on the outcomes of the working group.

Members were advised that despite the fuel cards audit being classified as No Assurance, it was not deemed to be a critical risk because of the low individual value levels involved. Officers explained the Motoring Policy is reviewed annually by HR, the Safety Officer and the Fleet Manager, and it is not unusual for a policy to be owned by one officer, especially in this case when the majority of vehicles fall under the remit of the Fleet Manager and where the expertise knowledge of insurance and training sit.. Officers explained that procedures had been put in place immediately, with a plan for further work for all risk areas to de-risk the process.

The CIA and officers agreed to provide more details of the projects without business cases.

RESOLVED: That the Standards and Audit Sub Board noted the progress of the Audit Plan 2023/24 from 1<sup>st</sup> April to 23<sup>rd</sup> May 2024.

## **10. ANNUAL AUDIT OPINION**

Consideration was given to a report by the Chief Internal Auditor (CIA) tabling the Annual Audit Opinion for 2023/24 for noting by the Members with responsibility for governance.

The CIA advised that this was the standard report that is brought annually to the Sub Board, and drew Members attention to the opening statements of the report that explained the shift in assurance levels.

Standards & Audit Sub Board  
20 June 2024

Members were advised that the opinion level of Reasonable Assurance had been applied despite a decline in results from the previous year because of the confidence the CIA has in the senior officer's approach and acceptance of the audit process, and willingness to take the necessary action.

The CIA advised that 2024-2025 would be a busy year for follow up audits. These would be fewer in number but bigger in size. The audits would be an agenda item for CMT and would be taken seriously with managers being taken to task on their actions or lack of.

In answer to a Member's question officers advised that recruitment was improving there were no issues in the frontline services and there was a good number of quality applications for each vacancy advertised. The identifying of areas of weakness and improving the structure is an ongoing process involving skills gap analysis and ensuring the right people were in the right roles. Officers went on to say that they were recruiting to the structure that came out of the recently completed review, and would be considered for release once this process was complete.

RESOLVED: That the Sub Board Members noted the Annual Audit Opinion 2023/24.

## **11. ANNUAL GOVERNANCE STATEMENT**

Consideration was given to a report by the Chief Internal Auditor (CIA) seeking approval from Members in regards to the draft Annual Governance Statement (AGS) 2023/24.

The CIA introduced his report by asking the Sub Board to accept a change to the published recommendation. The Annual Governance Statement needs to be recommended to the Policy and Organisation Board.

RESOLVED: That the Sub Board agreed the change to the recommendation.

The CIA advised that this was the annual report brought to the Sub Board, and the only changes were minor job role titles.

In answer to a Member's question, the CIA agreed to review and if necessary update a number of points including identifying GBC as a Committee System Authority, clarifying information on FOIA and the Councillor's Code of Conduct and checking the date of a Board report.

RESOLVED: That the Standards and Audit Sub Board:

Approved the draft Annual Governance Statement 2023/24 and recommended it to the Policy and Organisation Board as those charged with governance.

## **12. ANY OTHER ITEMS**

**CHAIRMAN**





<b>Board/Committee:</b>	Audit and Standards Sub Board
<b>Date of Meeting:</b>	19 <sup>th</sup> September 2024
<b>Title:</b>	Internal Audit Progress Report 1 <sup>st</sup> April to 28 <sup>th</sup> August 2024
<b>Author:</b>	Chief Internal Auditor
<b>Status:</b>	FOR NOTING

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To update the sub board on the progress of the Audit Plan 2024/25, agreed (March 2024), to the Members with responsibility for governance.

## Recommendations

That the Standards and Audit Sub Board note the progress of the Audit Plan 2024/25 from 1<sup>st</sup> April to 28<sup>th</sup> August 2024 as set out in Appendix A.

### 1. **Background & Purpose**

1.1 The purpose of this report is to provide the Standards and Audit Sub Board with an overview of internal audit activity against assurance work completed in accordance with the approved internal audit plan. Members of this sub board approved the 2024/25 Annual Audit Plan in March 2024, which consisted of 33 audit assignments initially.

### 2. **Report**

2.1 Appendix A is the Audit Progress Report 1<sup>st</sup> April to 28<sup>th</sup> August 2024.

### Conclusion

3.1 That the sub board note the Audit Progress against the 2024/25 Audit Plan.

<b>Financial Services comments:</b>	Nil
<b>Legal Services comments:</b>	Nil
<b>Crime and Disorder:</b>	Nil
<b>Equality and Diversity:</b>	Nil
<b>Service Improvement Plan implications:</b>	The delivery of the annual audit plan is a key function of the service.
<b>Corporate Plan:</b>	It supports the Council in pursuit of excellence through delivering an effective and high quality governance evaluation and monitoring.
<b>Risk Assessment:</b>	The work performed by Internal Audit assists in reducing the overall risk exposure in the Council's operations and provides a high degree of assurance to management in placing reliance on the adequacy of internal controls within their Services
<b>Background papers:</b>	None
<b>Appendices/Enclosures:</b>	Appendix A – Internal Audit Progress Report 1 <sup>st</sup> April to 28 <sup>th</sup> August 2024
<b>Report author/ Lead Officer:</b>	Paul Somerset - Chief Internal Auditor

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# Internal Audit Progress Report 19<sup>th</sup> September 2024

Paul Somerset, Chief Internal Auditor

## 1. Introduction

Internal Audit is a statutory function for all local authorities.

The requirement for an Internal Audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015 as to:

*Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance*

The standards for 'proper practices' are laid down in the Public Sector Internal Audit Standards [the Standards – updated 2016].

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

This report includes the status against the 2024/25 internal audit plan.

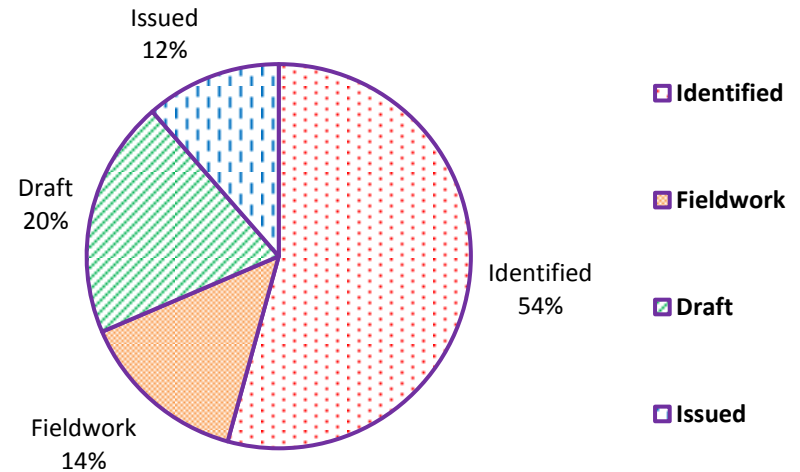
## 2. Audit Plan Progress as of 28<sup>th</sup> August 2024

There are now 35 audits in the Audit Plan for 2024/25.

To date, 4 (12%) have been issued, 7 are in draft report stage (20%) and 5 (14%) are in fieldwork. Progress against the plan is at the required level for the time of year and there are currently no concerns that the audit plan will not be complete to enable an audit opinion to be given in July 2025.

Status	Current Position
Identified	19
Fieldwork	5
Draft Report	7
Issued	4

### Audit Plan Progress as of 28th August 2024



### 3. Ongoing Internal Audit Involvement

Internal Audit has provided advice, ongoing reviews and involvement work in the following areas. (For reference, advice is only recorded when the time taken to provide the advice exceeds one hour):

- Regulation of Investigatory Powers Act (RIPA) - authorisations (if applicable) and policy review
- Anti-Money Laundering
- National Fraud Initiative (NFI) to facilitate national data matching carried out by the Cabinet Office
- National Anti-Fraud Network (NAFN) bulletins and intelligence follow up
- Standards and Audit Sub Board - reporting and attendance
- Audit Planning and Consultation
- Risk Management
- Annual Governance Statement
- Counter Fraud
- Corporate Governance Group
- Corporate Management Team
- Corporate Investigations

### 4. Audit Plan Status/Changes

- Added - Heritage Action Zones Grant Sign off - Final sign off required on the named grant. Grant requires testing and sign off from the Chief Internal Auditor now the scheme has been completed
- Added - COVID Enforcement Grant - Outstanding grant has been highlighted to Finance from Government and requires testing and sign off from Chief Internal Auditor

### 5. Areas of Concern

No new areas of concern since the last meeting.

## 6. Assurance Levels

Internal Audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management, control and governance designed to support the achievement of management objectives for the area under review.

Assurance Level	Description / Examples
<b>Assurance</b>	<i>No issues or minor improvements noted within the audit but based on the testing conducted, assurance can be placed that the activity is of low risk to the Authority</i>
<b>Reasonable Assurance</b>	<i>Control weaknesses or risks were identified but overall the activities do not pose significant risks to the Authority</i>
<b>Limited Assurance</b>	<i>Control weaknesses or risks were identified which pose a more significant risk to the Authority</i>
<b>No Assurance</b>	<i>Major individual issues identified or collectively a number of issues raised which could significantly impact the overall objectives of the activity that was subject to the Audit</i>
<b>NAT</b>	<i>No areas tested</i>

*Audits rated No Assurance are specifically highlighted to the Standards and Audit sub board along with any Section Head comments. The sub board is able to request any section head attends a meeting to discuss the issues.*

## 7. Exception Risk Ranking

The following table outline the exceptions raised in audit reports, reported in priority order and are broadly equivalent to those previously used.

Priority Level	Description
<b>Low Risk (Improvement)</b>	<i>Very low risk exceptions or recommendations that are classed as improvements that are intended to help the service fine tune its control framework or improve service effectiveness and efficiency. An example of an improvement recommendation would be making changes to a filing system to improve the quality of the management trail.</i>
<b>Medium Risk</b>	<i>These are control weaknesses that may expose the system function or process to a key risk but the likelihood of the risk occurring is low.</i>
<b>High Risk</b>	<i>Action needs to be taken to address significant control weaknesses but over a reasonable timeframe rather than immediately. These issues are not 'show stopping' but are still important to ensure that controls can be relied upon for the effective performance of the service or function. If not addressed, they can, over time, become critical. An example of an important exception would be the introduction of controls to detect and prevent fraud.</i>
<b>Critical Risk</b>	<i>Control weakness that could have a significant impact upon not only the system function or process objectives but also the achievement of the Council's objectives in relation to: The efficient and effective use of resources, The safeguarding of assets, The preparation of reliable financial and operational information, Compliance with laws and regulations and corrective action needs to be taken immediately.</i>

*Any critical exceptions found the will be reported in their entirety to the Standards and Audit Sub Board along with Section Head comments*



## 8.2024/25 Audits completed since last meeting

### Right to Buy - Housing

Exceptions Raised

Critical	High	Medium	Low
0	0	0	0

Overall Assurance Level

<b>Assurance</b>
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Assurance Level by Scope Area

Achievement of Strategic Objectives	NAT
Compliance with Policies, Laws & Regulations	<b>Assurance</b>
Safeguarding of Assets	<b>Assurance</b>
Effectiveness and Efficiency of Operations	<b>Assurance</b>
Reliability and Integrity of Data	NAT

No issues arose during the audit

### Legionella Streetscene - Streetscene

Exceptions Raised

Critical	High	Medium	Low
0	4	1	1

Overall Assurance Level

<b>Limited Assurance</b>
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Agreed actions are scheduled to be implemented by December 2024

Assurance Level by Scope Area

Achievement of Strategic Objectives	NAT
Compliance with Policies, Laws & Regulations	<b>Limited Assurance</b>
Safeguarding of Assets	<b>Limited Assurance</b>
Effectiveness and Efficiency of Operations	NAT
Reliability and Integrity of Data	<b>Limited Assurance</b>

The four high risk exceptions relate to there being no scheme of control for legionella, as required by legislation. A lack of evidenced remedial work undertaken on areas where a legionella risk is present, no risk assessments for areas where a legionella risk could be present and the absence of legionella log books tracking monitoring work undertaken.

**COVID Enforcement Grant**

**Exceptions Raised**

Critical	High	Medium	Low
0	0	0	0

**Overall Assurance Level**

<b>Signed Off</b>
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**Assurance Level by Scope Area**

Achievement of Strategic Objectives	NAT
Compliance with Policies, Laws & Regulations	<b>Assurance</b>
Safeguarding of Assets	NAT
Effectiveness and Efficiency of Operations	NAT
Reliability and Integrity of Data	NAT

The conditions of the grant were met and the declaration was signed off by the Chief Internal Auditor and s151 Officer.

**Tensor System Follow up - Corporate**

**Original Exceptions Raised**

Critical	High	Medium	Low
0	3	1	0

**Follow Up Exception Position**

Critical	High	Medium	Low
0	1	1	0

**Original Assurance Level**

<b>Limited Assurance</b>
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**Follow Up Assurance Level**

<b>Reasonable Assurance</b>
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The new implantation dates are scheduled to be completed by September 2024

**Follow Up Assurance Level by Scope Area**

Achievement of Strategic Objectives	NAT
Compliance with Policies, Laws & Regulations	<b>Reasonable Assurance</b>
Safeguarding of Assets	NAT
Effectiveness and Efficiency of Operations	<b>Reasonable Assurance</b>
Reliability and Integrity of Data	NAT

The remaining 'in progress' exceptions relate to a software issues regarding lever reports and automatically deactivating cards, both are which are awaiting responses from the suppliers. Also, the management and control of contractor ID cards which is due to be resolved at the next Town Hall Security group meeting held in Q3 of 2024/25.

## 9. Audits in draft to Date (28<sup>th</sup> August 2024)

Audit	Directorate	Delayed	Projected Issued Date	Revised Issued Date	Comments
CCTV	Corporate	N/A	September 2024		
IT Helpdesk Follow Up	IT	N/A	September 2024		
Parking Follow Up	Environmental Health	N/A	September 2024		
Health and Safety Council Buildings Follow Up	Housing	N/A	September 2024		
Leisure Centre Follow Up	Streetscene	N/A	September 2024		
Private Sector Housing	Environmental Health	N/A	September 2024		
Starter Leaver Processes	HR	N/A	September 2024		

## 10. Audits in Progress to date (28<sup>th</sup> August 2024)

Audit	Directorate	Delayed	Projected Issued Date	Revised Issued Date	Comments
Payroll	Finance	N/A	October 2024		
Council Tax and NNDR	Finance	N/A	October 2024		
Commercial Rents	Housing	N/A	October 2024		
Efinancials system	Finance	N/A	October 2024		
Heritage Action Zone Grant	Finance	N/A	September 2024		

# Agenda Item 7

<b>Board/Committee:</b>	Standards and Audit Sub Board
<b>Date of Meeting:</b>	19 <sup>th</sup> September 2024
<b>Title:</b>	Risk Management Policy and Strategic Risk Register
<b>Author:</b>	Chief Internal Auditor
<b>Status:</b>	FOR APPROVAL

## **Purpose**

To seek approval from Members in regards to the Risk Policy 2024, following a review and update.

To present the Strategic Risk register, for noting, as at August 2024, in line with the Risk Management Policy.

## **Recommendations**

The members approve the Risk Management Policy review and update, as set out in Appendix A

The members note the Strategic Risk Register as set out in Appendix B.

### **1. Background & Purpose**

- 1.1 Risk is a fact of life in an ever changing landscape. By attempting to foresee and avert problems in the delivery of services and maximise opportunities, it helps ensure that resources are used in the best way possible. Risk management is a fundamental part of how we operate and forms part of our Corporate Governance Framework.
- 1.2 This Policy and supporting Procedures are designed to support a risk culture, which is embedded in the way we work rather than having a process which itself is used to drive risk management
- 1.3 As part of the Risk Policy, a Strategic Risk Register has been drafted to highlight the key corporate risks the Council is currently facing and how the Council aims to mitigate them.

### **2. Report**

- 2.1 Appendix A is the updated Risk Management Policy. The policy has been updated to change the risk scoring matrix to make it more aligned to the internal audit risk ratings, as required under the new Global Internal Audit Standards which are being introduced in January 2025.
- 2.2 Appendix B is the Strategic Risk Register as at August 2024

### **3. Conclusion**

- 3.1 That the sub board approve the updates to the Risk Management Policy.
- 3.2 That the sub board note the Strategic Risk Register as at August 2024

<b>Financial Services comments:</b>	Nil
<b>Legal Services comments:</b>	Nil
<b>Crime and Disorder:</b>	Nil
<b>Equality and Diversity:</b>	Nil
<b>Service Improvement Plan implications:</b>	The delivery of the annual audit plan is a key function of the service.
<b>Corporate Plan:</b>	It supports the Council in pursuit of excellence through delivering an effective and high quality governance evaluation and monitoring.
<b>Risk Assessment:</b>	Not to take this action would have potential legal, governance, and risk management implications for the Council
<b>Background papers:</b>	None
<b>Appendices/Enclosures:</b>	Appendix A - Risk Management Policy Appendix B – Strategic Risk Register
<b>Report author/ Lead Officer:</b>	Paul Somerset - Chief Internal Auditor

# Policy Title: *Risk Management Policy*

**Summary:**

*Risk is a fact of life in an ever changing landscape. By attempting to foresee and avert problems in the delivery of services and maximise opportunities, it helps ensure that resources are used in the best way possible. Risk management is a fundamental part of how we operate and forms part of our Corporate Governance Framework.*

*This Policy and supporting Procedures are designed to support a risk culture, which is embedded in the way we work rather than having a process which itself is used to drive risk management.*

<b>Last Review Date</b>	<i>August 2024</i>
<b>Next Review Date</b>	<i>August 2025</i>
<b>Approval</b>	<i>Standards and Audit Sub Board</i>
<b>Policy Owner</b>	<i>Chief Executive</i>
<b>Policy Author</b>	<i>Chief Internal Auditor</i>
<b>Advice &amp; Guidance</b>	<i>Paul Somerset <a href="mailto:paul.somerset@gosport.gov.uk">paul.somerset@gosport.gov.uk</a></i>
<b>Location</b>	<i>Infonet</i>
<b>Related Documents</b>	
<b>Applicability</b>	<i>All GBC staff</i>

## Section One: Risk Management Statement of Policy

### 1. Statement of policy

- 1.1 The Council is committed to embedding a culture of risk awareness within everyday activities such that formal processes and unnecessary documentation can be minimised, but that risk management remains an effective part of the governance framework.
- 1.2 It is accepted that not all risks can be eliminated or mitigated and a balance must always be struck between the costs of risk reduction against the likelihood and impact of the risk (risk exposure).
- 1.3 Where the organisation is required to behave in a specific way, for example to meet legal and financial governance requirements, statutory officers have pre-determined corporate directive controls, such as the Council Constitution which have been approved by Members. Compliance with these controls should prevent governance, legal and financial threats arising in the first place. Where service controls are required these fall under the auspices of the relevant Section Head, which includes their implementation and monitoring.
- 1.4 Risk impacts can be financial loss, non-achievement of objectives, environmental damage, personal injury or ill-health, legal action and reputational damage or a mix of these. Most serious risk impacts will include financial loss, legal action **and** reputational damage but the very worst are likely to include an element of either service failure, injury or environmental damage as well.
- 1.5 Evaluation of the potential financial impact of a risk will include not only the direct costs such as fines, infrastructure repairs and liability claims but indirect costs such as loss of officer time, including support staff such as Finance and Legal, lost opportunities, increased insurance premiums and reduced funds which could impact on future service delivery.
- 1.6 The Council as a public body has to protect and preserve its ability to provide services and ensure that assets are protected against significant loss and damage and interruption to service delivery is minimised.
- 1.7 Whilst it is accepted that risk cannot be entirely eradicated, the following are areas on which the council will not compromise its position by taking a greater level of risk than is absolutely necessary and will take all reasonable steps to eliminate or mitigate the risks where identified:
  - Where there is risk of physical harm
  - Where non-compliance with legislation could lead to imprisonment or significant fines



## OBJECTIVES

<b>Our Objectives</b>
Maintain a culture of risk understanding and management throughout the Organisation
Implement a strategic approach to risk management to aid and inform the Council in making significant decisions which consider the risk profile
Determine the risk appetite of the Council when aiming to deliver its strategic objectives.
Support the Council's major projects by championing risk management throughout decision making
Ensure risk management is a key element within the Council's Corporate Governance arrangements

**SECTION TWO: Procedures****2. Roles and responsibilities**

- 2.1 It is the responsibility of all members and employees to be aware of risks when carrying out their duties and to alert the relevant service manager to any perceived threat. Managers must ensure that threats are properly evaluated and mitigated.
- 2.2 The following table details the roles and responsibilities of Members and Officers of the Council. These are not directly extracted the terms of reference of the boards but they are reflective of the purpose and nature of the boards.

Policy & Organisation Board / Standards and Audit Sub Board	<ol style="list-style-type: none"> <li>1. Monitor the effectiveness of the Council's overall risk management arrangements as part of the Governance Framework</li> <li>2. Review and approve the Council's Risk Management Policy</li> <li>3. Seek assurance that risks are being managed effectively</li> <li>4. Review the adequacy of the system of internal control as highlighted by Internal Audit</li> <li>5. Promote member compliance with the RM Policy</li> <li>6. Set the Council's risk culture and appetite</li> <li>7. Challenge the adequacy of controls or actions taken to mitigate identified risks</li> </ol>
All boards and all members	<ol style="list-style-type: none"> <li>1. Seek assurance that risks are being managed effectively</li> <li>2. Consider risk implications when making or evaluating decisions</li> </ol>
Chief Executive/ Deputy Chief Executive	<ol style="list-style-type: none"> <li>1. Determine the RM Policy and procedures and create the environment for them to work effectively including promoting and supporting a risk awareness culture,</li> <li>2. Maintain awareness and oversight of the most significant risks facing the organisation</li> </ol>

	<ol style="list-style-type: none"> <li>3. Obtain assurance from Section Heads that risks have been considered, in the delivery of their services and mitigated</li> <li>4. Challenge Section Heads on the adequacy of controls or actions taken to mitigate risks</li> <li>5. Ensure regular reporting to Standards and Audit Sub Board / Policy and Organisation Board</li> </ol>
Corporate Governance Group	<ol style="list-style-type: none"> <li>1. To seek evidence and assurance on the content of Section Risk Registers</li> <li>2. To keep under review the Risk Management &amp; Assurance Framework to ensure its adequacy &amp; effectiveness</li> <li>3. To identify any themes that arise and propose corporate actions to mitigate or escalate as appropriate</li> <li>4. To review the risk register prior to submission to Standards and Audit Sub Board / Policy and Organisation Board</li> <li>5. To ensure that assurances for key areas are mapped and any gaps in assurance addressed</li> </ol>
Section Heads / Project Managers	<ol style="list-style-type: none"> <li>1. Promote risk awareness and responsibilities to employees</li> <li>2. Consider risks to service/project delivery, via a Risk Register, and evaluate appropriate responses including the introduction and monitoring of effective control</li> <li>3. Obtain assurance that risks have been considered, in the delivery of their services and mitigated</li> <li>4. Risk assess any decisions and option analyses</li> <li>5. Report promptly to the Chief Executive/ Assistant Chief Executive any perceived new risks or significant failures in controls</li> <li>6. Maintain channels of communication to encourage bottom up reporting of risks and control failures</li> <li>7. Ensure compliance with corporate directives controls as a first response to governance financial and legal threats.</li> </ol>
Monitoring Officer/Deputy Monitoring Officer	<ol style="list-style-type: none"> <li>1. Report on significant risks to Policy and Organisation Board</li> <li>2. Maintain a Legal Risk Register of most significant risks affecting the Authority</li> <li>3. Report to Corporate Governance Group and S&amp;A/P&amp;O within the relevant timing of the risks on mitigation with either assurance or alerting to weaknesses in actions</li> </ol>
Internal Audit and Assurance	<ol style="list-style-type: none"> <li>1. Maintain the RM Policy and oversight of communications and training</li> <li>2. Carry out periodic audits on assurance and effectiveness of RM procedures</li> <li>3. Assist in providing assurance on the management of risk and effectiveness of controls</li> </ol>

Managers, supervisors, team leaders	<ol style="list-style-type: none"> <li>1. Promote risk awareness and communicate responsibilities to employees</li> <li>2. Maintain awareness of the risks within their area of responsibility</li> <li>3. Actively encourage staff to report risk concerns</li> <li>4. Evaluate risks and appropriate responses</li> <li>5. Escalate risks that have significant impact to relevant Section Heads</li> </ol>
All employees (including contractors and partners)	<ol style="list-style-type: none"> <li>1. Be aware of threats, opportunities weaknesses or failures in control in their day to day activities</li> <li>2. Comply with controls that have been set up to mitigate risks and identify where they can be strengthened</li> <li>3. Report promptly to their manager any perceived new risks, failures in controls, lost opportunities or where controls can be strengthened</li> </ol>

### 3. Training and Embedding

3.1 Embedding the risk culture will be achieved by a combination of the following:

- (1) Risk training provided to relevant Section Heads bi-annually
- (2) Risks to be considered at Section Meetings, one to ones and any other meetings held to discuss service performance, objectives, progress, new decisions, options, changes in working practices or legislation,
- (3) Risks identified by outside parties such as partners, contractors insurance providers etc. will be brought to the attention of the relevant manager and dealt with accordingly
- (4) Significant/critical risks from Audit reports will be included in the Strategic Risk Register
- (5) Significant/critical risks highlighted from Manager's responses to the governance framework will also be included in the Risk Register
- (6) The Strategic Risk Register will be reported to Corporate Governance Group regularly and based on the timing of the risks identified.

### 4. Strategic Risk Register

- 4.1 The Strategic Risk Register will be a formal register of all significant risks that could impact the Authority and will be maintained by the Chief Internal Auditor.
- 4.2 They will be recorded with the mitigating actions and person responsible.
- 4.3 Risks will be profiled as Significant/Critical (red) High(Amber), Medium (Yellow) or Low (Green). The levels will be determined based on the below Risk Matrix

L I K E L I H O O D	Very Likely	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
<b>Risk Rating Matrix</b>			1	2	3	4	5
			Minimal	Minor	Moderate	Major	Critical
<b>SIGNIFICANT/CRITICAL RISK</b>			<b>IMPACT</b>				
<b>HIGH RISK</b>							
<b>MEDIUM RISK</b>							
<b>LOW RISK</b>							

4.4 Each risk will contain a comment from the relevant Section Head re the risk appetite applied to the risk and any costs of mitigation. The risk will then be analysed post mitigation to determine its current profile

## 5. Risk Assessments

5.1 Significant/Critical risks will be escalated to the Strategic Risk Register by the relevant person as detailed in the following paragraphs.

5.2 Significant/Critical risks are where the threat, likelihood and impact could cause:

- The failure or unacceptable interruption of the delivery of a service that is provided to ensure support to the public
- Personal Injury or harm
- Loss of trust or integrity in the Council's dealings with others
- Ineffective use of council resources resulting in objectives not being met or reducing resources such that it impacts on the delivery of other objectives or services.
- A missed opportunity to contribute long term to objectives that would make a positive difference to how a service is delivered

5.3 Activities that will identify significant risks to be escalated to the Strategic Risk Register include but not limited to:

- Project managers/Contract leads will provide regular feedback to relevant management. Any significant risks will be escalated to the Strategic Risk Register by the Project manager/contract leads.

- Legal risks will be considered by the Borough Solicitor and Monitoring Officer and will be contained within their own register.
  - IT risks will be considered by the Head of IT and any significant risks escalated to the Strategic Risk Register by that officer.
  - Significant risks highlighted from the review of the Governance Framework will be escalated to the Strategic Risk Register by the Section Head concerned.
  - Significant risks identified by staff, DMT's, Section Heads, Partners, Contractors, Audit or inspection reports and Members must be escalated to the Strategic Risk Register by the relevant Section Head or reported to the Chief Internal Auditor for inclusion.
  - Critical Risks identified as part of any Internal Audit activity.
- 5.4 All risks will be profiled in terms of Significant/Critical, High, Medium or Low as stated in 4.3
- 5.5 Risk assessments will include direct and indirect costs of control, mitigation and exposure:
- Staff costs, including HR, Legal and Finance (support staff costs)
  - Fines
  - Legal Claims
  - Increase in Insurance premiums
  - Infrastructure repairs
  - Hidden costs such as impact on staff performance and morale
  - Reputational harm
- 5.6 Risk assessments should also include the timing of the threat e.g. is the threat likely to be in the next few months? Coming year? Winter? Summer? Etc. If a time cannot be attributed to it the threat maybe incorrectly defined.
- 5.7 Examples of areas of risk include but are not limited to:
- Business Continuity
  - Fraud
  - Security of data
  - People: Delegations, Competency of staff, compliance with Policies, Recruitment and performance, health and safety
  - Procurement and contract letting and monitoring
  - Finance; budgetary control, cash management
  - Organisation: governance, policies, priorities, consultation, communication, structures, security,
  - Service delivery; resources, partners, joint or shared working
  - Environment; buildings comply with legislation, legionella, asbestos, severe weather
- 5.8 Examples of questions to consider when assessing risks include:

- What are the threats (re fraud, business continuity etc) in particular which ones are key to your service delivery or could impact on another's service delivery?
- What are the threats that could cause a service to fail or not meet its objectives? What would the impact of that failure be?
- Are there any compensating controls and if they are robust?
- How do you gain assurance that they are?
- What is the timing of the threat? Could it happen at any time?
- What is the risk appetite? Is it ok for the threat to materialise because for example there is a backup plan that can be immediately (or quickly) implemented?
- What is the cost of the control?
- What would the cost of the threat (s) materialising be?

## **6. Assurance**

- 6.1 All Sections will have a mechanism to identify and assess risk on a continuous basis and determine mitigation. Controls introduced to mitigate threats must be monitored at regular intervals to ensure that they are effective. If they are not effective action to remedy the situation must be taken e.g. to review the control itself or enforcement. The testing of controls and any other mitigation will form the assurance that a threat is being managed.
- 6.2 Assurance must be available in the form of evidence that can be verified (e.g. business continuity business plan and testing of its robustness) where significant risks are identified. This will be tested by the Corporate Governance Group which consists of the Chief Executive, Chief Internal Auditor, Borough Solicitor, Head of Finance and the Deputy Chief Executive.

## **7. Monitoring and Review**

- 7.1 The Strategic Risk Register will be considered by the Corporate Governance Group in accordance with timings of risks. The Strategic Risk Register will be presented to the board biannually however should a significant risk arise without an ability to manage the risk, the Chair of the Board will be notified with the option to convene an extraordinary meeting if deemed required.
- 7.2 Managers are responsible for monitoring their own risks in accordance with this policy and procedures and escalating where relevant.



Risk Register		Section: Strategic Risk Register		August 2024		Completed By: Corporate Governance Group									
Risk Code	Risk Owner	Risk Area	Origin of the Risk	Risk Likelihood	Risk Impact	Risk Score	Potential Outcome/consequences	Timing	Who/What is at Risk	Mitigation/Commentary/Control	Residual Likelihood	Residual Impact	Residual Risk	Further Comments	Status
RISK11	Housing	Property Management including social housing regulation compliance, commercial properties and overall asset management	Property	4	4	16	Non utilisation of properties may not generate income for council as expected resulting in a financial pressures. Mismanagement may also result in higher maintenance costs causing a greater financial pressure. Concerns with management and safety of commercial properties. New Social Housing Regulation adding in substantial additional work re managing property portfolio	Ongoing	Public, GBC staff, Partners	Recruitment preparations underway to replace Head of Housing and Head of Commercial Property. Business Plans being drafted to outline proposals to mitigate risks identified. Working with PCC on ensuring compliance with Social Housing Regulation	4	4	16		Ongoing
RISK06	Corporate	Exposure to national level political and legislative change including impact on scope of duties, powers, responsibilities and service demand.	Corporate Governance Group	5	3	15	Financial pressures to adapt to any changes. Potential legislative breaches during any transitional periods	Ongoing	Public, GBC staff, Partners	Horizon scanning. Communication with relevant stakeholders. Relevant staff attending forums/seminars where applicable. Links with LGA now in place	5	3	15		Ongoing
RISK01	Corporate	Loss of key staff, recruitment to key roles	Corporate Governance Group	4	5	20	Service failure may occur without key staff. Potential breach in legislation if sufficiently trained staff are not in certain roles	Ongoing	Public, GBC staff, Partners	Succession Planning within teams. HR policies aimed at recruitment and retention. Links with PCC temporary register and Comensura. Developing use of Apprentices. Business Plans being drafted which will include resource. PDR process to be used to identify training needs. Skills Gap Analysis within sections	3	4	12		Ongoing
RISK02	Corporate	Exposure to system failure, including support expiry, single points of failure, cyber-security and system recovery.	IT	3	5	15	Service failure, loss of data, fines from ICO. Unable to communicate with stakeholders causing significant risks	Ongoing	Public, GBC staff, Partners	Disaster recovery plans in place. Programme devised to begin migration to the cloud for key systems. Staggered approach beginning in 2024. Issues highlighted in audits to be actioned to further mitigate risks identified	3	4	12		Ongoing
RISK03	Corporate	Addressing underlying budget pressures and delivering effective and sustainable services	Finance	4	3	12	Reduction in services, reputational, not meeting objectives	Ongoing	Public, GBC staff, Partners	Spend to save initiatives. Taking a more commercial approach to generate income. Strong budget monitoring and reporting. Vacant post review underway. Savings targets to be set on an annual basis	4	3	12		Ongoing
RISK04	Corporate	Failure to ensure the Borough Council's information is held and protected in line with Information Governance policies and procedures.	Senior Information Risk Owner	3	4	12	Fines, reputational, litigation	Ongoing	Public, GBC staff, Partners	Ongoing actions being implemented following an internal audit review. Report being drafted on overall position re GDPR with discussion over remedial actions to follow at Corporate Governance	3	4	12		Ongoing
RISK07	Corporate	Major incident disruption	Emergency Planning Manager	3	5	15	Major service failure	Ongoing	Public, GBC staff, Partners	Business Continuity Plans and annual desktop exercise take place to prepare as best as possible. Lessons learnt from the Covid 19 Pandemic. Community Resilience work underway	3	4	12		Ongoing
RISK10	Corporate	Devolution / Local Government Reorganisation	Corporate Governance Group	3	4	12	Uncertainty in planning, managing a significant change while maintaining services	Ongoing	Public, GBC staff, Partners	Horizon scanning. Communication with relevant stakeholders. Relevant staff attending forums/seminars where applicable. Links with LGA now in place	3	4	12		Ongoing
RISK15	Major Projects - Depot	Viability of scheme and potential loss of One Public Estate funding	Project Manager	4	3	12	Loss of One Public Estate funding if scheme is not deemed viable and action taken to meet deadlines. Potential additional costs required to maintain and upgrade current depot if scheme not deemed viable	Ongoing	Financial Risk - Loss of funding and potential additional maintenance costs of current depot. Reputational Risk - not utilising funding for development of new homes	Report is being produced which outlines the 3 key project priorities for the council with an options appraisal for all to allow for reasoned decision making. GBC in regular dialogue re funding and this hasn't been clawed back to date. Awaiting results of above noted report.	4	3	12		Ongoing
RISK08	Corporate	Project Delivery	Corporate Governance Group	3	4	12	Delays in project can affect the service while also creating a financial pressure to deal with issues arising.	Ongoing	Public, GBC staff, Partners	Project Management function has been created and training provided. Corporate Project Management approach has been developed to be used corporately. Further training to be undertaken to ensure the approach is embedded and maintained.	2	4	8		Ongoing
RISK09	Corporate	Major contract /Partnership Management / Performance / Supply	Corporate Governance Group	3	4	12	Services provided may not be at level expected or may no longer be provided thus causing issues for GBC stakeholders. Could result in reputational issues from the public. Financial risk may also arise to rectify issues which have not been managed in key contracts	Ongoing	Public, GBC staff, Partners	Quarterly meetings to discuss performance and finance to identify potential issues early. Audit report on Contract Management highlighted weaknesses which are now being addressed. Clarity and transparency regarding the ongoing agreement with PCC being actioned	2	4	8		Ongoing
RISK14	Major Projects - Criterion	Unable to utilise building as originally intended	Project Manager	3	2	6	Outline business case has been developed however until full business case is approved there is a risk the project will not be delivered. Fall back plan to resell the building may result in a financial loss.	Ongoing	Financial risk - Funding is required to support the capital costs of the project	Support from PCC bid manager to source funding opportunities. Meeting and site visits held with Arts Council & HCT to discuss grant opportunities and use of the building. Business case being developed which will also inform future decisions and opportunities. Viability study commissioned and currently underway	3	2	6		Ongoing
RISK16	Corporate	Health and Safety assets and employee activities	Corporate Governance Group	4	4	16	Health and safety risks to staff through a lack of complete and effective risk assessments on countryside activities. Health and Safety risks to members of the public due to incomplete or ineffective Fire Risk Assessments in council owned buildings. Litigation risk should an incident occur. Reputational risks would also be significant. Risk some events may be cancelled due to activities in Countryside being suspended	Immediate	Public, GBC staff, Partners	Fire Risk Assessment (FRA) data has now been collated and significant work undertaken to resolve outstanding recommendations. All highest priority recommendations have now been actioned. Action plan in place with contractor to resolve the outstanding medium and low risk recommendations. Electrical and gas checks also improving in relation to completion. Internal Audit currently undertaking a follow up audit review on the above to verify position.	2	2	4		Ongoing

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<b>Board/Committee:</b>	Standards & Audit Sub Board Board
<b>Date of meeting:</b>	19 September 2024
<b>Title:</b>	Facilities Management Update
<b>Author:</b>	Head of Housing
<b>Status:</b>	For Noting

## Purpose

This report sets out the actions taken so far by the Town Hall security officer group and its forward plan.

## Recommendation

That the Sub Board members note the report

### **1.0 Background**

- 1.1 As part of the Audit Plan 2023/24, an audit was scheduled to review the management and security of facilities, specifically the Town Hall. The audit was included in the plan as it was an area which had not been subjected to an audit in a number of years and there were risks considered with regards to security and the protection of data.
- 1.2 Discussions with key stakeholders as part of the pre audit research highlighted concerns with regards to access to the building in relation to both keys and the tensor door system, lone working procedures, fire doors and usage of lifts. Security at Grange Farm was also raised.
- 1.3 Following these discussions, a Town Hall Security Group was formed with the objective to identify and resolve the risks around Facilities Management in the Town Hall and Grange Farm. As such, the Chief Internal Auditor removed the audit from the audit plan and joined the Town Hall Security Group to gain assurances and provide advice on the risks identified as part of initial pre audit research
- 1.4 Due to the removal of an audit from the plan, members of the Standards and Audit Sub Board requested an update on the work of the Town Hall Security group.

### **2.0 Report**

- 2.1 A survey was conducted to identify who was currently holding keys to Town Hall outer doors. Due to timescales around the election and the need to change locks before issuing keys to new members, a sub group of the Town Hall security Group met to agree that the Civic door would become the only door used out of hours, and the Tensor pad would be brought back into use to minimise entry and exit points and maximise security control. A register of keys issued has been created and procedures have been drawn up to cover the issue of keys by a department and on an ad hoc basis for one off events.
- 2.2 The survey also assisted in cross checking officers who are identified as lone workers through service risk assessments for any part of their hours and has informed the procurement of lone working devices. Out of hours

working patterns are also being reviewed alongside IT system back up timescales and options, with a view to increasing available network access and minimising the need for staff to work alone in the Town Hall/Grange Farm

- 2.3 The staff induction and exit processes have been reviewed by HR and IT to ensure keys and badges are returned and access to systems removed immediately.
- 2.4 The security at Grange Farm has been enhanced by new gates and locks.
- 2.5 A process is being worked up to inform staff and control centres how to respond to newly alarmed fire doors both during and out of work hours.
- 2.6 A full condition survey of the goods lift has been carried out and has identified a number of Health & Safety issues with regards to servicing the lifts, the cost of which, approximately £20k, to correct would be prohibitive. The group are investigating alternative methods of accomodating staff and visitors to the chamber in the event that the main reception lift failed.
- 2.7 Outcomes and any changes in policy from the group will be fed back to CMT and cascaded to staff through bulletins

### 3.0 Risk Assessment

- 3.1 Initial pre audit research identified a number of areas where controls required improvement, specifically access to the building both during the core hours and those working or accessing the building out of hours. These concerns centre around security, health and safety and information security risks.

### 4.0 Conclusion

- 4.1 The group will continue to meet until late Autumn once all issues identified in the pre audit discussions have been addressed.

<b>Financial Services comments:</b>	None
<b>Legal Services comments:</b>	N/A
<b>Equality and Diversity:</b>	None
<b>Climate Change implications:</b>	N/A
<b>Crime and Disorder:</b>	N/A
<b>Service Improvement Plan implications:</b>	N/A
<b>Corporate Plan:</b>	N/A
<b>Risk Assessment:</b>	Contained within report
<b>Background Papers:</b>	None
<b>Appendices:</b>	None
<b>Report Author/Lead Officer:</b>	Linda Coote/Julie Smith

# Agenda Item 9

<b>Board/Committee:</b>	Standards and Audit Sub Board
<b>Date of meeting:</b>	19 September 2024
<b>Title:</b>	Local Government Ombudsman Review 2023/2024
<b>Author:</b>	Chief Executive
<b>Status:</b>	For Noting

## **Purpose**

To advise the Sub Board of the Annual Review Letter 2024 received from the Local Government Ombudsman.

## **Recommendation**

That the Sub-Board note the report.

### **1.0 Background**

- 1.1 The Local Government Ombudsman writes to all local authorities on an annual basis summarising the complaints about the authority which have been dealt with by the Ombudsman during the previous year ending 31 March.
- 1.2 The Ombudsman's Annual Review Letter for the year ended 31 March 2024 is attached to this report as Appendix 1.

### **2.0 Report**

- 2.1 The Ombudsman received six complaints during 2023/24, comparative figures to 2022/23 are shown below. Definitions of service areas are determined by the Ombudsman.

Service Area	2022/23	2023/24
Housing Services	1	3
Corporate Services and other Services	1	3
Environmental Services	1	0
Benefits and Council Tax	1	0
Planning and Development (carried over from 2021/22)	1	0

- 2.2 The outcome of the complaints for 2023/24 is listed below with comparative figures to 2022/23.

Complaint outcome	2022/23	2023/24
Closed after initial enquiry	3	4
Closed with advice given	0	1
Complaints unresolved on publication of the annual letter	0	1
Investigated	2	0

### 2.3 Complaints closed after initial enquiries to the Council

Of the four complaints closed after initial enquiry in 2023/24 two were closed because they were not warranted by alleged fault, both of these were corporate and other services.

One complaint for corporate and other services was closed after initial enquiries under section 26(7) – A Local Commissioner shall not conduct an investigation in respect of any action which in his opinion affects all or most of the inhabitants, and the final complaint closed after initial enquiries was for housing and was done so as the complainant had alternative recourse to Court.

#### Other complaint outcomes

One of the complaints for housing was closed with advice given and without the Council's involvement as the complainant was directed to the Council's complaint policy.

The investigation into the final housing complaint had not been completed on publication of the Annual Letter and will be included in the report for 2024/25.

2.3 No complaints were formally investigated by the Ombudsman, down from two in 2022/23.

### 3.0 Risk assessment

3.1 It is important that the Council has an effective and robust Customer Complaints Procedure in place in order to minimise the instances of compensation being paid and reputational damage.

### 4.0 Conclusion

4.1 It is intended that this review be published on the Council's website.

Financial Services	Comments :	None
Legal Services	Comments :	None
Climate Change	Comments :	None

Implications	
Crime and Disorder	None
Service Improvement Plan implications:	None
Corporate Plan:	Working with our partners and communities to get things done. Listening and Innovating.
Risk Assessment:	See above
Background papers:	Local Government Ombudsman Complaint Statistics
Appendix 1:	Local Government Ombudsman's Annual Review 2023/24
Report Author/Lead Officer:	Lisa Young

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17 July 2024

*By email*

Ms Gore  
Chief Executive  
Gosport Borough Council

Dear Ms Gore

### **Annual Review letter 2023-24**

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

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

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

### **Complaint statistics**

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

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

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

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

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

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

### **Supporting complaint and service improvement**

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

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

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

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

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

Yours sincerely,



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



**Complaints upheld**

The Ombudsman carried out no investigations in this period

**Compliance with Ombudsman recommendations**

No recommendations were due for compliance in this period

**Satisfactory remedies provided by the authority**

The Ombudsman did not uphold any complaints in this period

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<b>Board/Committee:</b>	Standards and Audit Sub-Board
<b>Date of meeting:</b>	19 September 2024
<b>Title:</b>	Housing Service annual complaints performance and service improvement report 2023/24
<b>Author:</b>	Head of Housing
<b>Status:</b>	For noting/ comment

## **Purpose**

The purpose of this report is to present the

- Housing Services annual complaints performance and service improvement report for the period 01 April 2023 to 31 March 2024, in accordance with the Housing Service Complaints Policy and the Housing Ombudsman Complaint Handling Code.
- The annual Self-Assessment Form against the Housing Ombudsman Complaint Handling Code

## **Recommendation**

That the Board considers the report and the learning from complaints across the Housing Service and notes the completed self- assessment form for scrutiny and challenge.

### **1.0 Background**

- 1.1** The Housing Ombudsman is an executive, non-departmental public body, sponsored by the Ministry of Housing, Communities and Local Government. Its role is to resolve disputes involving members of its Housing Ombudsman Scheme (the Scheme), including making awards of compensation or other remedies when appropriate, as well as to support effective landlord/ tenant dispute resolution by others, such as the Regulator for Social Housing.
- 1.2** All local authorities that are registered providers of social housing must be members of the Housing Ombudsman Scheme. A condition of the Scheme is that members must establish and maintain a complaints procedure in accordance with any good practice recommended by the Ombudsman, including its Complaint Handling Code (the Code).
- 1.3** This supports the Charter for Social Housing Residents requirement for landlords to be responsible and accountable for the management of complaints relating to landlord functions.
- 1.4** In October 2022, (updated 2024) the Housing Ombudsman Service published an updated Code, setting out how it expects social landlords to manage landlord specific complaints. The Code describes best practice, supports landlords in responding to complaints effectively and fairly, and using any learning from complaints to drive service improvements.

**1.5** In order to comply with the Code, the Charter for Social Housing and the Social Housing (Regulation) Act 2023, it was necessary to change the original process for managing landlord specific complaints, and introduce a stand-alone Housing Service Complaints Policy that is separate from the Corporate approach to complaint handling.

**1.6** The Housing Service Complaints Policy was formally approved at P and O Board and is published on the Council's website.

## **2.0 Report**

### **2.1 Complaint self- assessment**

**2.2** The Housing Ombudsman Complaint Handling Code is mandatory for member landlords. Completing a self-assessment against the Code forms part of the annual complaint performance and service improvement report as set out in section 8.1 of the Code.

**2.3** The purpose of the self-assessment is to set out how landlords demonstrate their complaint handling complies with the provisions of the Code.

**2.4** Completion of the self-assessment typically requires landlords to:

- Review current practices to identify any gaps or actions required to comply
- Take any necessary action to ensure that Code requirements are met
- Gather and document evidence to support the assessment of compliance
- Scrutinise and challenge the assessment, to provide assurance
- Publish the self-assessment and wider documentation
- Communicate and embed changes made through the self-assessment

**2.5** A self-assessment form was completed and submitted to the Housing Ombudsman in June 2024, and is appended to the report (Appendix A)

**2.6** Member landlords are required to make an annual submission to the Housing Ombudsman and must provide the following documents:

- The annual self-assessment against the Code
- An annual complaints performance and service improvement report
- A response from the governing body, and
- The complaints policy (Appendix B)

### **2.7 Annual complaints performance and service improvement report**

**2.8** The Housing Service is committed to providing an excellent service for its customers, but we know we don't always get it right. We recognise our

customers have a right to complain when they feel we have fallen short of their expectations.

- 2.9** As well as giving us the chance to put things right, complaints provide valuable feedback on our services that help us to continually improve what we do by identifying root causes, learning from complaints, making improvements and developing a positive complaint culture.
- 2.10** Prior to the introduction of the Housing Service Complaint Policy in April 2024, all complaints were dealt with by the Corporate Complaints team, and followed a three-stage escalation process. No analysis of complaints was formally undertaken or reported on.
- 2.11** In order to comply with the Complaint Handling Code, we have analysed all complaints about the Housing Service landlord function received during the period 01 April 23 to 31 March 24. There is no analysis from previous years to compare this with.
- 2.12** The following table provides a breakdown of the number of stage one, stage two and stage three complaints received by the Housing Service, and the percentage of complaints managed within the policy timescales.

Complaint stage	Number of complaints	Number of complaints responded to within timescale	% of complaints responded to within timescale
Stage one	49	45	92%
Stage two	7	6	86%
Stage three *	4	3	75%

\*The Housing Service Complaints policy published in April 2024 introduced a two stage complaints process in line with the Housing Ombudsman Complaint Handling Code.

**2.13** The Housing Ombudsman (HO) Cases

During the year 2023/24 the Council received three initial complaint enquiries from the HO, of which the HO investigated two.

Date	Complaint Issue	HO Outcome (brief overview)
17.07.2023	Handling of repairs/outstanding repairs.	HO instructed landlord to pay compensation, and continue with repairs until completion.
24.01.2024	Handling repairs/outstanding repairs	HO instructed landlord to pay compensation, and continue to engage tenant to complete repairs.
13.10.2023	Anti-Social Behaviour	Not Investigated: Tenant did not pursue following the

	stage3 response.
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- 2.14** 14% of stage one complaints were escalated to stage two. Most complaints were escalated because the customer disagreed with elements of the stage one response and there was merit in further investigation, or the stage one response was not answered fully.
- 2.15** Support is provided for managers investigating complaints as part of on-going work to improve the robustness of stage one complaint responses so that fewer complaints need to be escalated to stage two of the process. For quality assurance, all stage one responses are now reviewed by the Head of Housing to ensure compliance with the Complaint Handling Code.
- 2.16** The Housing Service Complaints Policy clearly sets out the complaint handling principles managers need to apply when investigating a complaint. The policy also provides guidance for managers in how to set out their response to ensure all points are addressed and appropriate remedies are considered.

### **3.0 Key themes**

- 3.1** The larger proportion of stage one complaints relate to Property Services followed by Neighbourhood Operations:

Section	Number of complaints	% of complaints
Property Services	25	51%
Neighbourhood Operations	18	37%
Hostel	2	4%
Service Provider	4	8%
Total	49	100%

- 3.2** Of the 49 complaints received, 20 were upheld, 7 were partially upheld, and 22 were not upheld.
- 3.3** The main tenancy management complaints related to anti-social behaviour and noise nuisance whereas the main property condition complaints related to damp and mould, disabled adaptations and general property condition.

Complaint Theme	Number of complaints
Tenancy Management	14
Property Condition	9
Repair – Quality/ time taken	7
No response/poor communication	6
Staff conduct	5
Contractor issues	4

Repair – lack of action	4
Total	49

**3.4** Initially 16 complaints were recorded as staff conduct, but further analysis showed that the cause of the complaint was more aligned with the complainant being unhappy with either the way a repair was dealt with or poor communication by officers, rather than staff misconduct.

#### **4.0 Learning Points**

**4.1** The Housing Service treats every complaint as an opportunity to identify learning outcomes and improve service provision. Complaints are valuable, not only in identifying service improvements, but in improving tenant perception and satisfaction with the service as a whole.

**4.2** Examples of some of the learning points and improvements made as a result of complaints during 2023/24 include:

- Raising staff awareness of appropriate communication and behaviours when dealing with tenants.
- Ensuring that all relevant parties are kept informed of progress on repairs and tenancy management matters.
- Ensuring staff and contractors maintain good record keeping.
- Ensuring our repairs and maintenance contractor understands that communication between tenants, housing staff and themselves is a priority.
- Wherever possible, the manager investigating the complaint will visit the complainant in their home to fully understand the issue.

#### **5.0 Risk Assessment**

**5.1** The Housing Service wants the complaint process to be easily accessible for residents and does not view complaints as a negative. It is important to know when things go wrong so that we can put them right and learn from our mistakes. This approach enables us to continually improve what we do by identifying the root causes, learning from complaints, making improvements and developing a positive complaint culture.

**5.2** The Housing Service will continue to refine how complaints are recorded, managed and analysed to fully understand root causes to improve tenant satisfaction.

#### **6.0 Conclusion**

**6.1** The consistency of complaint reporting suggests that the complaints

process is working effectively, and that customers are able to make a complaint with ease.

- 6.2** This report and any comments from the Standards and Audit Sub-Board will be published on the Council’s website and reported to the Housing Ombudsman.

<b>Financial Services comments:</b>	N/A
<b>Legal Services comments:</b>	N/A
<b>Equality and Diversity:</b>	An IIA was completed when the Housing Service Complaints policy was written.
<b>Climate Change implications:</b>	N/A
<b>Crime and Disorder:</b>	N/A
<b>Corporate Plan:</b>	BAU
<b>Risk Assessment:</b>	Contained within the report
<b>Background Papers:</b>	None
<b>Appendices:</b>	Appendix A - Self-assessment Appendix B – Housing Service Complaints Policy
<b>Report Author/Lead Officer:</b>	Julie Smith, Head of Housing



## Gosport Borough Council - Self-assessment form – March 2024

This self-assessment form should be completed by the complaints officer and it must be reviewed and approved by the landlord's governing body at least annually.

Once approved, landlords must publish the self-assessment as part of the annual complaints performance and service improvement report on their website. The governing body's response to the report must be published alongside this.

Landlords are required to complete the self-assessment in full and support all statements with evidence, with additional commentary as necessary.

We recognise that there may be a small number of circumstances where landlords are unable to meet the requirements, for example, if they do not have a website. In these circumstances, we expect landlords to deliver the intentions of the Code in an alternative way, for example by publishing information in a public area so that it is easily accessible.

Section 1: Definition of a complaint

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
1.2	<p>A complaint must be defined as:</p> <p><i>‘an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents.’</i></p>	Y	See Section 2.1 of GBC’s Housing Service Complaint Policy	
1.3	<p>A resident does not have to use the word ‘complaint’ for it to be treated as such. Whenever a resident expresses dissatisfaction landlords must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with the landlord’s complaints policy.</p>	Y	See Section 2.1	
1.4	<p>Landlords must recognise the difference between a service request and a complaint. This must be set out in their complaints policy. A service request is a request from a resident to the landlord requiring action to be taken to put something right. Service requests are not complaints, but must be</p>	Y	See Sections 2.2 and 2.3	

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	recorded, monitored and reviewed regularly.			
1.5	A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Landlords must not stop their efforts to address the service request if the resident complains.	Y	See Section 2.3	
1.6	An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where landlords ask for wider feedback about their services, they also must provide details of how residents can complain.	Y	See Section 2.4	

Section 2: Exclusions

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
2.1	Landlords must accept a complaint unless there is a valid reason not to do so. If landlords decide not to accept a complaint they must be able to evidence their reasoning. Each complaint must be considered on its own merits	Y	See Sections 3.1 and 3.2	
2.2	<p>A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated, and these circumstances must be fair and reasonable to residents. Acceptable exclusions include:</p> <ul style="list-style-type: none"> <li>• The issue giving rise to the complaint occurred over twelve months ago.</li> <li>• Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court.</li> </ul>	Y	See section 3.2	

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	<ul style="list-style-type: none"> <li>Matters that have previously been considered under the complaints policy.</li> </ul>			
2.3	Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds. Landlords must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.	Y	See section 3.3	
2.4	If a landlord decides not to accept a complaint, an explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. If the Ombudsman does not agree that the exclusion has been fairly applied, the Ombudsman may tell the landlord to take on the complaint.	Y	See section 3.4	
2.5	Landlords must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.	Y	See section 3.1	

## Section 3: Accessibility and Awareness

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
3.1	Landlords must make it easy for residents to complain by providing different channels through which they can make a complaint. Landlords must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process.	Y	See section 4.2 and section 5.0 Equality	
3.2	Residents must be able to raise their complaints in any way and with any member of staff. All staff must be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the landlord.	Y	See section 4.2	
3.3	High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.	Y	See section 1.1	
3.4	Landlords must make their complaint policy available in a clear and	Y	See sections 4.10, 5.4, 8.1 and 8.7	

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	accessible format for all residents. This will detail the two stage process, what will happen at each stage, and the timeframes for responding. The policy must also be published on the landlord's website.			
3.5	The policy must explain how the landlord will publicise details of the complaints policy, including information about the Ombudsman and this Code.	Y	See section 4.10	
3.6	Landlords must give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the landlord.	Y	See section 4.6	
3.7	Landlords must provide residents with information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.	Y	See section 4.5	

## Section 4: Complaint Handling Staff

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
4.1	Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the Ombudsman and ensuring complaints are reported to the governing body (or equivalent). This Code will refer to that person or team as the 'complaints officer'. This role may be in addition to other duties.	Y	See sections 4.3, 6.1, 11.3 and 11.4	
4.2	The complaints officer must have access to staff at all levels to facilitate the prompt resolution of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly.	Y	See section 6.2	
4.3	Landlords are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff must be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively	Y	See sections 1.2, 6.3 and 7.1	



Section 5: The Complaint Handling Process

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
5.1	Landlords must have a single policy in place for dealing with complaints covered by this Code. Residents must not be treated differently if they complain.	Y	See section 1.3	
5.2	The early and local resolution of issues between landlords and residents is key to effective complaint handling. It is not appropriate to have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.	Y	See section 8.0 Complaint Stages	
5.3	A process with more than two stages is not acceptable under any circumstances as this will make the complaint process unduly long and delay access to the Ombudsman.	Y	See section 8.0	
5.4	Where a landlord's complaint response is handled by a third party (e.g. a contractor or independent adjudicator) at any stage, it must form part of the two stage complaints process set out in this Code. Residents must not be expected to go through two complaints processes.	Y	See section 4.9	

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5.5	Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.	Y	See section 4.9	
5.6	When a complaint is logged at Stage 1 or escalated to Stage 2, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. The Code will refer to this as “the complaint definition”. If any aspect of the complaint is unclear, the resident must be asked for clarification.	Y	See sections 7.1, 8.7 and 8.17	
5.7	When a complaint is acknowledged at either stage, landlords must be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.	Y	See section 7.1	
5.8	At each stage of the complaints process, complaint handlers must: <ul style="list-style-type: none"> <li>a. deal with complaints on their merits, act independently, and have an open mind;</li> <li>b. give the resident a fair chance to set out their position;</li> <li>c. take measures to address any actual or perceived conflict of interest; and</li> </ul>	Y	See section 7.3	

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	d. consider all relevant information and evidence carefully.			
5.9	Where a response to a complaint will fall outside the timescales set out in this Code, the landlord must agree with the resident suitable intervals for keeping them informed about their complaint.	Y	See sections 8.4 and 8.16	
5.10	Landlords must make reasonable adjustments for residents where appropriate under the Equality Act 2010. Landlords must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review.	Y	See sections 5.2 and 5.5	
5.11	Landlords must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Landlords must clearly set out these reasons, and they must comply with the provisions set out in section 2 of this Code.	Y	See section 3.4	
5.12	A full record must be kept of the complaint, and the outcomes at each stage. This must include the original complaint and the date received, all correspondence with the resident, correspondence with other parties, and	Y	See section 7.1	

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	any relevant supporting documentation such as reports or surveys.			
5.13	Landlords must have processes in place to ensure a complaint can be remedied at any stage of its complaints process. Landlords must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation.	Y	See sections 8.7 and 8.17	
5.14	Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. Landlords must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.	Y	See section 7.4	
5.15	Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010.	Y	See section 7.5	

## Section 6: Complaints Stages

Stage 1

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.1	Landlords must have processes in place to consider which complaints can be responded to as early as possible, and which require further investigation. Landlords must consider factors such as the complexity of the complaint and whether the resident is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the resident.	Y	See section 8.1	
6.2	Complaints must be acknowledged, defined and logged at stage 1 of the complaints procedure <b><u>within five working days of the complaint being received.</u></b>	Y	See section 8.2	
6.3	Landlords must issue a full response to stage 1 complaints <b><u>within 10 working days</u></b> of the complaint being acknowledged.	Y	See section 8.3	
6.4	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident	Y	See section 8.4	

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	of the expected timescale for response. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.			
6.5	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Y	See section 8.4	
6.6	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.	Y	See section 8.6	
6.7	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Y	See sections 8.7	
6.8	Where residents raise additional complaints during the investigation, these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being	Y	See sections 8.8 and 8.9	

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	investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint.			
6.9	Landlords must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language: <ul style="list-style-type: none"> <li>a. the complaint stage;</li> <li>b. the complaint definition;</li> <li>c. the decision on the complaint;</li> <li>d. the reasons for any decisions made;</li> <li>e. the details of any remedy offered to put things right;</li> <li>f. details of any outstanding actions; and</li> <li>g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.</li> </ul>	Y	See section 8.7	

Stage 2

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.10	If all or part of the complaint is not resolved to the resident's satisfaction at stage 1, it must be progressed to stage 2 of the landlord's procedure. Stage 2 is the landlord's final response.	Y	See sections 8.10 and 8.18	
6.11	Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaints procedure	Y	See section 8.11	

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	within five working days of the escalation request being received.			
6.12	Residents must not be required to explain their reasons for requesting a stage 2 consideration. Landlords are expected to make reasonable efforts to understand why a resident remains unhappy as part of its stage 2 response.	Y	See section 8.12	
6.13	The person considering the complaint at stage 2 must not be the same person that considered the complaint at stage 1.	Y	See section 8.13	
6.14	Landlords must issue a final response to the stage 2 <b><u>within 20 working days</u></b> of the complaint being acknowledged.	Y	See section 8.14	
6.15	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident.	Y	See section 8.16	
6.16	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Y	See section 8.14	
6.17	A complaint response must be provided to the resident when the answer to the complaint is known, not when the	Y	See section 8.15	



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	outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.			
6.18	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Y	See section 8.17	
6.19	Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language: a. the complaint stage; b. the complaint definition; c. the decision on the complaint; d. the reasons for any decisions made; e. the details of any remedy offered to put things right; f. details of any outstanding actions; and g. details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.	Y	See section 8.17	
6.20	Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.	Y	See section 8.18	

## Section 7: Putting things right

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
7.1	<p>Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These can include:</p> <ul style="list-style-type: none"> <li>• Apologising;</li> <li>• Acknowledging where things have gone wrong;</li> <li>• Providing an explanation, assistance or reasons;</li> <li>• Taking action if there has been delay;</li> <li>• Reconsidering or changing a decision;</li> <li>• Amending a record or adding a correction or addendum;</li> <li>• Providing a financial remedy;</li> <li>• Changing policies, procedures or practices.</li> </ul>	Y	See section 9.1	
7.2	Any remedy offered must reflect the impact on the resident as a result of any fault identified.	Y	See section 9.1	
7.3	The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.	Y	See sections 9.2 and 9.3	

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7.4	Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.	Y	See section 9.4	
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Section 8: Putting things right

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
8.1	<p>Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include:</p> <ul style="list-style-type: none"> <li>a. the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements.</li> <li>b. a qualitative and quantitative analysis of the landlord’s complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept;</li> <li>c. any findings of non-compliance with this Code by the Ombudsman;</li> <li>d. the service improvements made as a result of the learning from complaints;</li> <li>e. any annual report about the landlord’s performance from the Ombudsman; and</li> <li>f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord.</li> </ul>	Y	See section 10.2	

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8.2	The annual complaints performance and service improvement report must be reported to the landlord's governing body (or equivalent) and published on the on the section of its website relating to complaints. The governing body's response to the report must be published alongside this.	Y	See section 10.3	
8.3	Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.	Y	See section 10.4	
8.4	Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.	Y	See section 10.4	
8.5	If a landlord is unable to comply with the Code due to exceptional circumstances, such as a cyber incident, they must inform the Ombudsman, provide information to residents who may be affected, and publish this on their website Landlords must provide a timescale for returning to compliance with the Code.	Y	See section 10.5	

## Section 9: Scrutiny &amp; oversight: continuous learning and improvement

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
9.1	Landlords must look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.	Y	See section 1.2	
9.2	A positive complaint handling culture is integral to the effectiveness with which landlords resolve disputes. Landlords must use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.	Y	See sections 1.2 and 11.1	
9.3	Accountability and transparency are also integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints to stakeholders, such as residents' panels, staff and relevant committees.	Y	See section 11.2	
9.4	Landlords must appoint a suitably senior lead person as accountable for their complaint handling. This person must assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.	Y	See section 11.1	

<p>9.5</p>	<p>In addition to this a member of the governing body (or equivalent) must be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This person is referred to as the Member Responsible for Complaints ('the MRC').</p>	<p>Y</p>	<p>See section 11.3</p>	<p>The political structure at Gosport Borough Council is a Committee System model made up of various Boards, Sub-Boards and Committees, which make decisions. The council does not have portfolio holders who can make executive decisions or take any individual responsibility. There is an elected chair of the Standards and Audit Sub-Board who will be briefed on a regular basis.</p>
<p>9.6</p>	<p>The MRC will be responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings.</p>	<p>Y</p>	<p>See section 11.3</p>	<p>As above (9.5), however the Complaints Co-Ordinator will be responsible for collating information relating the Housing Services complaint handling performance for the Head of Housing.</p>
<p>9.7</p>	<p>As a minimum, the MRC and the governing body (or equivalent) must receive: a. regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance;</p>	<p>Y</p>	<p>See sections 11.3 and 11.4</p>	<p>As above (9.5) - however, the Head of Housing will take a report to the Standards and Audit sub-board and provide quarterly updates to the council's Chief Management Team.</p>

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	<p>b. regular reviews of issues and trends arising from complaint handling;</p> <p>c. regular updates on the outcomes of the Ombudsman’s investigations and progress made in complying with orders related to severe maladministration findings; and</p> <p>d. annual complaints performance and service improvement report.</p>			
9.8	<p>Landlords must have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to:</p> <p>a. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments;</p> <p>b. take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and</p> <p>c. act within the professional standards for engaging with complaints as set by any relevant professional body.</p>	Y	See section 11.5	





Housing Services

Complaints Policy

**Document control information**

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**Document review and change log**

Version	Approved date	Reason for Issue
1.0	03 July 2024	Compliance with Housing Ombudsman Complaint Handling Code

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## **1.0 Introduction**

1.1 Gosport Borough Council's Housing Service is committed to providing an excellent service for its residents, but we recognise that we don't always get it right. We need to know when we have fallen short of your expectations and encourage you to get in touch when things go wrong. We want our complaint process to be easily accessible to our residents, and do not view complaints as a negative. When things do go wrong, we need to know so we can put them right and learn from our mistakes.

Equally, if we have done something well, please tell us.

1.2 We are committed to engage and learn from our residents, developing our services to meet changing expectations. This policy and approach enables us to continually improve what we do by identifying root causes, learning from complaints, making improvements and developing a positive complaint culture.

- 1.3 This policy applies to anyone who has been affected by the Housing Service Landlord functions, which could include:
- Tenants, leaseholders and former tenants,
  - Someone acting on behalf of a tenant, leaseholder or former tenant, with their consent,
  - A person who is affected, or likely to be, affected by the actions or decisions made by the Housing Service as a local authority landlord.
- 1.4 Making a complaint will not affect your right to receive our services. We value your feedback and want to identify areas of the service where we need to make changes and improvements, making sure we deal with complaints effectively and consistently. We will take steps to resolve issues as quickly as possible, in accordance with our policy, the Housing Ombudsman Complaint Handling Code and relevant legislation.

## **2.0 Definition of a service request and complaint:**

- 2.1 A complaint is:

*‘an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the Council, our staff, or those acting on the Council’s behalf, affecting an individual resident or group of residents.’*

You do not have to use the word ‘complaint’ for it to be treated as such. Whenever a resident expresses dissatisfaction, we must give them the choice to make a complaint. A complaint that is submitted by a third party or representative will still be handled in line with our complaints policy, but we must have your written consent giving the representative permission to act on your behalf.

- 2.2 We recognise the difference between a service request and a complaint. We use the Housing Ombudsman’s definition of a service request *‘as a request from a resident to their landlord requiring action to be taken to put something right’*.
- 2.3 Service requests are not complaints, but will be logged, actioned and reviewed regularly. If you express dissatisfaction with our handling of your service request, this will be logged as a Stage One complaint. We will not stop our efforts to address your service request even if you complain.
- 2.4 An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey will be made aware of how they can pursue a complaint if they wish to.

Where we ask for wider feedback about our services, we will provide details of how residents can do this.

### **3.0 Exclusions**

3.1 The Council will accept a complaint unless there is a valid reason not to do so, each complaint will be considered on its own merits.

3.2 Valid reasons for not accepting a complaint include:

- The issue is, or has been subject to legal proceeding;
- There is a liability issue that is subject to an insurance claim;
- The issue giving rise to a complaint occurred more than twelve (12) months before the date you raised the complaint. This exclusion does not apply to complaints concerning safeguarding or health and safety issues;
- The matter has already been considered as a complaint.

3.3 We may consider applying discretion to accept complaints outside the twelve (12) month time limit where there are good reasons to do so.

3.4 If we decide not to accept a complaint or escalate it through any or all of the complaint stages, we will explain clearly why the matter is not suitable for the complaints process. We will also inform you of your right to take our decision to the Housing Ombudsman.

3.5 Anonymous complaints will not be processed in line with this policy. However, they will be forwarded to the relevant team for awareness, to ensure action is taken wherever appropriate.

### **4.0 Accessibility and Awareness**

4.1 All complaints will be managed confidentially and will be handled fairly and honestly, regardless of who is making a complaint.

4.2 We want it to be easy and accessible for all our residents to raise dissatisfaction. A complaint can be raised with any member of staff and be made in a number of ways, including:

- In person;
- By email;
- By telephone;
- By completing the online form on the Council's website [Complaints form](#);
- In writing;
- Through a representative or third party (where consent has been provided).

Any member of staff receiving a complaint will pass the details onto the Complaints Co-Ordinator to be logged and actioned in line with this policy.

4.3 Complaints will be managed centrally by the Complaints Co-ordinator who will assess whether they should be treated as formal complaints, or managed as an enquiry or service request.

4.4 We are unable to accept complaints through any other channels, including social media, and on-line reviews. Wherever possible, if we see that you have expressed dissatisfaction about the Housing Service online, we will direct you to our complaints policy.

4.5 All responses to a complaint will make reference to your right to access the Housing Ombudsman Service at any stage of the complaint process. The Housing Ombudsman is completely independent of the Council and is free of charge.

The address of the Ombudsman is:

Housing Ombudsman Service, PO BOX 1484, Preston, PR2 0ET.

Telephone: 0300 111 3000

Email: [info@housing-ombudsman.org.uk](mailto:info@housing-ombudsman.org.uk)

Website: [www.housing-ombudsman.org.uk](http://www.housing-ombudsman.org.uk)

4.6 Everyone has the right to appoint a representative to complain on their behalf, and/ or to be represented or accompanied at any meeting with us. A representative can be, for example, a parent, husband, wife or civil partner, adult child, friend, attorney, advocate, solicitor, or a local councillor or MP.

If a complaint is made through a representative, we must have written consent from the resident before we can correspond with them.

4.7 Complaints made about the Housing Services contractors will be managed in line with this policy. Our contractors are expected to comply with the policy, including providing information to us when requested and provide assistance with further investigations as appropriate.

4.8 If we receive a complaint that relates to a service provided by one of the Housing Services contractors, we will ensure a response is provided in line with the Housing Ombudsman's Complaint Handling Code.

4.9 A Housing Services contractor or third party who receives a complaint will respond accordingly, but is expected to notify the council of the complaint via the Complaints Co-ordinator, in line with the timescales set out in this policy, including any escalation and conclusion, so the complaint can be logged and monitored.

- 4.10 The complaints policy is publicised on the council's website, together with information regarding the Housing Ombudsman Service and the Complaint Handling Code.

## **5.0 Equality**

- 5.1 Gosport Borough Council is committed to equal opportunities for all, in accordance with the Equality Act 2010.
- 5.2 We are committed to make sure the way we handle complaints does not place anyone, irrespective of disabilities or other characteristics, at a disadvantage, and we will make reasonable adjustments if the way we handle complaints would otherwise place a person with disabilities or other characteristics at a substantial disadvantage.
- 5.3 The Complaint Co-ordinator will complete appropriate training to manage complaints in line with the Equality Act 2010.
- 5.4 Our complaints policy is available in a clear and accessible format for all residents. We offer a translation service, face-to-face meetings, documents in large print, Braille, or spoken word, and will contact you by your preferred method. The Council office has an Induction Loop system and we can arrange a sign language interpreter or lip-speaker.
- 5.5 We will keep a record of any reasonable adjustment agreed, as well as a record of any disabilities a resident has disclosed. Any reasonable adjustments will be kept under review.
- 5.6 An Equality Impact Assessment was completed (Appendix 1) and no negative impact was identified.

## **6.0 Complaint Handling Staff**

- 6.1 All complaints received will be reviewed and recorded by the Complaints Co-ordinator, whose role includes liaison with the Housing Ombudsman.
- 6.2 The Complaints Co-ordinator will have access to staff at all levels to facilitate the prompt resolution of complaints. They will also have the authority and autonomy to act to resolve disputes promptly and fairly.
- 6.3 Complaints are regarded as a core service and all relevant staff will be suitably trained to handle complaints effectively and in line with this policy.

## 7.0 Complaint handling principles

- 7.1 Our policy sets out to resolve complaints efficiently whilst learning from them to continuously improve our service, and prevent complaints arising in the future. Our principles are to provide a quality service by:
- Fully understanding why a resident is dissatisfied. If any aspect of the complaint is unclear, we will ask the resident for clarification;
  - Being clear which aspects of the complaint we are, and are not responsible for, and clarifying any areas where this is not clear;
  - Manage expectations;
  - Putting things right within reasonable timescales, where appropriate;
  - Keeping our residents informed;
  - Following our policy and procedures;
  - Fully and accurately, record all correspondence, actions, investigations and outcomes of the complaint at all stages;
  - Use learning outcomes from complaints to improve our services;
  - Manage complaints in line with the Housing Ombudsman Service Complaint Handling Code.
- 7.2 We will always strive to carefully manage your expectations from the beginning, being clear where the desired outcome is unreasonable or unrealistic, or may cause unfairness to other residents.
- 7.3 At each stage of the complaints process, we will ensure complaints are dealt with on their own merits. Managers responding to a complaint will act independently, and will have an open mind. We will take measures to address any actual or perceived conflict of interest, and will carefully consider all relevant information and evidence, ensuring residents are given a fair opportunity to set out their position.
- 7.4 We expect complaints to be made in a reasonable way so we can investigate. This means communicating with us in a way that is reasonable, both in terms of the nature and frequency of contact. If this is not followed, then this will be managed in line with the council's Persistent or Vexatious Complaints and Complainant policy.
- 7.5 Any restrictions placed on contact due to unacceptable behaviour will be proportionate and demonstrate regard for the provisions of the Equality Act 2010.



## 8.0 Complaint stages

8.1 There is a two stage complaint process:

- **Stage One** - Will be investigated by the Section Head for the service that was provided, and they will respond directly to the person who raised the complaint.
- **Stage Two** - We will endeavour to resolve your complaint at Stage One, however, if you remain dissatisfied with the response received or the resolution proposed you may request that your complaint is escalated to Stage Two. Complaints escalated to this stage will be reviewed by an independent Senior Manager within the council.

Most Stage One complaints can be resolved promptly, with an explanation, apology or resolution provided to the resident. However, consideration will be given to the complexity of a complaint which may require more investigation, and whether the resident is vulnerable or at risk.

### Stage One

8.2 We aim to send the resident an acknowledgement in writing, by email or by post if an email address is not provided, within 5 working days of the complaint being received.

8.3 In acknowledging the complaint, we will confirm that the complaint has been passed to the service area for investigation, its log number, and when the resident can expect to receive a response. We aim to respond to a Stage One complaint within 10 working days of the complaint being acknowledged, in line with the Housing Ombudsman Complaint Handling Code.

8.4 If we are unable to meet these timescales, we will let the resident know and discuss the reasons we cannot meet the initial timescale. Any extension will not exceed a further 10 days without good reason.

Where a response falls outside the timescales set out in the Complaint Handling Code, we will agree suitable intervals with the resident for keeping them informed about their complaint. We will also provide the contact details of the Housing Ombudsman.

8.5 If we believe we were at fault, we will further consider:

- How the fault disadvantaged the resident;
- What we need to do to put things right.

8.6 A resident will be provided with a response when the answer to the complaint is known, not when the outstanding actions required are completed. Any

outstanding actions will be tracked and actioned promptly with appropriate updates provided to the resident.

- 8.7 The Stage One response will address all points raised in the complaint and will confirm in clear, plain language:
- The complaint stage;
  - The complaint definition - the issues raised in the complaint and any outcome the resident is seeking;
  - The decision on the complaint;
  - Clear reasons for any decisions, referencing policy, law and good practice where appropriate;
  - Details of any remedies offered to put things right;
  - Details of any outstanding actions;
  - Details of how to escalate the matter to Stage Two if the resident is not satisfied with the Stage One response.
- 8.8 Where residents raise additional complaints during the investigation, these will be incorporated into the Stage One response if they are related and the Stage One response has not been issued. It may be necessary to extend the deadline if further investigations are required.
- 8.9 Where the Stage One response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues will be logged as a new Stage One complaint.

## **Stage Two**

- 8.10 If the resident is unhappy with all or part of the Stage One response, they can request to escalate their complaint to Stage Two, unless an exclusion ground applies. If this is the case, we will clearly communicate in writing our reasons for not escalating (see Section 3.0 Exclusions). The resident will be advised of their right to approach the Housing Ombudsman about our decision.
- 8.11 We will send the resident an acknowledgement in writing, by email or by post if an email address is not provided, within 5 working days of the escalation request being received.
- 8.12 Residents are not required to explain their reasons for requesting a Stage Two consideration. We will make reasonable efforts to understand why a resident remains unhappy as part of our Stage Two response.
- 8.13 The person considering the complaint at Stage Two will not be the same person that considered the complaint at Stage One, and will be an independent Senior Manager within the council.

- 8.14 We aim to respond to a Stage Two complaint within 20 working days of the complaint being acknowledged, in line with the Housing Ombudsman Complaint Handling Code.
- 8.15 A resident will be provided with a response when the answer to the complaint is known, not when the outstanding actions required are completed. Any outstanding actions will be tracked and actioned promptly with appropriate updates provided to the resident.
- 8.16 We will consider the complexity of the complaint and decide whether an extension to the timescale is required. Any extension will not exceed a further 20 working days without good reason and we will clearly explain the reason to the resident.

Where a response falls outside the timescales set out in the Complaint Handling Code, we will agree suitable intervals with the resident for keeping them informed about their complaint. We will also provide the contact details of the Housing Ombudsman.

- 8.17 The Stage Two response will address all points raised in the complaint and will confirm in clear, plain language:
- The complaint stage;
  - The complaint definition -the issues raised in the complaint and any outcome the resident is seeking;
  - The decision on the complaint;
  - Clear reasons for any decisions, referencing policy, law and good practice where appropriate;
  - Details of any remedies offered to put things right;
  - Details of any outstanding actions;
  - Details of how to escalate the matter to the Housing Ombudsman Service if the resident remains dissatisfied.
- 8.18 This is the final stage of the complaint's procedure.

## **9.0 Putting things right**

- 9.1 Complaints can be resolved in a number of ways. We will seek to ensure remedies offered reflect the extent of any and all service failures, and the level of detriment caused to the resident as a result. We will refer to the Housing Ombudsman Complaint Handling Code guidance on remedies. These may include:
- Apologising;
  - Acknowledging where things have gone wrong;

- Providing an explanation, assistance or reasons;
- Taking action if there has been a delay;
- Reconsidering or changing a decision;
- Amending a record;
- Changing policies, procedures or practices;
- Providing a financial remedy.

9.2 The remedy offer will clearly explain what will happen and by when, in agreement with the resident where appropriate.

9.3 In awarding a financial remedy, we will consider whether any statutory payments are due, if any quantifiable losses have been incurred, the time and trouble a resident has been put through as well as any distress and inconvenience caused.

9.4 We will take account of the guidance issued by the Housing Ombudsman when deciding on appropriate remedies.

## **10.0 Self-assessment, reporting and compliance**

10.1 Accountability and transparency are integral to our approach to handling complaints.

10.2 We will produce an annual complaints performance and service improvement report to our Standard and Audit Sub-Board, which will include:

- An annual self-assessment to ensure our complaint handling remains in line with the requirements of the Housing Ombudsman Complaints Handling Code;
- A qualitative and quantitative analysis of our complaint handling performance. This will include a summary of the types of complaints we have refused to accept;
- Any findings of non-compliance with the Housing Ombudsman Complaint Handling Code by the Ombudsman;
- The service improvements made as a result of the learning from complaints;
- Any annual report about our performance from the Ombudsman; and
- Any other relevant reports or publications produced by the Ombudsman in relation to our work.

10.3 The annual complaints performance and service improvement report will be published on the council's website, and will include any response from the Standards and Audit Sub- Board.

10.4 We will also undertake a self-assessment following a significant restructure and/ or change in procedures, or following a formal investigation with the

Housing Ombudsman if there are significant concerns over our complaint handling.

- 10.5 If we are unable to comply with the Housing Ombudsman Complaints Handling Code due to exceptional circumstances, such as a cyber-incident, we will inform the Housing Ombudsman, provide information to residents that may be affected, and publish this on the council's website. We will provide a timescale for returning to compliance with the Code.

## **11.0 Scrutiny & oversight: continuous learning and improvement**

- 11.1 A positive complaint handling culture is integral to the effectiveness with which we resolve disputes. The Complaints Co-Ordinator will monitor and analyse the types of complaints we receive, and the way they have been handled. We will use this information to identify issues and introduce positive changes in our service delivery, where needed.
- 11.2 Accountability and transparency are also integral to a positive complaint handling culture. We will report back on wider learning on improvements from complaints to stakeholders, such as the Corporate Management Team, Resident Opinion Panel, staff and Standards and Audit Sub-Board.
- 11.3 Regular updates will be provided to the Chair of the Standards and Audit Sub-board, and will include:
- The volume, categories and outcomes of complaints, alongside complaint handling performance;
  - Issues and trends arising from complaint handling, outcomes of the Housing Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings; and
  - The annual complaints performance and service improvement report.
- 11.4 The Head of Housing will provide quarterly updates on the Housing Services complaint handling performance to the Corporate Management Team.
- 11.5 We have a standard objective in relation to complaint handling for all relevant employees and third parties that reflects the need to:
- Have a collaborative and co-operative approach towards resolving complaints, working with colleagues across the council;
  - Take collective responsibility for any shortfalls identified through complaints, avoiding a blame culture; and
  - Act within the professional standards for engaging with complaints as set by any relevant professional body.

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<b>Board/Committee:</b>	Standards & Audit Sub Board
<b>Date of meeting:</b>	19 September 2024
<b>Title:</b>	Freedom of Information Performance July 1 <sup>st</sup> 2023 – June 30th 2024
<b>Author:</b>	Borough Solicitor and Monitoring Officer
<b>Status:</b>	For Noting

## **Purpose**

To report to the Sub Board on the performance of the administration of Freedom of Information (FOI) requests.

## **Recommendation**

**That the Sub Board notes the report.**

### **1.0 Background**

**1.1** The Freedom of Information Act 2000 (the Act) provides public access to information held by public authorities. There are two main obligations under the Act:

- public authorities are obliged to publish certain information about their activities; and
- members of the public are entitled to request information from public authorities.

**1.2** Anyone has a right to request information from a public authority. The Council has two separate duties when responding to these requests:

- to tell the applicant whether any information falling within the scope of their request is held; and
- to provide that information (unless an exemption applies)

The Act allows 20 working days to respond to a request.

**1.3** The Gosport Borough Council website provides information and guidance for the public regarding FOI requests and includes an automated request form. Requests can also be received by email or letter.

**1.4** Historically the request process was administered by the particular administration roles in each section. Over time several of these posts have been removed from the organisation and so more processing of FOI requests has fallen to the Democratic Services team, leaving only Housing, Streetscene, Benefits, Council Tax and Environmental Health still acknowledging and responding to their specific requests.

## **2.0 Report**

- 2.1** The process for how a Freedom of Information request is dealt with is shown in the flow chart at Appendix A
- 2.2** Democratic Services maintain a control spreadsheet for all requests, which can be accessed by authorised administrators, and it is this document that has provided the data in Appendix B. The spreadsheet advises the administrator of the deadline and clearly shows those that are outstanding and whether or not they have met the target of 20 working days.
- 2.3** Many of the requests received relate to functions not carried out by Gosport Borough Council, such as Education, Adult Services and Highways, and these requests have to be referred to Hampshire County Council.
- 2.4** Corporate requests are those that require input from more than one department and are administered by Democratic Services.
- 2.5** The Council can refuse to share information if the criteria of one the exemptions are met. This can be information that is accessible to applicants by other means, commercially sensitive or covered by legal professional privilege. Whether an exemption is applicable is a matter of consultation with the Borough Solicitor and Monitoring Officer, who also serves as Qualified person for the purposes of Freedom of Information.
- 2.6** In the event that the requester does not think that the Council has dealt with their request correctly, they may apply for an Internal Review of how the request has been dealt with. The Council's Data Protection Officer deals with Internal Reviews.
- 2.7** Information that is personal to the requester would be processed through the Subject Access Requests system.
- 2.8** The Freedom of Information administration is audited by Internal Audit, and an Agreed Action from the most recent audit recommended producing a summary report for consideration by senior management.
- 2.9** At the last review of this data, it was agreed to include a breakdown of the type of requester, and some more detail of refusals and part refusals.

## **3.0 Risk Assessment**

- 3.1** Applicants have recourse to the Information Commissioners Office should they feel that we have not dealt with their FOI request in time or correctly, once they have followed our Internal Review process. Should the matter persist then it is possible that it could be escalated through formal litigation.
- 3.2** By providing this report to the Sub Board, Officers have ensured compliance with the most recent audit of FOI practices.



#### 4.0 Conclusion

4.1 It is intended to report these figures to the Standards and Audit Sub Board on an annual basis.

<b>Financial Services comments:</b>	No comments
<b>Legal Services comments:</b>	Contained within the report
<b>Equality and Diversity:</b>	No comments
<b>Climate Change implications:</b>	No comments
<b>Crime and Disorder:</b>	No comments
<b>Service Improvement Plan implications:</b>	
<b>Corporate Plan:</b>	
<b>Risk Assessment:</b>	Contained within the report
<b>Background Papers:</b>	None
<b>Appendices:</b>	Appendix A Flowchart Appendix B results from July 1 2023- June 30 2024.
<b>Report Author/Lead Officer:</b>	Linda Coote/Borough Solicitor and Monitoring Officer

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## Freedom of Information Requests

01.07.22-30.06.23 01.07.23-30.06.24

<b>Number of Requests Received</b>	<b>481</b>	<b>665</b>
<b>Number Closed</b>	<b>476</b>	<b>647</b>
Number Still Open	<b>5</b>	<b>18</b>
Still open due to non answering by department	3	11
Still open due to further information being requested and not answered by requester	2	7

<b>Still Open by Department</b>		
Prop. Services		1
IT		5
Ec Dev/Legal		2
Council Tax		1
Environmental Health		1
Streetscene		1

<b>Number of Requests Meeting 20 Working day Target</b>	<b>455</b>	<b>619</b>
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<b>Average Number of days to Respond</b>	<b>9.08</b>	<b>8.03</b>
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<b>Number of Requests Over 20 Working day Target</b>	<b>26</b>	<b>46</b>
Housing and Property Services	5	19
Benefits	0	0
Streetscene	4	1
Environmental Health	4	5
Legal/Ec Dev	0	3
Finance	2	1
Council Tax and Business Rates	1	3
Development Management	2	1
IT	3	4
Insurance	1	0
Corporate	4	5
Building Control	0	1
Emergency Planning	0	1
HR	0	1
CPCS	0	1

<b>Number Administered by Democratic Services</b>	<b>256</b>	<b>404</b>
Not GBC	88	142
Corporate (more than 1 department)	34	47
<b>On behalf of Departments:</b>		
CPCS	6	16
HR and Payroll	29	29
Democratic Services	12	26
IT	27	26
Planning Policy	6	0
Legal	0	1
Procurement	1	4
Finance	16	18
Economic Development & Regeneration	7	32

Development Management	18	44
Elections/EP	1	0
Building Control	1	3
Climate Change	4	2
Comms/media	1	1
Complaints	2	2
Energy	1	0
Audit	2	1
Civics	0	6
Insurance	0	1
Health & safety	0	3

<b>Number Administered by Department</b>	<b>225</b>	<b>261</b>
Housing & Property Services	62	96
Benefits	11	6
Streetscene	68	66
Environmental Health	62	61
Council Tax and Business rates	22	32

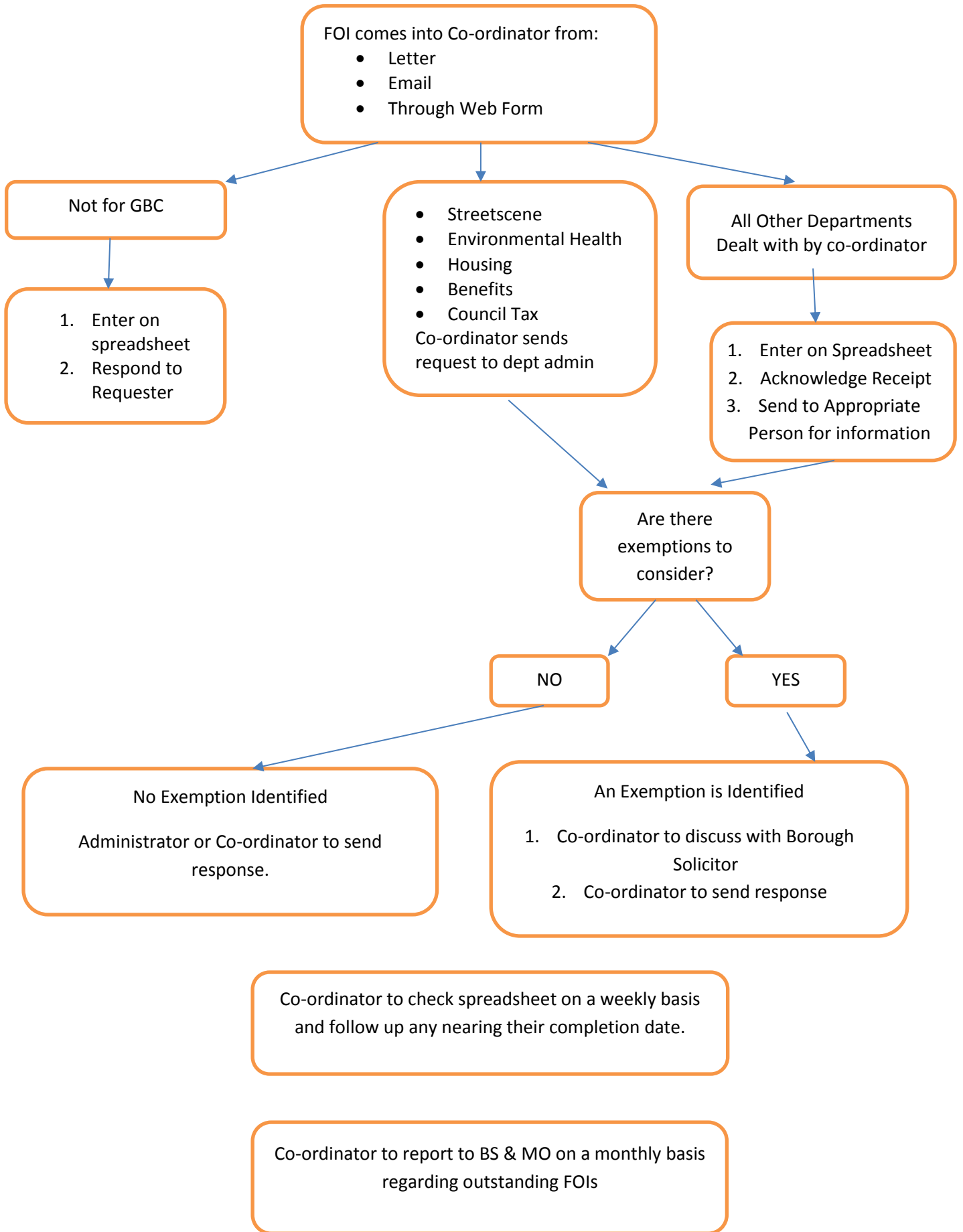
<b>Type of Requester</b>	<b>474</b>	<b>665</b>
Individual	165	238
Company	266	375
Media	34	37
Political	5	3
Charity	4	1
University	0	0
Local Authority	7	11

<b>Refusals/Part refusals</b>	<b>18</b>	<b>13</b>
Already in Public Domain	1	
Business Rate Exemption	6	7
Commercial Confidentiality	6	
Legal Privilege	1	
Councillor Information	3	
Prevention of Crime		3
Personal data		1
Exceeds Time Limits	1	
Service enquiry		2

<b>Longest Time Taken to Fulfill Request</b>		<b>Days</b>
Staff Structure		375
Property Services		73
Housing		59
Business rates		55
IT		52
Corporate		51
Housing		44
Environmental Health		42

<b>Internal Reviews</b>		
Number Requested	0	4
Number Upheld	0	0

Freedom of Information Requests Flowchart



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<b>Board/Committee:</b>	Standards and Audit Sub Board
<b>Date of Meeting:</b>	18 September 2024
<b>Title:</b>	Gifts and Hospitality return for Council staff
<b>Author:</b>	Borough Solicitor and Monitoring Officer
<b>Status:</b>	For Noting

## **PURPOSE**

To advise the Sub-Board of the Gifts and Hospitality declared by Council Staff for the period April 2023- March 2024.

## **RECOMMENDATION**

That the Sub-Board notes the report.

### **1 Background**

- 1.1 The Gifts and Hospitality Policy for staff was approved by the Policy and Organisation Board on 28 June 2017.
- 1.2 This report notifies the Sub-Board of the gifts and hospitality declared by Council Staff from the period April 2023- March 2024.
- 1.3 Staff gifts and hospitality are required to be reported to the Standards and Audit Sub Board annually.
- 1.4 The Gifts and Hospitality Policy requires members of staff to notify the Monitoring Officer of all gifts which they have received. Gifts should only be accepted in line with the Gifts and Hospitality Policy where the value is £25 or under (£5 for Sheltered Scheme staff). This is completed in the form of a quarterly return.
- 1.5 Gifts over £25 should be refused, unless refusal would cause offence and should be included within the quarterly return whether accepted or not.
- 1.6 Hospitality cannot be accepted if it is offered in a personal capacity. It may be accepted if it is under £40 in value and is offered for receipt on behalf of the Council. It should have prior approval of section heads.

### **2 Report**

- 2.1 A total of 35 declarations of gifts were made by members of staff in relation to gifts and hospitality received at a value of £25 or under within the period covered in the report.
- 2.2 There were no cash gifts. Two gifts worth £5 each were donated to the Mayor's charity. Other gifts were shared amongst colleagues or put on display or kept by the staff member if appropriate.
- 2.3 No gifts were refused.

- 2.4 A total of 3 declarations were made by members of staff in relation to hospitality offered. One was a reception and was accepted, and valued at under £10, one was a networking meal valued at £40 it was accepted for the purposes of networking and an equivalent donation made to the Mayor's charity. One was refused.
- 2.5 The notifications are varied relating to liaison with suppliers, stakeholders, tokens of thanks and professional networks and the Monitoring Officer continues to review declarations registered.
- 2.6 All declarations recorded in the report have been approved by the relevant Section Head.
- 2.7 The current Gifts and Hospitality Policy was approved in 2017 and there is nothing highlighted in this return that causes concern, however the policy will be kept under review.
- 2.8 Neighbouring Councils' policies vary in gifts and hospitality limits from £10-£25.

### **3 Risk Assessment**

- 3.1 The Gifts and Hospitality Policy and reporting return to the Standards and Audit Sub-Board is required to ensure that staff conduct meets public expectation is in relation to the receipt of gifts and hospitality. The Policy is available to staff on the infonet.

### **4 Conclusion**

- 4.1 This report covers the period of April 2023 and March 2024 and future reports will be made at the first possible meeting of the Sub-Board in the Municipal Year.

<b>Financial Services comments:</b>	N/A
<b>Legal Services comments:</b>	Contained within the report
<b>Climate Change:</b>	N/A
<b>Crime and Disorder:</b>	N/A
<b>Equality and Diversity:</b>	None
<b>Service Improvement Plan implications:</b>	N/A
<b>Corporate Plan:</b>	Deliver Effective Services
<b>Risk Assessment:</b>	Section 3
<b>Background papers:</b>	Gifts and Hospitalities Policy
<b>Appendices</b>	None
<b>Report author/ Lead Officer:</b>	Lisa Young- Senior Democratic Services Officer/Borough Solicitor & Monitoring Officer