



AUDIT COMMITTEE

DATE:	Thursday, 26 June 2025
TIME:	10.30 am
VENUE:	Committee Room, Town Hall, Station Road, Clacton-on-Sea, CO15 1SE

MEMBERSHIP:

Councillor Sudra (Chairman)
Councillor Steady (Vice-Chairman)
Councillor Fairley
Councillor Keteca

Councillor Morrison
Councillor Placey
Councillor Platt

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DATE OF PUBLICATION: Wednesday, 18 June 2025

AGENDA

1 Apologies for Absence and Substitutions

The Committee is asked to note any apologies for absence and substitutions received from Members.

2 Minutes of the Last Meeting (Pages 7 - 20)

To confirm and sign as a correct record, the minutes of the last meeting of the Committee, held on Thursday, 27 March 2025.

3 Declarations of Interest

Councillors are invited to declare any Disclosable Pecuniary Interests, Other Registerable Interests or Non-Registerable Interests, and the nature of it, in relation to any item on the agenda.

4 Questions on Notice pursuant to Council Procedure Rule 38

Subject to providing two working days' notice, a Member of the Committee may ask the Chairman of the Committee a question on any matter in relation to which the Council has powers or duties which affect the Tendring District **and** which falls within the terms of reference of the Committee.

5 Report of the Internal Audit Manager - A.1 - Report on Internal Audit - March 2025 - May 2025 and the Annual Report of the Internal Audit Manager (Pages 21 - 42)

To provide a periodic report on the Internal Audit function for the period March 2025 – May 2025 and the Internal Audit Manager Report for 2024/25 as required by the professional standards.

6 Report of the Corporate Director (Finance & IT) - A.2 - Table of Outstanding Issues (Pages 43 - 76)

To present to the Committee the progress on outstanding actions identified by the Committee along with general updates on other issues that fall within the responsibilities of the Committee.

7 Report of the Assistant Director (Corporate Policy and Support) - A.3 - Proposed New Corporate and Housing Complaints Policy - and Adoption (Pages 77 - 104)

The Committee is provided with a proposed new combined Corporate and Housing Complaints Policy for the Council, following a review of the current separate policies and assessment of the requirements of the parallel Housing Ombudsman's Complaint Handling Code and the Local Government and Social Care Complaint Handling Code. While both codes have many areas of common expectations it is worth remembering that the Housing Ombudsman's Code has a statutory footing which means that social housing landlords (such as this Council in respect of its housing stock) are obliged by law to follow its requirements.

8 Exclusion of Press and Public

The Committee is asked to consider passing the following resolution:

“That under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting during the consideration of Agenda Item 9 on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 7 of Part 1 of Schedule 12A, as amended, of the Act.”

9 Exempt Minute (Pages 105 - 106)

To confirm and sign as a correct record, the exempt minute of the last meeting of the Sub-Committee, held on Thursday, 27 March 2025.

Date of the Next Scheduled Meeting

The next scheduled meeting of the Audit Committee is to be held in the Town Hall, Station Road, Clacton-on-Sea, CO15 1SE at 10.30 am on Thursday, 25 September 2025.

Information for Visitors

FIRE EVACUATION PROCEDURE

There is no alarm test scheduled for this meeting. In the event of an alarm sounding, please calmly make your way out of any of the fire exits in the hall and follow the exit signs out of the building.

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Your calmness and assistance is greatly appreciated.

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**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE,
HELD ON THURSDAY, 27TH MARCH, 2025 AT 10.30 AM
IN THE COMMITTEE ROOM, AT THE TOWN HALL, STATION ROAD, CLACTON-
ON-SEA, CO15 1SE**

Present:	Councillors Sudra (Chairman), Steady (Vice-Chairman), Fairley and Morrison
In Attendance:	Ian Davidson (Chief Executive) (items 66 (part) - 71 only), Richard Barrett (Corporate Director (Finance and IT) & Section 151 Officer), Karen Hayes (Corporate Governance, Performance & Procurement Manager), Craig Clawson (Internal Audit Manager), David Ousby (Interim Assistant Director (Project Delivery)) (items 66 (part) - 71 only), Ian Ford (Committee Services Manager), Katie Koppenaal (Committee Services Officer) and Bethany Jones (Committee Services Officer)
Also in Attendance via MS Teams	Emma Larcombe (representing KPMG, the Council's External Auditor) (items 66 – 71 (part) only)

66. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were no apologies for absence submitted nor substitutions on this occasion.

67. MINUTES OF THE LAST MEETING

It was moved by Councillor Sudra, seconded by Councillor Morrison and:-

RESOLVED that the Minutes of the meeting of the Committee, held on 13th February 2025, be approved as a correct record and be signed by the Chairman.

68. DECLARATIONS OF INTEREST

There were no declarations of interest by Councillors in relation to any item on the agenda for this meeting.

69. QUESTIONS ON NOTICE PURSUANT TO COUNCIL PROCEDURE RULE 38

On this occasion no Councillor had submitted notice of a question pursuant to Council Procedure Rule 38.

70. REPORT OF DIRECTOR (FINANCE & IT) - A.5 - EXTERNAL AUDITOR'S DRAFT AUDIT PLAN & STRATEGY FOR THE YEAR ENDING 31 MARCH 2025

The Committee heard a presentation of the External Auditor's Draft Plan and Strategy for the year ending 31 March 2025.

Emma Larcombe of KPMG, the Council's appointed External Auditor, led the Committee through the attachment to the Director's report which was:-

Attachment 1 – External Auditor's External Audit Plan & Strategy for the year ending 31 March 2025.

It was reported that, shortly after the end of each financial year, the Council prepared in accordance with proper practices a Statement of Accounts as statutorily required, which was then subject to external audit before final publication. The current publication deadline for the unaudited accounts for 2024/25 was the end of June 2025.

The Audit Plan and Strategy issued by the External Auditor (EA) highlighted at a summary level, aspects of the work they planned on undertaking and why, areas of focus including where risks were likely to be greater and the background to their required value for money activities.

The outcome of the External Auditor's work had been set out in separate reports that would be presented to the Audit Committee at a future meeting or meetings, within the proposed timescales associated with the 'backstop' date for the 2024/25 accounts, i.e. 27 February 2026.

Ian Davidson welcomed the open approach of the EA plus the clarity and completeness of their report.

<u>Summary of Questions asked by Members</u>	<u>Summary of Answers Received from Emma Larcombe</u>
Do you have any more information relating to the Journal Aspects?	That is a risk that we have on every single Audit. It reflects the potential for management to override controls. This could be manipulating positions around journal entries and estimates/Year End figures. However, this is not a heightened risk for Tendring District Council.
In relation to Internal Audit Work on Projects Management, can you share your findings?	We have not yet completed our value for money work for 2024/2025. We will focus on capitalisation of costs in particular.

It was moved by Councillor Sudra, seconded by Councillor Morrison and:-

unanimously **RESOLVED** that the External Auditor's Draft Audit Plan and Strategy for the year ending 31 March 2025 be noted.

71. **REPORT OF THE DIRECTOR (FINANCE & IT) - A.4 - TABLE OF OUTSTANDING ISSUES**

The Chief Executive Officer took Members, in depth, through Appendix D, which reported the outcome from the Spendells House Capital Scheme Review.

<u>Summary of Questions asked by Members:-</u>	<u>Summary of Answers Received:-</u>
Would it be possible for annual training for relevant Officers on Project Corporate Governance etc. to be introduced?	(Ian Davidson) We will pick that up and add it to the Senior Managers Forum schedule. (Richard Barrett) We can also include this as part of new Officers' induction. An action plan will be additionally

	produced based upon the outcome of the Spendells House/Orwell Place/Sunspot Project Review outcomes.
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David Ousby, Head of the Project Delivery Unit (PDU) introduced himself and gave a presentation on the PDU including its staffing structure; its governance; its terms of reference; its project and programme controls including the Project Initiation Document (PID) and monthly highlight reports plus the key risks register and mitigations and finally the delivery programmes and their timelines.

<u>Summary of Questions asked by Members:-</u>	<u>Summary of Answers Received:-</u>
How often can we expect these updates?	(David Ousby) Members will receive the monthly highlight reports. It could be a standing item on the Committee's agendas if required.
Could this Committee receive a report on a quarterly basis at its meetings?	(Richard Barrett) Yes, this could be done in a 'dashboard' reporting mechanism.
Does each individual project have a contingency built in?	Yes, and is large at the beginning due to all the potential uncertainties. The aim is to reduce that contingency as the project progresses and the uncertainties reduce.
In relation to Local Government Reorganisation, are we aware of different approaches to project management that other local authorities in Essex take?	(David Ousby and Ian Davidson) At County Council, Members are more remote, and management is through various Committees. At District/Borough level it is more 'closer' through the relevant Portfolio Holders. We will need to understand the role and impact of an Elected Mayor under Devolution. For the new Unitary Authority, its project management ethos and structures will need to be drawn up as part of the work of the 'Shadow Authority'. Tendring District Council will not be allowed to fetter the actions of the new Unitary Authority which will be an added complexity. A joint committee between Tendring District Council and the shadow authority may well be required.

The Committee was then informed of the progress on outstanding actions identified by the Committee along with general updates on other issues that fell within the responsibilities of the Committee.

The Table of Outstanding Issues had been reviewed and updated since it had been last considered by the Committee in January 2025.

There were three main ongoing elements to this report as follows:

- 1) Updates against general items raised by the Committee – **Appendix A**
- 2) Updates against the 2023/24 Annual Governance Statement Action Plan – **Appendix B**
- 3) Updates against recommendations made by the External Auditor – **Appendix C**

In terms of item 1) above, there were no significant issues to raise, with actions remaining in progress or further details set out below.

In respect of the 2023/24 Annual Governance Statement Action Plan, the Committee at its 13 February 2025 meeting had approved for publication the audited Statement of Accounts for 2023/24 and approved for signing the Annual Governance Statement, taking into consideration any minor amendments as agreed with the External Auditor. As part of the associated work of the External Auditor, a number of recommendations had been made which were set out within **Appendix C** as highlighted above. There were no significant issues to highlight at the present time with actions and activities remained ongoing.

Spendells House Capital Scheme Review

The outcome of the recent review was attached at **Appendix D**, which also addressed one of the External Auditors recommendations as set out within **Appendix C**. It was important to highlight that this investigation formed one element of the Council's wider response to the issues identified. Those actions were referred to within the Annual Governance Action Plan set out within **Appendix B**, and along with the investigation, mitigation actions had already been undertaken that included:

- The Chief Executive issuing a directive to all Senior Managers relating to financial and budget management, which explained the consequences and expectations of them in their roles that would be supported by further collective meetings with Senior Officers.
- The commencement of arrangements for the implementation of a Senior Officer Project 'Board' that in turn would report directly to the Council's Senior Management Team on a regular basis.
- Statutory Officers had re-delivered governance awareness training at a recent Senior Managers' Forum event, where attendance had been mandatory.

As previously discussed, it had been proposed to arrange a briefing for members of the Committee jointly with the members of the Resources and Services Overview and Scrutiny Committee. That briefing had been held on 26 March 2025 ahead of this meeting of the Committee. In terms of the Audit Committee's assurance role and reflecting on the recent training / Member development session earlier in the year, it was worth highlighting the Committee's relevant terms of reference as follows, especially in comparison with that of the Resources and Services Overview and Scrutiny Committee who had a different but complementary role:

- *To provide independent assurance of the adequacy of the risk management framework and the associated control environment;*

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- *To provide independent scrutiny of the Council's financial and non-financial performance to the extent that it affects the Council's exposure to risk and weakens the control environment;*
 - *Assessing external auditor and external regulatory reports and monitoring any quality improvement programmes where required.*
 - *Reviewing significant issues referred by the Chief Executive, Cabinet or any Council Committee.*
 - *Monitoring the effective development and operation of risk management and corporate governance.*
 - *Considering the arrangements for corporate governance and agreeing necessary actions to ensure compliance with best practice.*
 - *Considering the Council's compliance with its own and other published standards and controls*

In terms of the reference to best practice within the bullet points above, it was also worth highlighting the following relevant key elements that were set out within the Government's best value standards:

- *Local Authorities must make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness;*
- *Reporting on value for money, performance and the stewardship of resources is completed in a timely and understandable way, with transparent responses to recommendations from internal and external audit, and regulators;*
- *Robust system of financial controls and reporting exists, which provide clear accountability and ensure compliance with statutory requirements and accounting standards; and*
- *Procurement processes ensure economic, efficient and effective outcomes of contract procurement and management.*

The review had concluded that though the Council's underlying/current governance arrangements and internal control processes were reusable/adequate, such arrangements could be strengthened in the following areas:-

- *The scoping, management and adherence to the Council's Governance Framework.*
- *Specification – specifications must be robust, complete and clear. Specifications should be compiled by service area experts, and if these cannot be provided internally then services should be sought externally with an associated budget. Sufficient capacity should also be considered and allocated, with management oversight. A thoroughly prepared specification would negate the requirement for significant and numerous contract variations, although minor variations may still be expected.*
- *Contingency – contingency should not only be considered at the beginning of the project, but it should also be considered when tenders are returned as this may impact on the overall budget dependent on the scale of the project.*
- *Project management – the project should report progress against time, budget and potential issues. Mechanisms within the services need to be in place to ensure that senior management are aware when significant issues arise, in this instance substantial variations to the contract. Although regular meetings were occurring, these were without structure to the agenda and did not necessarily*

demonstrate the financial commitment of the project, and therefore opportunities to identify potential unauthorised earlier were missed.

- Decision making – constitutional requirements do not appear to have been adequately considered during the life of this project. It is therefore recommended that for future projects, all project leads review and consider constitutional requirements at both the planning state and during the implementation of the project, to ensure that any statutory requirements are followed in addition to the contract terms.*
- Training – adequate training for Officers should be provided before undertaking any project, including specification writing, project management and contract management, especially of this scale. Appropriate supervision and support should also be provided at the inception of the project.*
- Strategic oversight – a Project Board will provide a consistent strategic approach to all projects going forward. All project managers are to report progress against targets including any potential issues that may occur. When providing financial information, this should also include amounts already committed, potentially using GANT charts may help. The minimum expectations of reporting standards should be agreed from the outset.*
- Contract management – the Council's interests must be prioritised when managing contracts. This includes using the Council's own processes and systems and not relying on contractor processes and direction, as it may be difficult to validate information and ensure that we comply with the constitutional and statutory requirements. Control must be retained by the Council, even if the expertise lies with the contractor.*
- Contract variation – contract variations must be limited by ensuring a robust specification is produced (as aforementioned). Variations should not be approved unless quotations or financial impact is provided in advance as well as being challenged when requested by a contractor. It may be beneficial to limit variation orders that can be approved in line with current constitutional requirements. The correct financial approvals must be sought in order to negate unauthorised spend.*
- Unauthorised spend – managers should be aware of their constitutional responsibilities when authorising spends. Once Cabinet has approved an overall budget, managers should update and request additional funding in necessary from the Portfolio Holder/Cabinet, at the earliest opportunity prior to committing the Council to further expenditure.*
- To include sessions within future staff inductions to draw attention to the Council's high level governance arrangements, policies and procedures. This could be complemented via a six-monthly induction 'follow up' session aimed at senior managers that can provide further detail in key areas such as budget and financial responsibilities long with procurement and other requirements set out within the Council's Constitution.*

In addition to the above and based on the detailed findings/outcomes, the matter has been referred for review against the Council's HR policies to determine any further necessary action.

In terms of a practical and pragmatic response to the various issues and elements of good governance and best practice above, it was proposed to bring together the outcome from the Spendells House review set out within **Appendix D**, together with the outcome from reviews of other major projects such as the Orwell Place Car Park and Events space capital scheme in Dovercourt that had been reported to Cabinet on 21

February 2025. Reporting the outcome from major capital investment formed part of the Council's underlying approach as set out within the Annual Capital and Treasury Management Strategy and highlighted within the Annual Governance Statement Action Plan within **Appendix B**. Along with further planned reports such as the upcoming review of the flexible workspaces in Jaywick (Sunspot), various learning points could be brought together as part of the annual review of the Council's governance arrangements that in turn informed the associated action plan, that would be presented to the Committee in the first half of 2025/26.

Appointment of Independent Person(s) to the Audit Committee

It was reported that a draft person specification had been set out in **Appendix E**. It was proposed to further develop the specification in consultation with Members of the Committee in advance of a final version being presented to the June 2025 meeting of the Committee. Once agreed the actions associated with establishing and recruiting to this post would be undertaken which would include recommendations being made to Full Council, the appointment process and induction programme. A recommendation had been included within the report that reflected this proposed approach.

External Funding Review

As highlighted within the report to the Audit Committee at its September 2024 meeting, this Committee had been asked by Cabinet for their support and assurance on the associated governance processes. This item had subsequently been captured within the Committee's proposed work programme for 2025/26 as set out elsewhere on the agenda.

External Audit Delays

Following the Committee's consideration and approval of the Statement of Accounts for 2023/24 and associated External Auditor reports, there were no longer any years outstanding. Work was underway in terms of the Council's 2024/25 accounts which would be subject to audit later in the year and would be reported to the Committee accordingly.

Local Audit Reform

There were currently no further updates over and above the detailed information presented to the Committee at its January 2025 meeting. Updates would be included in future reports as necessary.

RIPA – Regulatory Investigatory Powers Act 2000

To inform the Committee of any activity conducted under RIPA by the Authority – the Authority had not conducted any RIPA activity in the last quarter and it was rare that it would be required to do so.

Whistleblowing

To inform the Committee of any activity under the Whistleblowing Policy as part of the monitoring arrangements. The Authority had not received any Whistleblowing notifications since the adoption of its policy in July 2023.

It was moved by Councillor Sudra, seconded by Councillor Fairley and:-

RESOLVED that:-

- (a) the progress against the actions set out in Appendices A, B and C be noted.
- (b) in respect of the Spendells review set out in Appendix D, that the findings be noted and that Officers be requested to bring these together with the outcomes from other various reviews of major projects, in addition to any associated recommendations from External/Internal Audit for consideration as part of the annual review of the Council's governance arrangements at the earliest opportunity in 2025/26;
- (c) the draft Independent Person specification set out in Appendix E be noted and Officers requested to further develop the specification for consideration at the next meeting of the Committee in June 2025, with consultation undertaken with Members of the Committee in the interim period.
- (d) the Chief Executive Officer be invited to attend a future meeting of the Committee to give a half yearly update on the matters raised in the review of the Spendells Capital Scheme Review; and
- (e) that Officers be requested to explore opportunities for a 'dashboard' style reporting mechanism for updates on the work of the Project Delivery Unit on major projects that could be submitted to the Audit Committee and Full Council, as appropriate, on a regular basis.

72. REPORT OF THE INTERNAL AUDIT MANAGER - A.1 - REPORT ON INTERNAL AUDIT - JANUARY 2025 TO MARCH 2025 AND THE INTERNAL AUDIT STRATEGY & OPERATIONAL PLAN 2025/26

The Committee was provided with a progress report on the Internal Audit function for the period January 2025 – March 2025 and approval was sought from the Committee for the Internal Audit Strategy and Operational Plan 2025/26.

The report was summarised as follows:

- *A total of four audits had been completed since the previous update in January. Eight audits were still in fieldwork. The audits completed this period were Housing Benefit, Main Accounting System and Budgetary Control, Corporate Governance and Accounts Payable. All had received satisfactory opinions of Adequate or Substantial Assurance.*
- *The Global Internal Audit Standards required Internal Audit functions to have a Internal Audit Strategy in place which not only set out the annual plan but also looked to the future. A new Internal Audit Strategy and Operational Plan for 2025/26 had been developed for the Audit Committee to review and approve. The strategy included a three-year plan with provisional audits for future years which could be adjusted each year dependant on the priorities of the Council. It was designed to be resilient and flexible with the ever changing regulatory and external environment.*
- *The 2025/26 Operational Plan had been developed using a risk-based approach, taking account of the Council's Corporate Objectives, Corporate Risks, horizon scanning from other Government agencies and best value standards from the*

Ministry of Housing, Communities and Local Government (MHCLG). The plan had been collated based on the information gained from liaising with Directors, Heads of Service and entire departments to target areas that might benefit from an independent review of processes and procedures to determine potential efficiency gains, improved technology / software requirements or if the function has not been audited for a substantial period of time due to it being considered of lower risk historically.

The Committee was made aware that the Internal Audit Manager had continually risk assessed the progress of the plan against the level of resources available throughout the year to determine whether a measured annual assurance opinion could be provided based on the level of work completed. A determination had then been made as to whether audit days needed to be procured to support the delivery of the plan.

Members heard that in order to provide the Head of Internal Audit's Annual Opinion at the June 2025 Audit Committee, it was important that the following audits were completed as they formed part of the Council's key systems. Those audits were Procurement, Housing Repairs and Maintenance, Accounts Receivable, Payroll and Health & Safety. All were currently in fieldwork and close to completion.

Quality Assurance – The Internal Audit function issued satisfaction surveys for each audit completed. All satisfaction surveys were yet to be returned from the four audits completed in this period.

Resourcing

Internal Audit currently had an establishment of 4 fte posts with access to a third-party provider of Internal Audit Services for specialist audit days as and when required. There was currently an Audit Technician post vacant.

Outcomes of Internal Audit Work

The Public Sector Internal Audit Standards required the Internal Audit manager to report to the Audit Committee on significant risk exposures and control issues. Since the last report four audits had been completed and the final report issued.

Assurance	Colour	Number this Period	Total for 2023/24 Plan	
Substantial		2	4	
Adequate		2	13	
Required Improvement		0	1	
Significant Improvement Required		0	0	
No Opinion Required		0	2	Two consultative engagement in 2025/26 to date

For the purpose of the colour coding approach, both the substantial and adequate opinions were shown in green as both were within acceptable tolerances.

There were no issues arising from the audits completed in the period under review as none had received an 'Improvement Required' opinion that required reporting to Committee.

Management Response to Internal Audit Findings – There were processes in place to track the action taken regarding findings raised in Internal Audit reports and to seek assurance that appropriate corrective action had been taken. Where appropriate follow up audits had been arranged to revisit significant issues identified after an appropriate time.

The number of high severity issues outstanding was as follows:-

Overdue more than 3 months	4	Long term actions reported to the Audit Committee periodically (Appendix B)
Overdue less than 3 months	0	
Not due yet	0	

Update on previous significant issues reported:-

All previously significant issues were now provided within Appendix B of this report.

Development of the Audit Plan

The Committee heard that the Internal Audit Plan had been produced taking into account the requirements as set out in the Global Internal Audit Standards and the current Internal Audit Charter. The Internal Audit Team continued to aspire to add value by targeting particular areas of the Council that could benefit from an independent review of processes and procedures to determine potential efficiency gains, improved technology / software requirements or changed through new innovative ways of working.

Risk Management was also an aspect that required consideration when developing an audit plan. Although risk registers were considered as part of this process, leadership, managers and officers considered risk every day in the work they did, therefore interviews with Officers at all levels were key when reviewing whether risks were considered in decision making.

Risk was defined as 'the possibility of an event occurring that will have an impact on the achievement of objectives'. Therefore, risk could have a positive and negative aspect, so as well as managing things that could have had an adverse impact (downside risk) it was also important to look at potential benefits (upside risk). All audits would look at adverse impact and potential opportunities and all significant areas were reported to the Audit Committee periodically.

Discussions had been held with Management Team members individually and collectively. The feedback from Management Team had been taken into account and incorporated within the plan presented to the Committee. The Committee now had the opportunity to input into the draft plan provided.

Other factors also considered when developing the plan were:-

- The risk maturity of the organisation;
- The need to use specialists e.g. IT Auditors
- Contingency time to undertake ad-hoc reviews and fraud investigations; and
- Having the right balance of different reviews e.g. Systems and risk-based versus added value and consultative assessments

Internal Audit Resource Requirements

The establishment for the Internal Audit function was currently four full-time equivalents (fte). The team currently held a vacancy for a full-time Audit Technician post.

The Committee was informed that the proposed plan had been developed based on the current resource available as well as consideration to the continued oversight of the Fraud and Compliance team. The number of audit days proposed was 400 per year. The plan had been created with the following in mind:-

- A leaner more practical audit plan had been developed using a risk-based approach, knowledge of all operational processes within service areas, historical assurance opinions and an understanding of where procedural changes had occurred around the Council.
- A hybrid structure of both internal and external resource had provided additional resilience within the team as well as different experience, skills transfer for more junior staff and access to a hub of audit resource. The combination of staff between Internal Audit and Fraud and Compliance had added an extra level of resilience and allowed both teams to share knowledge and skills in different areas.
- Emphasis on adding value in delivering objectives by providing more consultative work and advice on upcoming initiatives, projects, programmes and emerging risks.

Internal Audit Operational Plan Detail

The plan provided an outline of the work currently proposed to be undertaken during the 2025/26 financial year. In order to continue to provide a proactive and flexible approach, the plan should be considered indicative of the work currently intended. The Internal Audit Plan needed to be flexible to ensure that Internal Audit resources were directed where they were most needed and added as much value as possible to the organisation.

The plan would be kept under review during the year, in consultation with the Council's senior management, and taking account of changes to the Council's priorities, operations and risk. Changes to the plan would be brought to the attention of the Committee for its approval.

The plan was considered to be in effect a rolling programme of work, rather than specific to one year, and audits scheduled, but incomplete at the end of any financial year would roll forwards and would be completed in the new financial year.

A detailed breakdown of the Audit Plan was included in Appendix C.

As referred to above, mechanisms existed to allow amendments to the plan and if any issues had arisen regarding the risks in the current Corporate Risk Register, or new risks emerge including any identified by the Council's external auditors, then plan adjustments would be considered.

The level and range of coverage was considered sufficient for the Internal Audit Manager to be able to provide an annual opinion on the Council's assurance framework.

After discussion it was moved by Councillor Sudra, seconded by Councillor Fairley and unanimously:-

RESOLVED that –

- (a) the periodic update and the action tracking report be noted; and
- (b) the proposed Internal Audit Strategy and Operational Plan for the 2025/26 financial year be approved.

73. REPORT OF THE INTERNAL AUDIT MANAGER - A.2 - ANTI FRAUD AND CORRUPTION STRATEGY & FRAUD RISK REGISTER

The Committee was presented with an updated Anti-Fraud and Corruption Strategy.

The report was summarised as follows:

- the Council's Anti-Fraud and Corruption Strategy had been last updated in April 2024 and was therefore in need of review by the Audit Committee.
- An amended strategy was attached as **Appendix A**, which reflected a number of amendments emerging as part of the annual review process but remained based on CIPFA's Code of Practice on managing the risk of fraud and corruption as previously adopted by the Committee.
- The updated strategy provided details of actions and provided a realistic timescale for those to be implemented.
- A Fraud Risk Register (**Appendix B**) had been created to address the action required within the Anti-Fraud and Corruption Strategy. At this stage only the risks had been populated with the relevant mitigation measures to be provided at a later date.

Members heard that the Council was required to have an Anti-Fraud and Corruption Strategy. The strategy was subject to an annual review process.

The amended strategy was set out in **Appendix A**. Amendments made since the last review had been highlighted in red font.

The Strategy continued to be based on CIPFA's code of practice on managing the risk of fraud and corruption. As its foundation, the Strategy set out the Council's commitments along with the following key areas:

- Purpose, Commitment and Procedure
- Legislation and General Governance
- Definitions
- Standards, Expectations and Commitment

- Roles and Responsibilities
- Prevention
- Detection and Investigation
- Resources Invested in Counter Fraud and Corruption

It was reported that the strategy continued to be subject to an annual review process including progress against identified actions and had therefore been included within the ongoing work programme of the Committee. It was acknowledged that through its application, the Strategy would evolve to reflect the various strands of work that had been developed within the Council, which would be included in future updates presented to the Committee.

Updates to the Council's Anti-Fraud and Corruption Strategy Action Plan were also included within **Appendix A**.

The Committee had also been provided with a Fraud Risk Register within **Appendix B** to review and adopt. The Council did have mitigating controls in place for each inherent risk highlighted; however, a list of mitigating controls / processes would be provided at a later date after consultation with the different departments. The Fraud Risk Register had been developed to address the agreed actions within the Anti-Fraud and Corruption Strategy to consider fraud risks within the Council's general risk management framework.

Furthermore, to demonstrate the effectiveness of the Anti-Fraud and Corruption Strategy and address how fraud risks impacted on achieving the Council's objectives and its service users; the Internal Audit Manager would provide an update on the work undertaken by the Fraud and Risk Team and the outcomes from that work on a bi-annual basis.

It was moved by Councillor Sudra, seconded by Councillor Steady and unanimously:-

RESOLVED that the amended Anti-Fraud and Corruption Strategy, as set out in Appendix A and the Fraud Risk Register set out in Appendix B, be approved.

74. REPORT OF THE DIRECTOR (FINANCE & IT) - A.3 - AUDIT COMMITTEE WORK PROGRAMME 2025/26

Members were presented with the proposed work programme covering the period April 2025 to March 2026.

It was reported that the Audit Committee had a wide-ranging area of responsibility with statutory and regulatory functions making up a significant element of their work. The meetings of the Committee were scheduled around a quarterly basis subject to the work required of the Committee to support the statutory and regulatory timescales and deadlines. The Audit Committee's work programme therefore needed to take account of various demands whilst balancing a number of activities within the planned number of meetings scheduled for the year.

In addition to the regulatory and statutory activities undertaken by the Committee such as the Statement of Accounts, Corporate Governance and Risk Management, the Committee was also required to review and scrutinise:

- The work and performance of the Internal Audit function;
- The outcomes from the work of the Council's External Auditor; and
- Progress against audit recommendations and other items identified by the Committee.

The Committee heard that in addition to the items set out in **Appendix A**, a number of additional items would likely be presented to the Audit Committee during the year in consultation with the Chairman.

During the year other matters apart from those set out above could be presented to the Committee for consideration, for example the outcome from regulatory reviews or other external inspections. Given the on-going regulatory and statutory workload and the various additional activities undertaken by the Committee, any additional items that might arise would need to be considered against the proposed work programme and included for reporting at the appropriate meeting, or considered for inclusion in subsequent work programmes, an overview of which were included at the foot of **Appendix A**.

It was reported that considering the responsibilities of the Audit Committee as highlighted above, the proposed work programme covering the period from April 2025 up to and including March 2026 was set out in the Appendix.

It was moved by Councillor Sudra, seconded by Councillor Fairley and:-

unanimously **RESOLVED** that the Audit Committee Work Programme for 2025/26 be approved.

75. EXCLUSION OF PRESS AND PUBLIC

It was moved by Councillor Sudra, seconded by Councillor Morrison and;

RESOLVED that under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting during the consideration of Agenda Item 10 on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 7 of Part 1 of Schedule 12A, as amended, of the Act.

76. REPORT OF THE DIRECTOR (FINANCE & IT) - B.1 - RISK BASED VERIFICATION POLICY

RESOLVED that following the annual review for 2025, the Risk Based Verification Policy, as set out in Appendix A to report B.1, be approved.

The meeting was declared closed at 12.25 pm

Chairman

AUDIT COMMITTEE

26 JUNE 2025

REPORT OF INTERNAL AUDIT MANAGER

A.1 REPORT ON INTERNAL AUDIT – MARCH 2025 - MAY 2025 AND THE ANNUAL REPORT OF THE INTERNAL AUDIT MANAGER

(Report prepared by Craig Clawson)

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

To provide a periodic report on the Internal Audit function for the period March 2025 – May 2025 and the Internal Audit Managers Annual Report for 2024/25 as required by the professional standards.

EXECUTIVE SUMMARY

This report is split into three sections with a summary as follows:

1) Internal Audit Plan Progress 2024/25

- A satisfactory level of work has been carried out on the 2024/25 Internal Audit Plan in order for the Internal Audit Manager to provide an opinion in the Annual Head of Internal Audit Report for the 2024/25 financial year.
- Seven audits have been completed since the previous update to the Audit Committee in March 2025. All of which received a satisfactory opinion of adequate or substantial assurance. Internal Audit are currently looking into some historical control issues from legacy Housing Allocations systems / procedures. As they do not relate to the 2024/25 financial year, any control concerns identified would not impact on the Head of Internal Audit Opinion as systems and procedures have already been changed to reflect a stronger control environment.

2) Annual Report of Internal Audit Manager

- The Annual Report of the Internal Audit Manager concludes that an unqualified opinion of Adequate Assurance is provided.
- Work carried out throughout the year by the Audit Committee, Senior Management and the Internal Audit Team is in line with Public Sector Internal Audit Standards and CIPFA Application Notes (Latest release November 2020). Future years will need to comply with Global Internal Audit Standards.
- One audit from a total of 26 completed received a less than satisfactory opinion of 'Improvement Required'. The audit was Disabled Adaptations.
- The Internal Audit Team are currently non-compliant with the Global Internal Audit Standards due to awaiting CIPFA's Application Note on the global standards. It was previously agreed with the Audit Committee to wait for the CIPFA review of the standards (April 2025) before undertaking a Quality Assurance Improvement Programme (QAIP) self-assessment against the standards. This will be completed and brought back to the

Audit Committee in September 2025 with a view to have an external assessment undertaken early 2026.

3) Internal Audit Plan Progress 2025/26

- Six audits within the 2025/26 Internal Audit Plan are currently in fieldwork.
- A bi-annual update on Fraud and Compliance work is provided as agreed with the Audit Committee in January 2025.

RECOMMENDATION(S)

Audit Committee members are requested to note the reports and consider the following;

- The annual opinion statement within this report
- The completion of audit work against the 2024/25 and 2025/26 Internal Audit Plans; and
- Any significant audit findings provided

REASON(S) FOR THE RECOMMENDATION(S)

The above recommendations are required to ensure that the Audit Committee agree and accept the contents of the report.

ALTERNATIVE OPTIONS CONSIDERED

The reports are for information and consideration of the Audit Committee.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES

Provision of adequate and effective internal audit helps demonstrate the Council's commitment to corporate governance matters. It also links in with the Council's key priorities of 'Delivering high quality services' and having 'Strong finances and governance'.

LEGAL REQUIREMENTS (including legislation & constitutional powers)

The Council has a statutory responsibility to maintain adequate and effective internal audit.

The Accounts and Audit Regulations 2015 make it a statutory requirement that the Council must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal audit standards and guidance.

FINANCE AND OTHER RESOURCE IMPLICATIONS	
<p>Finance and other resources</p> <p>The Internal Audit function is operating within the budget set. Recruitment and retention remains to be the biggest risk of not being able to deliver the Internal Audit Plan. This is continuously monitored and the Audit Committee are updated with any issues accordingly.</p>	
USE OF RESOURCES AND VALUE FOR MONEY	
<p><i>External Audit expect the following matters to be demonstrated in the Council's decision making:</i></p> <p>A) <i>Financial sustainability: how the body plans and manages its resources to ensure it can continue to deliver its services;</i></p> <p>B) <i>Governance: how the body ensures that it makes informed decisions and properly manages its risks, including; and</i></p> <p>C) <i>Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services.</i></p> <p><i>As such, set out in this section the relevant facts for the proposal set out in this report.</i></p> <p>The following are submitted in respect of the indicated use of resources and value for money indicators:</p>	
A) Financial sustainability: how the body plans and manages its resources to ensure it can continue to deliver its services;	Budgets are reported to the Audit Committee annually to review. The Internal Audit Manager regularly monitors those budgets throughout the year to ensure that they remain adequate and do not overspend.
B) Governance: how the body ensures that it makes informed decisions and properly manages its risks, including; and	The Internal Audit Charter sets out the roles and responsibilities of both the Audit Committee and the Internal Audit function. The powers of the Audit Committee and the role of Internal Audit is also set out within the Councils Constitution.
C) Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services.	Internal Audit continues to monitor new working practices in order to streamline processes and improve performance and potentially reduce costs. Internal Audits undertaken may support services in doing the same and potential reduce overall costs to the Council.
MILESTONES AND DELIVERY	

Review of recommendations and decision to be made on 26th June 2025 by the Audit Committee

ASSOCIATED RISKS AND MITIGATION

Review of the functions of the Council by Internal Audit assists in identifying exposure to risk, and its mitigation.

As this report is a periodic update report, there is no exposure to strategic risks within the Councils Risk Management Framework. There is however an operational risk of being unable to complete and deliver the internal audit plan and be unable to provide the Head of Internal Audit Annual Opinion.

OUTCOME OF CONSULTATION AND ENGAGEMENT

Internal Audit activity assists the Council in maintaining a control environment that mitigates the opportunity for crime.

During the course of internal audit work issues regarding equality and diversity, and health inequalities may be identified and included in internal audit reports.

There is no specific effect on any particular ward.

EQUALITIES

There are no equality impacts directly associated with this progress report. However they will need to be considered as part of any improvement / remedial actions undertaken by the relevant Service where necessary.

SOCIAL VALUE CONSIDERATIONS

There are no direct implications associated with this report but will be considered as part of the delivery of the audit plan as necessary.

IMPLICATIONS RELATED TO DEVOLUTION AND/OR LOCAL GOVERNMENT REORGANISATION

There are no direct implications associated with this report but will be considered as part of the delivery of the audit plan as necessary.

IMPLICATIONS FOR THE COUNCIL'S AIM TO BE NET ZERO BY 2030

There are no direct implications associated with this report but will be considered as part of the delivery of the audit plan as necessary.

OTHER RELEVANT IMPLICATIONS	
<p><i>Set out what consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are then set out below.</i></p> <p>Consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are set out below.</p>	
Crime and Disorder	N/A
Health Inequalities	N/A
Area or Ward affected	N/A
ANY OTHER RELEVANT INFORMATION	
N/A	

PART 3 – SUPPORTING INFORMATION

BACKGROUND
<p>The Accounts and Audit Regulations 2015 (England) state that “A relevant authority must 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”.</p> <p>In respect of the Internal Audit Plan the Global Internal Audit Standards require the Chief Audit Executive (Head of Internal Audit) to: -</p> <ul style="list-style-type: none"> • Establish a risk based Internal Audit Plan, at least annually, to determine the priorities of the Internal Audit function, consistent with the Council's goals. • Has in place a mechanism to review and adjust the plan, as necessary, in response to changes to the Council's business, risks, operations, programmes, systems and controls. • Produces a plan that takes into account the need to produce an annual Internal Audit opinion. • Considers the input of senior management and the Audit Committee in producing the plan. • Assesses the Internal Audit resource requirements. <p><i>The term chief audit executive is used to ensure consistency with the GIAS, although the term is rarely used in local government. Each authority should be clear which individual fulfils these responsibilities, regardless of actual job title. In practice the chief audit executive may delegate appropriate responsibilities to other qualified professionals in the internal audit function but retains ultimate accountability.</i></p>

PREVIOUS RELEVANT DECISIONS TAKEN BY COUNCIL/CABINET/COMMITTEE ETC.
N/A

INTERNAL AUDIT PROGRESS 2024/25

All but one audit within the 2024/25 Internal Audit Plan have been completed. At time of writing, fieldwork has been completed on Housing Repairs and Maintenance, however due to time constraints and other priorities exit meetings and final reports are still to be progressed.

A total number of seven audits were completed during April 2025 to June 2025. All received a satisfactory level of assurance with no significant issues to be reported. Audits completed in this period were;

- Payroll
- Accounts Receivable
- Health and Safety
- Procurement
- Social Housing Regulation Bill – Implementation Plan
- Resource Allocation
- Housing Allocations

Some historical issues relating to Housing Allocations regarding data retention and transition of documentation between legacy and newer systems is currently being reviewed however this does not relate to current procedures and control environments.

Internal Audit continues to provide advice on internal control, risk management and governance arrangements on a consultative basis.

The Internal Audit Manager continues to oversee the Fraud and Compliance service as well as the Internal Audit team. GDPR is also now part of the Internal Audit Managers responsibilities.

Quality Assurance – The Internal Audit function issues satisfaction surveys for each audit completed. No unsatisfactory responses were received in this period.

Resourcing

Internal Audit currently has an establishment of 4 fte posts with access to a third party provider of Internal Audit Services for specialist audit days as and when required. We currently have an Audit Technician post vacant.

We have an apprentice covering all of the audit teams administrative responsibilities. He has been with us since November 2024 and working well within the team.

Outcomes of Internal Audit Work

The standards require the Internal Audit manager to report to the Audit Committee on significant risk exposures and control issues. Since the last report four audits have been completed and the final report issued. The Public Sector Internal Audit Standards require the reporting of significant risk exposures and control issues.

Assurance	Colour	Number this Period	Total for 2024/25 Plan	
Substantial		0	4	

Adequate		6	16	
Improvement Required		0	1	
Significant Improvement Required		0	0	
No Opinion Required		0	4	Four consultative engagements in 2024/25

For the purpose of the colour coding approach, both the substantial and adequate opinions are shown in green as both are within acceptable tolerances.

Issues arising from audits completed in the period under review receiving an 'Improvement Required' opinion and requiring reporting to Committee are: -

- No significant issues were identified during this period.

Management Response to Internal Audit Findings – There are processes in place to track the action taken regarding findings raised in Internal Audit reports and to seek assurance that appropriate corrective action has been taken. Where appropriate follow up audits have been arranged to revisit significant issues identified after an appropriate time.

The number of high severity issues outstanding was as follows: -

Status	Number	Comments
Overdue more than 3 months	2	Long term actions reported to the Audit Committee periodically (Appendix B)
Overdue less than 3 months	0	
Not yet due	0	

Update on previous significant issues reported

All previous significant issues are now provided within Appendix B of this report.

ANNUAL AUDIT REPORT OF INTERNAL AUDIT MANAGER

Introduction

The Council is required by the Accounts and Audit Regulations 2015 to undertake an effective Internal Audit to evaluate the effectiveness of its risk management, internal control and governance processes, taking into account the Global Internal Audit Standards (GIAS).

CIPFA has developed the Code of Practice for the Governance of Internal Audit in UK Local Government (the Code) to support authorities in establishing their internal audit arrangements and providing oversight and support for internal audit.

The Code is designed to work alongside new Global Internal Audit Standards (GIAS) and replaces the organisational responsibilities set out in the Statement on the role of the head of internal audit (CIPFA, 2019). It is aimed at those responsible for ensuring effective governance arrangements for internal audit:

- The body or individual charged with governance – this includes the police and crime commissioner and chief constable (corporations sole) in policing or full body of the authority.
- The audit committee, the primary committee that may hold some delegated responsibilities towards internal audit.
- Senior management of the authority, including the statutory officers, head of paid service, monitoring officer and section 151/section 95 officer that hold responsibilities for governance.

It applies to all authorities applying Global Internal Audit Standards in the UK Public Sector and that are within the scope of the statutory regulations on internal audit.

The GIAS state that a professional, independent and objective internal audit service is one of the key elements of good governance, as recognised throughout the UK public sector. The role of the Head of Internal Audit (Internal Audit Manager), in accordance with the GIAS, is to provide an opinion based upon, and limited to, the work performed on the overall adequacy and effectiveness of the organisation's governance, risk management, and control processes.

All guidance from the Chartered Institute of Public Finance and Accountancy is also considered in line with the Accounts and Audit Regulations and the GIAS when delivering a Head of Internal Audit annual opinion.

As set out in the Global Internal Audit Standards (GIAS) there is a requirement that the Chief Audit Executive must provide an annual report to the Audit Committee, timed to support the Annual Governance Statement. This must include:

- An annual internal audit opinion on the overall adequacy and effectiveness of the organisation's governance, risk and control framework (i.e. the control environment);
- A summary of the audit work from which the opinion is derived (including reliance placed on work by other assurance bodies); and
- A statement on conformance with the GIAS and the results of the internal audit Quality Assurance and Improvement Programme.

The Council is responsible for ensuring its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Council must ensure that there is a sound system of internal control which facilitates the effective exercise of the Council's functions, and which includes arrangements for the management of risk. The system of internal control is designed to manage risk to a reasonable level rather than to eliminate risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

To ensure a robust framework for managing risk and accountability, the Council employs a 'Three Lines of Defence' assurance model, structured as follows:

Senior Management and Departmental Leadership: The first line of defence lies with operational management, which holds direct responsibility for identifying, assessing, and mitigating risks within their areas of control.

Internal Governance: Acting as the second line of defence, internal governance includes oversight activities from various control departments such as Statutory Officers, Corporate Oversight Functions, IT Security, Data Protection, and Quality Control. This layer supports operational management by implementing effective risk practices and ensuring reliable risk-related communication flows across the organisation.

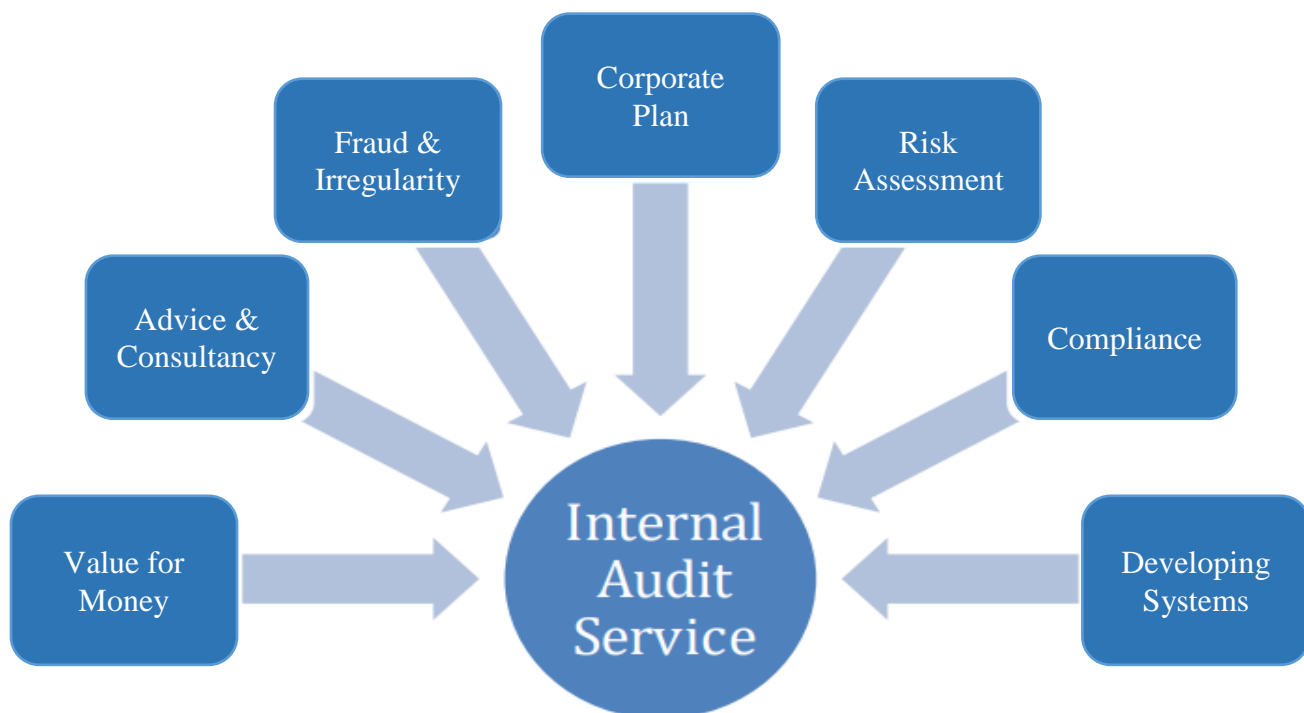
Internal Audit: As the third line of defence, the internal audit function, mandated under the Accounts and Audit Regulations 2015, provides an independent evaluation of the Council's risk management, governance, and control processes. This ensures compliance with established public sector auditing standards and guidance.

Internal Audit Approach

The Internal Audit function undertakes a programme of audits each year to provide the Council and its Audit Committee with assurance on the adequacy of its system of internal control, governance and risk management arrangements. The audit programme was developed using a risk based approach that incorporates a number of independent reviews of the Council's activities to be able to give an overall opinion on the areas mentioned above.

The internal audit team maintain an agile approach to auditing, seeking to maximise efficiencies and effectiveness in balancing time and resource commitments with the necessity to provide comprehensive, compliant and value adding assurance.

Aspects considered when developing an audit plan and delivering an effective internal audit service can be broken down into the graphic below;



As well as incorporating all of the above areas into the Internal Audit service, we endeavour to ensure that the service is agile and includes the following aspects into our planning and implementation processes;

- Flexibility – Utilising different options to build engagement that allow varied deliverables
- Value creation – Enhancing or improving deliverables while considering culture, organisation maturity and stakeholder needs
- Innovation – Considering new and different ways of delivering audit efficiency, risk coverage and overall value
- Systematic approach – Considering options and making decisions in an orderly way

The Internal Audit Manager has also taken on responsibilities for Fraud, Compliance and GDPR over the past two years. The work undertaken in these areas has also contributed to the annual assurance opinion as issues identified in these areas will inevitably result in internal control and procedural reviews from Senior Management and Internal Audit. However future Internal Audit reviews will likely need to be undertaken external to maintain the independence of the Internal Audit Manager.

Communication between Internal Audit, Leadership and the Audit Committee has been effective and remain consistent which provides reasonable assurance around the effectiveness and transparency of reporting arrangements.

Internal Audit has continued to work with services on a consultancy basis to support the implementation of new processes, identify and analyse root cause if necessary and ensure that all relevant employees have the appropriate training to competently carry out their role.

This includes advising service areas transformation projects, procurement, ad-hoc investigations and any further advice on procedural changes.

Independent investigatory work has also been undertaken throughout the year as and when required to support Senior Management when internal control issues arise within service areas.

The Spendells Project is a notable project worth mentioning which had a number of control and procedural issues which were reported to the Audit Committee and Cabinet. While it is important to include the outcomes from this project in the overall assurance opinion, it is also important to note the authorities response to the issues that arose. The Chief Executive and Senior Leadership reacted swiftly to investigate the issues and immediately set out to implement changes, be open and transparent and ensure sufficient budgets are allocated to ensure adequate resource and expertise is available for future capital projects. It was important that lessons were learnt from major capital projects and actions taken to mitigate risk before embarking on LUF and CRP projects in the future.

In 2024/25, only one audit from a total of 26 reviews undertaken received an overall audit opinion of **“Improvement Required”** where high severity issues were identified. The audit was Disabled Adaptations. The main issue within this audit specifically related to contract management which has previously been reported to the Audit Committee. Procurement rules are in place to ensure effective internal control is in place and value for money can be evident to our residents. It is therefore necessary to ensure that a robust framework is in place when commissioning building work on behalf of the Council.

Improvement actions have been recommended for the mentioned audit areas which are followed up by the Internal Audit function to assess the progress of implementation. All significant issues are reported to the Audit Committee with required improvement actions throughout the year to provide a continuous update on the councils control environment, governance arrangements and material issues identified.

Annual Opinion 2024/25

The Head of Internal Audit annual assurance opinion is based on the following:

- Internal Audit work completed during the course of the year;
- observations from consultancy/ advisory support;
- results of any follow up exercises undertaken in respect of previous years' internal audit work;
- a review of assurance from other providers including those from first and second lines of defence, independent regulators and peer reviews;
- the extent of resources available to deliver the internal audit work; and
- the quality and performance of the Internal Audit service and the extent of compliance with the Global Internal Audit Standards.

Limitations to the Annual Opinion

There are no limitations to report on the ability to deliver the Internal Audit Plan and provide an annual opinion on the effectiveness of governance, risk management and internal control. There were changes to the audit plan throughout the year due to emerging risks and changes

to service provision. Any changes to the audit plan were in consultation with the Audit Committee and Management Team to fit with the resources available at the time.

Compliance with Global Internal Audit Standards

The Internal Audit function are currently non-compliant with the Global Internal Audit Standards. As previously discussed with the Audit Committee, we were waiting for CIPFA guidance on the GIAS which came into effect from April 2025. Our approach is to undertake a Quality Assurance Improvement Programme (QAIP) self-assessment which will be reported to the Audit Committee in September 2025 with a view to then commission an External Quality Assessment in 2026.

The Head of Internal Audit Annual Opinion

The majority of audits in the 2024/25 Internal Audit plan received a satisfactory level of assurance. There was a total of 25 moderate issues and one major issue identified throughout the year.

The key themes identified from the issues identified throughout the year can be broken down into the following categories;

- Policy Maintenance
- Strategic Planning
- Case Management and Complaint Recording
- Contract Management and Adaptation Works
- Operational Oversight and Managerial Controls

The Council has committed to a number major projects in the realm of £60m in total which could result in financial difficulties and significant reputational damage if not managed in a structured and effective way. The Council has funded a Project Delivery Unit to support and implement the projects and Internal Audit has attended a number of regeneration board meetings to keep up to date with progress and track key performance indicators.

Local Government Re-organisation (LGR) is also approaching in the near future and is already taking up considerable time of our Senior Leadership Team in preparation for future changes. It will therefore be very important in future years for Internal Audit to review core services during this transition as well as review work being undertaken during any future transformational / change process as there is a significant risk of Council staff being overstretched which could impact on service delivery. Therefore Internal Audit needs to be as supportive as possible during this time to help senior leadership provide the best possible outcome for Tendring residents.

Governance arrangements and internal controls have been evaluated in all audits within the plan, albeit with varying levels of scope. Senior Management continue to review strategic risks on a regular basis within Management Team and the Corporate Risk Register is reviewed bi-annually with any feedback reported to Management Team for consideration.

The Internal Audit Manager has considered assurances obtained through:

- All of the information reported above
- Internal Audit outcomes
- Annual Risk Management Review

- The Council's assurance framework
- Management assurance through the Annual Governance Statement process
- External inspections
- Ongoing engagement with the business
- Monitoring and reporting the implementation of agreed management actions

All major actions due have been reported to the Audit Committee and all moderate actions are managed through the audit follow-up process with the service area.

The Internal Audit Manager is satisfied that sufficient work was completed in 2024/25 to draw a reasonable conclusion on the adequacy and effectiveness of the Council's activities. The internal control environment continues to remain stable with some significant changes in specific service areas which have been reported to the Audit Committee throughout the year as part of the periodic reporting arrangements. An open dialogue with Senior Management on risk remains in place and a generally sound system of internal control has been assessed across the majority of the Council's operational areas.

After considering all of the above, an overall unqualified opinion of '**Adequate Assurance**' can be provided for the 2024/25 financial year.

In noting this opinion, it should be acknowledged that Internal Audit has not reviewed all risks and assurances and cannot provide absolute assurance on the internal control environment.

The above report will also be included within the Council's Annual Governance Statement (AGS) as part of its statutory responsibilities.

INTERNAL AUDIT PROGRESS 2025/26

We are yet to finalise an audit within the 2025/26 Internal Audit Plan. A total of 6 audits are in fieldwork phase.

The Internal Audit Team have been monitoring outstanding actions and working hard to ensure that services work with us to confirm that agreed actions are completed in a timely manner.

Work has begun in areas such as Housing Strategy and Homelessness, Princes Theatre, Environmental Health, IT Helpdesk, Facilities Management and Corporate Complaints.

Appendix B – 2024/25 Internal Audit Plan progress report; provides an update on the status of each audit to date.

There are no significant issues or particular areas of concern to report at this time.

Fraud activities compared to the Council Anti-Fraud and Corruption Strategy

The Audit Committee requested an update on Fraud work undertaken compared to the approved Anti-Fraud and Corruption Strategy. The strategy states that;

Tendring District Council is committed to :-

- take all necessary action to prevent fraud and corruption;

- make facilities available to aid detection of fraud and corruption;
- ensure prompt investigation and action.
- acting professionally, fairly and with integrity to identify matters of fraud, bribery, and corruption.
- to limit the council's exposure to fraud and corruption and minimise financial loss to the council and potential adverse effect on its reputation.

It was agreed in March 2025 that a bi-annual update would be provided to the Audit Committee on fraud and compliance work carried out by the team. As this is the first update to the committee, a breakdown of all work undertaken during the 2024/25 financial year will be provided. The breakdown of activities below is evidence of our commitment made to prevent fraud and corruption.

Tenancy Audit – The fraud and compliance team have been undertaking a tenancy review on Council housing stock. Using data analytics and identifying anomalies in systems, following up on allegations and liaising with the revenues and benefits department has resulted in 10 Council properties being brought back into Council Stock due to sub-letting and abandonment.

Right to Buy – There was a large influx of right to buy applications just before the governments change in rules as to how much discount a tenant is entitled to when making a right to buy application. The fraud and compliance function vets all applications to ensure that they are legitimate and meet the criteria. Over 40 applications were made and three were declined in this period.

National Fraud Initiative (NFI) – The NFI data matching exercise carried out by the government provides important data which we include in our inspection regime. This contributes to the identification of fraud and error in Council Tax and NNDR revenue and in some cases helps identify sub-letting and abandonment in our properties.

Fraud Awareness Training - with new and existing staff and Councillors. To promote that all officers and members may see indicators of fraud in their day to day lives and how to report it.

In addition to fraud work, the following activities are also undertaken relating to compliance work on behalf of the Council;

New build and property inspections - both domestic and commercial. Work is undertaken to ensure that the correct Council Tax and Business Rates are being paid for all domestic and commercial properties in the area. The work in this area has helped increase the tax base by more than £300k. This work has also identified individuals committing benefit fraud which would then be reported to the Department for Work and Pensions (DWP).

Collaborative work – we have been working with Private Sector Housing, Environmental Health, Planning Enforcement jointly on complex cases which has helped identify fraud, Houses of Multiple Occupation (HMO's), Food hygiene issues and breaches in planning legislation. The work here is ongoing to ensure that the Council works together and continues to collaborate on enforcement issues.

Development of data analytics software – we are currently working with our IT department to develop a solution which will be able to compare all data in which the Council is the data controller which will compare information from a number of sources internally and externally and identify anomalies which can then be used to include within the teams inspection regimes. This will be additional to NFI data checks.

Training of Tenancy Engagement Officers and Contact Centre Staff – Other departments have requested on the job training from our Fraud and Compliance Officers when undertaking inspections on behalf of the Council. They understand that some of our visits can sometimes be very difficult because of the nature of the visit and therefore felt it would be a good training exercise. They can be a first point of contact before an inspection comes to Fraud and Compliance so felt it would be excellent training for when they carry out their duties.

APPENDICES

Appendix A – Internal Audit Progress Report 2024/25

Appendix B – Action Tracking Report

REPORT CONTACT OFFICER(S)

Name	Craig Clawson
Job Title	Internal Audit Manager
Email/Telephone	cclawson@tendringdc.gov.uk 01255 686531

Tendring District Council Internal Audit			
2024/25 Internal Audit Plan Progress Report			
Audit Title	Status June 2025	Audit Scope Summary	Audit Opinion
Key Systems / Key Financial Risk Areas			
Procurement	Complete	To review the Councils compliance with procurement rules for works or services of value which require a tender exercise	Adequate Assurance
Housing Benefits	Fieldwork	To ensure that the control framework in place when processing housing benefit claims is strong and all legislative and regulatory requirements are met by the service	Substantial Assurance
National Non Domestic Rates	Complete	To ensure that the control framework in place when processing business rate applications is strong and all legislative and regulatory requirements are met by the service	Substantial Assurance
Main Accounting System Budgetary Control	Allocated	To review processes and procedures relating to the management of the Councils financial accounting system and ensure that all legislative and regulatory requirements are met. This includes budgetary control across all departments within the Council	Adequate Assurance
Corporate Governance	Fieldwork	To ensure that the Council have a strong Corporate Governance framework in place. The CIPFA Code of Corporate Governance is used as a guide and comparison. The Best Value Standards and Intervention Statutory Guide will also be considered in this review.	Substantial Assurance
Council Tax	Complete	To ensure that the control framework in place when processing Council Tax applications is strong and all legislative and regulatory requirements are met by the service. The new Citizens Access system to be included.	Adequate Assurance

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Payroll	Complete	To review all procedures and internal controls relating to payroll and the processing of employees and members pay. New HR / Payroll system I-Trent to be considered in this review.	Adequate Assurance
Treasury Management	Complete	A full review of the internal controls and procedures relating to investing Council monies as well as short and long term borrowing	Substantial Assurance
Accounts Receivable	Complete	To review the internal controls and processes relating to the Councils Accounts Receivable system and provide assurance that all processes are managed appropriately.	Adequate Assurance
Accounts Payable	Complete	To review the internal controls and processes relating to the Councils Accounts Payable system and provide assurance that all processes are managed appropriately.	Adequate Assurance
Financial Resilience – Use of Resources	Complete	To assess the resilience of the Councils agreed budget and ensure resources are being used as efficiently as possible in order to mitigate and plan for the agreed budget pressures	Adequate Assurance
Health and Safety	Complete	To review the Council's Health and Safety processes and ensure that all departments are adequately monitored and advised in all H & S matters in line with the Council's legislative and regulatory requirements.	Adequate Assurance

Other Services / Systems			
Disabled Adaptations	Complete	Assessment of the management of Disabled Facilities Grants and review of all related internal controls.	Improvement Required
Social Housing Regulation Bill – Implementation Plan	Fieldwork	To support the service in implementing any new requirements from the bill and to help reinforce any processes that should already be in place.	Adequate Assurance
Housing Repairs and Maintenance	Fieldwork	To assess the internal control environment for the reactive maintenance for the in house team and the external contractors undertaking works	To be reported in 2025/26 progress report
Public Conveniences	Complete	To assess the internal control environment for the maintenance of public conveniences across the district.	Adequate Assurance

Levelling Up Fund	Allocated	To provide support and advice during all projects / initiatives related to the Levelling Up Fund.	Consultative
Crematorium / Burials	Complete	Review the processes and procedures within the Crematorium / Burials service and identify the risks and issues which would prevent the service from meeting its overarching responsibilities and targets.	Adequate Assurance
Resource Management	Complete	To liaise with Human Resources and each department to determine the risks which would present capacity and resource management issues and identify how such issues are mitigated.	Consultative
Parking Services	Complete	A review of all parking income and the controls and processes relating to the collection, monitoring and banking of income.	Adequate Assurance
Housing Allocations – Follow Up	Complete	Follow Up on recommendations made from the previous audit and reassess key areas of the business.	Adequate Assurance
Private Sector Housing	Complete	To review the internal control environment and managed processes relating to private sector housing.	Adequate Assurance
Freeport East	Allocated	Days allocated to support the Council in meeting the objectives related to Freeport East. The Heads of Internal Audit for all areas across the country where a Freeport has been agreed are due to meet later in the year	Consultative
Environmental Health	Complete	Environmental Health is a statutory function of local authorities and covers a wide and varied area of activity including food safety, pollution, animal welfare and licencing of certain trades to name a few. The review will assess the processes within some of the areas highlighted above.	Adequate Assurance
IT Audit			
Identity and Access Management	Complete	To assess the access control environment across the Councils network and major systems used by different departments.	Adequate Assurance

IT Governance	Complete	PSIAS expectation that this will be covered each year	Adequate Assurance

Status Key

Unallocated	Audit in Audit Plan, but no work undertaken yet
Allocated	Audit is being scoped / has been scoped and awaiting commencement
Fieldwork	Audit in progress
Draft Report	Audit fieldwork complete, but Final Report not yet issued
Complete	Final Report issued and audit results reported to Audit Committee
Deferred	Audit was in Audit Plan, but will now be undertaken in a later year. Deferred audits agreed by Audit Committee
Delayed	Valid request from function being audited for audit to be undertaken later than proposed

Audit Title	Finding	Finding Issue / Risk Identified	Agreed Action Description	Finding	Due Date	Service Response	Internal Audit Status
Recycling and Waste	Garden Waste Income	<p>The Garden Waste service has significantly grown since the introduction of the function.</p> <p>In order to effectively manage and monitor the service, several operational controls should be place.</p> <p>Currently, there is no master list to confirm total number of garden waste customers. This has lead to a lack of reconciliations, which essentially, prevents the team from checking income against customer figures.</p> <p>In line with the above, invoices are unclear which has made it challenging to establish charges for individual bin collections. Therefore, the team are uncertain whether the Council are being correctly charged, per bin.</p>	<p>Garden waste data to be transferred to Firmsteps, in order to verify total number of customers.</p> <p>Transparency of garden waste invoices also to be sought, to enable confirmation of charges.</p> <p>Once complete, full monthly reconciliations to be carried out and checks by management to be evidenced.</p>	Major	30/09/2023	<p>Analysis has been undertaken to determine the level of income that needs to be recovered due to garden waste being collected from properties that have not renewed or paid their subscriptions.</p> <p>Veolia has been tasked to stop collecting from 85 properties.</p> <p>First batch of letters gone out. Has had a 31% response. Second batch were sent in April.</p>	<p>Currently in third phase of collection period</p> <p>Continue to monitor and await final outstanding balance before final decisions made.</p>
Disabled Facilities Grant	03 - No contract in place for Council Disabled Adaptations	<p>Disabled adaptation works relating to council tenants are managed by an in house team. The work itself is outsourced to third party contractors.</p> <p>The majority of contractors used to carry out disabled adaptation works are general builders, plumbers and electricians. While it is acknowledged there are some specialists, due to the nature of some adaptations, these are in a firm minority.</p> <p>At current, there are no contracts in place and each adaptation requires the quotation process to be initiated and treated as individual jobs, unlike the building maintenance contracts.</p> <p>In some cases, these works can exceed tender limits when aggregated both overall and to individual companies. As one example, over the last two years, the Council have paid one external company just over £150,000 (£100k last year & £50k so far for this one) to undertake disabled adaptation works, none of which are obviously specialist.</p> <p>Due to the cost of work carried out, it is a concern that no contracts have been established, especially those which are not specialists. Lack of contracts also risk lack of scrutiny of the companies, including financial resilience (to ensure longevity and ability to retro-fix any faults as well as displaying stability) and insurance.</p>	<p>As a short term solution to the issue, the existing Housing Responsive Repairs will be extended to include council adaptations. This will be completed by the end of May 2025.</p> <p>In the long term, a full tender process for the Housing Responsive Repairs contract to be carried out in May 2026, which will include the works of disabled council adaptations as part of that.</p> <p>For specialist work, frameworks to be explored with a view of using them.</p> <p>Contract to be submitted to Audit.</p>	Major	01/05/2025	<p>In light of LGR other partnership options are being explored.</p> <p>For other smaller works the team is currently assembling a basket schedule of items for a short term competitive quotation exercidse to give reassurance around value for money as well as being a key information for the wider contract renewal/procurement which remains scheduled for a 2026 start date.</p> <p>Meanwhile all major projects such as extensions and remodelling are carried out as individual (bespoke) projects fully in line with tender requirements.</p>	<p>It is understood that it is prudent to determine which partnership arrangements are in place in light of LGR however short term interim arrangements need to be in place to comply with procurement and value for money obligations in the short term.</p> <p>Internal Audit will follow up on this area in future to ensure new processes are working effectively.</p>

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AUDIT COMMITTEE

26 JUNE 2025

REPORT OF CORPORATE DIRECTOR FINANCE & IT

A.2 AUDIT COMMITTEE – TABLE OF OUTSTANDING ISSUES

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

To present to the Committee the progress on outstanding actions identified by the Committee along with general updates on other issues that fall within the responsibilities of the Committee.

EXECUTIVE SUMMARY

- A Table of Outstanding Issues is maintained and reported to each meeting of the Committee. This approach enables the Committee to effectively monitor progress on issues and items that form part of its governance responsibilities.
- Updates are set out against general items within **Appendix A, B and C**.
- To date there are no significant issues arising from the above, with work remaining in progress or updates provided elsewhere on the agenda where appropriate. In respect of **Appendix A**, following their completion as reported to the last meeting of the Committee, a number of items have now been removed.
- **Appendix D** sets out a draft Independent Person specification in response to previous discussion and resolutions of the Committee.
- **Appendix E** – sets out the outcome and current status of actions identified following a recent Health & Safety Executive inspection.

RECOMMENDATION(S)

It is recommended that the Committee:

- a) Notes the progress against the actions set out in Appendices A, B and C;
- b) notes the outcome from the Health and Safety Executive Inspection set out in Appendix E and the progress against the associated actions; and
- c) that in respect of the appointment of an Independent Person:
 - i) Reconfirms its support to recruit an Independent Person((s) to a maximum of two), for a term of office until 31 March 2028, to align with the current proposals of Local Government Reorganisation, subject to Full Council approval on appointment;
 - ii) agrees the Independent Person Specification, set out in Appendix D, for the role of the Independent Person; and

- iii) approves a delegation to the Audit Committee Chairman to agree and undertake the associated recruitment process.

REASON(S) FOR THE RECOMMENDATION(S)

To provide a timely update to the Committee along with reassurances that actions previously identified are being addressed accordingly.

ALTERNATIVE OPTIONS CONSIDERED

There are no alternative options associated with this report.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES

The existence of sound governance, internal control and financial management practices and procedures are essential to the delivery of Corporate priorities supported by effective management and forward planning within this overall framework.

LEGAL REQUIREMENTS (including legislation & constitutional powers)

The recommendation to appoint an Independent Person(s) to the Audit Committee initially stemmed from the Redmond Review. This has not materialised into legislation, as is the case with other Independent Persons appointed by the Council (e.g. Independent Persons for the Standards Committee and Independent Remuneration Panel), however CIPFA guidance recommends this practice to be implemented by Audit Committees.

In terms of the appointment of other independent persons within the Council, Section 28(6) and (7) of the Localism Act 2011 requires each local authority to appoint an Independent Person to work with the Council's Monitoring Officer within the Standards Framework and support the Standards Committee and Sub-Committee. Tendring District Council has an adopted Independent Person Protocol which forms part of the Council's Constitution at Part 6.39 to 6.41. Part 2, Article 4, 4.02 Functions of the Full Council also states that out the appointment of Independent Persons on the recommendation of the Monitoring Officer as to who should be appointed

In accordance with the Council's Constitution, the advertisement of vacancies of Independent Person(s), the review of applications received, the interview of suitable candidates and the making of recommendations to Council as to who should be appointed, are delegated to the Chief Executive or Monitoring Officer. As the independent person appointed to the Standards Committee has strong engagement with Councillors, it was considered appropriate that representatives from the Standards Committee were involved in the recruitment process.

Although the above relates to the appointment of an Independent Person(s) under the Council's Standards Framework, it is considered best practice to broadly apply this to the role of the Independent Person for appointment to the Audit Committee.

In terms of the allowance payable, in accordance with The Local Authorities (Members' Allowances)(England) Regulations 2003, Local Authorities must have regard to an Independent Remuneration Panel's recommendations when deciding on the remuneration for

such members. The necessary activities will therefore be undertaken to inform the amount payable that can be included within the proposed recommendation to Full Council that forms part of the appointment process.

FINANCE AND OTHER RESOURCE IMPLICATIONS

Finance and other resources

There are no significant financial implications associated with monitoring of the agreed actions or responses. If additional resources are required then appropriate steps will be taken including any necessary reporting requirements.

In terms of the allowance payable and its funding, this will be revisited within the report to Full Council that forms part of the appointment process.

USE OF RESOURCES AND VALUE FOR MONEY

The following are submitted in respect of the indicated use of resources and value for money indicators:

A) Financial sustainability: how the body plans and manages its resources to ensure it can continue to deliver its services;	Not directly applicable
B) Governance: how the body ensures that it makes informed decisions and properly manages its risks, including; and	Not directly applicable
C) Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services.	Not directly applicable

MILESTONES AND DELIVERY

The Table of Outstanding Issues is presented to the Audit Committee at each of its regular meetings.

ASSOCIATED RISKS AND MITIGATION

The Table of Outstanding Issues is in itself a response to potential risk exposure with further activity highlighted to address matters raised by the Audit Committee.

The report does not have a direct impact although such issues could feature in future recommendations and actions. Any actions that may have an impact will be considered and appropriate steps taken to address any issues that may arise.

OUTCOME OF CONSULTATION AND ENGAGEMENT

There is no requirement to seek consultation on this report. This is a public document to be presented to the Audit Committee.

EQUALITIES

The Table of Outstanding Issues aims to deliver fairness, transparency and consistency to all customers and stakeholders.

SOCIAL VALUE CONSIDERATIONS

The Table of Outstanding Issues is in itself a response to potential risk exposure, including considerations towards social value, with further activity highlighted to address matters raised

by the Audit Committee.	
IMPLICATIONS RELATED TO DEVOLUTION AND/OR LOCAL GOVERNMENT REORGANISATION	
There are no direct implications associated within this report with regard to Appendices A, B and C . In respect of Appendix D it is recommended that the appointment of the Independent Person is until 31 March 2028 in alignment with the current proposals relating to Local Government Reorganisation.	
IMPLICATIONS FOR THE COUNCIL'S AIM TO BE NET ZERO BY 2050	
There are no direct implications associated within this report.	
OTHER RELEVANT IMPLICATIONS	
Consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are set out below:	
Crime and Disorder	Not applicable
Health Inequalities	Not applicable
Subsidy Control (the requirements of the Subsidy Control Act 2022 and the related Statutory Guidance)	Not applicable
Area or Ward affected	All Wards could be affected
ANY OTHER RELEVANT INFORMATION	
None	

PART 3 – SUPPORTING INFORMATION

BACKGROUND
<p>TABLE OF OUTSTANDING ISSUES</p> <p>The Table of Outstanding Issues has been reviewed and updated since it was last considered by the Committee in March 2025.</p> <p>There are three main ongoing elements to this report as follows:</p> <ol style="list-style-type: none"> 1) Updates against general items raised by the Committee – Appendix A 2) Updates against the 2023/24 Annual Governance Statement Action Plan – Appendix B 3) Updates against recommendations made by the External Auditor – Appendix C <p>In terms of item 1) above, there are no significant issues to raise, with actions remaining in progress or further details set out below.</p> <p>In terms of item 2) above, the Annual Governance Statement for 2025 remains subject to being finalised alongside the Statement of Accounts 2024/25 for publishing by the end of</p>

June 2025. The associated action plan that will be set out within the above statement will include the ongoing/outstanding items set out within **Appendix B**. However, given the timing of this meeting of the Audit Committee and the publication date highlighted above, **Appendix B** only gives updates against the existing Annual Governance Statement at the present time, with further details planned to be presented to the September 2025 meeting of the Committee that will reflect the revised actions and activities emerging from the 2025 review.

Appointment of Independent Person(s) to the Audit Committee

A draft person specification is set out in **Appendix D**. At its July 2024 meeting of the Committee, it was agreed that the Committee endorsed the appointment of up to two Independent Persons. At its March 2025 meeting of the Committee, a draft specification was presented and subsequently Committee Member and Officer workshops have taken place in order to develop the specification. Once this final version is agreed and subject to the recommendations above, the actions associated with recruiting to this post can be undertaken as necessary, which will include the need to undertake the necessary publicising and advertising of the opportunity and the formal application and recruitment process. Following the recruitment process, a recommendation will need to be made to Full Council to confirm the appointment to the role. Once an appointment is made the necessary induction programme can then be undertaken.

Local Audit Reform

The Government recently announced a series of reforms to address issues within the local audit system with some key highlights as follows:

- **Simplification and Streamlining:** The reforms aim to simplify financial reporting requirements and streamline the audit process to make it more efficient
- **Increased Capacity:** Efforts will be made to increase the capacity of the audit sector, reducing reliance on a small number of auditors
- **Funding Support:** Up to £49 million in funding will be provided to help local authorities clear audit backlogs and cover additional costs
- **New Local Audit Office:** A new Local Audit Office will be established to coordinate functions currently spread across multiple organizations, such as the National Audit Office and the Financial Reporting Council
- **Transparency and Accountability:** The reforms are designed to restore public trust in how councils manage and report their finances, ensuring better value for taxpayers

These changes are part of a broader "Plan for Change" to bring long-term stability to the local audit system. The practical implications remain under review with further updates planned to be presented to the Committee later in the year.

Outcome from External Inspections

Health and Safety Executive

The Health and Safety Executive (HSE), advised the Council of their intentions to undertake a site visit to review asbestos management under the Health and Safety at Work Act 1974 (control of Asbestos Regulations 2012). The inspection took place on 12 February 2025 with staff from Leisure, Princes Theatre, Facilities Management, Health and Safety and the Union

all engaged in this review across four HSE chosen locations, namely Northbourne Depot, Town Hall, Princess Theatre and Clacton Leisure Centre.

On 14 March 2025 the HSE issued their post inspection report, which included a number of recommendations primarily relating to site plans / maps, rather than immediate risks etc. These recommendations therefore formed the basis of an associated improvement plan as set out within **Appendix E**.

The Corporate Health and Safety Team are project managing and supporting services to ensure that they achieve all of the HSE required improvements by agreed dates. The Council remains in regular contact with the HSE to update/provide written evidence of completed activities and completion timescales. At the time of writing, a limited number of Asbestos Management improvement actions are programmed but outstanding.

It is anticipated that the HSE will most probably reinspect once these improvement deadline dates have passed and relevant services have been informed. Services are fully committed to completing all of the improvements required and the Council will continue to work with the HSE to strengthen existing arrangements relating to a safe working environment for our staff, contractors and public who attend our buildings. From a lessons-learnt perspective:

- 1) That senior managers are reminded that Asbestos Management Plans (AMPs) need to remain current, including checks, updating following any property refurbishments or material building changes.
- 2) Although no issues relating to the Council's Asbestos Management training arrangements were identified during the HSE inspection, it has become apparent that due to staff leavers/joiners, some service areas feel the need for refresher/further training. The Health and Safety Team are working with all services to ensure they have the necessary asbestos-trained personnel required relating to their areas of responsibility.
- 3) Moving forwards, the Internal Health and Safety Team will ensure that as part of future scheduled Council inspections, they engage as necessary with responsible individuals to ensure that Asbestos Management (AM) documentation is reviewed annually and that there is due focus on AM training record checks/training guidance and support.

Food Standards Agency

The Council's statutory functions in respect of food safety are overseen by the Food Standards Agency (FSA) who are the regulatory body for local authority delivery (<https://www.food.gov.uk/about-us/the-food-regulatory-system>).

The FSA seeks assurance that the Authority has effective and efficient arrangements in place to ensure official controls and that other official activities are performed on all food businesses as required by assimilated Regulation (EU) 2017/625 and the Food Law Code of Practice (FLCoP).

FSA sets the programme for food safety inspections undertaken by local authorities and local authorities provide statistical data covering a number of parameters, including the number of food hygiene inspections undertaken and the findings from those inspections. Some of that information is used to provide consumers with useful information such as the food hygiene score a business has achieved (<https://ratings.food.gov.uk/>).

Over the last 6 months, the Council has received performance relating information from the FSA. The FSA routinely monitors local authority performance through data submitted in twice yearly returns. The Council had submitted their October 2023, April 2024 and October 2024 returns as required.

The returns in 2023 and 2024 highlighted that the Council had fallen short of its targeted interventions with a large number of those interventions being overdue. It was also highlighted in the return that a new manager of the Food Safety Team joined the Authority in September 2023, and that three food-competent officers had left the Authority around the same time. A new Environmental Health Officer (EHO) joined the Authority in October 2024 and the Council was advertising for two further vacancies. In the meantime, the Authority was to employ a contractor to carry out the planned intervention programmes.

The October 2024 return highlighted that the Authority conducted 47.18% of the intervention programme for A/E rated premises, broken down by risk categories as follows:

100% completion for A rated (highest risk) interventions

50% for B rated interventions

50% for C rated interventions

47% for D rated interventions

43.66% for E rated (lowest risk) interventions – 95 interventions of the 260 unrated premises

The Council had identified a need for 4.4 full time equivalents (FTE) to deliver the food service effectively, however the allocation at that time stood at 3.4 FTEs, with only 2.9 occupied. It is this shortfall in staffing capacity that had contributed to the backlog of inspections. It is worth highlighting that the on-going recruitment challenges to fill vacant posts continues, which reflects the shortage of appropriate staff nationally / regionally. Short term options continue to be explored where necessary, such as the on-going use of agency staff for interim periods during which time existing staff can continue to undertake the necessary development to enable them to undertake the role themselves. This issue was recognised within Financial Performance Reports during the year, where additional funding was identified to support this approach.

The FSA requested a meeting to discuss the Council's position and the plans that had been developed to address the shortcomings identified. During the meeting, the background to the engagement was discussed, as was the FSA's functions of monitoring the performance of a Council's delivery of the food hygiene intervention programme. The main topics discussed were the backlog of interventions and the Council's arrangements to demonstrate that senior delegated officers are fully aware of the risks and of the full demands on the food service, along with the resources required to deliver it, including any shortfalls in resources.

The Council continues to be in open dialogue with the FSA and has significantly reduced the number of outstanding inspections. Due to the way in which good businesses are risk rated to determine their inspection frequency and the fact the new businesses are registering all the time with other businesses ceasing to trade, the number of inspections due does fluctuate.

The Food Safety Team have updated the Service Plan for 2025 which addresses the issues that have both been highlighted by officers and raised by the FSA. These plans have been shared with the FSA and they are satisfied with the progress that is being made towards improving the inspection numbers.

RIPA – Regulatory Investigatory Powers Act 2000

To inform the Committee of any activity conducted under RIPA by the Authority – the Authority has not conducted any RIPA activity in the last quarter and it is rare that it will be required to do so.

Whistleblowing

To inform the Committee of any activity under the Whistleblowing Policy as part of the monitoring arrangements. The Authority has not received any Whistleblowing notifications since the adoption of its policy in July 2023.

PREVIOUS RELEVANT DECISIONS TAKEN BY COUNCIL/CABINET/COMMITTEE ETC.

The Table of Outstanding Issues is presented to the Committee at each of its meetings.

BACKGROUND PAPERS AND PUBLISHED REFERENCE MATERIAL

None

APPENDICES

Appendix A – Table of Outstanding Issues (June 2025) – General

Appendix B – Table of Outstanding Issues (June 2025) – Update against 2023/24 Annual Governance Statement Actions

Appendix C – Table of Outstanding Issues (June 2025) – External Audit Recommendations

Appendix D – Draft Independent Person specification

Appendix E – HSE Inspection Recommendations and Action Plan

REPORT CONTACT OFFICER(S)

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AUDIT COMMITTEE - Table of Outstanding Issues (June 2025) - GENERAL

Governance Principle and Issue	Recommendation / Issue	Lead / Service	Progress / Comments	Status – Target Date
Developing the entity's capacity, including the capacity of its leadership and the individuals within it.	<p>Following the consideration of the Anti-Fraud and Corruption Strategy last year, it was resolved that:</p> <p>The Head of Democratic Services & Elections be requested to consider including training for Members on anti-fraud and corruption measures as part of the Councillor Development Scheme.</p>	<p>Corporate Director Law & Governance</p>	<p>The development of a Formal Training Programme remains ongoing which will include as necessary:</p> <ol style="list-style-type: none"> 1. Joint general training with other Essex Authorities. 2. Statement of Accounts training 3. The role of Internal Audit Anti-Fraud and Corruption Strategy 4. Corporate Governance and Assurance in a Local Authority setting 5. Role and appointment of External Audit 6. Risk Management <p>The above are subject to external training providers' availability and associated procurement processes.</p>	<p>Training sessions delivered to date: 'Your Role on The Audit Committee' – June 2023, Fraud training in June 2024, 'Role of the Audit Committee' delivered by external specialist trainer January 2025 to All Members' development session.</p> <p>It is proposed to organise a session on Risk Management during 2025/26 (as resolved by the Committee at its January 2025 meeting).</p>

				Further modules will be considered later in the year.
Managing risks and performance through robust internal control and strong public financial management – Spendells Project	<p>At its meeting in March 2025, the Audit Committee resolved that:</p> <p>The Chief Executive Officer be invited to attend a future meeting of the Committee to provide a half yearly update on the matters raised within the Spendells House Capital Scheme Review.</p>	Chief Executive	This action follows a detailed report that was presented to the Audit Committee in March 2025 and the joint briefing with the Resources and Services Overview and Scrutiny Committee. Any outstanding actions are set out within the AGS (Appendix B) as necessary.	The attendance of the Chief Executive Officer is currently planned for the September 2025 meeting of the Audit Committee.
Managing risks and performance through robust internal control and strong public financial management	<p>At its meeting in March 2025, the Audit Committee resolved that:</p> <p>Officers be requested to explore opportunities for a 'dashboard' style reporting mechanism for updates on the work of the Project Delivery Unit on major projects that could be submitted to the Audit Committee and Full Council, as appropriate, on a regular basis.</p>	Corporate Director Finance & IT	This is planned to be explored to enable information to be presented to Members during the second half of 2025/26 and onwards.	January 2026

AUDIT COMMITTEE - Table of Outstanding Issues (June 2025) – ANNUAL GOVERNANCE STATEMENT ACTIONS 2023/24
On-going / outstanding items at the end of 2023/24 carried forward into 2024/25

Governance Principle & Issue	Required Action(s)	Update / Additional Comments
<p>Implementing good practices in transparency, reporting and audit to deliver effective accountability.</p> <p>Ensuring compliance of the Council's governance arrangements through project board reviews.</p> <p>Utilising the Council's systems to implement best practice for drafting, reporting and decision making.</p>	<ul style="list-style-type: none"> Review of project outcome being undertaken by the Project Board to support future decision making and delivery. Continuation of the roll out of the functionality of Modern.Gov over a phased approach in 2022/23 – completed areas – training record for Councillors, TDC representatives on outside bodies, E petitions function, automated e mails, submission of final reports for Planning Committee, Cabinet, Council, Committee and Management Team dates published, Environmental Health licensing decisions published, report writing functionality. <p><u>ADDITIONAL FOCUS FOR 2024/25</u></p> <p>Performance monitoring within services and decision implementation and project management.</p>	<p>The outcome from key projects will be reported to Members following completion of the associated project.</p> <p>To date reports have been presented to Members in respect of the Jaywick Flexible Workspaces, the Orwell Place car park and events space in Dovercourt and Spendells House.</p> <p>The outcome from these reviews is being brought together as part of the Annual Governance Review 2025.</p> <p>Modern.Gov – the supplier completed the required server upgrade in November 2024. To progress this action requires that the use of (*.bat) file types by the Modern.Gov software and the identification of these file types as a security risk in the Council's IT network be overcome.</p> <p>A potential solution has been identified and will be further considered over the remainder of the year.</p> <p>In terms of the additional focus this remains ongoing and will continue into 2025/26.</p>

<p>Developing the Council's entity, including the capacity of its leadership and the individuals within it.</p> <p>Effectively manage the transition to a new Administration following the local elections in May 2023.</p> <p>REVISED FOCUS FOR 2024/25:</p> <p>Capacity to deliver the Council's Corporate Plan and its Priorities, together with new emerging initiatives.</p>	<ul style="list-style-type: none"> Continuation of the delivery of the Member Development Programme Cabinet focus on new Corporate Plan, project prioritisation, financial sustainability and robust decision-making. <p><u>REVISED FOCUS FOR 2024/25:</u></p> <p>Work is now underway to develop a number of milestones against the highlight priorities as part of delivering against the Corporate Plan themes.</p> <p>Departmental Plans within services will continue to be reviewed against the themes and highlight priorities during the year, with particular focus on governance issues, such as monitoring and implementing decisions, managing risks and budgets.</p> <p>Capacity requirements to be reviewed in light of the new range of competing capital project timescales, resources for projects and existing service provision.</p>	<p>WORK COMPLETED:</p> <p>An extensive Development Programme was implemented as part of the Induction arrangements for the newly elected/returning Councillors.</p> <p>This made use of written material, in-person and online events and the opportunity to interact directly with officers from a wide range of services across the Council.</p> <p>The Development Programme has continued and has included arrangements with mock hearings and similar, delivered in-house for both Planning and Licensing Committee Members and hearings based training for Members of the Standards Committee delivered by specialist external trainers. Use has been made of LGA in-person and online training and events to further enhance the development offer and this has included specific training for several Cabinet Members through a residential course provided by the LGA.</p> <p>A refresh of the skills audit undertaken at the start of the Municipal year in 2023 continues to inform Member Development for the coming year and beyond.</p> <p>In respect of the Project Delivery Unit highlighted earlier in the year work remains ongoing to secure the necessary skills and capacity to support the Council in terms of delivery of a number of schemes and projects. As set out in Appendix A, it is planned that a regular PDU update via a dashboard style approach is presented to Members during the year.</p>
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		<p>A revised Corporate Plan and Vision was approved by Full Council at its meeting on 28 November 2023, which included six themes, one of which was Financial Sustainability and Openness. Initial Highlight Priorities were agreed by Cabinet at its December 2024 meeting for consultation, with final proposals presented to Cabinet at its 17 March 2025 meeting.</p> <p>A new online training provider which offers a wider range of courses to develop individuals, including both mandatory and optional courses, has been introduced.</p> <p>In terms of the additional focus for 2024/25 this remains ongoing and is being revisited as part of the current annual governance review.</p>
<p>Determining the interventions necessary to optimise the achievement of the intended outcomes.</p> <p>Managing risks and performance through robust internal control and strong public financial management.</p>	<ul style="list-style-type: none"> • Review of existing Risk Management / Business Continuity arrangements. • Conduct and audit review in relation to the effectiveness of the Council's response to COVID-19, including a review of the lessons learnt from the Council's response and longer-term consequences. • Review of the effectiveness of the Audit Committee. • Develop and implement a Corporate Policy and Strategy 'register' to ensure that these are reviewed and updated in a timely manner and to support decision making. 	<p>Due to a number of competing priorities it has not been possible to undertake this review in 2024/25 as originally planned. It is still recognised as an important governance issue and will continue to be prioritised going forward within the current AGS review.</p> <p>In respect of the Council's response to COVID-19, this continues to form part of the ongoing work of Internal Audit, which will also reflect any learning points that may emerge from the national public inquiry currently underway.</p> <p>In respect of the review of the effectiveness of the Audit Committee, it is planned to conclude this work via consultation with Officers and Members shortly with any associated action plan to be presented to the Audit Committee during the second half of 2025/26.</p>

		<p>The development of the register continues and is held on the Council's website as part of its commitment to transparency. It will be added to as strategies and policies are adopted and reviewed. Services have also been requested to reference the relevant strategy or policy within reports supporting decision making and has been evident in recent reports to Cabinet.</p> <p>Corporate Policy and Strategy Register progress to link in with Review of Local Code of Corporate Governance.</p>
<p>Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.</p> <p>Maintaining an up to date Local Code of Corporate Governance along with key policies and procedures.</p>	<ul style="list-style-type: none"> Review and update the Local Code of Corporate Governance and key policies and procedure. 	<p>The commitment remains in place to undertake this review and work has now commenced with outcomes planned to be presented to the Audit Committee later in the year.</p>
<p>Implementing good practices in transparency, reporting and audit to deliver effective accountability.</p> <p>Delegated decision making.</p>	<ul style="list-style-type: none"> Awareness and further strengthening of good decision making incorporating the Council's policies and framework. 	<p>Work remains in progress to increase the understanding of key principles including consultation, business planning, budget, procurement and legal, with individual and bespoke guidance being provided, where requested, by the Monitoring Officer through report development. Concept papers and PIDs are encouraged to be completed comprehensively to ensure successful delivery within the governance framework.</p> <p>It is planned to undertake/continue a number of activities to increase the understanding of key</p>

principles including consultation, business planning, budget, procurement and legal requirements, this will be delivered through the Senior Management Forum. It is worth highlighting that a presentation on the impacts of the Procurement Act 2023 was presented to the Senior Management Forum on 15 January 25.

Focus will be on embedding robust project management within the culture of the organisation, to provide oversight on financial and non-financial issues especially in key areas such as – Levelling Up Fund / Regeneration Project, waste contract renewal, new major contractual requirements and housing review recommendations.

In respect of external funding guidance highlighted in the September 24 report, Cabinet agreed a high level framework at its 20 September 24 meeting. Cabinet also requested that an external funding policy be developed for approval by the Leader of the Council in his capacity as the Portfolio Holder for Finance and Governance to complement the high level framework mentioned above and that it be presented to a future meeting of the Audit Committee for their support and assurance on the governance processes. Once approved, the policy remains under development and will be reported to a future meeting of the Audit Committee.

<p>Managing risks and performance through robust internal control and strong public financial management.</p> <p>In terms of business continuity this is especially important given the current global/economic climate.</p>	<ul style="list-style-type: none"> • Departmental Plans to be subject to review to reflect any updated Council objectives and priorities including the associated management of risk. • Develop the financial planning process with the aim of strengthening the Council's long term financial sustainability. <p><u>ADDITIONAL FOCUS FOR 2024/25</u></p> <ul style="list-style-type: none"> • To implement/embed the necessary processes to support the identification of the required level of savings set out in the long term forecast. 	<p>As highlighted above, reviews of the Departmental Plans will be concluded alongside the Corporate Plan and highlight priorities during the year (this will include alignment with any new/revised risk management approach and peer reviews as relevant).</p> <p>Review to incorporate resources/capacity to deliver priorities, projects and service provision.</p> <p>Final budget proposals were approved by Full Council in February 2025. It remains important to highlight that the identification of savings and efficiencies forms part of Cabinet's key priorities for 2025/26, which references both the General Fund and HRA.</p> <p>The dedicated/regular Officer Management Team meetings remain ongoing with a focus on financial and non-financial issues along with performance and delivery.</p>
<p>Defining outcomes in terms of sustainable economic, social and environmental benefits.</p> <p>Determining the interventions necessary to optimise the achievement of the intended outcomes.</p> <p>To set out the Council's vision following the Council's Climate Emergency</p>	<ul style="list-style-type: none"> • Preparation/reporting updates against the Climate Change Action Plan for approval by both the Cabinet and Council to form part of the Council's Policy Framework. 	<p>In terms of the adoption of the updated Climate Change Action Plan, this was considered by Cabinet on 15 November 2024 for adoption via a separate Executive Decision following Full Council's agreement to align the target for achieving net zero carbon emissions to the UK Government's objectives to achieve net zero i.e. by 2050. In terms of reporting against the plan this is a key item within Cabinet's Highlight Priorities for 2025/26.</p>

declaration of the Council's activities being 'carbon neutral' by 2030.		
New Items for 2024/25		
<p>Ensuring openness and comprehensive stakeholder engagement</p> <p>Approach to Community Engagement, consultation and participation to be reviewed following adoption of the Corporate Plan and Communications Strategy.</p>	<ul style="list-style-type: none"> Officers be requested to review the Council's Community Engagement Strategy and its operation, taking into account the feedback received through the Corporate Plan consultation with the public, partners and businesses, with a view to the outcomes being presented to a future meeting of the Cabinet. Review Article 10 of the Council's Constitution which sets out how the Council will promote Community Consultation and Participation through a range of opportunities. 	<p>The development of a renewed Community Engagement Strategy was agreed as a highlight priority for 2025/26 by Cabinet at their March 2025 meeting.</p> <p>Officers have been requested to review the various forums set out in Article 10 within their areas and responses will be collated to produce a revised version for approval.</p> <p>Article 10 updates have been received from relevant service areas and are currently being collated.</p>
<p>Managing risks and performance through robust internal control and strong public financial management.</p> <p>In response to the Section 5 of Local Government & Social Housing Act 1989 report from the Council's Monitoring Officer on Spendells House</p>	<p>The Chief Executive:</p> <p>a) Has instructed that a formal review be undertaken to provide further clarity on how the issue arose and developed (including the governance arrangements associated with issuing verbal orders), which in turn can inform any further actions along with informing decision making and project delivery in the future;</p>	<p>In respect of Item a) the outcome of the review was reported to the Audit Committee at its March 2025 meeting. As set out earlier these are being brought together with the outcome of other reviews as part of the Annual Governance Review 2025.</p> <p>In respect of Item b) – the directive referred to has been issued and will continue to form part of</p>

	<p>b) has issued a directive to all Senior Managers relating to financial and budget management, which explains the consequences and expectations of them in their roles and will be supported by further collective meetings with Senior Officers over the coming weeks/months and:</p> <p>c) has commenced arrangements for the implementation of a Senior Officer Project 'Board' that in turn will report directly to the Council's Senior Management Team on a regular basis.</p> <p>Statutory Officers to re-deliver governance awareness at the upcoming Senior Managers' Forum, where attendance is mandatory.</p>	<p>collective meetings with senior officers as necessary.</p> <p>In respect of Item c) – arrangements remain ongoing and a further update will be provided to the Committee later in the year.</p> <p>In respect of the re-delivery of governance awareness, this was covered at a Senior Management Forum event during the year, with further training recently provided to the Project Delivery Unit to support them in their important role.</p>
<p>Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.</p> <p><i>(Although this action is expected to cut across all seven of the key governance principles (A to G) set out above)</i></p>	<ul style="list-style-type: none"> Review OFLOG requirements and revised Best Value Guidance, CIPFA Codes/guidance to identify areas of weakness and improvement and develop an action plan (including learning from external reviews, inspections and self-assessments). 	<p>The Government are no longer pursuing the establishing of OFLOG. However, key issues will continue to form part of the Council's wider Best Value responsibilities.</p> <p>Revised Best Value Statutory Guidance is specifically being referred to by the Monitoring Officer and Section 151 Officer, highlighting the relevant Best Value Themes, as detailed in the Guidance and the relevant indicators to the subject matter of reports.</p> <p>Further opportunities to address Best Value responsibilities will be considered during the</p>

		year, which will include a self-assessment style approach and associated action plan as necessary.
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The Core Principles of Good Governance identified in the Council's Code of Corporate Governance.

Principle A – Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.

Principle B – Ensuring openness and comprehensive stakeholder engagement.

Principle C – Defining outcomes in terms of sustainable economic, social and environmental benefits.

Principle D – Determining the interventions necessary to optimise the achievement of the intended outcomes.

Principle E – Developing the Council’s entity, including the capacity of its leadership and the individuals within it.

Principle F – Managing risks, performance and data.

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AUDIT COMMITTEE - Table of Outstanding Issues (June 2025) – OUTSTANDING EXTERNAL AUDIT RECOMMENDATIONS

Nos	External Audit Recommendation	Reported	Lead / Service	Initial Management Response Reported to the Committee on 13 February 2025	Progress / Comments / Status
1	<p>We have identified a significant weakness relating to Governance. Unauthorised expenditure of £386k in 2023/24 has been identified on the Spendells capital project. In addition to this, a number of capital projects, including Spendells, have overspent their budget in 2023/24. The unauthorised expenditure highlights that appropriate governance procedures to monitor approved capital expenditure on projects were not in place during 2023/24.</p> <p>The Council is undertaking a formal investigation into how the unauthorised expenditure arose, but this is yet to be concluded at the date of our report. We recommend that the Council concludes its investigation as soon as possible and ensures that appropriate governance arrangements are in place to monitor the implementation of the recommendations arising from the investigation</p>	<p>Auditors Annual Report for the year ended 31 March 24</p> <p>(Audit Committee 13 February 2025)</p>	Director Finance & IT	<p>The outcome of the investigation into Spendells is due to be finalised and reported to Members shortly, and any emerging recommendations to strengthen the Council's project management / governance arrangements will be considered as timely as possible.</p> <p>In respect of the reference to capital projects overspending their budget in 2023/24, unlike the Spendells project where unauthorised expenditure was incurred, these broadly relate to projects where the associated budgets would have increased as necessary via the Council's existing governance arrangements. The overspending reference therefore relates to increases made to the associated budgets ahead of expenditure being incurred which would have been subject to separate standalone decisions or via the regular Financial Performance Reports presented to Cabinet. Such reports would have set out the reasons for the increase.</p> <p>It is also important to highlight that the Council has acknowledged the need to ensure sufficient capacity to deliver the Council's various ambitious projects, with the Project Delivery Unit recently being established.</p>	Complete – the outcome from the review along with those of other capital projects is being brought together as part of the 2025 Annual Governance Review.

2	<p>The Internal Audit team during their Project Management review, noted improvement is required due to major issues identified around multiple instances of projects failing to be delivered on time and within their original budget. Due to the nature of these projects, the values involved, and potential for further overspends, as well as the scale of the Council's capital programme and funding in the short and medium term, we have noted a significant risk around governance.</p> <p>The report from internal audit on Project Management had two major findings, however, there is an adequate action plan in place to address the issues found. We recommend that the Council continue to implement and closely monitor the progress of the action plan.</p>	<p>Auditors Annual Report for the year ended 31 March 24</p> <p>(Audit Committee 13 February 2025)</p>	Director Finance & IT	<p>Please see management response set out against item 1 above. As recommended, the Council will continue to implement the necessary actions and monitor the progress of the action plan that will be complemented by the outcomes from the Spendells investigation and any other learning from other major projects that will be reported to members as set out in the Annual Governance Statement.</p>	<p>Please see item 1 above. In terms of the Internal Audit action plan, this will remain on-going and updates will be provided during 2025/26.</p>
3	<p>Risks around building safety, fire and mould which are current sector issues are not currently captured in the corporate risk register. The Council also do not currently monitor service-line risks alongside the authority-wide risk register. We recommend that the Council ensure that health and safety risks are adequately captured in the risk register and service-line risks are monitored alongside the authority-wide risk register.</p>	<p>Auditors Annual Report for the year ended 31 March 24</p> <p>(Audit Committee 13 February 2025)</p>	Director Finance & IT	<p>It is acknowledged that there is always a balance between operational / service risks and those captured within the Corporate Risk Register. The Council's current corporate risk register does capture Health and Safety and the Management of Assets as high level risks, but further consideration will be given to the recommendations made in terms of achieving this overall balance.</p>	<p>Remains under review with updates to be provided during 2025/26.</p>

4	Although the Council make tender exemption decisions individually, a central tender waiver register is not held. We recommend that the Council hold a central tender waiver register to be reviewed annually by Cabinet and the Audit Committee.	Auditors Annual Report for the year ended 31 March 24 (Audit Committee 13 February 2025)	Director Finance & IT	This is being considered as part of the upcoming annual governance review.	As highlighted, this is being considered alongside the annual governance review.
5	The Council's risk management framework is now 6 years old, we recommend that this is reviewed and updated as required.	Auditors Annual Report for the year ended 31 March 24 (Audit Committee 13 February 2025)	Director Finance & IT	Although this will be considered as part of the on-going Corporate Risk Management activities and associated reports to the Audit Committee, it is important to highlight that it is broadly subject to review on a six monthly basis as part of the same process.	This remains under review for consideration as part of the six monthly corporate risk register reporting during 2025/26.
65	Review of valuation of land and buildings: Currently there is not a formalised review of the Council's valuer Wilks Head and Eve output. The Council do not hold sufficient data on the floor areas of their other land and buildings asset portfolio including up to date floor plans. We recommend that the Council undertake a full review of their asset portfolio and ensure up to date data is held on all asset floor areas. We also recommend that the Council undertake a formal review of the valuation on an annual basis.	Year End Report to the Audit Committee for the year ended 31 March 2024 (Audit Committee 13 February 2025)	Director Finance & IT	This is being reviewed as part of the preparation of the 2024/25 Statement of Accounts, but it is acknowledged that it may have to be undertaken on a phased approach over more than one year given the expected scale of the associated work involved. Updates will be provided to Members as necessary.	This work remains on-going as part of the preparation of the 2024/25 Statement of Accounts with updates planned to be reported later in 2025/26.

7	Declarations of interest (DOI): KPMG had requested up to date DOI for each councillor to agree to interests recorded in the Register of interests for related party purposes. The council does not hold an up to date DOI from two councillors due to non-response. We recommend that the Council continue to reiterate the importance of each councillor providing an up to date DOI annually.	Year End Report to the Audit Committee for the year ended 31 March 2024 (Audit Committee 13 February 2025)	Director Finance & IT	This issue relates to the email sent out to Members at the end of each financial year reminding them to confirm that their DOI's are up to date, that in turn informs the associated reporting within the Statement of Accounts where necessary. It is not necessarily that their DOI's are not up to date but a matter of them confirming that is the case or otherwise at the end of each year. The importance of the required action from Members has been included within the necessary requests at the end of 2024/25.	An update will be provided directly at the meeting where responses remain outstanding.
8	Payroll reconciliation: Differences were noted between the payroll report and general ledger during our testing of the remuneration report, we therefore recommend that the Council perform a reconciliation between the payroll report and general ledger for the purposes of the salary bandings disclosed within the officers' remuneration report to understand any reconciling items.	Year End Report to the Audit Committee for the year ended 31 March 2024 (Audit Committee 13 February 2025)	Director Finance & IT	It is important to emphasise that a reconciliation of the payroll system and the general ledger is undertaken, with this recommendation therefore referring to a specific reconciliation relating to the officers' remuneration note within the Statement of Accounts as referenced. The recommended action is being addressed via the preparation of the 2024/25 Statement of Accounts.	The reconciliation process referred to is being undertaken as part of the 2024/25 Statement of Accounts process.
9	Management review of actuarial assumptions: We inquired with the audited entity to understand the pension process. We understood that the Finance Head reviews the assumptions and methodologies used in the calculation of the FRS 102 Report. This is based on their understanding of the pension scheme, the accounting standard and the business process and circumstances. The documentation is not formalised and may consist of email or corresponding and verbal confirmations. However, the audited	Year End Report to the Audit Committee for the year ended 31 March 2024 (Audit Committee 13 February 2025)	Director Finance & IT	Although a review is undertaken as referred to, formal documentation will be produced in respect of the preparation of the 2024/25 Statement of Accounts.	This is being undertaken as part of the 2024/25 Statement of Accounts process.

	entity was not able to provide the evidence of performing the control. We recommend that management produce formal documentation of their review of the assumptions and methodologies used in the calculation of the FRS 102 Report.				
10	Other land & buildings (DRC method): The council could not provide the floor plans to substantiate the GIAs used in arriving at the value of the buildings. The existing floor plans were not retained by the Council post-valuation. The GIAs are key inputs and without any evidence, the value of the assets could be materially misstated. The council should ensure that an appropriate Business Disaster Recovery Plan is in place. This will make certain that all updated floor plans are stored and retained adequately for all the areas of buildings measured professionally.	Year End Report to the Audit Committee for the year ended 31 March 2024 (Audit Committee 13 February 2025)	Director Finance & IT	Please see response [above].	Please see response to item 6 above. In addition, the associated floor plans will be adequately retained as part of the Council's more general business disaster recovery arrangements.

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TENDRING DISTRICT COUNCIL

Audit Committee Independent Person - Person Specification

Audit Committees in Local Government

Audit Committees are a fundamental pillar of good corporate governance and the Council established its own Committee back in 2006. The Council's Audit Committee operates against detailed terms of reference which are appended to this person specification.

The composition of the Audit Committee is a key factor in achieving the characteristics of a good Audit Committee. The membership of the Council's Audit Committee has recently been increased from five to seven members, which further underlines its import role within the Council.

The appointment of Independent Person(s) to Audit Committees initially stemmed from recommendations emerging from the Redmond Review, which was a national independent review into the oversight of local audit and the transparency of local authority financial reporting undertaken by Sir Tony Redmond. The outcome of this review has remained a cornerstone of various improvement plans and revised arrangement considered and introduced by the Government. It still features within the latest review into the local audit regime which remains subject to consultation and review by the Government before implementation. In terms of this latest review, the Government propose to mandate audit committees within Local Authorities, including the provision for one independent member on those committees.

Notwithstanding the above, CIPFA have issued their own guidance that states that:

“The audit committees of local authorities should include co-opted independent members in accordance with the appropriate legislation. Where there is no legislative direction to include co-opted independent members, CIPFA recommends that each authority audit committee should include at least two co-opted independent members to provide appropriate technical expertise”.

Taking the above into account, the Council's Audit Committee have endorsed the approach of potentially appointing at least two people, with this recruitment process seeking the initial appointment to one of those roles.

What is the role of an Independent Person and what sort of person is the Council looking to appoint?

Audit Committee members need an underlying independent, sceptical mindset and a willingness to provide robust challenge. The introduction of independent members is seen as beneficial to the audit committee in many ways, including:

- Ensuring a mix of skills and experience across a range of functions and activities
- Providing an external view can often bring a new approach to committee discussions.

- Reinforce / support the political neutrality and independence of the Committee within the Council.
- Helps maintain continuity of committee membership where membership is affected by the electoral cycle.

Overlaying the above with the CIPFA guidance mentioned above, general aptitude also needs to be considered alongside relevant knowledge, skills and experience.

The appointment of co-opted independent members therefore needs to take account of the overall knowledge and expertise of the existing members of the Committee. Based on the most recent review, the Council is looking for someone who can demonstrate a good understanding and experience in the following areas:

- Financial stewardship / value for money
- Risk management / business continuity

The Council's Audit Committee has delegated authority to make decisions on behalf of the Council in a number of areas as highlighted within its terms of reference - it is not proposed to provide the independent member with associated voting rights. This will remain subject to on-going review to ensure that the arrangements remain appropriate and effective. The Committee does however also have an advisory role, upon which the independent member would play an essential role. This may include identifying areas of challenge and review which could possibly involve attending further meetings outside the formal quarterly based meeting schedule of the Committee and attendance at other Council Committee meetings as necessary.

Who is eligible?

Similar to arrangements elsewhere within the Council, a person would not be considered independent and eligible if they:

- Are, or have been within the past 5 years, a member, co-opted member with voting rights, or someone who has stood for office, or Officer of the Council or of one of the Town or Parish Councils in the District; or
- Are, or have been within the past 5 years, a relative, or close friend, of a member, co-opted member with voting rights, or someone who has stood for office within the last 5 years, or officer of the Council or of one of the Town or Parish Councils in the District. For this purpose, "relative" means –
 - a. A spouse or civil partner;
 - b. Living with the person as husband and wife or as if they were civil partners;
 - c. A grandparent of the person;
 - d. A lineal descendent of a grandparent of the person;
 - e. A parent, sibling or child of the person;
 - f. A spouse or civil partner of c., d. or e. above;
 - g. Living with a person defined at c., d. or e. above as husband and wife or as if they were civil partners

How long is the appointment?

The period of appointment is proposed to be from the date of acceptance of the role once offered up to and including 31 March 2028.

Do I have to live or work in the District?

Not necessarily, but a connection to the District will add to the merits of your application.

How will the successful candidate be appointed?

The position is being advertised publicly via the Council's website, with consideration of using complementary approaches as necessary.

The appointment process has been delegated to the Chief Executive in consultation with the Audit Committee Chairman.

The Council will only consider / appoint someone who makes a formal application.

Following the appointment process, the necessary induction / training will be provided to the successful candidate.

Is the position paid?

The Independent Member will be entitled to a payment of approximately £TBC a year under the Council's associated allowances scheme to reflect the commitment required that includes the necessary regular attendance at committee meetings and associated preparatory work and reading of reports.

How much time does it involve?

The estimated time commitment required to undertake the role can vary, but on average it would involve attendance at four meetings of between one to three hours, plus associated preparatory reading etc. Committee meetings are generally held in the mornings. As highlighted earlier, attendance may also be required at associated meetings when necessary, such as the Council's Overview and Scrutiny Committees.

APPENDED - FUNCTIONS AND TERMS OF REFERENCE OF THE AUDIT COMMITTEE

The discharge of the following miscellaneous functions – Part II as set out in Schedule 1 to the Local Authorities (Functions and Responsibilities Regulations) (England) 2000 (as amended) and as detailed in Appendix 1 to Part 3 of the Constitution.

Duty to approve the authority's statement of accounts, income and expenditure and balance sheet or record of receipts and payments (as the case may be).

Additional roles and functions of the Committee are as set out below:

1. To provide independent assurance of the adequacy of the risk management framework and the associated control environment;
2. To provide independent scrutiny of the Council's financial and non-financial performance to the extent that it affects the Council's exposure to risk and weakens the control environment;
3. Considers the annual budget for the internal audit service as part of the Council's budget setting process; and
4. To oversee the financial reporting process.

Audit Activity

1. Considering the Internal Audit Manager's annual report and opinion and a summary of internal audit activity (actual and proposed), and the level of assurance it can give over the Council's corporate governance arrangements.
2. Considering reports on the operation of internal audit and summaries of specific internal audit reports where requested.
3. Considering reports from internal audit on agreed recommendations not implemented within a reasonable timescale.
4. Assessing external auditor and external regulatory reports and monitoring any quality improvement programmes where required. Comments are provided to Cabinet as appropriate.
5. Commenting on the scope and depth of external audit work and ensuring it gives value for money.
6. Liaising with the Audit Commission in regard to the appointment of the Council's external auditor.

Regulatory Framework

7. Reviewing significant issues referred by the Chief Executive, Cabinet or any Council Committee (subject to the availability of resources within the approved audit plan).
8. Monitoring the effective development and operation of risk management and corporate governance.
9. Monitoring Council policies on “Raising Concerns at Work”, the whistleblowing policy and the anti-fraud and corruption strategy.
10. Overseeing the production of the Code of Corporate Governance, including the Statement of Internal Control.
11. Considering the arrangements for corporate governance and agreeing necessary actions to ensure compliance with best practice.
12. Considering the Council’s compliance with its own and other published standards and controls (other than those covered by the Standards Committee).

Accounts

13. Reviewing and approving the annual statement of accounts.
14. Considering whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the Council.
15. Receiving the external auditor’s report to those charged with governance.

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HSE Inspection March 2025 – ACTION PLAN

Location	HSE Inspection Primary Comments	HSE Recommendations / Key Actions	Current Status
Town Hall Princess Theatre Northbourne Depot Clacton Leisure Centre	<p>You have not ensured that the maps provided with your asbestos register and management plan was suitably clear and easy to interpret. A number of issues with the maps were identified including;</p> <ul style="list-style-type: none"> • There were no building names marked upon the map, making it had to interpret or locate items in the register on site. This issue is exacerbated due to the small size of the map. • The numbers on the map are unclear as to what they relate to in relation to the asbestos register. • A number of Asbestos Containing Materials (ACM) identified on the original management survey were not identified on the map. • The room numbers on some maps no longer matches all the room numbers on site. • The locations of some ACMs are unclear due to the labelling used on the map. The large red circles used to identify the majority of ACMs are large enough to cover doorways and room names / numbers allowing for the potential for confusion as to the location of ACMs. • Asbestos management plans are not sufficiently detailed for controlling the risks from asbestos management detailing the suitable roles and responsibilities within the business including clearly defined responsibilities relating to annual inspections. • Clear instructions for who is responsible within TDC relating to who provides the relevant information to contractors. • Reference Clacton Leisure Centre Plan, you must ensure that there are adequate arrangements in place in the event of an accident incident or emergency should there be an unplanned release of asbestos on site. 	<ol style="list-style-type: none"> 1) Improvements to the Asbestos Management Plans required reference clarity of room numbering, key responsibilities/ duties and named contact officers. 2) Ref the Asbestos Management Plans, ensure room numbers match those on the building layout maps for each site - to be completed by end of June 2025. 3) New asbestos survey requested for Clacton Leisure centre to be completed by 30 June 2025. 4) Fire box to be installed outside each site. 5) To review Asbestos Management Plans for all sites annually 	<ol style="list-style-type: none"> 1) Plans updated using new HSE template and shared with HSE. Town Hall, Theatre and Northbourne plans accepted / closed. HSE requested additional improvements to Clacton Leisure Centre Plan reference room numbering (see below) 2) Ongoing for Clacton Leisure Centre. Completion required by 30 June. 3) Started and remains ongoing at the time of finalising this report. 4) Completed. 5) Services reminded of the need for annual reviews and/or as part of any material building works/ changes. Internal H&S team to ensure annual reviews during their inspection regime.

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AUDIT COMMITTEE

26 JUNE 2025

REPORT OF ASSISTANT DIRECTOR CORPORATE POLICY AND SUPPORT

A.3 **PROPOSED NEW CORPORATE AND HOUSING COMPLAINTS POLICY – AND ADOPTION**

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

The Committee is provided with a proposed new combined Corporate and Housing Complaints Policy for the Council, following a review of the current separate policies and assessment of the requirements of the parallel Housing Ombudsman's Complaint Handling Code and the Local Government and Social Care Complaint Handling Code. While both codes have many areas of common expectations it is worth remembering that the Housing Ombudsman's Code has a statutory footing which means that social housing landlords (such as this Council in respect of its housing stock) are obliged by law to follow its requirements.

EXECUTIVE SUMMARY

In April 2024, the Local Government and Social Care Ombudsman published a new Complaint Handling Code that provided the framework for an improved complaint handling service. This mirrors to a significant degree the requirements also set out in the Housing Ombudsman's Complaint Handling Code.

The Council's current Corporate Complaints Policy has been in need of review for a little while to ensure that it reflected the current arrangements at the Council. The introduction of a new Complaint Handling Code by the LGSCO provided the impetus for this. The Council had previously adopted a dedicated Housing Complaints Policy and this was required to comply with the Housing Ombudsman's Complaint Handling Code and the transition of that Code to being a statutory requirement on the Council to follow the Code in respect of its social housing stock.

In view of the two Ombudsman Services now having very similar Complaint Handling Codes it would appear to be efficient to adopt a new Corporate and Housing Complaints Policy. In this way we can demonstrate that whichever service someone complains about that we will handle it in a consistent way and that the national Codes are followed throughout the Council.

The adoption of the new Policy will provide the opportunity for training and support for Services in the use of complaints as a means of addressing service standards and embed a lesson's learned approach.

RECOMMENDATION(S)

It is recommended that the Committee:

- (a) reviews the proposed new Corporate and Housing Complaints Policy set out in this report at Appendix A and, if satisfied, recommend to Cabinet that the new policy be adopted; and**

(b) notes that Officers will be providing training for staff on the new Policy (once adopted) to embed understand and good practice on the new Policy.

REASON(S) FOR THE RECOMMENDATION(S)

The Council's existing Corporate Complaints policy does not meet the Local Government and Social Care Ombudsman's Complaint Handling Code. The opportunity has been taken to discontinue the operation of two separate Complaints Policies (one for Corporate Complaints and one for Housing).

ALTERNATIVE OPTIONS CONSIDERED

Consideration was given to not updating the Corporate Complaints Policy. However, it was discounted as the existing Policy does not comply with the LGSCO Code of Complaint Handling. The option of not combining the Corporate Complaints Policy and the Housing Complaints Policy into a single unified Policy was also considered and discounted. The overlap between the two Ombudsman Services, the consistency of the two Ombudsman's Codes and the support for a unified Council Policy by the Tenants' Panel led to this decision.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES

The launch of the new unified Corporate and Housing Complaints Policy by the Council will assist both the Council's tenants and residents. It is considered that it will contribute to the following themes of the Council's Corporate Plan 2024-28:

- Pride in our area and services to residents.
- Raising aspirations and creating opportunities

As advised in the Local Government and Social Care Ombudsman's Complaint Code, good complaint handling promotes a positive relationship between the organisation and the residents. Complaints allow an issue to be resolved before it becomes worse, and those issues not resolved promptly can take significant resource to remedy.

Data collected about complaints can be analysed and used to inform key business decisions to drive improvement in service provision. As such, the adoption of the new unified Policy will support the 'Getting the basics right' approach also set out in the Council's Corporate Plan.

LEGAL REQUIREMENTS (including legislation & constitutional powers)

Compliance with the Local Government and Social Care Ombudsman is not a legal requirement. The LGSCO's powers include to provide 'guidance about good administrative practice' to organisations under section 23(12A) of the Local Government Act 1974.

The Local Government and Social Care Ombudsman has the authority to make a finding of maladministration where Councils' policies and procedures depart from the code without sufficient explanation. The Local Government and Social Care Ombudsman may also make a finding of maladministration where a Council, without good reason, does not meet the standards in the Code when responding to an individual complaint.

Compliance with the Housing Ombudsman is a mandatory requirement for the Council in its capacity as landlord.

Membership of the Housing Ombudsman Scheme is compulsory for social landlords – primarily housing associations and Local Authorities, who are or have been registered with the Regulator of Social Housing (RSH). A mandatory membership covers all housing activity considered to be about the landlord and tenant relationship and covers all types of tenure.

Following the implementation of the Social Housing Regulation Act 2023, the Housing Ombudsman's Complaint Handling Code became statutory from 1st April 2024. This has been accompanied by a further revision of the Code.

Under the 2023 Act, there is now a legal duty on Housing Ombudsman Scheme members to comply with the Code, as well as a duty on the Housing Ombudsman to monitor compliance with it, regardless of whether complaints are received.

FINANCE AND OTHER RESOURCE IMPLICATIONS

Finance and other resources

There are no significant financial implications associated with the implementation of a combined Corporate and Housing Complaints Policy. As referenced in the legal requirements section of this report, findings by the two Ombudsman Services for failure to follow the national Complaint Handling Codes have implications for the Council (including in particular cases financial consequences).

USE OF RESOURCES AND VALUE FOR MONEY

The following are submitted in respect of the indicated use of resources and value for money indicators:

A) Financial sustainability: how the body plans and manages its resources to ensure it can continue to deliver its services;	Not directly applicable
B) Governance: how the body ensures that it makes informed decisions and properly manages its risks, including; and	The proposals in the new unified policy seek to ensure there is robustness in consideration of complaints and that lessons learned are addressed. This will, in turn, support good decision making going forward.
C) Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services.	Not directly applicable

MILESTONES AND DELIVERY

The submission of this report to this Committee is a key milestone in itself. It will, in turn, lead to a recommendation to Cabinet and the decision by Cabinet will be a further milestone. The implementation of the Policy will be timed to ensure that training on its requirements is provided to officers across the Council.

ASSOCIATED RISKS AND MITIGATION

The proposed Corporate and Housing Complaints Policy for the Council seeks to comply with the Complaint Handling Code of the LGSCO and by the Housing Ombudsman. This means that organisations who fall under the jurisdiction of both Ombudsman Services should be able

to provide a consistent and co-ordinated complaint handling process across services covered by both codes.

The Council would be left open for criticism if its approach to complaints did not comply with either of the two Ombudsman Service Codes. This review and the proposed unified complaints policy seeks to avoid this situation.

OUTCOME OF CONSULTATION AND ENGAGEMENT

During the review referenced in this report, consultation took place within the Council with colleagues who manage and respond to complaints. All comments received have helped to shape the version of the Policy now submitted to this Committee as part of this report (at Appendix A).

The Council's Tenants Panel were consulted on the proposed unified Complaints Policy for the Council in March 2025, and the Panel supported its adoption. The Tenants Panel commented that the policy would allow for customers to receive the same quality of response within the same response times irrespective of which service the complaint was about.

The Local Government and Social Care Ombudsman were consulted; they were in agreement with policy and confirmed that it reflected their Complaints Handling Code. The Housing Ombudsman were consulted and made no comment of the contents.

EQUALITIES

The implementation of a Corporate and Housing Complaints Policy aims to deliver fairness, transparency and consistency to all customers and stakeholders.

In preparing this report, due consideration has been given to the Council's statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010.

SOCIAL VALUE CONSIDERATIONS

Not applicable to the content of this report.

IMPLICATIONS RELATED TO DEVOLUTION AND/OR LOCAL GOVERNMENT REORGANISATION

There are no direct implications associated within this report in regard to Appendix A. However, given that both Ombudsman Service Codes will, to one degree or another, also apply to other Councils which could be reorganised into successor unitary Councils in place of the current Districts and County Council, the operation of the proposed unified Complaints Policy should mean a smoother transition/experience for staff and residents to any new Complaints Policy arrangement adopted by the relevant Unitary Council.

IMPLICATIONS FOR THE COUNCIL'S AIM TO BE NET ZERO BY 2050

There are no direct implications associated within this report.

OTHER RELEVANT IMPLICATIONS

Consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are set out below:

Crime and Disorder

Not applicable

Health Inequalities	Not applicable
Subsidy Control (the requirements of the Subsidy Control Act 2022 and the related Statutory Guidance)	Not applicable
Area or Ward affected	The proposed new policy would apply to all District Council Wards.

PART 3 – SUPPORTING INFORMATION

BACKGROUND
<p>The standard objective in relation to complaint handling for all Directorates within the Council will be to:</p> <ul style="list-style-type: none"> • Have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments: • Take collective responsibility for any shortfalls identified through complaints, rather than blaming other; and • Act within the professional standards for engaging with complainants as set by the relevant professional body. <p>The Corporate Complaints policy now requires updating to meet the requirements of the of the LGSCO's Complaints Handling Code. The current Tendring District Council's Corporate Complaints policy has been reviewed in line with the Local Government and Social Care Ombudsman's Complaint Handling Code (published in April 2024).</p> <p>The Housing Ombudsman Service is required by law to assess complaints regarding housing organisations that are registered with it. This Council is so registered. The Housing Ombudsman resolves disputes involving tenants and leaseholders or social landlords. This information is already provided in the Housing Complaints Policy of April 2024 which is reflected into this policy.</p>
PREVIOUS RELEVANT DECISIONS TAKEN BY COUNCIL/CABINET/COMMITTEE ETC.
<p>Corporate Complaints procedure was previously updated in February 2021.</p> <p>The Housing Complaints procedure was previously agreed by Cabinet.</p>
BACKGROUND PAPERS AND PUBLISHED REFERENCE MATERIAL
<p>The background papers for this report are the:</p> <ul style="list-style-type: none"> • Local Government and Social Care Ombudsman Complaints Handling Code Complaint Handling Code - Local Government and Social Care Ombudsman • Housing Ombudsman Complaints Handling Code The Complaint Handling Code Housing Ombudsman Service

APPENDICES
Appendix A – Proposed Corporate and Housing Complaints Policy

REPORT CONTACT OFFICER(S)

Name	Maddie Adger
Job Title	Leadership Support Manager
Email/Telephone	leadershipsupport@tendringdc.gov.uk (01255) 686340



Tendring
District Council

CORPORATE AND HOUSING COMPLAINTS POLICY

April 2025

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LIST OF SERVICES

This policy covers the following services within the term of Corporate Complaints and are the responsibility of Tendring District Council.

- Anti-Social Behaviour
- Beach Patrol
- Council Tax
- *Electoral Registration and Election Matters
- Housing Allocations
- Homelessness Application
- Housing Anti-Social Behaviour
- Licensing
- Open Spaces
- Sports Facilities/ Leisure Centres
- Parking Services
- Planning and Building Control
- Waste, Recycling and Refuse Collection

*Whilst this policy does not cover electoral registration and election matters, because they are the responsibility of the Electoral Registration Officer / Returning Officer, complaints in respect of those matters will be considered in a way that mirrors the approach set out in this policy.

For clarification purposes please see the list of services which are the responsibility of Tendring District Council and fall within the Council Housing Complaints.

- Social Housing Repairs
- Social Housing Tenancies
- Private Housing Landlords
- Landlord Leaseholder Services
- Tenant Behaviour Occupancy Rights

These services are the responsibility of Essex County Council.

- Highways / Pavements (potholes)
- Traffic
- Education
- Social Services

In addition, certain services are delivered by the 27 Parish / Town Councils that include powers to provide / maintain:

- Allotments
- Monuments
- Developing Neighbourhood Plans
- Public Buildings and Village Halls

CORPORATE COMPLAINTS

Introduction

Tendring District Council seeks to provide quality, cost-effective services to the people of Tendring and welcomes feedback and suggestions from service users.

We are constantly working to improve the services we provide and, if you believe you have not received a proper level of service, please tell us about it. Your complaints provide us with information not only about where things may be going wrong, but also about what you think of us. They are a useful way for us to monitor and improve the efficiency and effectiveness of all our services.

This policy does not deal with everything, including complaints against Councillors.

Purpose of this policy

The aim of this policy is to provide a fair and consistent approach to dealing with complaints and ensure they are handled appropriately and professionally in line with the Local Government & Socials Care Ombudsman's Complaint Handling Code.

Emphasis will be provided on resolving complaints as quickly as possible by the service concerned. We will ensure that staff are equipped to deal with complaints efficiently and effectively and lessons learned from complaint investigations will be used to directly inform service improvements.

You can find out more about the Housing Ombudsman and their Complaint Handling Code by visiting www.lgo.org.uk

Aims of this policy

The policy aims to:

- clarify with the individual any aspects of the complaint they are unclear about
- deal with complaints on their merits; act independently, and have an open mind
- give the individual a fair chance to set out their position
- take measures to address any actual or perceived conflicts of interest
- consider all relevant information and evidence carefully.
- Direct the complaint to the appropriate service.

How to make a complaint

If you feel the Council has done something wrong or badly, or failed to do something, the first thing you should do is contact the officer you have been dealing with. You should ask them to put things right for you or explain the reasons for the Council's failure to do what you expect them to do. If you remain dissatisfied, you may wish to make a formal complaint by completing the attached Complaints Form and send to the relevant department.

To help us deal with your complaint effectively, you will need to tell us to:

- What the problem is and how it has occurred

- How it has affected you
- What you consider we should do now to put the matter right

What can I complain about?

A complaint must be about something specific, for example:

- The standard of service provided by the Council
- Failure by the Council to provide an agreed service
- Failure by the Council to respond to a request for a service
- That the Council has exceeded its powers
- That the attitude or conduct of an officer has been unacceptable
- The Council has not followed an agreed procedure
- Maladministration by the Council (ie delay, bias or confusion)

If your complaint concerns more than one service, we shall combine the response. The complaint and response shall be managed by the Governance Directorate.

If you are uncertain of which service would need to be responsible for your complaint, please send it to the Governance Directorate. The contact details are below.

What can I not complain about?

The procedure does not cover:

- Request for a service;
- Requests for information or an explanation of Council policy or practice;
- Matters for which there is an existing right of appeal (either within the Council itself or to an independent tribunal) or legal remedy;
- Complaints made more than 12 months after the events complaint about.
- Complaints regarding Councillors alleged breach of the code of conduct.

Complaints brought after this 12 month time limit will not be considered unless there are exceptional circumstances why the complaint was not brought within the time limit. Whether there are exceptional circumstances will be determined by the Council's Monitoring Officer.

Complaints about Councillors must be brought under the separate "Complaints about Councillors" procedure available from the Council's website www.tendringdc.gov.uk or the reception area of any Council offices.

If you need to make a complaint, we will take your concerns seriously. We will treat you fairly and with respect and you can be confident that you will not receive a poorer service or be treated differently because you have made a complaint to us. If we uphold your complaint you can expect an apology and for us to put things right quickly. What we ask in return is that you treat our staff with respect.

If you complain to us but feel that you can't give us your name, we will not be able to deal with this under our complaints procedure. However, we will take appropriate steps to deal with the issue you have told us about.

Representation and support

If you are not comfortable or confident making a complaint, we will signpost you to organisations, such as Citizen's Advice, who may be able help you with making a complaint.

You can also get support and advice from the Local Government and Social Care Ombudsman and further details about how to contact them are provided on page 7 of this policy.

How will we handle your complaint?

If we have failed to provide a service to you or if you are dissatisfied with the service that you have received, then please let us know. In most cases, we hope that the member of staff you have been dealing with will be able to resolve your issue.

Where this is not possible, we will consider your complaint in accordance with this Policy.

Unsure of where to send your complaint

If you are not sure which department deals with your particular complaint, please contact the **Governance Directorate**:

Governance

Town Hall

Station Road

Clacton-on-Sea

Essex CO15 1SE

Telephone: 01255 686186

E-mail: corporatestage2complaints@tendringdc.gov.uk

For Corporate Complaints - Local Government and Social Care Ombudsman

The Local Government and Social Care Ombudsman service is the final stage of the complaints process and they are an independent person who looks into your complaint of maladministration (bad practice) against local authorities. The Ombudsman will usually want to know if your complaint has been resolved locally, so you should follow the steps in the Complaints Procedure first.

Complaints can refer to the Local Government and Social Care Ombudsman Service by:

Filling in the Making a complaint form or their website:

[Complaint Form - Local Government and Social Care Ombudsman](#)

Phoning 0300 061 0614

Writing to: Local Government and Social Ombudsman, PO Box 4771, Coventry, CV4 0EH

Via their website www.lgo.org.uk

HOUSING COMPLAINTS

Introduction

As your landlord, Tendring District Council aims to give you the best service we can. However, we know that sometimes mistakes and delays do occur and it is important that you have the opportunity to tell us when this happens. We recognise the importance of complaints and welcome them as a valuable form of feedback about our services.

This Housing Complaints Policy explains how you can do this and your feedback will also help us to improve the service we provide for you and for all of our tenants and leaseholders in the future.

Purpose of this policy

The aim of this policy is to provide a fair and consistent approach to dealing with complaints from the Council's tenants and ensure they are handled appropriately and professionally in line with the Housing Ombudsman's Complaint Handling Code.

Emphasis will be placed on resolving complaints as quickly as possible by the service concerned. We will ensure that staff are equipped to deal with complaints efficiently and effectively and lessons learned from complaint investigations will be used to directly inform service improvements.

You can find out more about the Housing Ombudsman and their Complaint Handling Code by visiting www.housing-ombudsman.org.uk

Aims of this policy

The policy aims to:

- set out how complaints about the Council, as a landlord, will be investigated and responded to;
- ensure that we resolve complaints at the earliest stage we can, making decisions that are based on fact;
- ensure that we take a consistent and transparent approach to complaint handling and treat people fairly and equally;
- ensure that we acknowledge any mistakes we have made and put things right when we need to; and
- make sure that we learn lessons from the complaints received and use these to identify areas for improvements.

Legal and regulatory context

- Charter for Social Housing Tenants

The Government's 2020 white paper 'The Charter for Social Housing Tenants' built on the lessons learnt from the Grenfell Tower fire and this contains seven commitments that social housing tenants should expect from their landlord. In relation to complaints, the commitment is that complaints should be dealt with fairly and promptly.

- Social Housing Regulation Act 2023

This legislation builds upon the existing regulatory framework for housing and introduces revised Consumer Standards that come into force on 1 April 2024. These standards contain specific expectations registered providers of social housing must comply with and detail the outcomes that providers are expected to achieve.

The Transparency, Influence and Accountability Standard, states that registered providers must ensure that complaints are addressed fairly, effectively and promptly.

The specific expectations are that registered providers:

- Must ensure their approach to handling complaints is simple, accessible and publicised.
- Must provide accessible information to tenants about:
 - a) How tenants can make a complaint about the registered provider;
 - b) The registered provider's complaints policy and complaints handling process;
 - c) What tenants can do if they are dissatisfied with the outcome of a complaint or how a complaint was handled; and
 - d) The type of complaints received and how they have learnt from complaints to continuously improve services.

➤ Housing Ombudsman

The Complaint Handling code, first introduced by the Housing Ombudsman in 2020, becomes statutory from 1st April 2024 and provides a single, robust set of standards for complaints procedures to be accessible, fair and efficient.

In addition, a legal duty is placed on the Ombudsman to monitor compliance with the Code, regardless of whether it receives individual complaints from residents about a landlord. This means that landlords will be required to submit their self-assessment to the Housing Ombudsman each year.

What is a complaint?

We use the Housing Ombudsman's definition of a complaint which is:

“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.”

You do not have to use the word complaint for it to be treated as one. If you express any dissatisfaction to us, we will give you the choice to make a complaint.

A complaint that is submitted via a third party or representative will also be handled in line with this policy.

What does this policy cover?

This policy covers complaints made about the Council, as a landlord, and in relation to our provision and management of housing.

A complaint may be about:

- a failure to provide accurate information;
- delays in decision making;
- dissatisfaction with a decision;
- delays in providing services;
- failure to deliver services;
- the appropriateness of services;
- the quality of services;
- the lack of services;
- changes to services;
- a failure to follow the Council's policies and procedures; or
- the lack of proper procedures.

The above list does not cover everything but gives an indication of the type of things that complaints may be about.

There is, however, a difference between a service request and a complaint. A service request is when a tenant asks us to take action to put something right, for example to carry out a repair. This would not be classed as a complaint but these requests are still recorded, monitored and reviewed regularly.

If you then express dissatisfaction with our response to your service request, this would be classed as a complaint even if we are still handling your request.

We often ask residents to complete surveys – for example, after major maintenance or improvement works have been carried out. Any dissatisfaction expressed through these surveys would not be defined as a complaint although we will make you aware of how you can pursue a complaint if you want to.

What this policy does not cover

We will always accept a complaint unless we have a valid reason not to do so.

However, some things are not covered by this policy because they are covered by another policy or procedure or are outside the Council's control.

The exclusions to this policy include:

- requests for a service (for example, the **first time** you ring to request a repair);
- complaints about the actions of a third party (for example, a noisy neighbour);
- matters where there is a separate means of resolution (for example, a Tribunal or appeals route);
- matters dealt with under the Council's Employment Procedures;
- insurance claims against the Council;
- requests for information;
- corporate complaints (complaints about any other Council service – these are dealt with under the Corporate Complaints Procedure);
- complaints that have already been investigated under this or another of the Council's complaints procedures;
- complaints that have been investigated by the Housing or Local Government Ombudsman;

- complaints made twelve months after the date you learned that something went wrong (unless there are exceptional circumstances why the complaint has not been made sooner);
- complaints relating to Freedom of Information and Environmental Information Requests;
- complaints about Councillors;
- complaints outside of the Council's jurisdiction (for example, complaints about utilities companies);
- complaints subject to legal proceedings;
- complaints about the level of rent or service charge or the amount of the rent or service charge increase; or
- complaints from contractors about their commercial or contractual relationships with the Council.

All complaints will be considered on their individual merits.

If we decide not to accept a complaint, we will provide you with a detailed explanation of why it is not considered suitable to be dealt with under this policy. We will also advise you of your right to take this decision to the Housing Ombudsman.

How to make a complaint?

We want to make it easy for you to make a complaints and will provide a number of different ways for you to do this.

You can make a complaint to us in any of the following ways:

- by filling in our Complaints form, which is available on our website and on request from any member of staff;
- by raising it with any member of our staff
- by emailing councilhousingcomplaints@tendringdc.gov.uk
- by phoning 01255 686868 or the direct number of the team you have been dealing with; or
- by visiting our Reception at Pier Avenue in Clacton, which is open Monday, Tuesday and Wednesday from 10am to 1pm

We will regularly publish details about our complaints handling process and also publish information regarding the advice and support that can be provided by the Housing Ombudsman. We will also ensure that our Complaints Policy is published on our website, together with our annual self-assessment against the Housing Ombudsman's Code.

Who can make a complaint?

A complaint can be made by:

- anyone who is or has been in a residential landlord/tenant relationship with the Council. This includes Council tenants and former tenants, leaseholders and shared owners. If the complaint is made by an ex-occupier they must have had a legal relationship with the Council at the time that the matter complained of arose;
- a representative of any of the people above who has that person's written consent to make a complaint on their behalf;
- a representative of any of the people above who does not have the capacity to give their consent to someone to act on their behalf. However, in these circumstances, we

- must be satisfied that the representative has the legitimate authority to act on the person's behalf; or
- a person with the legal capacity to make a complaint on behalf of any of the people above who is deceased.

We know that sometimes it is difficult to complain. However, by handling complaints effectively, we want to make sure that residents are heard and understood.

If you need to make a complaint, we will take your concerns seriously. We will treat you fairly and with respect and you can be confident that you will not receive a poorer service or be treated differently because you have made a complaint to us. If we uphold your complaint you can expect an apology and for us to put things right quickly. What we ask in return is that you treat our staff with respect.

If you complain to us but feel that you can't give us your name, we will not be able to deal with this under our complaints procedure. However, we will take appropriate steps to deal with the issue you have told us about.

Representation and support

If you are not comfortable or confident making a complaint, we will signpost you to organisations, such as Citizen's Advice, who may be able help you with making a complaint.

You can also get support and advice from the Housing Ombudsman and further details about how to contact them are provided on page 8 of this policy.

How will we handle your complaint?

If we have failed to provide a service to you or if you are dissatisfied with the service that you have received, then please let us know. In most cases, we hope that the member of staff you have been dealing with will be able to resolve your issue.

Where this is not possible, we will consider your complaint in accordance with this Policy.

Housing Ombudsman

The Housing Ombudsman Service is the final stage of the complaints process and they will consider whether your complaint comes within their jurisdiction, investigate as appropriate and come to a decision on your complaint.

The Housing Ombudsman Service can also provide advice and support throughout the life of a complaint and we will advise you of this as part of our complaints handling and response.

Complaints can be referred to the Housing Ombudsman Service by:

Filling in the Making a Complaint form on their website www.housing-ombudsman.org.uk

Emailing info@housing-ombudsman.org.uk

Phoning 0300 111 3000

Writing to: Housing Ombudsman Service, PO Box 1484, Unit D, Preston, PR2 0ET

Via their website www.housing-ombudsman.org.uk

Following the Housing Ombudsman's consideration of your complaint we will not consider the matter further.

The Housing Ombudsman also has a legal duty to make sure that landlords meet this requirement of its Complaints Handling Code.

Complaint Stages for both Corporate and Housing Complaints

There are two stages to our Internal Complaints Policy which are explained below:

➤ **Stage One**

If your issue is not something we can resolve straightaway as part of our day to day business, we will usually deal with it as a Stage 1 complaint and try to resolve it within the service you are complaining about.

We will send you an acknowledgement of your complaint within 5 working days of us receiving it. This will set out our understanding of your complaint and the outcome you are seeking. It will also tell you who will be investigating your complaint and when you can expect a full response. The manager or team leader investigating your complaint may contact you prior to responding fully to find out more about the issue you are complaining about if it is not clear in your initial complaint.

If there are any aspects of your complaint that we are not responsible for, we will let you know and tell you who is responsible.

All complaints received will be investigated in an impartial manner and all information and evidence will be carefully considered.

You should then receive a thorough response to your complaint within 10 working days of us acknowledging it. If this is not going to be possible, we will contact you to explain why and will also agree a date by which you should receive a response. This will not exceed a further 10 working days unless there are exceptional circumstances. We will also provide you with the contact details for the appropriate Ombudsman in case you want to obtain their advice or support.

If exceptional circumstances do apply, we will contact you to make you aware.

Where an extension of time is necessary it does not constitute a breach of this policy.

We will respond to your complaint when we know the answer to it not when the outstanding actions to address the issues are completed. However, we will make sure that any outstanding actions are actioned promptly, and we will provide you with updates, as appropriate.

When we reply to you, we will address all points raised in your complaint and give clear reasons for any decisions, referencing policy, law and good practice, where appropriate.

If you raise additional complaints whilst we are investigating your Stage 1 complaint, we will incorporate these into our response if the issues are related and we have not yet sent our response to you.

If we have already responded to your Stage 1 complaint or the new issues you raise are unrelated or the investigation of these would unduly delay our response, the new issues will be recorded as a new and separate, complaint.

Our response to a Stage 1 complaint will contain the following, in clear plain language:

- The complaint stage
- The complaint definition (that is what your complaint is about and the outcome you are seeking)

- The decision about the complaint
- The reasons for any decisions made
- The details of any remedy offered to put things right
- Details of any outstanding actions
- Details of how to escalate the matter to Stage 2 if you are not satisfied with the response
- Details of how to contact the appropriate Ombudsman for advice and assistance

If you are unhappy with the initial response you have received to your complaint, you should contact corporatestage2complaints@tendringdc.gov.uk (using the details provided on page 5) and ask for your complaint to be escalated to Stage 2. A Stage 2 complaint could be a simple review of the Stage 1 complaint.

We will only refuse to escalate a complaint to Stage 2 if we have a valid reason for doing so and, if this is the case, we will always provide you with an explanation.

Within the Council any request for a Stage 2 complaint received other than by corporatestage2complaints@tendringdc.gov.uk, will be referenced to them immediately.

Within the Council the officers dealing with the complaint will identify any lessons learned to support continuous improvement.

➤ **Stage Two**

We will send you an acknowledgement of your Stage Two complaint within 5 working days of us receiving it. This will set out our understanding of your complaint and the outcome you are seeking. It will also tell you who will be investigating your complaint and when you can expect a full response. The Investigating Officer will not be the same person that investigated your complaint under Stage 1 to ensure that their investigation is independent and objective.

The Investigating Officer will contact you where appropriate to clarify the issues and your desired outcome in relation to each element of your complaint.

The Investigating Officer will generate an Investigators report that shall be provided to the appropriate Corporate Director of the Council to examine, provide approval and a copy shall be provided to yourself.

The Investigating Officer will provide recommendations and lessons learned within their report to the Corporate Director to assist with continuous improvement.

The Corporate Director of Housing will provide you with a thorough response within 20 working days from us acknowledging your request to escalate your complaint. If this is not going to be possible, we will give you an explanation and agree a date when the Stage two response will be sent to you. The revised response date should not exceed a further 20 working days without good reason. We will also advise you of your right to access the Housing Ombudsman Service or the Local Government and Social Care Ombudsman for advice and support.

Where an extension of time is necessary it does not constitute a breach of this policy.

We will respond to your complaint when we know the answer to it not when the outstanding actions to address the issues are completed. However, we will make sure that any outstanding actions are actioned promptly, and we will provide you with updates, as appropriate.

When we do send a full response to you, we will address all points raised in your complaint and give clear reasons for any decisions, referencing policy, law and good practice, where appropriate

The response to a Stage 2 complaint will contain the following, in clear plain language:

- The complaint stage
- The complaint definition (that is what your complaint is about and the outcome you are seeking)
- The decision about the complaint
- The reasons for any decisions made
- The details of any remedy offered to put things right
- Details of any outstanding actions
- Details of how to contact the Housing Ombudsman or the Local Government and Social Care Ombudsman for advice and assistance

There may be circumstances, under both stages of our Complaints Procedure, where we need to extend the timescale for response – for example where people are unavailable due to sickness absence. However, this will be the exception and not the rule and we will always speak with you if it is necessary to extend the timescale.

If an extended timescale cannot be agreed, we will provide the appropriate Ombudsman or contact details so that you can challenge the timeliness of our response.

Stage 2 is the final stage of investigation under the Corporate and Council Housing Complaints Policy.

Our complaint handling principles are applied for all complaints

In handling the complaints we receive, we will:

- Conduct the investigation in an impartial manner
- Deal with the complaint on its individual merits
- Aim to resolve complaints at the earliest stage possible
- Act independently and have an open mind
- Take measures to address any actual or perceived conflict of interest
- Consider all information and evidence carefully
- Keep the complaint confidential as far as possible, with information only disclosed if necessary to properly investigate the matter
- Give you and anyone who is subject to a complaint a fair chance to set out their position
- Not generally identify individual members of staff or contractors
- Keep you updated about the progress of the investigation
- Send you a response when the answer to your complaint is known and not when outstanding actions to address the issue are completed.
- Advise you of your right to seek advice from the Housing Ombudsman Service or Local Government and Social Care Ombudsman Service throughout the complaints process
- Advise you of your right to escalate a complaint and not unreasonably refuse to escalate a complaint
- Keep a record of all complaints and the outcomes at each stage

If, due to exceptional circumstances, we are unable to meet the commitments of this policy, we will let you know and publish this information on our website. We will also let the Housing Ombudsman know.

Putting things right

Where something has gone wrong, we will acknowledge this and set out the actions we have already taken or intend to take to put things right. These can 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 or adding a correction or addendum
- Providing a financial remedy
- Changing policies, procedures or practice.

Complaints can be resolved at any stage of our complaints policy.

If we uphold your complaint, you can expect an apology and for us to put things right quickly. We may also propose one or more of the above actions. The aim of these actions is to put you back in the position you were in before the problem occurred and make amends for any loss you may have suffered as a result. Although we will consider each complaint on its merits, we will try to ensure we offer similar remedies for similar situations.

Remedies may include a review of our practices and procedures to ensure that the same thing does not happen again, or we may take a specific action.

Recording complaints

All complaints received will be recorded to make sure that they are dealt with in line with this policy. This information will also be used to identify topics and trends so that we can learn from the things you tell us and improve our services in the future.

During the complaints process, a file containing correspondence and other relevant documentation (such as written notes, transcripts of conversations, etc) will be maintained and all records will be kept in line with the Council's published retention periods.

During the complaints process it may be necessary to share your personal details with council officers but we will only share details that are relevant to your complaint and all personal data will be securely stored and processed in line with the Council's Data Protection Policy and the provisions of the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Further details are contained in our [Privacy Notice](#)

Satisfaction surveys

Once we have dealt with your complaint, we will send you a link to an online survey to find out how satisfied you were with the way we handled your complaint. We would appreciate you taking the time to fill this in as this information will help us improve the way we handle complaints. If you require a paper copy of the survey form, please contact Corporate Complaints using the details provided on page 6.

Unreasonably persistent complainants - Corporate

Most complainants pursue their complaints with the Council in a reasonable and acceptable manner. However, a small minority of complainants act in a way that is persistent, vexatious or unreasonable.

For further information, please refer to our Guidance for Dealing with Persistent, Vexatious and Unreasonable Complaint Behaviour.

Unreasonably persistent complainants - Housing

We do not normally limit contact with our offices. However, if you display unreasonably persistent behaviour for example, you contact our offices so many times that it hinders our handling of your complaint, we may take action to limit your contact.

We would not take action simply because you are not satisfied with the outcome of our investigation or because you refer your complaint to the Housing Ombudsman. That is your right and pursuing your complaint through the appropriate channels is not the same as being unreasonably persistent.

For further information, please refer to our Unacceptable Customer Behaviour Policy.

Accessibility and equal opportunities

The Council is committed to treating all customers fairly and with respect and professionalism.

In applying this policy, we will make sure that no individual is discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief (including political opinions), sex or sexual orientation and will comply with our duties under the Equality Act 2010, including the public sector equality duty (section 149).

We will make reasonable adjustments to our complaints service where necessary, ensuring tenants with a disability are not at a disadvantage when accessing the service.

Examples of the reasonable adjustments we will make are:

- Using the customer's communication preference throughout the duration of the complaint;
- We will not request a complaint to be made in writing where this presents a barrier or disadvantage to the customer due to their disability or additional needs;
- Extension of any time limits (where it is lawful to do so); and
- Provide information in alternative formats eg. Braille, large print or on coloured paper.

In the circumstance where we are unable to make a reasonable adjustment due to cost or resources, we will work together with the tenant to find the most appropriate alternative solution for them.

For further information relating to corporate complaints, please refer to the Equality and Inclusion Strategy.

For further relating to Housing Complaints, please refer to our Reasonable Adjustments Policy.

If you believe there has been a discrimination, please contact the Organisational Development Manager.

Monitoring and reporting

We will produce a six-monthly complaints performance and service improvement report to meet the requirements of the Housing Ombudsman and an annual complaints performance and service improvement report to meet the requirements for the Local Government and Social Care Ombudsman. These will include:

- An annual self-assessment against the Housing Ombudsman and Local Government & Social Care Ombudsman's Complaints Handling Code to make sure that our complaints handling policy meets their requirements;
- A qualitative and quantitative analysis of our complaints performance including a summary of the types of complaints we have refused to accept;
- Any findings of non-compliance with the Code;
- Details of 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

This will be reported to the Council's Cabinet for Housing Complaints and the Audit Committee for Corporate Complaints by no later than the end of June each year.

It will also be published on our website, together with any comments made by our Cabinet and minutes from the Audit Committee.

Continuous learning and improvement

As well as responding to individual complaints, we look at the number and type of complaints we receive to see if there are any common themes or trends. This can help us to identify issues and make changes to the way we do things so that the same thing does not happen again. We will publish details about the lessons we have learnt and any changes made.

The Leader of the Council is responsible for Corporate Complaints and will receive regular information about the complaints we receive and how we have handled these.

The Portfolio Holder responsible for Housing is our Member Responsible for Housing Complaints and will receive regular information about the complaints we receive and how we have handled these.

The Members Responsible for Complaints will also support and encourage a positive complaint handling culture which reflects the need for all relevant staff to:

- Have a collaborative and co-operative approach towards handling complaints, working with colleagues and across departments
- Take collective responsibility for any shortfalls identified through complaints rather than blaming others, and
- Act within professional standard for engaging with complaints.

Review of this policy

The policy will ~~then~~ be reviewed every two years in consultation with tenant representatives, staff, and other stakeholders, including the Portfolio Holder responsible for Housing, unless there are any reasons, such as legislative or regulatory changes, requiring that it be reviewed earlier.

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By virtue of paragraph(s) 7 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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