

# Audit and Standards Committee

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**Thursday 23 November 2023 at 5.00 pm**

**Town Hall, Sheffield, S1 2HH**

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillors Mohammed Mahroof (Chair), Fran Belbin (Deputy Chair), Lewis Chinchen, Simon Clement-Jones, Bryan Lodge, Laura McClean and Henry Nottage.

## **Independent Co-opted Members**

Alison Howard.

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## **PUBLIC ACCESS TO THE MEETING**

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The Audit and Standards Committee oversees and assesses the Council's risk management, control and corporate governance arrangements and advises the Council on the adequacy and effectiveness of these arrangements. The Committee has delegated powers to approve the Council's Statement of Accounts and consider the Annual Letter from the External Auditor.

The Committee is also responsible for promoting high standards of conduct by Councillors and co-opted members.

A copy of the agenda and reports is available on the Council's website at <http://democracy.sheffield.gov.uk>. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information.

Recording is allowed at meetings of the Committee under the direction of the Chair of the meeting. Please see the website or contact Democratic Services for details of the Council's protocol on audio/visual recording and photography at council meetings.

If you require any further information please contact Jay Bell in Democratic Services via email [jay.bell@sheffield.gov.uk](mailto:jay.bell@sheffield.gov.uk).

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## **FACILITIES**

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There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

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**AUDIT AND STANDARDS COMMITTEE AGENDA  
23 NOVEMBER 2023**

**Order of Business**

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- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of the Press and Public**  
To identify items where resolutions may be moved to exclude the press and public.
- 4. Declarations of Interest** (Pages 5 - 8)  
Members to declare any interests they have in the business to be considered at the meeting.
- 5. Minutes of Previous Meeting** (To Follow)  
To approve the minutes of the meeting of the Committee held on 19 October 2023
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Review of Members' Code of Conduct & Complaints Procedure** (Pages 9 - 52)  
Report of the General Counsel
- 8. Annual Ombudsman Complaints Report 2022/23** (Pages 53 - 80)  
Report of the Director of Operational Services / Monitoring Officer
- 9. Work Programme** (Pages 81 - 90)  
Report of the General Counsel
- 10. Fargate Containers Internal Audit Report** (Pages 91 - 172)  
Report of the Director of Finance and Commercial Services
- 11. Dates of Future Meetings**  
To note that the next meeting of the Committee will be held at 5.00 p.m. on 11 January 2024

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period\* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

\*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
  - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
  - (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, General Counsel by emailing [david.hollis@sheffield.gov.uk](mailto:david.hollis@sheffield.gov.uk).

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## Audit and Standards Committee Report

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**Report of:** General Counsel and Monitoring Officer

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**Date:** 23<sup>rd</sup> November  
2023

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**Subject:** Review of the Procedure for Dealing with Standards  
Complaints

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**Author of Report:** David Hollis, General Counsel and Monitoring Officer

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**Summary:** This report sets out recommended revisions for the Committee to consider to the current 'Procedure for dealing with Complaints regarding City, Parish and Town Councillors and Co-opted Members.

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**Recommendations:** That the Audit and Standards Committee:

1. Consider and comment upon the proposed changes to the current Complaints Procedure and Code of Conduct.
  2. Note that the Monitoring Officer will present a report to Full Council with the Committee's recommendation to adopt the revised Procedure (to include additional revisions arising from the meeting,) and that the Constitution is amended accordingly; and
  3. Refers the proposed changes to the Procedure to the Parish and Town Councils for consideration and adoption.
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### Background Papers:

Report to Audit and Standards Committee on 16<sup>th</sup> February 2023

<https://democracy.sheffield.gov.uk/documents/s57557/8.%20Review%20of%20Complaints%20Procedure%20Cover%20report%202022.pdf>

Report to Full Council 6<sup>th</sup> September 2023

<https://democracy.sheffield.gov.uk/documents/s62593/Changes%20to%20the%20Constitution%20-%20Report%20and%20Appendices%20-%2006%20Sept%202023.pdf>

Report to Strategy and Resources Committee 19<sup>th</sup> June 2023 (with attached Tree Inquiry Report)

[https://democracy.sheffield.gov.uk/documents/s60286/Tree\\_Inquiry\\_Committee\\_Report.pdf](https://democracy.sheffield.gov.uk/documents/s60286/Tree_Inquiry_Committee_Report.pdf)

Annex A to 19<sup>th</sup> June 2023 report – action plan (attached Annex A Tree response action table)

[https://democracy.sheffield.gov.uk/documents/s60237/Annex\\_A\\_Tree\\_Response\\_action\\_table.pdf](https://democracy.sheffield.gov.uk/documents/s60237/Annex_A_Tree_Response_action_table.pdf)

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**Category of Report:** OPEN

**Statutory and Council Policy Checklist**

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|--|
| <b>Financial Implications</b>                        |
| /NO  |
| <b>Legal Implications</b>                            |
| YES Cleared by                                       |
| <b>Equality of Opportunity Implications</b>          |
| NO   |
| <b>Tackling Health Inequalities Implications</b>     |
| NO   |
| <b>Human rights Implications</b>                     |
| NO   |
| <b>Environmental and Sustainability implications</b> |
| NO   |
| <b>Economic impact</b>                               |
| NO   |
| <b>Community safety implications</b>                 |
| NO   |
| <b>Human resources implications</b>                  |
| NO   |
| <b>Property implications</b>                         |

|   |
|---|
|   |
| NO  |
| <b>Area(s) affected</b>   |
| None  |
| <b>Is the item a matter which is reserved for approval by the City Council?</b> |
| YES   |
| <b>Press release</b>  |
| NO  |

# REVIEW OF THE PROCEDURE FOR DEALING WITH STANDARDS COMPLAINTS AND MEMBERS CODE OF CONDUCT

## 1.0 INTRODUCTION

1.1. The latest version of the Councillor Code of Conduct and the Procedure for Dealing with Standards Complaints “the Procedure” as set out within the Monitoring Officer Protocol (Part 5b of the Constitution) were approved by Full Council 6th September 2023 and copies are attached as Appendix A and Appendix B.

## 2.0 BACKGROUND

2.1 Minor revisions were made in February 2023 to the Procedure, to “add clarity and reflect current practice”. (See the Report to Audit and Standards Committee report dated 16<sup>th</sup> February 2023 within the Background Papers.)

2.2. In accordance with Paragraph 12.1 of the Procedure, the Monitoring Officer “will review the Procedure annually, in consultation with the Independent Persons, and submit a report on any proposed changes to the Audit and Standards Committee for considerations, any changes will require final approval at Full Council.”. This is normally done in the latter part of the Municipal Year.

2.3 On 19<sup>th</sup> June 2023, the Council’s Strategy and Resources Committee agreed a number of actions to respond to the findings and recommendations of Sir Mark Lowcock KCB in his report published 6 March 2023. ( See the 19<sup>th</sup> June 2023 report in the Background documents.) One of the agreed actions, was for the Monitoring Officer to take a report to the Council’s Audit and Standards Committee on whether the standards regime and Councillor Code of Conduct needs updating.

2.4 Therefore this review is being undertaken earlier than normal as a result of that recommendation.

## 3.0 REVISIONS TO THE CODE OF CONDUCT AND PROCEDURE

3.1 The following proposed revisions to the Procedure, are set out within this part of the report. Where it’s been felt that no relevant revision is required in particular circumstances, then that too has been noted and with reasons given.

### **3.1.1 Appeals**

(i) Currently, paragraph 9.1 of the Procedure provides that there is “...no right of appeal for the complainant or Member against a decision of the Monitoring Officer, Consideration Sub-Committee or Hearing Sub-Committee.

Paragraph 9.2 [provides that] If the Complainant feels that the Council has failed to deal with their complaint properly, they can make a complaint to the Local Government and Social Care Ombudsman(LGO) ...”. This is in line with the following LGO guidance.

*The Ombudsman does not offer a right of appeal against a council's decision on member conduct complaints, but we can consider if there was fault in the way the council considered the complaint. We will only investigate complaints if there is sufficient injustice to warrant our involvement or we consider it in the public interest to do so.*

*We may also be able to investigate complaints about the way the council has investigated the complaint about parish or town councillors. But we would need to consider what we could ultimately achieve as we could not investigate the actions of the town or parish council itself*

(ii) It has been considered if there should be any additional appeal rights.

(iii) Recommendation: for Complainants – for the purpose of clarity, the need to expand upon what is actually meant by “failed to deal with their complaint properly” may be inserted into the Procedure and better reflect the LGO guidance.

(iv) **It is therefore proposed** that paragraph 9.2 will read “...If the Complainant feels that the Council has failed to follow the complaints Procedure (as set out within this Procedure document,) or has taken too long to look into the matter or has acted in a way that is contrary to the law, then they may make a complaint to the Local Government and Social Care Ombudsman ...”

(v) It is not recommended that there is another appeal route. The recent Teignbridge District Council investigation by the Local Government and Social Care Ombudsman was clear that the complaint process must be formal, fully documented and in line with the Human Rights Act 1998 and therefore right of appeal is unnecessary from that perspective and it is suggested the right to make a complaint to the LGO meets the needs of complaint about process.

(vi) **It is therefore recommended** that paragraph 9.1 will read, “ In the event of a finding being made against a Member by the Monitoring Officer, or any Sub-Committee, then that Member may make representations in advance of that decision being taken.”.

### **3.1.2. “If there is a potential conflict of interest to prevent the Monitoring Officer acting under the protocol”.**

(i) It is the practice that in such a situation arising, the Monitoring Officer would simply step back and the matter would be dealt with either by the Council’s Deputy Monitoring Officer or by a Monitoring Officer from another Authority. This accords with fair process

**(ii) It is therefore proposed** to alter the Procedure to reflect the current practice

### **3.1.3 Should we slim down our process and so remove one or more levels of our current 3 stage process? This may be considered together with consideration of time-frame for handling complaints.**

(i) The LGO recommends that a reasonable time to investigate Member complaints is 12 weeks.

(ii) The time frame of 12 weeks, given the role for both officers and Members' involvement is particularly challenging with our current 3 tier procedure.

(iii) From a review of a number of other Council Member Complaints Procedures, it's apparent that a robust and transparent procedure can be given effect to whilst reducing the process by having just one sub-committee being involved once only in the procedure.

(iv) Our current Procedure provides that there are two ways a matter may be forwarded to the Consideration Sub-Committee:

- a) following an Initial Assessment, if it is felt that the allegation(s) warrant an investigation then, from paragraphs 6.8 onwards, the process requires a report to be compiled by an Investigating Officer and that report will then, (in accordance with paragraph 6.8.6,) be submitted by the Monitoring Officer to the Consideration Sub-Committee.

b) The second way a matter may be forwarded to the Consideration Sub-Committee is pursuant to paragraph 6.9.1. This is where the Monitoring Officer is of the view that there is a breach of the Code, there is no dispute of the facts and therefore there is no need for an investigation.

(v) Also, our procedure here provides "an investigation will be completed within 12 weeks of a referral by the Monitoring Officer. The Consideration Sub-Committee will meet within two months of the final report being submitted from the Monitoring Officer" ( Paragraph 6.8.7.)

(vi) No parties are required to attend a Meeting of the Consideration Sub-Committee.

(vii) Paragraph 7.4 sets out what powers the Consideration Sub-Committee have- "a) take no action; or b) ...take such steps as the Sub-Committee considers appropriate to prevent a future breach of the Code ..." They may also "c) refer the matter to a Hearing Sub-Committee."

(viii) Paragraph 8 provides that the Hearing Sub-Committee will meet "within 2 months of a referral by the Consideration Sub-Committee to consider the allegation."

(viii) The powers of the Hearing Sub-Committee, in the event of a finding of a breach of the Code of Conduct, includes everything that is available to the Consideration Sub-Committee, plus, "...a briefing/ information note be issued, that the Member is censured in writing and a copy of the letter is published on the Council's website, take no action, where it is not considered appropriate in the circumstances to impose a sanction.".(Paragraph 8.8.1.0

(x) Both the Consideration Sub-Committee and the Hearing Sub-Committee have Councillors (3 on each plus 1 non-voting co-opted Member on each).

(xi) Both Parties may attend the meeting of the Hearing Sub-Committee and present witnesses.

(xii) **For all the reasons noted above, it is recommended** to remove the role of the Consideration Sub-Committee. Effectively, this means amending the current procedure as follows:

(xiii) Paragraph 6.8.6 - replace reference to the 'Consideration Sub-Committee' with 'Hearing Sub-Committee'.

(xvi) 7 shall be removed in entirety.

(xvii) Paragraph 8.2 will be deleted.

### **3.1.4.Sanctions**

(i) The current formal sanctions where there is a finding of a breach of the Code of Conduct are set out within paragraph 8.8.1 of the Procedure.

(ii) Currently, they include any of the following :

“-recommending to the Member’s Group Leader and / or Group Whip (or in the case of an un-grouped Members, recommend to Council or to Committees) that he/ she be removed from any or all Committees or Sub-Committees of the Council.

-instructing the Monitoring Officer to arrange training for the Member

-that policies/procedures are amended

-that a briefing/ information note be issued

-that an apology be given

-That the Member is censured in writing and a copy of the letter is published on the Council’s website

-Take no action where it is not considered appropriate in the circumstances to impose a sanction.”

(iii) In addition to the formal noted sanctions, our process also provides for informal mediation and other similar means of informally resolving the dispute which are considered throughout the process. In the majority of cases, informal resolution is always the preferred conclusion.

(iv) There are a number of other possible formal sanctions though which may be considered whilst we are looking at possibly revising the Procedure.

(v)Here are some further possible sanctions for consideration by this Committee:

-removal of a Member from a particular committee. This may only be achieved in consultation with the Group Leader of the Member’s party. This is not deemed practical. **This is not being recommended**, given the reality that there are some un-grouped Members.

-the withdrawal of access to Council premises or facilities (such as IT). But, this could be problematic and would need to be proportionate and must not

interfere unduly with the Member's ability to carry out their duties as a Member and therefore depriving electors of their democratically elected representatives. Organising the practicalities of this so as to ensure reasonableness may prove to be unworkable. Given the practical issues of this, **this is being recommended in one limited aspect, which is around the use of Council IT systems where the alleged breach is related to the sue of those systems.**

(vi) **Further recommendations** are made to provide some consistency or expand the current sanctions as follows

- Make the recommendation to remove from committees or sub-committees a recommendation to Full Council in all cases (not just ungrouped members) and extend the recommendation to external appointments made by Full Council
- Amend Paragraph 8.4 of the Code of Conduct to read 'I comply with any standards investigation, or sanction imposed on me following a finding that I have breached the Code of Conduct, *or any informal resolution by the Monitoring Officer. (italicised words added)*

### **3.1.5.Complaints by a Member against another Member**

(i) There is no separate complaints system available for these types of complaints. Other authorities do have specific provisions such as referring the matter to Group Whips. When such situations arise, the Monitoring Officer with the Independent Person will take an initial view and the current discretion on informal disposal or taking no action (where there is evidence of a breach) is sufficient.

(ii) There is **no recommendation** to change the Procedure.

### **3.1.6 – Transparency regarding A) recording of Code of Conduct Complaint findings, B) public attending Hearings.**

A(1) Where there is a finding of a breach of the Code of Conduct then the identity of the Member concerned may be openly stated in a findings report but subject to safeguards, including issues of data protection.

A(2) It is acknowledged that where there is a finding of a breach of the Code of Conduct by a Member, then that it is very much in the public interest, and so there is a legitimate expectation to publish the full details, including the name of the Member concerned. However, In some instances any report setting out a finding of a breach of the Code of Conduct may inevitably need to be redacted for proper lawful purposes. In some cases, the redaction may also include redacting the name of the offending Member concerned. This could happen where perhaps issues of health and safety were engaged, or if the matter was further referred to the police for their separate investigations.

A(3) Each case needs to be looked at carefully on the facts before publication.

A(4) Consequently, **there is no recommendation** to amend the Procedure

### **(B) Public attendance at Hearings-**



(i) Currently, the protocol states ‘The Sub-Committee will meet in public unless it decides that all or part of the meeting should be held in private in accordance with the Access to Information Procedure Rules in the Council’s Constitution.

(ii) Until a finding of a breach has been made, the Member who has had an allegation made against them is entitled to his right to privacy. Such a Member continues to fulfil the role they were elected to; therefore, making public potential unproven allegations may hinder their role to be undertaken on behalf of their local constituents. This will be taken into account when considering the legal requirements for public access but as each matter will be fact dependant it is not possible for the protocol to set an expectation on how the rules will be invoked in each case.

(iii) Consequently **there is no recommendation** to amend the Procedure.

### **3.1.7 Gifts and Hospitality – particularly “incidental” gifts.**

(i) Paragraph 10.of the Code of Conduct addresses this aspect. Currently, gifts / benefits or hospitality in “excess of £10” during the entire administrative 4 year term – must be notified to the Monitoring Officer in writing within 28 days.

(ii) Some discussion has arisen regarding “incidental gifts”. For example, where a donor provides some hospitality in excess of £10 then, it is for the Member to determine whether or not to refuse such a gift / hospitality in the first instance. There may be occasion where to refuse such a gift may cause personal or perhaps cultural offence to the donor.

(iii) In such situations it is always for the Member to decide how to deal with the gift at that time. If the Member decides to accept the gift (which may be in excess of £10, then it is recommended that the Member always ensures that they inform the Monitoring officer in writing within 28 days of the donation / gift. The basis for this being the need to ensure complete unequivocal impartiality in decision making by all Members, and the perception thereof.

(iv) Paragraph 10 of the Code of Conduct does not currently cover the situation just described; namely where the Member believes that to refuse the gift/ donation may be offensive to the donor.

(v) **Recommendation** the Code of Conduct is updated to address this omission within paragraph 10.

### **3.1.8 Where a Complaint is withdrawn:**

(i) Paragraph 4.5 provides that “the Complainant can withdraw their complaint at any time...” In such circumstances, the Monitoring Officer currently has the discretion to pursue any of the issues within the complaint. (Para. 4.6.)

(ii) A Monitoring Officer who has had sight of a complaint that has been withdrawn by a complainant, may nonetheless continue with the complaint if in the opinion of the Monitoring Officer, there is / are some substantial

concerns raised. These concerns would be such as to cause the Monitoring Officer to form the view that it is in the public interest to continue with the complaint, albeit without the pursuit of the Complainant.

(iii) **It is recommended** to amend Paragraph 4.6, to make it clear the Monitoring Officer will in those circumstances make their own written complaint to meet the legal requirement and to support and maintain the high standards required of the Council's elected Members.

### **3.1.9 The Monitoring Officer will make a formal written Complaint in limited circumstances.**

(i) Complaints against Members should be made in writing. (Pursuant to paragraph 4.1) There may however be circumstances where a complainant is not in a position to, or feels unable to make a complaint. In such exceptional circumstances it seems reasonable for the Monitoring Officer to make a formal complaint in their name if of the view that it is in the public interest to proceed with the complaint. In doing so they will have mind to the ability of the subject member to answer the complaint and fairly present their case.

(ii) **It is recommended to amend** the Procedure which currently has no limit on the Monitoring Officer making a complaint is updated by inserting a new paragraph before paragraph 4.2. to state the Monitoring Officer will only make a complaint in the circumstances above or where they are the subject or witness to the behaviour complained of.

### **3.1.9 “totting up” the number of informal complaints and consequences thereof;**

(i) Consideration has been given to what should happen if a number of complaints, albeit concluded with little or no consequence, are made against an individual Member. Should there perhaps be a system of accumulative consequences?

This type of situation is always for the Monitoring Officer to consider when looking at the entire context of a complaint(s). To create a system of “*totting-up*” is artificial, and in fact would appear to be, in the view of the Monitoring Officer, a bit “mechanistic”.

(ii) Accordingly, **there is no recommendation** to amend the Procedure to address a “*totting up*” of complaints.

## **4.0 LEGAL IMPLICATIONS**

4.1 As the Code of Conduct and Procedure are included in the Constitution, any changes require approval of Full Council. Any revisions made to the Procedure would also need to be approved by the Parish and Town Councils.

4.2 Section 27 of the Localism Act 2011 provides a duty to promote and maintain high standards of conduct. “(1) A relevant authority must promote and maintain high standards of conduct by members and co-opted members

of the authority. (2) In discharging its duty under subsection (1), a relevant authority must, in particular, adopt a code dealing with the conduct that is expected of members and co-opted members of the authority when they are acting in that capacity.”

4.3 Section 28 of the Localism Act provides that a relevant authority must “secure a code ...which is consistent with [the “Nolan principles”] ... a) selflessness, b) integrity, c) objectivity, d) accountability, e) openness, f) honesty, g) leadership.”

4.4 Pursuant to s. 28,of the 2011 Act, a relevant authority must have in place “a) arrangements under which allegations that a member or co-opted member of the authority has failed to comply with the authority’s code of conduct can be investigated, and  
b) arrangements under which decisions on allegations can be made...”

## **5.0 FINANCIAL IMPLICATIONS**

**5.1 There are no specific financial implications arising from this report.**

## **6.0 EQUALITIES IMPLICATIONS**

**6.1. There are no specific equalities implications arising from this report.**

## **7.0 RECOMMENDATIONS**

**That the Audit and Standards Committee**

1. Consider and comment upon the proposed changes to the current Complaints Procedure and Code of Conduct;
2. Agree to the Monitoring Officer presenting a report to Full Council with the recommendation that it agrees to adopt the revised Procedure (to include additional revisions arising from the meeting,) and that the Constitution is amended accordingly; and
3. Refers the proposed changes to the Procedure to the Parish and Town Councils for consideration and adoption.

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## **Sheffield City Council**

### **COUNCILLOR CODE OF CONDUCT**

#### **Joint statement of Councillors**

The role of councillor across all tiers of local government is a vital part of our country's system of democracy. It is important that as councillors we can be held accountable and all adopt the behaviours and responsibilities associated with the role. Our conduct as an individual councillor affects the reputation of all councillors. We want the role of councillor to be one that people aspire to.

We also want individuals from a range of backgrounds and circumstances to be putting themselves forward to become councillors. As councillors, we represent residents, work to develop better services and deliver local change. The public have high expectations of us and entrust us to represent our local area, taking decisions fairly, openly, and transparently.

We have both an individual and collective responsibility to meet these expectations by maintaining high standards and demonstrating good conduct, and by challenging behaviour which falls below expectations. Importantly, we should be able to undertake our role as a councillor without being intimidated, abused, bullied, or threatened by anyone, including the general public.

This Code has been designed to protect our democratic role, encourage good conduct, and safeguard the public's trust in local government.

#### **Definitions**

For the purposes of this Code of Conduct, a “councillor” means a member or co-opted member of a local authority or a directly elected mayor. A “co-opted member” is defined in the Localism Act 2011 Section 27(4) as “a person who is not a member of the authority but who

- a) is a member of any committee or sub-committee of the authority, or;
- b) b) is a member of, and represents the authority on, any joint committee or joint subcommittee of the authority.

and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee”. For the purposes of this Code of Conduct, “local authority” includes county councils, district councils, London borough councils, parish councils, town councils, fire and rescue authorities, police authorities, joint authorities, economic prosperity boards, combined authorities and National Park authorities.

## **Purpose of the Code of Conduct**

The purpose of this Code of Conduct is to assist you, as a councillor or co-opted member, in modelling the behaviour that is expected of you, to provide a personal check and balance, and to set out the type of conduct that could lead to action being taken against you. It is also to protect you, the public, fellow councillors or co-opted members, local authority officers and the reputation of local government. It sets out general principles of conduct expected of all councillors and co-opted members and your specific obligations in relation to standards of conduct. The LGA encourages the use of support, training and mediation prior to action being taken using the Code. The fundamental aim of the Code is to create and maintain public confidence in the role of councillor and local government.

## **General principles of councillor conduct**

Everyone in public office at all levels; all who serve the public or deliver public services, including ministers, civil servants, councillors, co-opted members and local authority officers; should uphold the Seven Principles of Public Life, also known as the Nolan Principles. Building on these principles, the following general principles have been developed specifically for the role of councillor and co-opted member. In accordance with the public trust placed in me, on all occasions:

- I act with integrity and honesty
- I act lawfully
- I treat all persons fairly and with respect; and
- I lead by example and act in a way that secures public confidence in the role of councillor.

In undertaking my role:

- I impartially exercise my responsibilities in the interests of the local community
- I do not improperly seek to confer an advantage, or disadvantage, on any person
- I avoid conflicts of interest
- I exercise reasonable care and diligence; and
- I ensure that public resources are used prudently in accordance with my local authority's requirements and in the public interest.

## **Application of the Code of Conduct**

This Code of Conduct applies to you as soon as you sign your declaration of acceptance of the office of councillor or attend your first meeting as a co-opted member and continues to apply to you until you cease to be a councillor or co-opted member. This Code of Conduct applies to you when you are acting in your capacity as a councillor or co-opted member which may include when:

- you misuse your position as a councillor or co-opted member
- Your actions would give the impression to a reasonable member of the public with knowledge of all the facts that you are acting as a councillor or co-opted member;

The Code applies to all forms of communication and interaction, including:

- at face-to-face meetings
- at online or telephone meetings
- in written communication
- in verbal communication
- in non-verbal communication
- in electronic and social media communication, posts, statements and comments.

You are also expected to uphold high standards of conduct and show leadership at all times when acting as a councillor or co-opted member.

Your Monitoring Officer has statutory responsibility for the implementation of the Code of Conduct, and you are encouraged to seek advice from your Monitoring Officer on any matters that may relate to the Code of Conduct. Town and parish councillors are encouraged to seek advice from their Clerk, who may refer matters to the Monitoring Officer.

### **Standards of councillor conduct**

This section sets out your obligations, which are the minimum standards of conduct required of you as a councillor or co-opted member. Should your conduct fall short of these standards, a complaint may be made against you, which may result in action being taken. Guidance is included to help explain the reasons for the obligations and how they should be followed.

### **General Conduct**

#### **1. Respect As a councillor or co-opted member:**

**1.1 I treat other councillors and members of the public with respect.**

**1.2 I treat local authority employees, employees and representatives of partner organisations and those volunteering for the local authority with respect and respect the role they play.**

Respect means politeness and courtesy in behaviour, speech, and in the written word. Debate and having different views are all part of a healthy democracy. As a councillor or co-opted member, you can express, challenge, criticise and disagree with views,

ideas, opinions and policies in a robust but civil manner. You should not, however, subject individuals, groups of people or organisations to personal attack.

In your contact with the public, you should treat them politely and courteously. Rude and offensive behaviour lowers the public's expectations and confidence in councillors. In return, you have a right to expect respectful behaviour from the public. If members of the public are being abusive, intimidatory or threatening you are entitled to stop any conversation or interaction in person or online and report them to the local authority, the relevant social media provider or the police. This also applies to fellow councillors, where action could then be taken under the Councillor Code of Conduct, and local authority employees, where concerns should be raised in line with the local authority's councillor officer protocol.

## **2. Bullying, harassment and discrimination**

### **As a councillor or co-opted member:**

**2.1 I do not bully any person.**

**2.2 I do not harass any person.**

**2.3 I promote equalities and do not discriminate unlawfully against any person.**

The Advisory, Conciliation and Arbitration Service (ACAS) characterises bullying as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Bullying might be a regular pattern of behaviour or a one-off incident, happen face-to-face, on social media, in emails or phone calls, happen in the workplace or at work social events and may not always be obvious or noticed by others.

The Protection from Harassment Act 1997 defines harassment as conduct that causes alarm or distress or puts people in fear of violence and must involve such conduct on at least two occasions. It can include repeated attempts to impose unwanted communications and contact upon a person in a manner that could be expected to cause distress or fear in any reasonable person.

Unlawful discrimination is where someone is treated unfairly because of a protected characteristic. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Members must promote equality and inclusion by providing an environment free from harassment, discrimination, and victimisation and bullying and by treating people with



respect, regardless of their age, disability, gender, race, religion/ belief, sexual orientation or marriage/ civil partnership status.

The Equality Act 2010 places specific duties on local authorities. Councillors and co-opted members have a central role to play in ensuring that equality issues are integral to the local authority's performance and strategic aims, and that there is a strong vision and public commitment to equality across public services.

Members should be aware of the Council's Equality Objectives 2019-22 and act in accordance with the Council's Equality, Diversity and Inclusion Policy and Dignity and Respect at Work Policy.

### **3. Impartiality of officers of the council**

**As a councillor or co-opted member:**

**3.1 I do not compromise, or attempt to compromise, the impartiality of anyone who works for, or on behalf of, the local authority.**

Officers work for the local authority as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example, their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

### **4. Confidentiality and access to information**

**As a councillor or co-opted member:**

**4.1 I do not disclose information:**

- a. given to me in confidence**
- b. by anyone acquired by me which I believe, or ought reasonably to be aware, is of a confidential nature, unless**
  - i. I have received the consent of a person authorised to give it;**
  - ii. I am required by law to do so;**
  - iii. the disclosure is made to a third party for the purpose of obtaining professional legal advice provided that the third party agrees not to disclose the information to any other person; or**
  - iv. the disclosure is:**
    - 1. reasonable and in the public interest; and**
    - 2. made in good faith and in compliance with the reasonable requirements of the local authority; and**

**3. I have consulted the Monitoring Officer prior to its release.**

**4.2 I do not improperly use knowledge gained solely as a result of my role as a councillor for the advancement of myself, my friends, my family members, my employer or my business interests.**

**4.3 I do not prevent anyone from getting information that they are entitled to by law.**

Local authorities must work openly and transparently, and their proceedings and printed materials are open to the public, except in certain legally defined circumstances. You should work on this basis, but there will be times when it is required by law that discussions, documents and other information relating to or held by the local authority must be treated in a confidential manner. Examples include personal data relating to individuals or information relating to ongoing negotiations.

**5. Disrepute**

**As a councillor or co-opted member:**

**5.1 I do not bring my role or local authority into disrepute.**

As a councillor or co-opted member, you are trusted to make decisions on behalf of your community and your actions and behaviour are subject to greater scrutiny than that of ordinary members of the public. You should be aware that your actions might have an adverse impact on you, other councillors and/or your local authority and may lower the public's confidence in your or your local authority's ability to discharge your/it's functions. For example, behaviour that is considered dishonest and/or deceitful can bring your local authority into disrepute. You are able to hold the local authority and fellow councillors to account and are able to constructively challenge and express concern about decisions and processes undertaken by the council whilst continuing to adhere to other aspects of this Code of Conduct.

**6. Use of position**

**As a councillor or co-opted member:**

**6.1 I do not use, or attempt to use, my position improperly to the advantage or disadvantage of myself or anyone else.**

Your position as a member of the local authority provides you with certain opportunities, responsibilities, and privileges, and you make choices all the time that will impact others. However, you should not take advantage of these opportunities to further your own or others' private interests or to disadvantage anyone unfairly.

## **7. Use of local authority resources and facilities**

**As a councillor or co-opted member:**

**7.1 I do not misuse council resources.**

**7.2 I will, when using the resources of the local or authorising their use by others:**

- a. act in accordance with the local authority's requirements; and**
- b. ensure that such resources are not used for political purposes unless that use could reasonably be regarded as likely to facilitate, or be conducive to, the discharge of the functions of the local authority or of the office to which I have been elected or appointed.**

You may be provided with resources and facilities by the local authority to assist you in carrying out your duties as a councillor.

Examples include:

- office support
- stationery
- equipment such as phones, and computers
- transport
- access and use of local authority buildings and rooms.

These are given to you to help you carry out your role as a councillor more effectively and are not to be used for business or personal gain. They should be used in accordance with the purpose for which they have been provided and the local authority's own policies regarding their use.

## **8. Complying with the Code of Conduct**

**As a Councillor or co-opted member:**

**8.1 I undertake Code of Conduct training provided by my local authority.**

**8.2 I cooperate with any Code of Conduct investigation and/or determination.**

**8.3 I do not intimidate or attempt to intimidate any person who is likely to be involved with the administration of any investigation or proceedings.**

**8.4 I comply with any standards investigation or sanction imposed on me following a finding that I have breached the Code of Conduct.**

It is extremely important for you as a councillor to demonstrate high standards, for you to have your actions open to scrutiny and for you not to undermine public trust in the local authority or its governance. If you do not understand or are concerned about the local authority's processes in handling a complaint you should raise this with your Monitoring Officer.

You must not make trivial, malicious or vexatious allegations against other Councillors/Officers.

## **9. Interests**

**As a councillor or co-opted member:**

### **9.1 I register and disclose my interests.**

Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of interests of members of the authority. You need to register your interests so that the public, local authority employees and fellow councillors know which of your interests might give rise to a conflict of interest. The register is a public document that can be consulted when (or before) an issue arises. The register also protects you by allowing you to demonstrate openness and a willingness to be held accountable.

You are personally responsible for deciding whether or not you should disclose an interest in a meeting, but it can be helpful for you to know early on if others think that a potential conflict might arise. It is also important that the public know about any interest that might have to be disclosed by you or other councillors when making or taking part in decisions, so that decision making is seen by the public as open and honest. This helps to ensure that public confidence in the integrity of local governance is maintained.

You should note that failure to register or disclose a disclosable pecuniary interest as set out in **Table 1**, is a criminal offence under the Localism Act 2011.

**Appendix B** sets out the detailed provisions on registering and disclosing interests. If in doubt, you should always seek advice from your Monitoring Officer.

## **10. Gifts and hospitality**

**As a councillor or co-opted member:**

**10.1 I do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.**

**10.2 I notify the Monitoring Officer in writing of any gift, benefit or hospitality with a value in excess of £10, or accumulatively in excess of £10 from the same source over the four-year term of office which you have been offered as a Member from any person or body other than the Authority within 28 days of receipt.**

**10.3 I register with the Monitoring Officer any significant gift or hospitality that I have been offered but have refused to accept.**

In order to protect your position and the reputation of the local authority, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a councillor. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a councillor, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a councillor. If you are unsure, do contact your Monitoring Officer for guidance.

This duty to notify the Monitoring Officer does not apply where the gift is accepted on behalf of the Council and does not apply to the role of Lord Mayor.

## **11. Bias**

**11.1 I must not place myself under any financial or other obligation to outside individuals or organisations that might seek to influence me in the performance of my official duties.**

**11.2 When making a decision, I consider the matter with an open mind and on the facts before the meeting at which the decision is to be taken.**

Where you have been involved in campaigning in your political role on an issue which does not impact on your personal and/or professional life you are not prohibited from participating in a decision in your political role as member.

## **Appendices**

### **Appendix A – The Seven Principles of Public Life**

The principles are:

#### **Selflessness**

Holders of public office should act solely in terms of the public interest.

#### **Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

#### **Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

#### **Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

#### **Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

#### **Honesty**

Holders of public office should be truthful.

#### **Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

## **Appendix B - Registering interests**

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in “The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012”. You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

“**Disclosable Pecuniary Interest**” means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

“**Partner**” means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A ‘sensitive interest’ is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a ‘sensitive interest’ you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

### **Non participation in case of disclosable pecuniary interest**

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.
5. Where you have a disclosable pecuniary interest on a matter to be considered or being considered by you as a Committee member, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

### Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest.

### Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which directly relates to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which affects –
  - a. your own financial interest or well-being;
  - b. a financial interest or well-being of a relative, close associate; or
  - c. a body included in those you need to disclose under Other Registrable Interests as set out in **Table 2**.

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

9. Where a matter **affects** your financial interest or well-being:
  - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.



If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

**Table 1: Disclosable Pecuniary Interests**

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

| <b>Subject</b>   | <b>Description</b>   |
|--|--|
| <b>Employment, office, trade, profession or vocation</b> | Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]  |
| <b>Sponsorship</b>                                       | Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.   |
| <b>Contracts</b>   | Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged. |
| <b>Land and Property</b>                                 | Any beneficial interest in land which is within the area of the council. ‘Land’ excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.  |

|                          |  |
|--------------------------|--|
| <p><b>Licences</b></p>   | <p>Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer Corporate tenancies Any tenancy where (to the councillor’s knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.</p>  |
| <p><b>Securities</b></p> | <p>Any beneficial interest in securities* of a body where— (a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and (b) either— (i) ) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p> |

\* ‘director’ includes a member of the committee of management of an industrial and provident society.

\* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

**Table 2: Other Registrable Interests**

You have a personal interest in any business of your authority where it relates to or is likely to affect:

a) any body of which you are in general control or management and to which you are nominated or appointed by your authority

b) any body

- i. exercising functions of a public nature
- ii. any body directed to charitable purposes or
- iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

## **Appendix C – the Committee on Standards in Public Life**

The LGA has undertaken this review whilst the Government continues to consider the recommendations made by the Committee on Standards in Public Life in their report on Local Government Ethical Standards. If the Government chooses to implement any of the recommendations, this could require a change to this Code.

The recommendations cover:

- Recommendations for changes to the Localism Act 2011 to clarify in law when the Code of Conduct applies
- The introduction of sanctions
- An appeals process through the Local Government Ombudsman
- Changes to the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
- Updates to the Local Government Transparency Code
- Changes to the role and responsibilities of the Independent Person
- That the criminal offences in the Localism Act 2011 relating to Disclosable Pecuniary Interests should be abolished

The Local Government Ethical Standards report also includes Best Practice recommendations. These are:

**Best practice 1:** Local authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.

**Best practice 2:** Councils should include provisions in their code of conduct requiring councillors to comply with any formal standards investigation and prohibiting trivial or malicious allegations by councillors.

**Best practice 3:** Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities.

**Best practice 4:** An authority's code should be readily accessible to both councillors and the public, in a prominent position on a council's website and available in council premises.

**Best practice 5:** Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV.

**Best practice 6:** Councils should publish a clear and straightforward public interest test against which allegations are filtered.

**Best practice 7:** Local authorities should have access to at least two Independent Persons.

**Best practice 8:** An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation and should be given the option to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious, or trivial.

**Best practice 9:** Where a local authority makes a decision on an allegation of misconduct following a formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied.

**Best practice 10:** A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes.

**Best practice 11:** Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council, rather than the clerk in all but exceptional circumstances.

**Best practice 12:** Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.

**Best practice 13:** A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.

**Best practice 14:** Councils should report on separate bodies they have set up or which they own as part of their annual governance statement and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness and publish their board agendas and minutes and annual reports in an accessible place.

**Best practice 15:** Senior officers should meet regularly with political group leaders or group whips to discuss standards issues.

## **Appendix D - LIST OF POLICIES**

- Sheffield City Council Electronic Communications Policy
- Members' ICT Usage Policy
- Equality, Diversity and Inclusion Policy
- Sheffield City Council Equality Objectives 2019-22

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## Appendix A

### SHEFFIELD CITY COUNCIL

#### PROCEDURE FOR DEALING WITH COMPLAINTS REGARDING CITY, PARISH AND TOWN COUNCILLORS AND CO-OPTED MEMBERS

##### 1. Introduction

1.1 Under the Localism Act 2011, the Council has a duty to promote and maintain high standards of conduct for its elected and co-opted members and have arrangements in place to deal with complaints.

1.2 This Procedure sets out how the Council will deal with a complaint alleging a breach of the Councillor Code of Conduct by:-

- Sheffield City Councillors
- Voting and non-voting co-opted members of the Council
- Bradfield Parish Councillors
- Ecclesfield Parish Councillors
- Stocksbridge Town Councillors

(In this Procedure the term 'Member' is used to describe a Councillor or Co-opted Member)

1.3 In dealing with complaints we will be fair to both the complainant and Member and progress matters in accordance with the timescales set out in the Procedure. Complaints will be handled in the strictest confidence at all times.

1.4 The Council has a duty to ensure no conflict of interest with officers when undertaking standards investigations. If a conflict of interest is identified, it will be determined in consultation with the Independent Person whether the matter should be dealt with by an alternative Monitoring Officer.

1.5 The Council has a clear and straightforward public interest test, which is used by the Monitoring Officer when considering complaints.

##### 2. Monitoring Officer

2.1 David Hollis, General Counsel is the Council's Monitoring Officer. This is a statutory role, responsible for ensuring that the Council, its Members and officers carry out their functions in a lawful and ethical manner. The role includes supporting the Audit and Standards Committee and the Independent Persons in dealing with complaints alleging a breach of the Councillor Code of Conduct.

### **3. Independent Persons**

3.1 The Council appoints Independent Persons from outside the Council to assist the Monitoring Officer and the Audit and Standards Committee in considering complaints. This is statutory requirement under the Localism Act 2011. Sheffield has appointed two Independent Persons - David Waxman and Karen Widdowson.

3.2 The Independent Person must be consulted at various stages in the complaints process:

1. The Independent Person should be consulted on an allegation and should be given the option to review and comment on allegations which the Monitoring Officer is minded to dismiss as being malicious, without merit, vexatious or trivial.
2. As to whether to undertake a formal investigation.
3. Before the Hearing Sub-Committee.

3.3 An elected member who is the subject of a Standards Complaint is entitled to process / procedural advice from an Independent Person, and any request shall be made via the Monitoring Officer.

If the elected member requires any other form of support, a request can be made through Democratic Services. Advice on this is available on the Members Sharepoint site.

### **4. Making a Complaint/Withdrawing a Complaint**

4.1 Complaints alleging a breach of the Councillor Code of Conduct should be made in writing using the complaint form and sent to David Hollis, Monitoring Officer, Sheffield City Council, Town Hall, Sheffield S1 2HH or email [david.hollis@sheffield.gov.uk](mailto:david.hollis@sheffield.gov.uk). The complaint form is available from:-

- Website - <http://www.sheffield.gov.uk/home/your-city-council/council-meetings>
- Email - [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk)
- Phone - Democratic Services on 0114 273 4015

4.2 If you need advice or assistance in submitting a complaint concerning an elected member, please contact Sarah Hyde in Democratic Services (email [sarah.hyde@sheffield.gov.uk](mailto:sarah.hyde@sheffield.gov.uk) or phone 0114 273 4015).

4.3 Details of the complaint, including the name of the complainant, will be shared with the Member. The complainant can request at section 2 of the complaint form for their identity to be kept confidential. Requests for confidentiality will be considered by the Monitoring Officer, in

consultation with the Independent Person, and the complainant will be informed in writing of the outcome. In the interest of fairness and natural justice, we believe Members who are complained about have a right to know who has made the complaint. We are unlikely to withhold your identity unless there are exceptional circumstances; for example, that you can demonstrate that you will suffer significant harm or distress as a result of disclosure. In exceptional circumstances where the matter complained about is very serious, we can proceed with an investigation or other action and disclose your name even if you have expressly asked us not to.

4.4 Anonymous complaints will not be considered.

4.5 The complainant can withdraw their complaint at any time by informing the Monitoring Officer in writing. The Monitoring Officer will confirm this in writing with the complainant within 5 working days and also inform the Member that the complaint has been withdrawn.

4.6 Where a complaint has been withdrawn, the Monitoring Officer reserves the right to pursue the issues in the complaint.

#### **5.0 Acknowledging the Complaint/Rejecting a Complaint/Informing the Member**

5.1 The Monitoring Officer will acknowledge receipt of the complaint in writing within 5 working days, with details of how the complaint will be dealt with and providing a copy of this Procedure and the Code of Conduct.

5.2 If necessary, the Monitoring Officer will clarify any matters with the complainant as soon as possible before the Member is informed.

5.3 The Monitoring Officer also reserves the right to reject a complaint if it is considered to be trivial, vexatious, repetitious, not a standards matter or a general misuse of the opportunity. The complainant will be informed of the reasons why a complaint has been rejected.

5.4 The Member will be informed in writing that a complaint has been made about them within 5 working days of receipt of the complaint or after clarification under paragraph 5.2. This will include the name of the complainant (unless the Monitoring Officer has agreed to the complainant's request that their name is kept confidential) and details of the complaint. They will also receive a copy of this Procedure and the Code of Conduct. To assist the Monitoring Officer in assessing the complaint, the Member will be invited to submit within 10 working days a written statement of fact in response to the complaint. Members will not be notified of complaints that are rejected under paragraph 5.3.

5.5 The Monitoring Officer will also inform the Leader of the relevant political Group, Group Whip and Chair of the Audit and Standards Committee that an accepted complaint has been received and provide a summary of the complaint. If he considers it appropriate the Monitoring Officer may also inform the Chief Executive.

5.6 Where a complaint relates to a Parish or Town Councillor, the Monitoring Officer will also inform the Clerk of that Council of the name of the Member and details of the complaint. The Clerk will also be kept informed of the progress and the outcome of the complaint.

## **6. Assessment by the Monitoring Officer**

6.1 Before assessment of the complaint, it may be necessary for the Monitoring Officer to request further information or clarification from the complainant and/or Member and, where necessary, obtain other available information, such as the minutes of a meeting.

6.2 The Monitoring Officer, in consultation with the Independent Person, will consider (a) the complaint, any remedy sought by the complainant, any written statement of fact submitted by the Member and any other information obtained; (b) whether the member was acting in their official capacity and that the Code of Conduct does apply; (c) if the allegation constitutes a potential breach of the Code of Conduct; and (d) would consideration of the complaint be in the public interest; and then take one of the following courses of action:-

1. Take no action or
2. Take other action through informal resolution or
3. Refer the matter for investigation
4. Refer the matter to the Consideration Sub-Committee

6.3 The complainant and the Member will be informed in writing within 10 working days of the outcome and the reasons for the decision.

6.4 The Monitoring Officer will also inform the Leader of the relevant political Group, Group Whip and Chair of the Audit and Standards Committee and, where the Monitoring Officer considers it appropriate, the Chief Executive of the assessment decision. Where a complaint relates to a Parish or Town Councillor, the Monitoring Officer will also inform the Clerk of that Council.

6.5 Where a complaint is not referred for investigation, the Monitoring Officer will seek to deal with the matter within 8 weeks.

### **6.6 Take No Action**

6.6.1 It is likely that no action will be taken where:-

- A significant amount of time has elapsed since the events which are the subject of the complaint.
- The allegation relates to a cultural or recurring issue relating to standards within the Council.
- The matter should be dealt with by some other method.
- Complaints have been made about the Member relating to similar issues that have previously been dealt with through this Procedure.
- The complaint appears to be trivial, vexatious, repetitious or a general misuse of the opportunity.
- The conduct occurred during political debate or could be regarded as a political expression of views or opinion.

## 6.7 Take Other Action Through Informal Resolution

6.7.1 Informal resolution may be the simplest and most cost effective way of resolving the complaint and without determining if an actual breach of the Code has taken place. It may be appropriate where:

- The Monitoring Officer considers that this is the most effective way of resolving the matter to the complainant's satisfaction;
- The Member appears to have a poor understanding of the Code of Conduct and/or related Council procedures;
- The conduct complained of appears to be a symptom of wider underlying conflicts which, if unresolved, are likely to lead to further misconduct or allegations of misconduct;
- The conduct complained of appears to the Monitoring Officer not to require a formal sanction;
- The complaint appears to reveal a lack of guidance, protocols and procedures within the District or Parish/Town Council;
- The complaint consists of allegations and retaliatory allegations between councillors;
- The complaint consists of allegations about how formal meetings are conducted; and
- The conduct complained of may be due to misleading, unclear or misunderstood advice from officers.

- 6.7.2 The Monitoring Officer, in consultation with the Independent Person, may take any of the following actions:-
- Take such steps as they think appropriate to prevent a future breach of the Code including training, guidance and introducing or amending policies/protocols.
  - Ask the Whips to address the issue raised within their political parties or with an individual Member.
  - Mediate between the parties involved to resolve the issues.
  - Seek an apology from the Member.
  - Any other action capable of resolving the complaint.

6.7.3 If a member of the public making a complaint is not satisfied with the action to be taken through informal resolution they can make a request in writing to the Monitoring Officer for reconsideration. If appropriate, the Monitoring Officer may then recommend additional mediation, reconsider the original action proposed, or refer the complaint to Consideration Sub-Committee.

## 6.8 Refer the Matter for Investigation

6.8.1 It is expected that the Monitoring Officer will refer only the most serious breaches for investigation or where the Member fundamentally disputes or does not accept the allegations in the complaint.

6.8.2 If a complaint has been referred for investigation, the Monitoring Officer, in consultation with the Independent Person, will appoint a person to undertake the investigation and this may be either a Council Officer or an outside agent, depending on the complexity and subject of the complaint.

6.8.3 The Investigating Officer will inform the complainant and Member of the process and proposed timescale of the investigation. The investigation may involve interviewing both parties and possibly other witnesses, together with reviewing any relevant documentation or paperwork.

6.8.4 The Investigating Officer will prepare a draft report on the outcome of the investigation and provide the complainant and Member with a copy for review and comment.

6.8.5 The Investigating Officer will submit a final version of the report to the Monitoring Officer that will make a finding that either (a) there has been a breach of the Code of Conduct or (b) there has not been a breach of

the Code of Conduct. The final report will also be sent to the complainant and Member.

- 6.8.6 The Monitoring Officer will submit the Investigating Officer’s report to the Consideration Sub-Committee.
- 6.8.7 An investigation will be completed within 12 weeks of a referral by the Monitoring Officer. The Consideration Sub-Committee will meet within two months of the final report being submitted to the Monitoring Officer.
- 6.9 Refer the matter to the Consideration Sub-Committee
- 6.9.1 The Monitoring Officer can refer a complaint direct to the Sub-Committee if it is considered that there is a breach of the Code but there is no dispute over the events in relation to the complaint and an investigation is not considered necessary.
- 6.9.2 If a member of the public making a complaint is not satisfied with the action to be taken through informal resolution they can make a request in writing to the Monitoring Officer for reconsideration. If appropriate, the Monitoring Officer may then recommend additional mediation, reconsider the original action proposed, or refer the complaint to Consideration Sub-Committee.

## **7 Consideration Sub-Committee**

- 7.1 The Consideration Sub-Committee comprises 3 Councillors and 1 non-voting co-opted Independent Member.
- 7.2 The complainant and Member are not required to attend the meeting of the Sub-Committee.
- 7.3 The Monitoring Officer will submit a report on the outcome of an investigation or a matter referred to the Sub-Committee. The Investigating Officer will attend the meeting.
- 7.4 The Sub-Committee will consider the Monitoring Officer’s report and, after taking the views of the Independent Person into account, can:-
- (a) take no action; or
  - (b) take other action including any of the following actions:-
    - Take such steps as the Sub-Committee considers appropriate to prevent a future breach of the Code including training, guidance and introducing or amending policies/protocols.

- Ask the Whips to address the issue raised within their political parties or with an individual Member.
- Request the Monitoring Officer, in consultation with the Independent Person, to mediate between the parties involved to resolve the issues.
- Seek an apology from the Member.
- Any other action capable of resolving the complaint.

(c) refer the matter to a Hearing Sub-Committee.

7.5 Where the Consideration Sub-Committee is considering a report on the referral of a complaint where a member of the public is not satisfied with the action to be taken through informal resolution, the only option available to the Sub-Committee is to ratify the original informal resolution, or to take other action including any of the following actions:-

- Take such steps as the Consideration Sub-Committee considers appropriate to prevent a future breach of the Code including training, guidance and introducing or amending policies/protocols.
- Ask the Whips to address the issue raised within their political parties or with an individual Member.
- Request the Monitoring Officer, in consultation with the Independent Person, to mediate between the parties involved to resolve the issues.
- Seek an apology from the Member.
- Any other action capable of resolving the complaint.

7.6 The Monitoring Officer will inform the complainant and Member in writing within 10 working days of the outcome and the reasons for the Sub-Committee's decision.

## **8. Hearing Sub-Committee**

8.1 The Hearing Sub-Committee comprises 3 Councillors and 1 non-voting co-opted Independent Member.

8.2 The Sub-Committee will meet within two months of a referral by the Consideration Sub-Committee to consider the allegation.



- 8.3 The Sub-Committee will meet in public unless it decides that all or part of the meeting should be held in private in accordance with the Access to Information Procedure Rules in the Council’s Constitution.
- 8.4 In advance of the Hearing, there will be a pre-hearing process to allow matters at the Hearing to be dealt with more fairly and economically.
- 8.5 The complainant and member will be given the opportunity to attend the Hearing and present witnesses. The Monitoring Officer, any Investigating Officer and Independent Person will also attend. The procedure at the Hearing will include:-
- Making findings of fact
  - Deciding if there has been a breach of the Code of Conduct
  - Consider the remedies/sanctions available if there is a finding that the Member has breached of the Code of Conduct
- 8.6 Full details of the pre-hearing and hearing process are set out in the Procedure at Hearings. The Member and complainant will be provided with a copy of the Procedure.
- 8.7 A Finding of No Breach of the Code of Conduct
- 8.7.1 If the Sub-Committee finds that the Member did not breach the Code of Conduct no further action will be taken in respect of the complaint. However, the Sub-Committee can make a recommendation to the authority with a view to promoting and maintaining high standards of conduct in general (e.g. proposed changes to internal procedures or training for Members).
- 8.8 A Finding of a Breach of the Code of Conduct
- 8.8.1 If the Sub-Committee finds that a breach of the Code of Conduct has occurred they may make any of the following recommendations and may specify to whom they wish them to be directed:-
- Recommending to the Member’s Group Leader and/or Group Whip (or in the case of un-grouped members, recommend to Council or to Committees) that he/she be removed from any or all Committees or Sub-Committees of the Council.
  - Instructing the Monitoring Officer to arrange training for the member.
  - That policies/procedures are amended.
  - That a briefing/information note be issued.
  - That an apology be given.

- That the Member is censured in writing and a copy of the letter is published on the Council's website.
- Take no action where it is not considered appropriate in the circumstances to impose a sanction.

8.8.2 The Monitoring Officer will inform the complainant and the Member of the outcome from the Sub-Committee hearing in writing within 10 working days.

8.8.3 The findings and decision of the Sub-Committee will be also be available on the Council's website and copies will be supplied to the Chief Executive, Leaders of all the political Groups and the Group Whips.

8.8.4 Where the matter relates to a Parish or Town Councillor, the Clerk of that Council will be informed of the outcome of a Hearing.

## **9. Appeals**

9.1 There is no right of appeal for the complainant or Member against a decision of the Monitoring Officer, Consideration Sub-Committee or Hearing Sub-Committee.

9.2 If the complainant feels that the Council has failed to deal with their complaint properly, they can make a complaint to the Local Government and Social Care Ombudsman (<http://www.lgo.org.uk/make-a-complaint/how-to-complain> or phone 0300 061 0614).

## **10. Reports**

10.1 An annual report and half yearly interim report will be submitted to the Audit and Standards Committee with a summary of all Standards Complaints received and their outcome.

## **11. Data Protection**

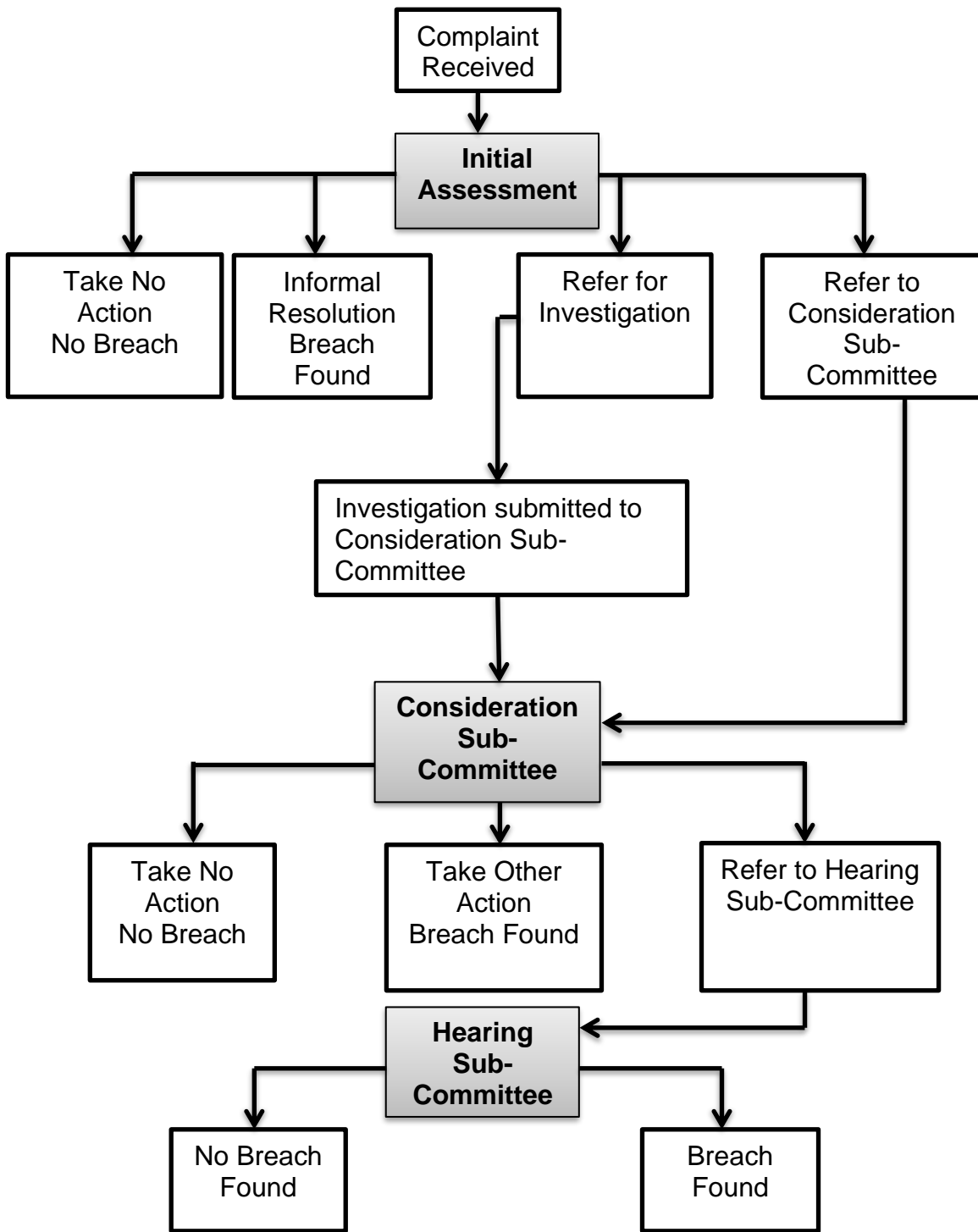
11.1 Complaints will be handled in the strictest confidence at all times. We will ensure that any information received as part of the handling of the complaint is disclosed only to those who can demonstrate a valid need to know it. However, when a complaint is considered at a Standards Committee Hearing then any information will be dealt with in accordance with the Access to Information Procedure Rules in the Council's Constitution.

11.2 Complaints records will be stored safely and securely. Records of the number of complaints received, the outcomes and the subject

Members, will be kept for so long afterwards as we consider it may be required to deal with any questions or complaints about the service which we provide. Personal information about the complainant and details of the complaint itself will be deleted after 7 years unless we elect to retain it for a longer period in order to comply with our legal and regulatory obligations.

## **12. Review and Changes to the Procedure**

- 12.1 The Monitoring Officer will review the Procedure annually, in consultation with the Independent Persons, and submit a report on any proposed changes to the Audit and Standards Committee for consideration. In accordance with the Constitution, any changes will require final approval at Full Council.



If a breach is found, the following options are available:

- Recommending to the Member’s Group Leader and/or Group Whip (or in the case of un-grouped members, recommend to Council or to Committees) that he/she be removed from any or all Committees or Sub-Committees of the Council.
- Instructing the Monitoring Officer to arrange training for the member.
- That policies/procedures are amended.
- That a briefing/information note be issued.
- That an apology be given.
- That the Member is censured in writing and a copy of the letter is published on the Council’s website. **(only after Hearing Sub-Committee)**
- Take no action where it is not considered appropriate in the circumstances to impose a sanction.



## Audit & Standards Committee Report

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**Report of:** Tom Smith, Director of Operational Services / David Hollis,  
Monitoring Officer

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**Date:** 30 October 2023

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**Subject:** Annual Ombudsman Complaints Report 2022/23

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**Author of Report:** Corleen Bygraves-Paul, Acting Head of Customer Services

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**Summary:**

This report provides an overview of the complaints received, and formally referred and determined by the three Ombudsmen (Local Government & Social Care Ombudsman, Parliamentary & Health Service Ombudsman and Housing Ombudsman) during the twelve months from 1 April 2022 to 31 March 2023.

The report also identifies future developments and areas for improvement in complaint management.

The report is jointly presented by the Monitoring Officer and the Director of Operational Services who is responsible for managing the Complaints Service.

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**Recommendations:**

The Audit & Standards Committee is asked to consider the Annual Ombudsman Report in order to provide its view on the performance of Ombudsman complaints and the issues raised.

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**Background Papers:**

LGSCO Annual Letter 2022/23  
HO Annual Report 2022/23

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**Category of Report:** OPEN

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# Annual Report Ombudsman Report 2022-2023

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- 10.0 RECOMMENDATIONS**

## **1.0 INTRODUCTION**

- 1.1 As a Council we want to provide high quality, accessible and responsive services that deliver what matters most to our diverse communities. We know that timely responses lead to increased customer satisfaction and enhances our reputation as a caring organisation that listens to its population.
- 1.2 The effective handling of customer complaints across the organisation enables the Council to be open and transparent, respond in the right way, make the best use of resources and make well-informed decisions.
- 1.3 Since the implementation of a new Complaints Case Management Recording System in November 2021, we have continued to work with services embedding a new ‘listening culture’ which is changing staff behaviours and holding managers more accountable for complaint handling.
- 1.3 We aim to become better at listening to complainants; learning from complaints and improving the customer’s experience when they make a complaint.
- 1.4 We welcome complaints as an opportunity to improve our services. Indeed, our definition of a complaint is “any expression of dissatisfaction whether justified or not”, which is deliberately wide to ensure that complaints are recognised and are properly addressed. We also encourage positive feedback on the services we provide.
- 1.5 The Feedback & Complaints Team in Customer Services is responsible for the development and implementation of policy and procedures on complaints. In addition, the Team acts as the Council’s liaison point with the Local Government & Social Care Ombudsman (LGSCO), Housing Ombudsman (HO) and Parliamentary & Health Service Ombudsman (PHSO).

- 1.6 The Ombudsmen provide a free, independent and impartial service. They consider complaints about the administrative actions of local authorities. They cannot question what a council has done simply because someone does not agree with it. However, if they find something has gone wrong, such as poor service or service failure, and that a person has suffered as a result, they recommend a suitable remedy.
- 1.7 The LGSCO's powers are set out in the Local Government Act 1974, as amended. The HO's powers are set out in the Housing Act 1996, as amended. The PHSO's powers are set out in the Parliamentary Commissioner Act 1967, as amended, and the Health Service Commissioners Act 1993, as amended.

## **2.0 SUMMARY**

- 2.1 This report provides an overview of the complaints received, and formally referred and determined by the Ombudsmen during the twelve months from 1 April 2022 to 31 March 2023.
- 2.2 The report also identifies future developments and areas for improvement in complaint management.
- 2.3 The report is jointly presented by the Monitoring Officer and the Director of Operational Services who is responsible for managing the Complaints Service.

## **3.0 COMPLAINTS OVERVIEW 2022/23**

- 3.1 Overall, the Council and its strategic delivery partners (Amey and Veolia) dealt with 9514 complaints through the corporate complaints process in 2022/23. This represents a significant 269% increase on the 2580 complaints reported the previous year. This was to be expected as complaints resolved via 'problem solving' were now included in these figures.
- 3.2 Amey/Veolia accounted for 30% of complaints received 2022/23. Council services with the highest number of complaints received 2022/23 were Council Housing Repairs (29%), Customer Services (12%) and Finance (11%).
- 3.3 A separate annual complaints report was presented to Audit and Standards Committee back in July 2023 which provided more detailed information and commentary on the Council's local complaint handling during 2022/23.

## **4.0 OMBUDSMAN COMPLAINTS/ENQUIRIES**

- 4.1 The LGSCO received 124 complaints and enquiries about Sheffield City Council and its strategic delivery partners during 2022/23.
- 4.2 This is 9% increase on previous year. A breakdown of complaints/enquiries by category is provided at **Appendix A (Table 2)**. The LGSCO received the most

complaints about Education and Children’s Services (27%); Housing (23%) and Adults Social Care (14%).

- 4.3 The Housing Ombudsman does not publish the number of complaints/enquiries they receive about individual authorities, but the Council’s Feedback and Complaints Team have recorded 60 complaint referrals/enquiries from the HO during 2022/23.

| Complaints/Enquiries Received | 2020/21 | 2021/22 | 2022/23 |
|-------------------------------|---------|---------|---------|
| LGSCO                         | 95      | 114     | 124     |
| HO*                           | 13      | 19      | 60      |

\* numbers recorded by Feedback & Complaints Team

- 4.4 The Council’s Feedback & Complaints Team recorded a total of 137 complaints received by the LGSCO (77) and HO (60) during 2022/23. The numbers reported by the LGSCO do not match the number recorded by the Council’s Feedback & Complaints Team because they include, for example, complainant’s who have made an ‘incomplete or invalid’ complaint or cases where advice was given but details were not shared with the Council.

- 4.5 A breakdown of the 137 complaints recorded by the Feedback & Complaints Team by service area is provided at **Appendix A (Table 1)**. The service areas that generated the largest number of Ombudsman enquiries/referrals during 2021/22 were Repairs & Maintenance (28%), Housing and Neighbourhood Services (24%); Education & Skills (9%) and Adult Social Care (7%).

- 4.6 It is important to note that not all Ombudsman enquiries lead to a formal investigation. In fact, of the 137 complaints recorded by the Council’s Customer Feedback & Complaints Team in 2022/23, 85% were concluded without a formal investigation.

- 4.7 Of the 21 (15%) complaints that were formally investigated, the highest numbers were about Repairs & Maintenance (7) and Education and Skills (5).

## 5.0 RESPONSE PERFORMANCE - OMBUDSMAN

- 5.1 The Council’s average response time to 51 preliminary ombudsman enquiries in 2022/23 was 7 calendar days (generally 5 working day target but some preliminary enquiries have specific response date on case by case basis).

- 5.2 The Council’s average response time to 23 initial formal enquiries made by the LGSCO/HO in 2022/23 was 30 calendar days (21 working days) with 87% of responses meeting the original or initial agreed revised deadline. There has been a significant improvement in response time performance in 2022/23 compared with previous years which has been acknowledged by the LGSCO in his annual letter:

*“I was pleased to see that, after raising concerns last year about your Council’s lack of timely responses to our enquiries, there has been a significant improvement in this*



area. Following my letter last year, all the responses we received were on time. Thank you”.

|              | Number of Initial Formal enquiries | Number within original deadline | Number within initial agreed revised deadline | Number requiring 2 <sup>nd</sup> extension |
|--------------|------------------------------------|---------------------------------|---|--|
| <b>LGSCO</b> | <b>13</b>                          | 7                               | 4   | 2  |
| <b>HO</b>    | <b>10</b>                          | 6                               | 4   | 0  |

5.3 Delays in responding are mainly due to late/incomplete service comments and/or the annual leave of key officers. The 2 responses that exceeded both the original and initial agreed revised deadlines were both SEND related complaints.

## 6.0 OUTCOMES

6.1 In resolving complaints, we aim to work with the customer to try to achieve their preferred outcome, and when appropriate we will apologise. When the Council is found to be at fault, we will aim to resolve the complaint by putting the customer back into the position they would have been in had the fault not occurred, or by offering another remedy if this is not possible.

6.2 During 2022/23, the LGSCO upheld 19 complaints (73% of the complaints they formally investigated). A breakdown of all LGSCO decisions is provided at [Appendix A \(Table 3\)](#) and details of all the upheld complaints and the remedies and service improvements that were agreed (including the public report) are set out in [Appendix B](#). The SENDARS Service accounted for 37% of complaints upheld by the LGSCO.

6.3 The LGSCO issued one public report during 2022/23. The report was about the Council’s failure to meet a young person’s care and support needs following problems with their care provider and its failure to properly review the young person’s Education, Health and Care plan or consider alternative provision. In his annual letter the LGSCO has commended the Council for promptly accepting fault during the investigation of the complaint and demonstrating its ability to learn from this complaint having made a range of improvements to its services for young people transitioning to adulthood.

6.4 During 2022/23, the HO determined 5 complaints and made 12 individual complaint findings in respect of these complaints. A breakdown of the 12 HO findings is provided at [Appendix A \(Table 4\)](#).

6.5 The HO found maladministration/service failure in 3 out of the 5 complaints determined. A summary of the 5 individual maladministration/service failure findings is provided at [Appendix A \(Table 5\)](#) with more detail around these findings and the remedies and service improvements that were agreed set out in [Appendix B](#). It is of

note that 3 out of the 5 findings of maladministration/service failure were in relation to the Council's/landlord's handling of the complaint.

6.6 In total, the Council paid £45455.12 in compensatory payments and other reimbursements following Ombudsman enquiries. This compares with £8445.49 paid in 2021/22.

## 7.0 BENCHMARKING

7.1 Looking at LGSCO involvement and how Sheffield City Council compares with other local authorities (see **Appendix A - Table 6 for core city comparison and Annual Letter at Appendix C for overall averages for similar authorities**):

- The LGSCO upheld 73% of the complaints that were formally investigated about Sheffield City Council, which is below the 77% average for similar authorities. Core City upheld rates range from 61% - 89%.
- The LGSCO found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman in 0% of upheld cases, which is lower than the average of 10% in similar authorities. Core City rates range from 0% - 38%.
- In terms of LGSCO recommendations, Sheffield City Council, like most of the other Core Cities during 2022/23, had a 100% compliance rate against an average of 99% in similar authorities.

7.2 Looking at HO involvement and how Sheffield City Council compares with other local authority landlords (see **Annual Report at Appendix D**):

- The HO reports a 62.5% maladministration rate for SCC during 2022-23 (this is based on 5 out of 8 complaint findings - excluding 4 outside jurisdiction findings). This is higher than the 55% national maladministration rate but similar to other local authority landlords/ALMOs (62%). The HO has written to all landlords with a maladministration rate of 50% or above, expressing concern that that the high rate of maladministration does indicate that improvements could be made to prevent and resolve complaints more effectively.
- The HO issued 12 remedy/learning orders during 2022-23 (5 x compensation payments; 2 x apology; 2 x case review and 3 x other actions). Sheffield City Council had 100% compliance rate for all orders with target dates April 2022 – March 2023.
- The HO issued 3 Complaint Failure Orders during 2022-23. All three orders were due to the Council's unreasonable delay in accepting or progressing a complaint through its process.

## 8.0 LEARNING

- 8.1 We aim to learn from complaints, so that we do not repeat the same problem. **Appendix B** includes details of the remedies, improvements and changes that have been made following Ombudsman investigations.

Examples of key learning/service improvements include:

- Home to school transport appeal process developed to include new templates for decision notices to include reasons for the decision and to reference evidence/information considered. (**Customer Services/Democratic Services**)
- Range of improvements made to its services for young people transitioning to adulthood including increased investment and reshaping of services which will enable the Preparation for Adulthood team to focus on pro-actively working with young people aged 14-18 years to promote autonomy and independence; and the introduction of a new tool called a 247 to enable families, young people, professions (across children's and adults) and non-social care professionals such as teachers, to have a shared approach to understanding and tracking goals and aspirations. (**Children's and Adults Social Care**).
- Procedures put in place to ensure any challenge of the District Valuer's decision is communicated to tenants buying their homes and only after full collaboration with the right to buy team by the surveyors (**Property Services**).
- Staff procedures and application forms reviewed/updated to ensure questions about reasonable adjustments are embedded in the process when a person approaches the Council as homeless or in need of housing (**Rehousing Service**).
- Standard prompt/reminder incorporated to stage 3 complaints review panel pre-meeting (statutory Children's social care procedure) to ensure that if Panel decide to 'uphold' any points of complaints they also consider any resulting impact/injustice and reach a view on whether further additional remedy is appropriate/should be recommended (**Feedback & Complaints Team**).
- Range of improvements made around customer communications and information sharing with new tenants; record keeping including the development of a standardised survey report; closer management of structural issues and contractors, and more robust/timely complaints investigations/reviews (**Repairs & Maintenance**).
- Changes and improvements made around the way the service responds to property leaks including the development of a simple guide for tenants

explaining the responsibilities of the tenant/landlord and advice on compensation; improvements in record keeping in relation to leaks including accurate description of source and impact; and more robust complaint investigation/review to ensure clarity on the dates that repair issues are reported; visits made and repairs resolved (**Repairs & Maintenance**).

## 9.0 IMPROVEMENTS 2022/23 AND ONGOING DEVELOPMENTS 2023/24

The following provides an update on actions and areas identified for improvement in 2022/23 and ongoing developments for 2023/24:

- **Feedback and Complaints Case Management system** – Improvements have been made to the system to address gaps in recording and improve performance analysis including the creation of mandatory function that captures categories of complaints, remedies and learning outcomes on each complaint recorded. This will provide a valuable source of information to develop our services and colleagues to better meet the needs of our citizens.

**Ongoing development:** Further Improvements continue to be made to system and associated reporting, in particular around learning where moving forward the aim is to share better information with the key stakeholders via a new Learnings Dashboard

- **Training** – The Feedback and Complaints Team continues to support Effective Complaint Handling training sessions and to provide system support as and when required.

**Ongoing development:** The Feedback and Complaints Team continue to track and monitor open cases and provide training and support to Responding Managers across the Council to ensure the transition and improvement in complaint handling.

- **Response times - Ombudsman formal enquiries/investigations** – Response times have improved in 2022-23. Formal 'sign off' of ombudsman investigation responses has been delegated to relevant Directors to reinforce ownership and improve timeliness.

**Ongoing development:** Work continues with some services around the quality and format of comments/information provided.

- **Joint Complaint Handling Code:** The LGSCO and HO are currently consulting on a joint complaint handling code which will come into effect April 2024.

**Ongoing development:** The Council's complaints policy and corporate complaints procedures are being reviewed to align with the LGSCO/HO joint

complaint handling code. The complaints internal SharePoint Site/intranet pages and public facing information on the SCC website will also be reviewed and updated.

## **10.0 RECOMMENDATIONS**

- 10.1 The Audit & Standards Committee is asked to consider the Annual Ombudsman Report in order to provide its view on the performance of Ombudsman complaints and the issues raised.



## OMBUDSMAN COMPLAINTS

**Table 1:** This table shows a breakdown of the **137 ombudsman complaints** recorded by the Council's Feedback and Complaints Team during 2022/23.

| Portfolio/<br>Partner           | Subject  | Formal<br>premature<br>referrals | Considered<br>without<br>Investigation | Formal<br>investigation<br>made | Totals<br>2022/23 | Totals<br>2021/22 | Totals<br>2020/21 |
|---------------------------------|--|----------------------------------|--|---------------------------------|-------------------|-------------------|-------------------|
| <b>Adult H&amp;SC</b>           | Social Care – Adults                           | 1                                | 7                                      | 2                               | <b>10</b>         | <b>14</b>         | 14                |
| <b>Children's<br/>Services</b>  | Social Care - Children's                       | 5                                | 2                                      | 0                               | <b>7</b>          | <b>7</b>          | 4                 |
|                                 | Education & Skills                             | 3                                | 4                                      | 5                               | <b>12</b>         | <b>8</b>          | 8                 |
| <b>Operational<br/>Services</b> | Environmental Services                         | 1                                | 1                                      | 0                               | <b>2</b>          | <b>3</b>          | 2                 |
|                                 | Housing &<br>Neighbourhood Services<br>(LGSCO) | 5                                | 6                                      | 0                               | <b>33</b>         | <b>24</b>         | <b>11</b>         |
|                                 | Housing &<br>Neighbourhood Services<br>(HO)    | 18                               | 1                                      | 3                               |                   |                   |                   |
|                                 | Licensing                                      | 0                                | 1                                      | 0                               | <b>1</b>          | <b>1</b>          | 0                 |
|                                 | Parking Services                               | 0                                | 4                                      | 0                               | <b>4</b>          |                   | 4                 |
|                                 | Parks & Countryside                            | 0                                | 0                                      | 0                               | <b>0</b>          | <b>1</b>          | 0                 |
|                                 | Repairs & Maintenance:<br>(LGSCO)              | 0                                | 0                                      | 0                               | <b>38</b>         | <b>12</b>         | 9                 |
|                                 | Repairs & Maintenance:<br>(HO)                 | 31                               | 0                                      | 7                               |                   |                   |                   |
| <b>City Futures</b>             | Planning                                       | 2                                | 3                                      | 0                               | <b>5</b>          | <b>10</b>         | 12                |
|                                 | Property Services                              | 0                                | 0                                      | 1                               | <b>1</b>          | <b>0</b>          | 0                 |
| <b>Resources</b>                | Customer Services                              | 0                                | 4                                      | 0                               | <b>4</b>          | <b>7</b>          | 3                 |
|                                 | Legal  | 0                                | 3                                      | 0                               | <b>3</b>          | <b>8</b>          | 3                 |
|                                 | Finance  | 0                                | 0                                      | 0                               | <b>0</b>          | <b>1</b>          | 0                 |
|                                 | Benefits                                       | 0                                | 1                                      | 0                               | <b>1</b>          | <b>3</b>          | 2                 |
|                                 | Revenues                                       | 0                                | 5                                      | 1                               | <b>6</b>          | <b>8</b>          | 0                 |
| <b>Amey/ Client</b>             | Streets Ahead                                  | 0                                | 8                                      | 1                               | <b>9</b>          | <b>8</b>          | 8                 |
| <b>Veolia/<br/>Client</b>       | Waste Management                               | 0                                | 0                                      | 1                               | <b>1</b>          | <b>2</b>          | 0                 |
| <b>Totals</b>                   |  | <b>66</b>                        | <b>50</b>                              | <b>21</b>                       | <b>137</b>        | <b>117</b>        | <b>80</b>         |
| LGSCO Totals                    |  | 17                               | 49                                     | 11                              | <b>77</b>         |                   |                   |
| HO Totals                       |  | 49                               | 1                                      | 10                              | <b>60</b>         |                   |                   |

**Table 2:** This table shows a breakdown by subject of the **124 complaints/enquiries received by the LGSCO** in 2022/23, compared with the previous two years.

| <b>LGO subject category</b>                               | <b>2020/21</b> | <b>2021/22</b> | <b>2022/23</b> |
|---|----------------|----------------|----------------|
| Adult Social Care   | 21             | 20             | 17             |
| Benefits and Tax  | 3              | 15             | 8              |
| Corporate and other                                       | 10             | 5              | 7              |
| Education and Children's Services                         | 18             | 18             | 33             |
| Environmental Services and Public Protection & Regulation | 11             | 11             | 10             |
| Highways & Transport                                      | 9              | 8              | 12             |
| Housing   | 9              | 27             | 29             |
| Planning & Development                                    | 14             | 10             | 8              |
| <b>Total</b>  | <b>95</b>      | <b>114</b>     | <b>124</b>     |

**Table 3:** This table shows a breakdown of LGSCO decisions over the last three years.

| <b>LGSCO Decisions</b>                    | <b>2020/21</b> | <b>2021/22</b> | <b>2022/23</b> |
|---|----------------|----------------|----------------|
| Incomplete or invalid                     | 5              | 5              | 9              |
| Advice Given                              | 7              | 7              | 13             |
| Referred back for local resolution        | 23             | 23             | 41             |
| Closed after initial enquiries            | 35             | 58             | 46             |
| Investigated – not upheld                 | 7              | 5              | 7              |
| Investigation – upheld but remedied by LA | 2              | 3              |                |
| Investigated – upheld                     | 13             | 12             | 18             |
| Report – upheld                           | 2              | 0              | 1              |
| <b>Total</b>                              | <b>94</b>      | <b>113</b>     | <b>135</b>     |

**Table 4:** This table shows a breakdown of HO findings during 2022/23.

| <b>HO Decisions</b>               | <b>2022/23</b> |
|-----------------------------------|----------------|
| <b>Number of cases determined</b> | <b>5</b>       |
| Outside jurisdiction              | 4              |
| No Maladministration              | 3              |
| Maladministration                 | 4              |
| Service Failure                   | 1              |
| <b>Total findings</b>             | <b>12</b>      |

**Table 5:** Breakdown of the 5 HO Maladministration/Service Failure findings reached (3 cases).

| <b>Complaint ref</b> | <b>Summary Finding</b>  |
|----------------------|---|
| 202119007            | Service failure by the landlord in respect of its complaint handling.   |
| 202200707            | Maladministration in relation to the landlord's handling of the resident's concerns about structural issues and cracking within her home. |
| 202200707            | Maladministration in relation to the landlord's handling of the complaint.  |
| 202119409            | Maladministration by the landlord in respect of its handling of the resident's reports of a leak into his property.                       |
| 202119409            | Maladministration by the landlord in respect of its complaint handling  |



**Table 6:** This table compares complaint outcomes across the core cites based on information provided by the LGSCO in the Annual Review Letters.

|                                      | <b>Number of detailed investigations 2022/23</b> | <b>Number of complaints upheld 2022/23</b> | <b>Upheld rate 2022/23</b> | <b>Number of complaints where Satisfactory Remedy provided before complaint reached Ombudsman 2022/23 - % of upheld cases</b> |            | <b>Compliance with Ombudsman Recommendations 2022/23</b> |
|--------------------------------------|--|--|----------------------------|---|------------|--|
| <b>Birmingham</b>                    | 153  | 128  | 84%                        | 9   | 7%         | 98%  |
| <b>Bristol</b>                       | 45   | 31   | 69%                        | 7   | 23%        | 100%   |
| <b>Leeds</b>                         | 54   | 37   | 69%                        | 5   | 14%        | 100%   |
| <b>Liverpool</b>                     | 26   | 20   | 77%                        | 5   | 25%        | 100%   |
| <b>Manchester</b>                    | 36   | 22   | 61%                        | 2   | 9%         | 100%   |
| <b>Newcastle</b>                     | 10   | 7  | 70%                        | 2   | 29%        | 100%   |
| <b>Nottingham</b>                    | 9  | 8  | 89%                        | 3   | 38%        | 100%   |
| <b>Sheffield</b>                     | <b>26</b>  | <b>19</b>                                  | <b>73%</b>                 | <b>0</b>  | <b>0%</b>  | <b>100%</b>  |
| <b>Average % (similar LA to SCC)</b> |  |  | <b>77%</b>                 |   | <b>10%</b> | <b>99%</b>   |

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| Portfolio/ Partner  | Complaint   | Date of Ombudsman Decision | Ombudsman Finding/Investigation Outcome   | Agreed Remedy/Service Improvements  | Remedy implementation detail and learning outcomes  | Ombudsman compliance outcome   |
|---|---|----------------------------|---|---|---|--|
| <b>LGSCO</b>  |   |                            |   |   |   |  |
| Resources - Customer Services<br>ref 21 009 789                             | Mr X complained about the Council's decision to refuse free home to school transport for his son, Y.  | 19/04/22                   | LGSCO found that the Council's appeal panel failed to consider all the evidence Mr X provided.  | Council agreed (within 1 month) to provide a written apology to Mr X and offer Mr X a fresh appeal with a new panel.<br>Also agreed (within three months) to remind the school transport appeal panel that its decision notice needs to include reference to all the evidence considered.   | 12/05/2022 - Apology letter sent<br>21/06/2022 - Evidence sent to LGSCO of training session undertaken by service. This included a) new templates for decision notices to include reasons for the decision and to reference evidence/information considered; b) a briefing note on process for the Committee including that the decision would need to outline what information was taken into consideration.   | 21/06/2022 - LGSCO issued compliance outcome "remedy complete and satisfied with action taken".        |
| Operational Services - Environmental Services -<br>ref 21 000 037           | Ms J complained about the Council failing to take effective enforcement action against her neighbours who are causing her a noise nuisance.   | 25/04/22                   | The LGSCO found the Council had failed to provide complete records, failed to show it had considered and reached a decision on her acoustic report, and failed to show whether officers properly considered and reviewed the case after witnessing two breaches of an abatement notice. The LGSCO concluded this caused Ms J distress and uncertainty around not knowing if the council was taking action, and possible lost opportunity, of not knowing whether the outcome might have differed had the fault not occurred.  | The Council agreed (within four weeks) to:<br>a) Send Ms J a written apology for its failings to: provide evidence of what was happening between August-December 2020 on her noise reports; show if and how it considered the acoustic report she privately paid for; provide evidence of the complaint she made in January 2021 and how it resolved it as claimed; show what prompted it to write to the neighbours and install noise monitoring equipment in her house; show whether officers reviewed the case after each of the two breaches of the abatement notice; show evidence of its decision not to take court proceedings.<br>b) Pay Ms J £100 for the injustice the identified fault caused her.<br>c) Take steps to ensure it knows why there are gaps in the evidence it provided in support of its response to our enquiries.<br>d) Ensure officers are reminded of the need to have a proper record of their consideration of, and their decision on, evidence provided privately by a complainant, such as an acoustic report.<br>e) Ensure officers are reminded of the need to have clear records of reviews, and decisions taken on these reviews, after witnessing, or having monitoring equipment evidence, a breach of an abatement notice.<br>f) Give officers clear updated guidance about the noise procedure it expects them to follow, especially following breaches of abatement notices. | 23/05/2022 - Apology/follow up letter sent - letter includes evidence of learning and guidance/reminders to staff<br>14/08/2022 - £100 payment made   | 11/07/2022 - LGSCO issued compliance outcome "remedy complete and satisfied with action taken (late)". |
| Children's - SEND/Social care -<br>ref 20012533<br>(PUBLIC REPORT)          | Mrs B complained the Council failed to provide appropriate support to meet her daughter's (Ms C's) care and support needs following problems with her care provider. The Council delayed completing a safeguarding investigation into concerns about the care provision, and victim blamed Ms C in the outcome of the safeguarding investigation. The Council produced an action plan which it failed to follow, which further compounded the distress to Mrs B and Ms C and allowed poor service to continue for many years. Because of the problems with care services, and lack of appropriate support, Ms C could not attend college due to her anxiety and depression. The Council failed to properly review her Education, Health and Care plan between 2016 and 2021. It did not provide her with education from September 2017 to 2021, as it failed to consider alternative provision. | 24/05/22                   | The LGSCO was pleased to see the Council had accepted its failings in this case, had apologised, and is reviewing and changing its procedures. Overall the LGSCO found the Council failed Ms C with her social care and educational support for a prolonged period, and this was at a time when she was feeling particularly vulnerable and transitioning to adulthood.   | Council required to formally consider LGSCO public report and report back to LGSCO on action taken within 3 months.<br><br>In addition to action already taken the LGSCO has recommended the Council:<br>• pay £905.12 which Ms C wrongly paid towards her care support, plus interest on this amount based on the retail price index;<br>• pay both Mrs B and Ms C £1,500 each to recognise their distress, and the time and trouble Mrs B has had trying to get the Council to put things right over many years;<br>• pay Ms C £500 a month for every month where the Council failed to provide her with education, from September 2017 until the current provision was put in place;<br>• consider any discretion to provide educational support to Ms C beyond the age of 25, to support her completing any course she is undertaking. Write to Ms C to explain what it has decided in terms of post-25 support and its reasoning. If the Council cannot provide this from its education budget, perhaps it can from its adult social care budget; and<br>• provide us with evidence of the actions it has taken to improve its services following the learning from this complaint.  | 30/08/2022 - LGSCO's report considered at Resources and Strategy Committee - covering report provides update on progress made to improve transitions to adulthood for children and young people, including increased investment and reshaping of services which will enable the Preparation for Adulthood team to focus on pro-actively working with young people aged 14-18 years to promote autonomy and independence; and the introduction of a new tool called a 24T to enable families, young people, professions (across children's and adults) and non-social care professionals such as teachers, to have a shared approach to understanding and tracking goals and aspirations.<br><br>04/10/2022 - Evidence of financial payments shared with LGSCO (Ms C £1,500 and 48 months at £500 = £25,500 in total) and payments made to Mrs B (£1,500 and £905.12 = £2105.12) plus an additional RPI uplift payment of £70.<br><br>04/10/2022 - Background correspondence shared with LGSCO confirming Ms C now enrolled as an adult learner with Lifelong Learning and will receive all necessary support to help her maintain engagement for as long as required.   | 02/11/2022 - LGSCO issued compliance outcome "remedy complete and satisfied".                          |
| Operational Services H&NS<br>Housing Allocation/Rehousing<br>ref 21 003 003 | Miss X complained about the Council's failure to resolve long-term disjoint problems and other issues which have affected her temporary accommodation over the past year, its decision to end its homelessness duty and failure to take account of her disability and vulnerability.  | 27/05/22                   | In its response to the LGSCO the Council confirmed that it acted with fault when Miss X surrendered her tenancy in June 2021. The Council says it was only at this point that it was directed to medical evidence which highlighted Miss X's true housing needs. The Council also explained it had erroneously started the process of a suitability review of Miss X's temporary accommodation, when it should have had the right to remain in that property. The LGSCO did not consider the above fault caused significant injustice to Miss X, given she was allowed to remain in the temporary accommodation until alternative suitable housing was identified. The LGSCO did not find fault in the Council's handling of Miss X's concerns about her temporary accommodation.<br><br>The LGSCO did find the Council was at fault in not considering nor asking Miss X what reasonable adjustments it might need to make to enable her to access its housing services; and failing providing information to her in an accessible format. | Council agreed (within one month) to apologise to Miss X and make a payment of £200.<br><br>Also agreed (within three months) to:<br>• provide training to all relevant staff about the Council's public sector equality duty and the importance of asking about, and making, reasonable adjustments;<br>• produce written guidance for all relevant staff on reasonable adjustments, including how to seek information and examples of adjustments that can be made;<br>• review and amend existing staff procedures and application forms to ensure questions about reasonable adjustments are embedded in the process when a person approaches the Council as homeless or in need of housing. Revised procedures should also include methods for ensuring any reasonable adjustments are clearly recorded and consistently provided.   | 23/06/2022 - Apology letter sent<br>29/06/2022 - £200 payment processed<br>16/08/2022 - Equality training material shared with LGSCO alongside staff guidance/procedures relating to reasonable adjustments and recording of warning/awareness codes and reasonable adjustments.  | 16/08/22 - LGSCO issued compliance outcome "remedy complete and satisfied".                            |
| Operational Services H&NS<br>Housing Allocation/Rehousing<br>ref 22 002 209 | Mr X complained the Council cancelled his housing application because he missed repayments on his former rent arrears. Mr X says the Council failed to consider that he had consistently paid his arrears over a period of time and is due to leave supported housing.  | 27/06/22                   | The LGSCO decided not to investigate this complaint about how the Council dealt with Mr X's housing application because the Council agreed to review its decision to cancel his housing application and has reinstated it. The LGSCO considered this action is in line with their Guidance on Remedies and there was nothing further they could achieve from investigating the complaint further.   | No further action required  | Not applicable  | Not applicable   |
| Children's - Children & Families<br>ref 21 007 520                          | Mr S complained the Council did not suitably consider his concerns about the care his daughter was receiving when in care and did not recognise the impact of the issues he raised.   | 30/06/22                   | The LGSCO found fault with the Council for failing to consider suitable recommendations during the stage three review of his complaint which caused Mr S and Child P significant injustice and meant the Council did not fully address Mr S's concerns.   | The Council agreed (within 4 weeks) to write to Mr S and Child P and apologise for the fault identified and pay Child P £500 in recognition of the distress caused to them by the failure to provide support and pay Mr S £300 in recognition of the distress caused to him and the time and trouble taken to pursue the complaint.<br>The Council further agreed (within 12 weeks) to: a) review how stage three review panels make recommendations and ensure there are actions to address upheld complaints; b) share the LGSCO's final decision with the stage three panel; c) review whether further visits were recorded that did not take place, and audit other cases where the social worker may have populated visits. If the Council finds that other visits were recorded, it should consider whether a referral to the appropriate regulatory body is necessary. The Council should tell the Ombudsman the result of this audit and d) review how and when it communicates with parents about health concerns and developments for children, and consider providing further training to staff in this area.  | 13/07/2022 - £300 Payment made to Mr S<br>20/07/2022 - £500 Payment made to child P<br>25/08/2022 - Letter of apology issued.<br>16/09/2022 - Evidence shared a) that Complaints Manager will be incorporating a standard prompt/reminder to panel members at the pre-meeting to ensure that if they decide to 'uphold' any points of complaints they also consider any resulting impact/injustice and reach a view on whether further additional remedy is appropriate/should be recommended. This information has also been shared with Panel Members; b) that LGSCO final decision had been shared with Panel members; and c) that communication issue was raised in a Children & Families Fieldwork Senior Management Team Meeting on 28th June 2022 and minuted action agreed for Service Managers to share learning/issue reminder with Senior Fieldwork Managers and Social Workers.<br>22/09/2022 - c) Outcome of audit shared with LGSCO - explaining social worker has not deliberately tried to mislead anyone - visiting approach adjusted during covid lockdown but there should have been more oversight by manager - no evidence to suggest that this has happened on any other of SW's cases. | 26/08/2022 - LGSCO issued compliance outcome "remedy complete and satisfied".                          |
| Partner Veolia -<br>ref 21 011 239  | Mr B complained about the Council's decision to suspend indoor collections of bulky waste, because of concerns about the spread of COVID-19.  | 11/07/22                   | The LGSCO concluded it was for the Council to decide whether to suspend indoor collections of bulky waste, because of concerns about the spread of COVID-19; and the Council should have made an assessment of the likely impact of this suspension on disabled people (or ensured Veolia had done so), in accordance with the public sector equality duty, but did not find that this caused a direct injustice to the complainant. The LGSCO did find delay and confusion in the Council's complaint handling.  | The Council agreed (within one month) to pay Mr B £150 to reflect his time and trouble, arising from the delay and confusion in its complaint handling; and circulate guidance to relevant staff to ensure they understand the Council's policy on dealing with complaints about waste collection.  | 10/08/2022 - Reminder/guidance issued to relevant staff (evidence shared with LGSCO 16/08/22).<br>10/08/2022 - £150 payment raised and evidence shared with LGSCO.  | 16/08/2022 - LGSCO issued compliance outcome "remedy complete late".                                   |

|   |   |          |  |   |  |   |
|---|---|----------|--|---|--|---|
| Children's - SEND ref 21 011 029                  | Miss F complained about the way the Council dealt with her son's (J) special educational and social care needs.   | 11/08/22 | The LGSCO found that although there was some delay with the annual review this did not cause J to lose out on education. The LGSCO also found fault when the Council did not ensure there was a COVID-19 risk assessment in April 2020, and when it did not consider alternative social care provision in 2020, once it was clear the holiday club was not operating. This caused uncertainty as to whether J could have attended school or had other support.   | The Council has agreed (within 1 month) to apologise to J and pay him £300 to acknowledge the uncertainty he was caused.  | 09/09/2022 - Apology letter issued and £300 payment raised and evidence shared with LGSCO.   | 12/09/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| Children's - SEND ref 21 000 113                  | Miss T complained the Council failed to make adequate alternative provision for her son, despite the fact he was unable to attend school due to health reasons.   | 24/08/22 | LGSCO found fault by the Council, because it did not take steps to secure alternative provision for a period of time when a child was not in education because of health reasons. LGSCO also found fault for a small delay in issuing the child's education, health and care plan, but this did not cause a significant injustice.   | The Council agreed (within one month) to confirm it has put aside £2000 to release to F as appropriate, once it has agreed with him and Miss T what the best use of the money will be; and arrange a date and time to discuss this with Miss T and F.   | 20/09/2022 - Confirmation sent to LGSCO that SEND Service have put the agreed monies (£2000) aside and the Locality Manager is in contact with Miss T to reach agreement regarding the use of the money.   | 20/09/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| Children's - Children & Families ref 22 005 513   | Miss X complained about the Council's decision to refer her to the Local Authority Designated Officer after it received a safeguarding referral.  | 26/08/22 | LGSCO did not investigate the complaint because they were satisfied with the action the Council agreed to take to remedy the outstanding injustice. The Council's complaint response to Miss X, had already accepted that the decision to refer her to the LADO was flawed and the threshold for a LADO investigation was not met. The response apologised to Miss X for failing to follow the correct procedures and the impact that had on her emotional wellbeing and further reassured her that it had since strengthened its LADO arrangements. | The Council agreed to pay Miss X £300 for the avoidable distress caused by its actions to remedy the outstanding injustice.   | 16/09/2022 - £300 payment raised via cheque and posted.  | 11/10/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| People - SEND - ref 21 010 289                    | Miss H complained that the Council and Sheffield Children's NHS Foundation Trust have delayed her son, J's Education, Health and Care Plan (EHC Plan) annual review. She complains the Council has failed to ensure J receives the 1-1 speech and language therapy in his EHC Plan since September 2020.  | 01/09/22 | The LGSCO found there was fault by the Council and Trust. There were long delays in the annual review process, and in the response to Miss H's complaint. The Council failed to ensure J received the speech and language education provision in his plan. This has caused an injustice as J has missed out on educational provision in his plan, and Miss H has suffered stress and upset.  | The Council and Trust have agreed to apologise, pay a financial remedy to Miss H, complete the annual review and make improvements to their services. The Council agreed (within one month) to: a) Apologise to Miss H and J for the faults I have identified; b) Secure J's 1-1 SALT provision as listed in his current EHC plan; c) Complete the annual review process and issue an amended EHC plan for J, and advise Miss H of her right of appeal to the SEND Tribunal; d) Pay Miss H £250 to recognise the distress and uncertainty the Council's fault has caused her, including the loss of opportunity to appeal to the SEND Tribunal; e) Pay Miss H £150 to recognise the time and trouble she has spent in pursuing her complaint f) Pay Miss H £300 to recognise the 1-1 SALT provision J lost between September 2020 and July 2022. Miss H should use this payment for the benefit of J's education g) Pay Miss H £1250 in recognition of the fault resulting in loss of education provision. Miss H should use this money for the benefit of J's education. The Council agreed (within 3 months) to: a) review its processes to ensure it amends and issues EHC plans following an annual review in line with statutory timescales and the requirements of the Code; b) review its procedures for carrying out interim / emergency reviews of EHC plans, in line with the requirements of the Code; c) ensure the Council has a mechanism in place for checking provision specified in an EHC plan is arranged from the start of a new or amended plan; d) review sources of SALT therapy services and develop a plan to ensure it can commission SALT therapies needed to support the EHC plans it maintains; e) explain the work completed with the Integrated Care Board and Children's Hospital and other partners to review SALT services across the city, to ensure there is adequate high-quality support for all children who need SALT input and f) submit a report on the above to the relevant council scrutiny committee. | 21/09/2022 - Annual review process completed and an amended Final Plan issued, along with a covering letter giving right of appeal (c).<br>22/09/2022 - Apology letter issued (g).<br>05/10/2022 - Payments totalling £1950 raised and evidence shared with LGSCO (d-g).<br>07/11/2022 - Confirmation SALT provision in place since previous term (d)<br>05/12/2022 - Following updates sent regarding wider learning actions:<br>a) SENDSARS, have been working on timescales as part of the overall SEND Partnership Improvement Plan. This is monitored through the weekly compliance meeting and monthly performance clinic to ensure timescales are met, and if / when this isn't possible reasons are understood and timescales are permitted to extend. The service has remained compliant in this for the last 3 months and will continue with this rigorous approach.<br>b) Requirements are known within the team and reviewed through monthly CPD opportunities in team training sessions, these are also part of the performance monitoring as in point 'a'.<br>c) Funding for EHC plans is triggered upon completion of the new plan or the amended final of a reviewed plan. As Sheffield operates a delegated funding model this finance is available through the school's locality model – this is currently under review and moving to a fully costed model to be able funding following a child. Plans for children in special schools are all funded through their enhanced place funding. Work with our designated clinical officer is ensuring NHS delivery of provision as when a plan is agreed, and the relevant agencies are sent finalised plans to ensure they are able to deliver the provision in the EHC Plan.<br>d) & e) The SALT review in the city is ongoing with a vision that this will move to a Locality model, to allow children to be seen in their schools for both assessment and delivery of provision, this is a change to the key operating model and requires sign off by their NHS Place South Yorkshire accountable management group. The Service will work towards an operating model which covers localities across the city with specialist pathways available for areas of specialist direct delivery input.<br>f) All the above agreed actions are part of the SEND Partnership Improvement Plan and SEND Partnership SEF which are scrutinised by the Inclusion Improvement Governance Board and reports to the children and families committee. | 06/12/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| AHSC - ASC Access and Prevention - ref 21 012 268 | Ms B complained about the Council's decision to charge her for her package of care without completing a full financial assessment. She says she did not know the Council would charge her for the care. She says the Council made mistakes in its calculation of her contribution and the invoices and disclosed confidential information about her.  | 01/09/22 | The LGSCO found there was fault in the initial calculation of the contribution and in some of the invoices the Council sent. There was further fault as the Council disclosed information about Ms B which it should not have done. The LGSCO did not find fault in the Council's help in finding residential accommodation for Ms B for a short period of time and Ms B's stay at that accommodation.   | In addition to the action already taken to correct the error in the contribution and invoices and backdate any changes, the Council has agreed (within 1 month) to apologise to Ms B in writing and pay Ms B £500 for distress caused.  | 30/09/2022 - Apology issued and £500 payment raised - evidence sent to LGSCO.  | 11/10/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| Children's - SEND ref 22 000 694                  | Mrs X complained the Council had not provided her daughter, Y, with education since it was told she was no longer attending the alternative provision on 30 November 2022; delayed sending a final Education, Health and Care (EHC) plan after mediation in March 2021; and has not sent details of which specialist provisions it consulted, their replies and which version of the EHC plan they were consulted on so the family can make an informed decision on their daughter's education. | 04/10/22 | The LGSCO found fault by the Council. There were administrative errors and delays sending a final Education, Health and Care plan after mediation. There were also delays referring child Y for home tuition, which meant she spent 7 months with no formal education.   | The Council agreed (within 1 month) to finalise the EHC plan; review its procedures to ensure that administrative errors (such as sending the wrong documents) do not recur; and pay Mrs X £500 for the distress caused at being sent the wrong documents and her time and trouble pursuing the complaint and £1400 (£200 x 7 months) to acknowledge the impact of the loss of educational provision.   | 31/08/2022 - EHC Plan finalised and sent to Parent.<br>Oct 2022 - The Service confirmed that Business Support have reviewed their practice in collaboration with SENDSARS and now all information is checked by another member of staff before it is sent out to prevent further errors.<br>13/10/2022 - Payment totalling £1900 raised/paid.  | 03/11/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| Children's - SEND ref 21 000 853                  | Mrs X complained the Council failed to: a) reach a decision on her son's Education, health, and care plan within statutory timeframes; b) release funds to his school from April 2020; and c) properly deal with her formal complaint about its actions.  | 01/11/22 | The LGSCO found that the Council failed to reach its decision on whether to issue an EHC Plan and notify Mrs J of it within the timescale. It also failed to deal with her complaint properly. The LGSCO saw no reason why the Council should be responsible for funding provision before August 2020 when it decided to make a EHC plan.  | In addition to the apology the Council had already given Mrs J for missing the time frame, the Council agreed (within 4 weeks) to send a written apology to Mrs J for its failings to respond to, and seek clarification from her, about her letter of complaint sent in April 2021; and to look at why there was a failure to deal with her complaint letter sent in April 2021 properly and promptly.   | 23/11/2022 - Letter of apology emailed to Mrs J. Letter further advised Mrs J that the Service have spent time making sure the team are aware of their duties and that it was not acceptable for the Service to not respond to Mrs J to clarify the position and ensure that she was aware of what was needed to proceed with her complaint.   | 29/11/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| AHSC - ASC ref 22 001 445                         | Mrs X complained about errors in how the Council managed her mother's (Mrs Y) and father's (Mr Y) care home fees and of poor communication.   | 11/11/22 | The LGSCO found no fault in how it managed Mrs Y's care fees but did find fault in how it managed Mr Y's fees (delay and error in the financial assessment). It agreed to pay for Mr Y's care and backdate payments to September 2021 but did not start doing so for three months. The errors caused Mrs X uncertainty, distress and financial loss.   | The Council agreed (within 1 month) to pay Mrs X £400 as acknowledgement of the frustration and distress caused by the delay completing Mr Y's financial assessment, the poor communication and further delay in starting to pay for Mr Y's care between April and July 2022. The Council further agreed to confirm with the care home how much it needs to refund Mrs X for fees paid on Mr Y's behalf since 27 September 2021 and support Mrs X as needed until Mrs X confirms the care home has refunded her all the fees she is owed.   | 08/12/2022 - Service confirmed with Mrs X that care home had now refunded all fees she was owed.<br>12/12/2022 - Update to LGSCO confirming £400 payment raised.   | 12/12/2022 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| Children's - SEND ref 21018782                    | Mrs X complained the Council delayed its review of her daughter's EHCP, delayed notifying her right of appeal and failed to arrange all the educational provision specified, resulting in missed education and distress.  | 29/11/22 | The LGSCO found fault because the Council did not meet its statutory duties in progressing Miss Y's EHCP review; notifying her right of appeal and securing educational provision.   | The Council agreed (within one month) to provide Mrs X with an apology; pay Mrs X £1000 for distress and uncertainty; pay Mrs X £5200 for missed educational provision; arrange and fund SALT, physiotherapy and social skills activities as detailed in Miss Y's EHC or ensure Mrs X has sufficient funding to arrange this herself. The Council further agreed (within 3 months) to provide training or guidance to staff working in Children's Services on the Council's statutory duties, including timescales for the EHCP review process; notifying rights of appeal with a final EHCP; and the duty to secure section 1 provision.   | 07/12/2022 - Letter of apology sent to Mrs X.<br>03/01/2023 - Update to LGSCO confirming funding (re SALT, physiotherapy, and social skills activities) has been agreed and the case was also heard at panel today for further funding to be agreed for the Spring and Summer Term.<br>12/01/2023 - £6200 payment made via BACS.<br>10/02/2023 - Confirmation to LGSCO that wider learning point (guidance to staff working in Children's Services on the Council's statutory duties, including timescales for the EHCP review process, notifying rights of appeal with a final EHCP and the duty to secure section 1 provision) discussed at Team Meetings and will be reiterated at whole Service Meeting arranged for 02/03/2023.   | 10/02/2023 - LGSCO issued compliance outcome "remedy complete and satisfied". |
| Operational Services - Licensing ref 21 011 551   | Mr X complained about how the Council decided to award street trading consents for three sites to a company other than his.   | 09/01/23 | The LGSCO found the Council was not at fault in how it allocated the street trading consents but it was at fault for poor complaint handling, which caused Mr X undue frustration.   | The Council agreed (within 1 month) to apologise to Mr X for the frustration caused by its failure to respond to his complaints appropriately and pay him £100 in recognition of that frustration. The Council further agreed (within 3 months) to remind staff in the Parks and Countryside Service and the Licensing Service of its complaints policy, including when to respond to contact as a complainant; and that they should work together to provide complainants with a joined up, comprehensive and timely response when they receive complaints about issues that involve more than one service.  | 27/02/2023 - £100 payment made.<br>01/03/2023 - Apology letter sent.<br>21/03/2023 - Assistant Complaints Manager attended Parks and Countryside Senior Management Team meeting and delivered presentation on effective complaint handling and recording guidance. This included reminder of policy and procedures, including timescales and key skills including communication and collaborative working.<br>06/04/2023 - Communication/reminder issued to Licensing staff around complaints policy and approach when dealing with complainants affecting more than one service.  | 24/05/2023 - LGSCO issued compliance outcome "remedy complete and satisfied". |

|  |  |  |  |   |   |   |
|--|--|--|--|---|---|---|
| Resources - Council Tax - ref 22 002 911                                   | Mrs X complained that the Council took enforcement action about council tax arrears she was not aware of.  | 25/01/23                                       | LGSCO did not find the Council at fault for taking enforcement action but did find the Council at fault for relying on out-of-date information obtained from a Land Registry check 3 years prior. Council at fault for failing to act in line with its policy and not making every effort to trace Mrs X's current whereabouts. However, LGSCO did not find this caused Mrs X injustice as the debt had already passed to bailiffs for recovery action because she failed to pay the council tax she was liable for, and Mrs X contributed to her own injustice by failing to provide up-to-date contact information to the Council.   | No further action required .  | Not applicable  | Not applicable  |
| City Futures - Property Services/RTB - ref 22 005 722                      | Mrs P complained about the Council a) disputing the District Valuer's determination when she exercised her right to buy her flat; and b) failing to deal properly with her formal complaint.   | 22/02/23                                       | The LGSCO found fault. Council failed to tell Mrs P it had challenged the valuation and delayed dealing with her complaint according to its complaints procedure.  | LGSCO noted the action already taken including apology and procedures put in place to ensure any challenge of the District Valuer's decision is communicated to tenants buying their homes and only after full collaboration with the right to buy team by the surveyors; a workshop between the departments to share best practice and improve customer focus; reviewing the reintroduction of property right to buy inspections. The Council further agreed (within 4 weeks) to send Mrs P an apology for failing to deal with her complaint under the second stage of its complaints procedure (review stage) within stated timescales and pay £100 to Ms P for the injustice caused by the delay responding to her complaint.   | 14/03/2023 - Letter of apology emailed to Mrs P.<br>27/03/2023 - £100 payment made via BACS.  | 27/03/2023 - LGSCO issued compliance outcome "remedy complete and satisfied".   |
| <b>HOUSING OMBUDSMAN</b>   |  |  |  |   |   |   |
| Operational Services - Council Housing - ref 202119007                     | Mr X complained about the landlord's response to his concerns regarding the misallocation of a payment to his final account for his former property and the landlord's handling of the associated complaint.   | 04/10/22                                       | HO found no maladministration by the landlord in respect of its response to the resident's concerns regarding the misallocation of a payment to his final account for his former property but did find service failure by the landlord in respect of its handling of the associated complaint  | HO ordered the Council (within 4 weeks) to: a) pay the resident £250 compensation in recognition of the inconvenience caused and time and trouble spent as a result of the landlord's poor complaint handling and communication. This includes the landlord's previous offer of £150 if this has not already been paid. b) The landlord should review its complaint policy to ensure it complies with the Housing Ombudsman's Complaint Handling Code.  | 14/12/2022 - £250 payment authorised and will be in complainants bank account 16/12/22. Complaint handling approach/timescales across council housing and repairs services in line with HO Complaint handling code (These were amended in the Complaint Handling Procedures / guidance which were published and sit alongside the policy as HO procedures) A formal review of Council's Complaints Policy planned to be undertaken to align with HO/LGSCO joint handling code (currently in consultation July 2023).  | 27/06/23 - HO confirm case closed.  |
| Operational Services - Council Housing Repairs & Maintenance ref 202119409 | Mr X complained about the handling of his reports of a leak into his property and the handling of his complaint.   | 04/03/2023 (review decision issued 02/05/2023) | HO found fault in the Council/landlord's handling of his reports of a leak into his property - failure to keep accurate repair records, and then provided those inaccurate repair records to its insurance team, and also failed to communicate with the resident how the property should be dried out. HO further found fault in complaint handling - failure to raise a complaint when the Ombudsman requested it to do so on 7 December 2021, failed to issue its stage one response within a reasonable timeframe, failed to escalate or provide a stage two complaint response within a reasonable timeframe, and then failed to investigate the accuracy of its repairs records as part of the complaint.  | HO ordered the Council (within 4 weeks) to: a) Apologise for the failings identified b) Pay the resident £600 for its maladministration in respect of its handling of the resident's reports of a leak into his property; c) Pay the resident £400 for its maladministration in respect of its complaint handling; d) Contact its insurance team regarding the inaccurate information it provided, in order to ascertain whether a new claim can be made or whether the insurance team's final decision can be reviewed. The Council/landlord should also provide its insurance team with a copy of the Ombudsman's report along with any additional information the resident would like to provide; and e) Review its repairs record keeping process to see what improvements can be made to ensure the accuracy of its repair records. HO also ordered the Council (within 8 weeks) to review the case to see what lessons can be learned from it. The landlord should share the findings of this review with the resident and the Ombudsman.   | 17/03/2023 - Letter of Apology sent to X<br>28/04/2023 - Full review completed within service with comprehensive Learnings Report from the case sent to HO. Changes and improvements identified around the way the service responds to property leaks including the development of a simple guide for tenants explaining the responsibilities of the tenant/landlord and advice on compensation; improvements in record keeping in relation to leaks including accurate description of source and impact; and more robust complaint investigation/review to ensure clarity on the dates that repair issues are reported; visits made and repairs resolved<br>10/08/2023 - SCC awaiting confirmation from the HO of compliance | Awaiting confirmation of compliance from HO   |
| Operational Services - Council Housing Repairs & Maintenance ref 202200707 | Mrs X complained about the landlord's handling of her concerns about structural issues and cracking within her home; the handling of an external door replacement; the handling of damp; her request for rehousing; and the handling of her complaint. | 24/03/23                                       | HO found the Council/landlord delayed unreasonably in carrying out a CCTV drainage survey, carrying out remedial works to the resident's home; obtaining the second structural survey and carrying out underpinning works. HO also found landlord failed to keep records to demonstrate the 'fit to let' standard of the resident's home prior to her accepting the tenancy, that it kept the resident informed in relation to the ongoing structural concerns and how it assessed her property in accordance with its decant procedure. Compensation offered was not proportionate to the distress and inconvenience caused to the resident and did not offer sufficient redress given the circumstances of the case. Landlord failed to keep to its complaint response target and did not keep the resident informed of the delays. HO also found the Council/landlord failed to keep to its complaint response target and did not keep the resident informed of the delays. | HO ordered the Council (within 4 weeks) to write to the resident to apologise for the failures identified and to clarify its position with any outstanding remedial work at the resident's home and give assurances to the resident and HO of how it intends to proactively monitor the structure of the property. Council also ordered to pay the resident total compensation of £1600 (£750 previously offered by Council under complaints procedure deemed insufficient). HO ordered the Council (within 8 weeks) to review its record keeping in this case and advise HO of its action plan to improve record keeping practices, particularly in regard to property inspections and assessments of resident decant request; and also how it intends to improve the handling of cases where residents report structural defects. HO also recommended the Council offer to inspect the external door and damp if it has not already done so and advise the resident of its proposals to carry out any associated works and reply to the HO within 4 weeks to confirm its intentions in regard to this recommendation. | 02/05/2023 - Payment approved and sent via BACS<br>12/05/2023 - Conversation with Mrs X to arrange Survey / Inspection - refused by Mrs X as moving at the end of May 2023.<br>31/05/2023 - Review Report into Learnings sent to HO as ordered. Range of improvements identified around customer communications and information sharing with new tenants; record keeping including the development of a standardised survey report; closer management of structural issues and contractors, and more robust/timely complaints investigations/reviews.<br>31/05/2023 - SCC Record Keeping Action Plan sent to HO   | 16/10/2023 - HO confirmed compliance. May I take this opportunity to thank you and the team for your assistance on the case and for the comprehensive reviews that have taken place. I can confirm that the case is now closed. |

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19 July 2023

*By email*

Ms Josephs  
Chief Executive  
Sheffield City Council

Dear Ms Josephs

### **Annual Review letter 2022-23**

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2023. The information offers valuable insight about your organisation's approach to complaints. As always, I would encourage you to consider it as part of your corporate governance processes. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

The end of the reporting year, saw the retirement of Michael King, drawing his tenure as Local Government Ombudsman to a close. I was delighted to be appointed to the role of Interim Ombudsman in April and look forward to working with you and colleagues across the local government sector in the coming months. I will be building on the strong foundations already in place and will continue to focus on promoting improvement through our work.

### **Complaint statistics**

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

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

Over the past two years, we have reviewed our processes to ensure we do the most we can with the resources we have. One outcome is that we are more selective about the complaints we look at in detail, prioritising where it is in the public interest to investigate. While providing a more sustainable way for us to work, it has meant that changes in uphold rates this year are not solely down to the nature of the cases coming to us. We are less likely to carry out investigations on 'borderline' issues, so we are naturally finding a higher proportion of fault overall.

Our average uphold rate for all investigations has increased this year and you may find that your organisation's uphold rate is higher than previous years. This means that comparing uphold rates with previous years carries a note of caution. Therefore, I recommend comparing this statistic with

that of similar organisations, rather than previous years, to better understand your organisation's performance.

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

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

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

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 26 July 2023. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

### **Your organisation's performance**

During the year, we [issued a report](#) about your Council's failure to meet a young person's care and support needs following problems with their care provider. Our investigation found the Council delayed completing a safeguarding investigation into concerns about the care provision, and victim blamed the young person in the outcome of the safeguarding investigation. The Council produced an action plan, which it failed to follow, further compounding the distress to the young person and their mother and allowing the poor service to continue for many years. Because of the problems with care services, and lack of appropriate support, the young person could not attend college and suffered from anxiety and depression. The Council failed to properly review the Education, Health and Care plan between 2016 and 2021 and did not provide education between September 2017 and 2021, as it failed to consider alternative provision.

The Council's significant and prolonged errors meant the young person did not get the right support when transitioning to adulthood, delaying their progression in education and work life. The young person has now returned to studying, which could have been achieved much sooner, with the right support.

It is to the Council's credit that during our investigation it promptly accepted the fault and, since the report, has been keen to improve its services. We recommended the Council refund an overpayment the young person made towards their care and support, pay the young person and their mother a sum to acknowledge their distress, pay the young person a sum for every month they were out of education, and consider its discretion to provide educational support to them beyond the age of 25, given its earlier failings.

The Council demonstrated its ability to learn from this complaint and made a range of improvements to its services for young people transitioning to adulthood. A report made to the Council's strategy and resources committee said it was clear that support was required earlier in a young person's journey to adulthood to shift the approach from crisis intervention, triggered by



insufficient support and planning, to longer-term, person-centred support and planning for adulthood. A new transitions team of seven social workers and care managers have been recruited to help young people from the age of 18 to 25 develop their independence and autonomy. They will also work with young people who have reached 25 and may need further support. A separate 'preparation for adulthood' team will be working with under-18s. I commend the Council for taking this action and hope it results in improved services for young people in its area.

I was pleased to see that, after raising concerns last year about your Council's lack of timely responses to our enquiries, there has been a significant improvement in this area. Following my letter last year, all the responses we received were on time. Thank you.

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

I know that complaints offer organisations a rich source of intelligence and insight that has the potential to be transformational. These insights can indicate a problem with a specific area of service delivery or, more broadly, provide a perspective on an organisation's culture and ability to learn. To realise the potential complaints have to support service improvements, organisations need to have the fundamentals of complaint handling in place. To support you to do so, we have continued our work with the Housing Ombudsman Service to develop a joint complaint handling code that will provide a standard for organisations to work to. We will consult on the code and its implications prior to launch and will be in touch with further details.

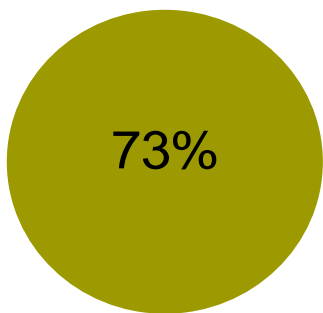
In addition, our successful training programme includes practical interactive workshops that help participants develop their complaint handling skills. We can also offer tailored support and bespoke training to target specific issues your organisation might have identified. We delivered 105 online workshops during the year, reaching more than 1350 people. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training) or get in touch at [training@lgo.org.uk](mailto:training@lgo.org.uk).

Yours sincerely,



Paul Najsarek  
Interim Local Government and Social Care Ombudsman  
Interim Chair, Commission for Local Administration in England

### Complaints upheld



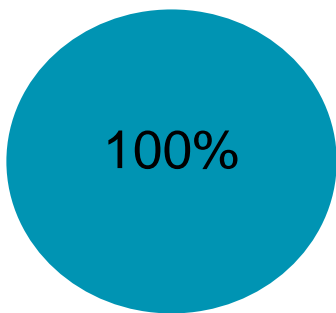
**73%** of complaints we investigated were upheld.

This compares to an average of **77%** in similar organisations.

**19**  
upheld decisions

Statistics are based on a total of **26** investigations for the period between 1 April 2022 to 31 March 2023

### Compliance with Ombudsman recommendations



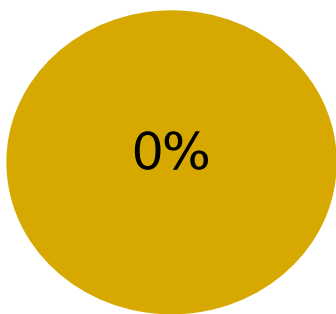
In **100%** of cases we were satisfied the organisation had successfully implemented our recommendations.

This compares to an average of **99%** in similar organisations.

Statistics are based on a total of **18** compliance outcomes for the period between 1 April 2022 to 31 March 2023

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

### Satisfactory remedy provided by the organisation



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

This compares to an average of **10%** in similar organisations.

**0**  
satisfactory remedy decisions

Statistics are based on a total of **19** upheld decisions for the period between 1 April 2022 to 31 March 2023

**Housing**  
Ombudsman Service

**LANDLORD  
PERFORMANCE  
REPORT**

2022/2023

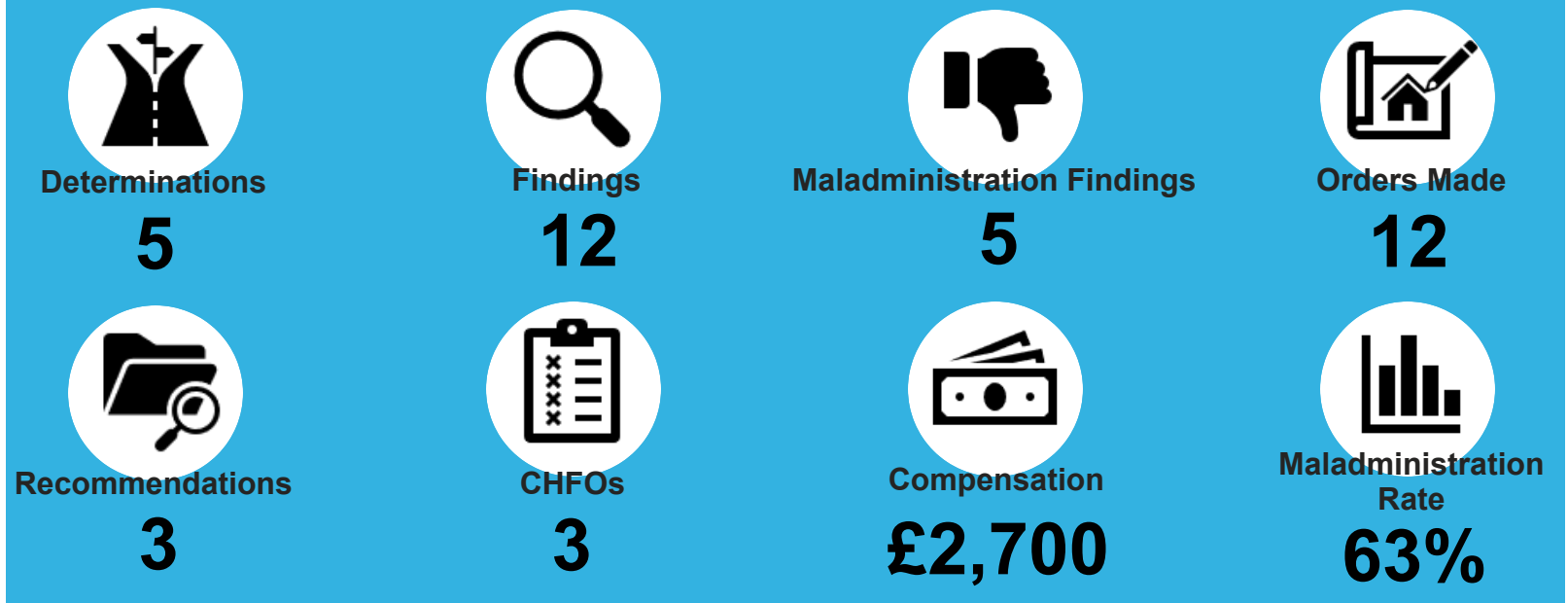
Sheffield City Council

Landlord:

Landlord Homes: 38,430

Landlord Type: Local Authority / ALMO or TMO

**PERFORMANCE AT A GLANCE**



**PERFORMANCE 2021-2022**

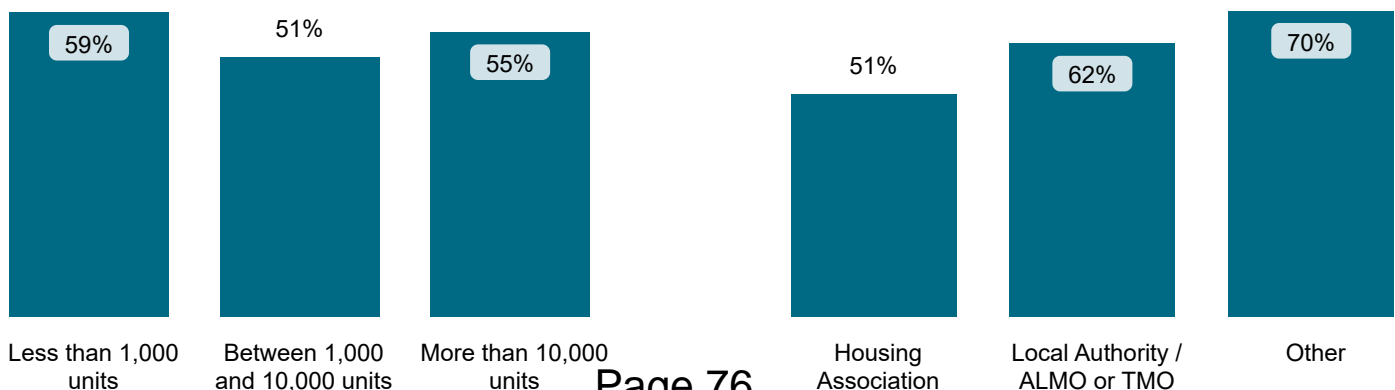


**Maladministration Rate Comparison** | Cases determined between April 2022 - March 2023

**NATIONAL MALADMINISTRATION RATE: 55%** The landlord performed *similarly* when compared to similar landlords by size and type.

National Mal Rate by Landlord Size: [Table 1.1](#)

by Landlord Type: [Table 1.2](#)



**Findings Comparison** | Cases determined between April 2022 - March 2023

**National Performance by Landlord Size:** Table 2.1

| Outcome                  | Less than 1,000 units | Between 1,000 and 10,000 units | More than 10,000 units | Total      |
|--------------------------|-----------------------|--------------------------------|------------------------|------------|
| Severe Maladministration | 3%                    | 2%                             | 3%                     | <b>3%</b>  |
| Maladministration        | 27%                   | 20%                            | 25%                    | <b>24%</b> |
| Service failure          | 20%                   | 23%                            | 21%                    | <b>21%</b> |
| Mediation                | 0%                    | 1%                             | 2%                     | <b>2%</b>  |
| Redress                  | 10%                   | 12%                            | 16%                    | <b>15%</b> |
| No maladministration     | 25%                   | 32%                            | 22%                    | <b>24%</b> |
| Outside Jurisdiction     | 15%                   | 11%                            | 10%                    | <b>11%</b> |
| Withdrawn                | 0%                    | 1%                             | 2%                     | <b>1%</b>  |

| Sheffield City Council   |            |
|--------------------------|------------|
| Outcome                  | % Findings |
| Severe Maladministration | <b>0%</b>  |
| Maladministration        | <b>33%</b> |
| Service failure          | <b>8%</b>  |
| Mediation                | <b>0%</b>  |
| Redress                  | <b>0%</b>  |
| No maladministration     | <b>25%</b> |
| Outside Jurisdiction     | <b>33%</b> |
| Withdrawn                | <b>0%</b>  |

**National Performance by Landlord Type:** Table 2.2

| Outcome                  | Housing Association | Local Authority / ALMO or TMO | Other | Total      |
|--------------------------|---------------------|-------------------------------|-------|------------|
| Severe Maladministration | 2%                  | 3%                            | 6%    | <b>3%</b>  |
| Maladministration        | 23%                 | 28%                           | 32%   | <b>24%</b> |
| Service failure          | 21%                 | 22%                           | 24%   | <b>21%</b> |
| Mediation                | 2%                  | 1%                            | 3%    | <b>2%</b>  |
| Redress                  | 19%                 | 8%                            | 3%    | <b>15%</b> |
| No maladministration     | 23%                 | 24%                           | 21%   | <b>23%</b> |
| Outside Jurisdiction     | 9%                  | 13%                           | 12%   | <b>11%</b> |
| Withdrawn                | 1%                  | 1%                            | 0%    | <b>1%</b>  |

| Outcome                  | % Findings |
|--------------------------|------------|
| Severe Maladministration | <b>0%</b>  |
| Maladministration        | <b>33%</b> |
| Service failure          | <b>8%</b>  |
| Mediation                | <b>0%</b>  |
| Redress                  | <b>0%</b>  |
| No maladministration     | <b>25%</b> |
| Outside Jurisdiction     | <b>33%</b> |
| Withdrawn                | <b>0%</b>  |

**Landlord Findings by Category** | Cases determined between April 2022 - March 2023

Table 2.3

| Category                                 | Severe Maladministration | Maladministration | Service failure | Mediation | Redress  | No maladministration | Outside Jurisdiction | Withdrawn | Total     |
|--|--------------------------|-------------------|-----------------|-----------|----------|----------------------|----------------------|-----------|-----------|
| Complaints Handling                      | 0                        | 2                 | 1               | 0         | 0        | 0                    | 0                    | 0         | <b>3</b>  |
| Property Condition                       | 0                        | 1                 | 0               | 0         | 0        | 0                    | 2                    | 0         | <b>3</b>  |
| Anti-Social Behaviour                    | 0                        | 0                 | 0               | 0         | 0        | 1                    | 1                    | 0         | <b>2</b>  |
| Charges                                  | 0                        | 0                 | 0               | 0         | 0        | 1                    | 0                    | 0         | <b>1</b>  |
| Health and Safety (inc. building safety) | 0                        | 1                 | 0               | 0         | 0        | 0                    | 0                    | 0         | <b>1</b>  |
| Moving to a Property                     | 0                        | 0                 | 0               | 0         | 0        | 0                    | 1                    | 0         | <b>1</b>  |
| Staff                                    | 0                        | 0                 | 0               | 0         | 0        | 1                    | 0                    | 0         | <b>1</b>  |
| <b>Total</b>                             | <b>0</b>                 | <b>4</b>          | <b>1</b>        | <b>0</b>  | <b>0</b> | <b>3</b>             | <b>4</b>             | <b>0</b>  | <b>12</b> |

**Findings by Category Comparison** | Cases determined between April 2022 - March 2023

**Top 3 Categories for Sheffield City Council**

Table 3.1

| Category                                 | # Landlord Findings | % Landlord Maladministration | % National Maladministration |
|--|---------------------|------------------------------|------------------------------|
| Complaints Handling                      | 3                   | 100%                         | 76%                          |
| Anti-Social Behaviour                    | 1                   | 0%                           | 40%                          |
| Charges                                  | 1                   | 0%                           | 39%                          |
| Health and Safety (inc. building safety) | 1                   | 100%                         | 52%                          |
| Property Condition                       | 1                   | 100%                         | 54%                          |
| Staff                                    | 1                   | 0%                           | 31%                          |

**National Maladministration Rate by Landlord Size:**

Table 3.2

| Category                                 | Less than 1,000 units | Between 1,000 and 10,000 units | More than 10,000 units | % Landlord Maladministration |
|--|-----------------------|--------------------------------|------------------------|------------------------------|
| Anti-Social Behaviour                    | 43%                   | 39%                            | 41%                    | 0%                           |
| Charges                                  | 0%                    | 26%                            | 43%                    | 0%                           |
| Complaints Handling                      | 97%                   | 75%                            | 76%                    | 100%                         |
| Health and Safety (inc. building safety) | 33%                   | 57%                            | 52%                    | 100%                         |
| Property Condition                       | 50%                   | 54%                            | 55%                    | 100%                         |
| Staff                                    | 50%                   | 28%                            | 31%                    | 0%                           |

**National Maladministration Rate by Landlord Type:**

Table 3.3

| Category                                 | Housing Association | Local Authority / ALMO or TMO | Other | % Landlord Maladministration |
|--|---------------------|-------------------------------|-------|------------------------------|
| Anti-Social Behaviour                    | 40%                 | 43%                           | 0%    | 0%                           |
| Charges                                  | 37%                 | 44%                           | 0%    | 0%                           |
| Complaints Handling                      | 71%                 | 87%                           | 100%  | 100%                         |
| Health and Safety (inc. building safety) | 51%                 | 54%                           | 0%    | 100%                         |
| Property Condition                       | 50%                 | 63%                           | 63%   | 100%                         |
| Staff                                    | 26%                 | 36%                           | 60%   | 0%                           |

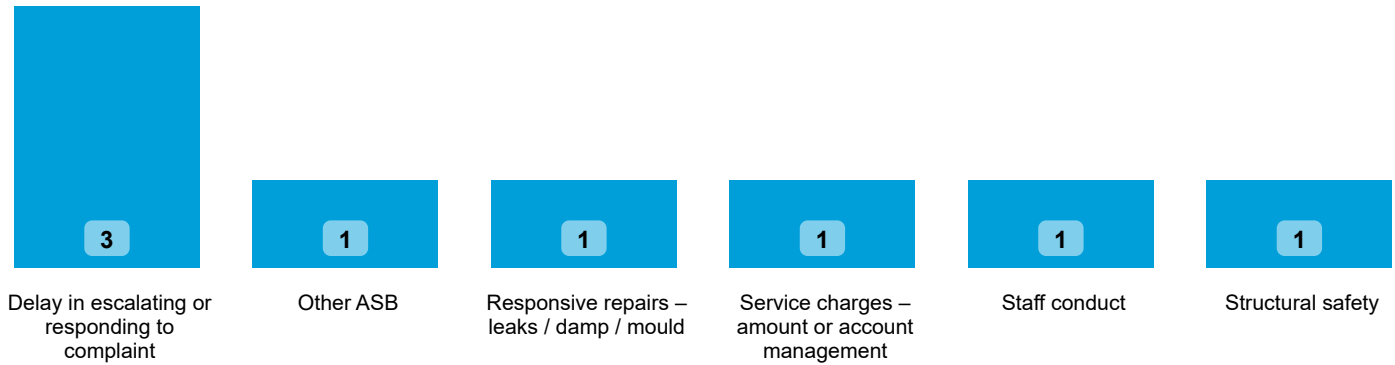
**Findings by Sub-Category** | Cases Determined between April 2022 - March 2023

Table 3.4

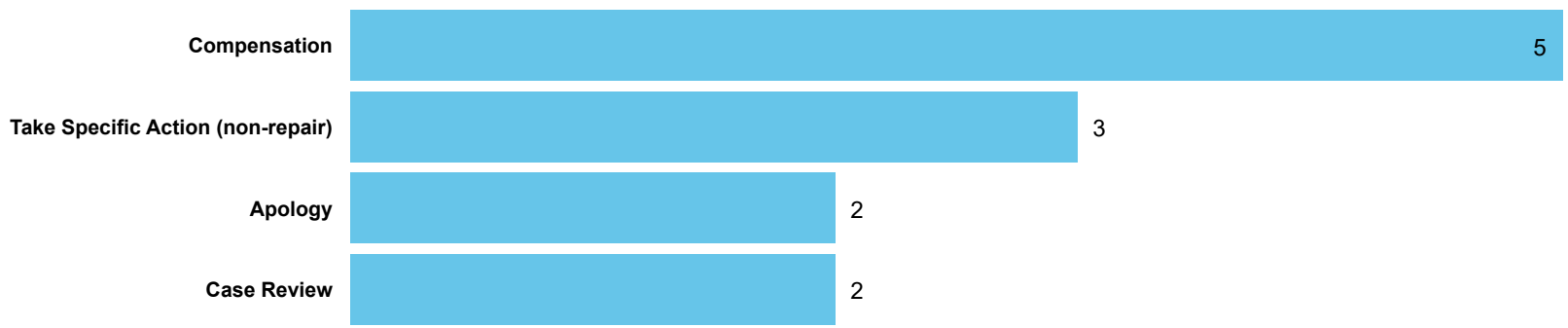
Highlighted Service Delivery Sub-Categories *only*:

| Sub-Category                                   | Severe Maladministration | Maladministration | Service failure | Mediation | Redress  | No maladministration | Outside Jurisdiction | Withdrawn | Total    |
|--|--------------------------|-------------------|-----------------|-----------|----------|----------------------|----------------------|-----------|----------|
| Responsive repairs – leaks / damp / mould      | 0                        | 1                 | 0               | 0         | 0        | 0                    | 1                    | 0         | 2        |
| Service charges – amount or account management | 0                        | 0                 | 0               | 0         | 0        | 1                    | 0                    | 0         | 1        |
| Staff conduct                                  | 0                        | 0                 | 0               | 0         | 0        | 1                    | 0                    | 0         | 1        |
| Structural safety                              |                          | 1                 | 0               |           | 0        | 0                    | 0                    |           | 1        |
| <b>Total</b>                                   | <b>0</b>                 | <b>2</b>          | <b>0</b>        | <b>0</b>  | <b>0</b> | <b>2</b>             | <b>1</b>             | <b>0</b>  | <b>5</b> |

**Top 3 Sub-Categories** | Cases determined between April 2022 - March 2023 Table 3.5



**Orders Made by Type** | Orders on cases determined between April 2022 - March 2023 Table 4.1



**Order Compliance** | Order target dates between April 2022 - March 2023 Table 4.2

| Order Complete? | Within 3 Months |             |
|-----------------|-----------------|-------------|
|                 | Count           | %           |
| Complied        | 7               | 100%        |
| <b>Total</b>    | <b>7</b>        | <b>100%</b> |

**Compensation Ordered** | Cases Determined between April 2022 - March 2023 Table 5.1

● Ordered ● Recommended



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## Audit and Standards Committee Report

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**Report of:** General Counsel

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**Date:** 22 November 2023

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**Subject:** Work Programme

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**Author of Report:** Jay Bell, Democratic Services

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**Summary:**

The report provides details of an outline work programme for the Committee.

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**Recommendations:**

That the Committee:-

(a) considers the Work Programme and identifies any further items for inclusion;  
and

(b) approves the work programme.

---

**Background Papers:** None

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**Category of Report:** OPEN

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## Statutory and Council Policy Checklist

|   |
|---|
| <b>Financial Implications</b>   |
| NO Cleared by:  |
| <b>Legal Implications</b>   |
| NO Cleared by:  |
| <b>Equality of Opportunity Implications</b>                                     |
| NO Cleared by:  |
| <b>Tackling Health Inequalities Implications</b>                                |
| NO  |
| <b>Human rights Implications</b>  |
| NO:   |
| <b>Environmental and Sustainability implications</b>                            |
| NO  |
| <b>Economic impact</b>  |
| NO  |
| <b>Community safety implications</b>  |
| NO  |
| <b>Human resources implications</b>   |
| NO  |
| <b>Property implications</b>  |
| NO  |
| <b>Area(s) affected</b>   |
| NONE  |
| <b>Is the item a matter which is reserved for approval by the City Council?</b> |
| NO  |
| <b>Press release</b>  |
| NO  |

## **WORK PROGRAMME**

### **1. Purpose of Report**

1.1 To consider an outline work programme for the Committee.

### **2. Work Programme**

2.1 It is intended that there will be at least five meetings of the Committee during the year with three additional meetings arranged if required. The work programme includes some items which are dealt with at certain times of the year to meet statutory deadlines, such as the Annual Governance Report and Statement of Accounts, and other items requested by the Committee. In addition, it also includes standards related matters, including an annual review of the Members Code of Conduct and Complaints Procedure and an Annual Report on the complaints received.

2.2 An outline programme is attached and Members are asked to identify any further items for inclusion.

### **3. Recommendation**

3.1 That the Committee:-

- (a) considers the Work Programme and identifies any further items for inclusion;  
and
- (b) approves the work programme.

**David Hollis  
General Counsel**

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#### 4.0 Referrals from other Committees

4.1 Any referrals sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

|                                    |  |
|------------------------------------|--|
| Issue                              |  |
| Referred from                      |  |
| <i>Details</i>                     |  |
| <i>Commentary/ Action Proposed</i> |  |

#### Part 5: Proposed additions and amendments to the work programme since the last meeting:

| Item   | Proposed Date                 | Note |
|--|-------------------------------|------|
| Annual Governance Statement                                    | November 2023 to January 2024 |      |
| Formal Response to Audit (ISA 260) Recommendations             | November 2023 to January 2024 |      |
| Audit Recommendation Tracker Progress Report                   | January 2024 to February 2024 |      |
| Strategic Risk Reporting                                       | January 2024 to February 2024 |      |
| Whistleblowing Policy Review                                   | January 2024 to March 2024    |      |
| Annual Standards Report  | January 2024 to March 2024    |      |
| Complaints performance and complaints Service improvement plan | February 2024 to March 2024   |      |

#### Part 6: Audit & Standards Committee Work Programme for municipal year 2023/24:

| Date      | Item           | Author                     |
|-----------|----------------|----------------------------|
|           |                |                            |
| June 2023 | Audit Training | External Facilitator (TBC) |
|           |                |                            |

Audit and Standards Work Programme 2023-24- Working Copy

|                   |   |   |
|-------------------|---|---|
| 22 June 2023      | Internal Audit Tactical Plan 23/24                                      | Linda Hunter (Senior Finance Manager)                               |
|                   | Compliance to International Auditing Standards                          | Tony Kirkham (Interim Director of Finance and Commercial Services)  |
|                   | Audit Recommendation Tracker Progress Report                            | Linda Hunter (Senior Finance Manager)                               |
|                   | Update on Governance Issues outlined in the Annual Governance Statement | David Hollis (Interim General Counsel/Monitoring Officer)           |
|                   | Summary of Statement of Accounts  | Tony Kirkham (Interim Director of Finance and Commercial Services)  |
|                   | Work Programme  | David Hollis (Interim General Counsel/Monitoring Officer)           |
|                   | Strategic Risk Update   | Helen Molteno (Corporate Risk Manager)                              |
|                   |   |   |
| 27 July 2023      | Internal Audit Annual Fraud Report                                      | Stephen Bower (Finance and Risk Manager)                            |
|                   | Role of the Audit Committee and Training                                | Claire Sharratt (Senior Finance Manager)                            |
|                   | Update on Improvement Plan and Annual Complaints Report 22/23           | Corleen Bygraves-Paul (Service Delivery Manager, Customer Services) |
|                   | Work Programme  | David Hollis (Interim General Counsel/Monitoring Officer)           |
|                   |   |   |
| 21 September 2023 | External Audit Plan 2021/22   | External Auditor (EY)   |
|                   | Annual Internal Audit Report  | Linda Hunter (Senior Finance Manager)                               |
|                   | Statement of Accounts 2021/22 (Audited)                                 | Philip Gregory (Director of Finance and Commercial Services)        |
|                   | Interim Standards Complaints Report (Half Yearly)                       | David Hollis (Interim General                                       |

Audit and Standards Work Programme 2023-24- Working Copy

|                  |  |   |
|------------------|--|---|
|                  |  | Counsel/Monitoring Officer)   |
|                  | Work Programme   | David Hollis (Interim General Counsel/Monitoring Officer)           |
| 19 October 2023  | Workshop to Review Members' Code of Conduct and Complaints Procedure   |   |
| 19 October 2023  | Information Management Annual Report & ICO Audit   | Sarah Green (Senior Information Management Officer)                 |
|                  | Work Programme   | David Hollis (General Counsel/Monitoring Officer)                   |
| 23 November 2023 | Review of Members' Code of Conduct and Complaints Procedure  | David Hollis (General Counsel/Monitoring Officer)                   |
|                  | Annual Ombudsman Report & Update on 23/24 half yearly complaints performance and Complaints Service improvement plan | Corleen Bygraves-Paul (Service Delivery Manager, Customer Services) |
|                  | Fargate Containers   | David Hollis (General Counsel/Monitoring Officer)                   |
|                  | Work Programme   | David Hollis (General Counsel/Monitoring Officer)                   |
| 11 January 2024  | Statement of Accounts 2022/23 (Audited)  | Philip Gregory (Director of Finance and Commercial Services)        |
|                  | Report of those Charged with Governance (ISA 260)  | External Auditor (EY)   |
|                  | Annual Governance Statement  | David Hollis (General Counsel/Monitoring Officer)                   |
|                  | Formal Response to Audit (ISA 260) Recommendations   | Philip Gregory (Director of Finance and Commercial Services)        |
|                  | Work Programme   | David Hollis (General Counsel/Monitoring Officer)                   |
|                  |  |   |

Audit and Standards Work Programme 2023-24- Working Copy

|                    |  |   |
|--------------------|--|---|
| 1 February 2024    | Audit Recommendation Tracker Progress Report                   | Linda Hunter (Senior Finance Manager)                               |
|                    | Strategic Risk Reporting                                       | Helen Molteno (Corporate Risk Manager)                              |
|                    | Community Schools Update                                       | Andrew Jones (Director of Education and Skills)                     |
|                    | Work Programme   | David Hollis (General Counsel/Monitoring Officer)                   |
|                    |  |   |
| 21 March 2024      | Whistleblowing Policy Review                                   | Elyse Senior-Wadsworth (Head of Human Resources)                    |
|                    | Annual Standards Report  | David Hollis (General Counsel/Monitoring Officer)                   |
|                    | Complaints performance and complaints Service improvement plan | Corleen Bygraves-Paul (Service Delivery Manager, Customer Services) |
|                    | Introduction to the Council's new External Auditors            | Philip Gregory (Director of Finance and Commercial Services)        |
|                    | Work Programme   | David Hollis (General Counsel/Monitoring Officer)                   |
|                    |  |   |
| 25 April 2024      | Internal Audit Plan 2024/25                                    | Linda Hunter (Senior Finance Manager)                               |
|                    | Compliance to International Auditing Standards                 | Philip Gregory (Director of Finance and Commercial Services)        |
|                    | Work Programme   | David Hollis (General Counsel/Monitoring Officer)                   |
|                    |  |   |
| July / August 2024 | Audit Training   | External Facilitator (TBC)  |
|                    |  |   |
| June 2024          | Audit Recommendation Tracker Progress Report                   | Linda Hunter (Senior Finance Manager)                               |
|                    | Strategic Risk Update  | Helen Molteno (Corporate Risk Manager)                              |



|  |                |   |
|--|----------------|---|
|  | Work Programme | David Hollis (General Counsel/Monitoring Officer) |
|  |                |   |

## IMPORTANT INFORMATION FOR REPORT WRITERS

The Audit and Standards Committee provides an independent and high-level focus on the audit, assurance and reporting arrangements that underpin good governance and financial standards.

The purpose of the Committee is to provide independent assurance to the Council of the adequacy of the risk management framework and the internal control environment. It provides independent review of Sheffield City Council's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

The Committee also cover Standards and is primarily responsible for promoting and maintaining high standards of conduct by councillors, independent members, and co-opted members. It is responsible for advising and arranging relevant training for members relating to the requirements of the code of conduct for councillors. The Committee also monitor the Council's complaints process and the Council's response to complaints to the Ombudsman.

The Committee is not an operational committee, so is not focussed on the day to day running of your service. However, its focus is on risk management and governance, so it will want to understand how you manage your key risks, and how you are responding to new challenges and developments. In particular the Committee will be interested in the progress on implementing agreed recommendations from inspection and audit reports, and will want to review your services' outputs and actions in response. You can expect some challenge if deadlines for implementing agreed actions have been missed. Please ensure breakdowns of information are included in your report, as the Committee is interested in the key facts and figures behind areas.

Most Audit and Standards papers are public documents, so use everyday language, and use plain English, don't use acronyms, or jargon and explain any technical terms. Assume the reader knows little about your subject.

Think about how the paper will be interpreted by those who read it including the media.

Use standard format - don't subvert it.

**Ensure** – You convey the key message in the first paragraph not the last.

The report should include –

- ***Summary***
- ***Recommendation (s)***
- ***Introduction***
- ***Background***
- ***Main body of the report (in. legal, financial and all other relevant implications)***

**(report templates are available from Democratic Services)**



## Audit and Standards Committee Report

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**Report of:** Philip Gregory, Director of Finance and Commercial Services

---

**Date:** 23<sup>rd</sup> November 2023

---

**Subject:** Fargate Containers Internal Audit Report

---

**Author of Report:** Linda Hunter, Senior Finance Manager (Internal Audit)

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### Summary:

The report presents the Internal Audit assessment of Fargate Containers, highlighting the 'no assurance' audit opinion following the independent internal audit review.

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### Recommendation:

That the Audit and Standards Committee members read and note the content of the Internal Audit report, including the audit recommendations and agreed actions, in line with the Committees remit.

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**Background Papers:** None

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**Category of Report:** Open – except Appendix A which is closed.

---

\* Delete as appropriate

## Statutory and Council Policy Checklist

|   |
|---|
| <b>Financial Implications</b>   |
| NO  |
| <b>Legal Implications</b>   |
| NO  |
| <b>Equality of Opportunity Implications</b>                                     |
| NO  |
| <b>Tackling Health Inequalities Implications</b>                                |
| NO  |
| <b>Human rights Implications</b>  |
| NO:   |
| <b>Environmental and Sustainability implications</b>                            |
| NO  |
| <b>Economic impact</b>  |
| NO  |
| <b>Community safety implications</b>  |
| NO  |
| <b>Human resources implications</b>   |
| NO  |
| <b>Property implications</b>  |
| NO  |
| <b>Area(s) affected</b>   |
| None  |
| <b>Relevant Scrutiny Committee if decision called in</b>                        |
| Not applicable  |
| <b>Is the item a matter which is reserved for approval by the City Council?</b> |
| NO  |
| <b>Press release</b>  |
| Yes   |

**REPORT TO SHEFFIELD CITY COUNCIL AUDIT AND STANDARDS COMMITTEE  
23rd November 2023**

**Fargate Containers Internal Audit Report**

**Purpose of the Report**

1. In line with our internal audit protocol the Audit and Standards Committee members receive all 'no assurance' opinion audit reports in full. The purpose of this report is to present and communicate to members of the Audit and Standards Committee the internal audit report for Fargate Containers. Appendix A is the unredacted full audit report (closed appendix) and only available to members of the Audit and Standards Committee. Appendix B is the redacted audit report (open appendix).
2. The purpose of the audit was to provide an independent opinion as to whether or not the operational risks associated with the construction of the Fargate Containers were managed effectively, and whether the objectives were likely to be achieved, and determine lessons learned for the future of similar projects.

**Internal Audit Opinion**

3. The overall opinion is one of 'no assurance' and high organisational impact.

**Assurance Statement**

|                     |   |
|---------------------|---|
| <b>No Assurance</b> | There are significant weaknesses in the system of control which could result in failure to achieve the Service objectives. Immediate management action is therefore required. |
|---------------------|---|

**Organisational Impact**

|             |  |
|-------------|--|
| <b>High</b> | The issues identified were of high corporate importance. They are either of high financial materiality, present significant business or reputational risk to the Council, have a likelihood of attracting adverse media attention, are potentially of interest to elected representatives, or present a combination of two or more of these factors. |
|-------------|--|

## **Executive Summary and Internal Audit summary sections within the Internal Audit Report**

4. The internal audit review identified a number of areas for improvement with the Councils awareness around the processes for the successful delivery of projects.
5. The Executive Summary and Internal Audit Summary sections (from page 6 of the audit report) highlight the key findings and weaknesses. These related primarily to the procurement process, project management, contract management, financial controls, risk management, governance arrangements and the decision-making process.
6. In addition, staff turnover inevitably had an impact on the effective delivery of this project.

## **Audit Recommendations and follow up process**

7. The audit report contains 17 recommendations, which were all agreed by senior management, assigned responsible action owners and timescales for implementation (31.10.23). The recommendations consisted of 14 critical rated priority recommendations and 3 high priority rated recommendations.

### **Priority Key**

|                                      |  |
|--------------------------------------|--|
| <b>Critical</b>                      | Serious impact on the key system, function or process objectives (Issue requires escalation) |
| <b>High</b>                          | Important (Significant impact on the service achieving its objectives)                       |
| <b>Medium</b>                        | Operational (Could impact on the service achieving its objectives)                           |
| <b>Efficiency/<br/>Effectiveness</b> | Good practice (Minimal impact on service objectives)   |

8. The assigned action owners or their representatives for the audit recommendations are present at this meeting to answer and address any questions. Any questions should relate to matters that are within the Committee's remit. The Audit and Standards Committee does not undertake a scrutiny function (CIPFA guidance states that the audit and scrutiny functions of a Council should be kept separate to avoid conflicts of interest) but has a purpose of overseeing and assessing the Council's risk management, control and corporate governance arrangements and

advising the Council on the adequacy and effectiveness of these arrangements.

9. All recommendations were agreed by senior management and assigned a completion date by 31.10.23.
10. In line with internal audit protocol, a follow up audit has been planned to start week commencing 20.11.23. The follow up report will highlight any outstanding actions and provide revised priority implementation dates (where required). Once completed, this follow up report will go to senior management (as per the original audit report).
11. Additionally, and again in line with internal audit protocol, the updated position with the recommendations progress will be reported and presented to the Audit and Standards Committee (as part of the six-monthly recommendation tracker) in February 2024, in line with the Committees agreed work programme.

#### **Financial Implications**

12. There are no direct financial implications arising from the report.

#### **Equal Opportunity Implications**

13. There are no equal opportunities implications arising from the report.

#### **Recommendation**

14. That the Audit and Standards Committee members read and note the content of the Internal Audit report, including the audit recommendations and agreed actions, in line with the Committees remit.

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**Sheffield City Council**

**Finance & Commercial  
Services**

**Internal Audit**

Fargate Container Review

**Final Report**

**Philip Gregory  
Director of Finance and  
Commercial Services**

**11/09/23**

This report must not be shared, amended, altered or updated without the prior written consent of Internal Audit.

**Audit Information**

Auditors responsible for the review:

|                 |            |
|-----------------|------------|
| Finance Manager | [REDACTED] |
| Auditor         | [REDACTED] |

Report distribution:

|                 |  |
|-----------------|--|
| For Action      | <p>Ajman Ali – Executive Director of Neighbourhood Services</p> <p>Kate Martin – Executive Director of City Futures</p> <p>Richard Eyre – Director of Streetscene &amp; Regulation</p> <p>[REDACTED]</p> <p>Philip Gregory - Director of Finance and Commercial Services and S151</p> <p>Claire Taylor - Chief Operating Officer</p> <p>David Hollis - General Counsel</p> <p>Gregg Fell – Strategic Director of Public Health and Integrated Commissioning</p> <p>James Henderson- Director of Policy and Democratic Engagement</p> <p>Meridith Teesdale – Strategic Director of Childrens Services</p> <p>Alexis Chapell – Strategic Director of Adults Care and Wellbeing</p> |
| For Information | <p>Kate Josephs - Chief Executive</p> <p>[REDACTED]</p> <p>Sean Mclean – Director of Regeneration and Development/ Head of Capital Delivery Service</p> <p>[REDACTED]</p> <p>[REDACTED] – Project Manager</p>  |

This report must not be shared, amended, altered or updated without the prior written consent of Internal Audit.

|  |   |
|--|---|
|  | <p>[REDACTED] Senior Procurement &amp; Supply<br/>Chain Manager</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Sheffield City Council Audit and Standards<br/>Committee</p> |
|--|---|

**Audit and Standards Committee**

The contents of any no assurance or limited assurance, high impact audit reports will be presented to the Council’s Audit and Standards Committee either in full, or in summary. All other audit reports may be presented upon request by the Audit and Standards Committee.

**Freedom of Information Disclosure**

Before responding to any request under the Freedom of Information to make this report publicly available please consult the Finance Manager named above as it may contain exempt information.

**Independence**

Public Sector Internal Audit Standard 1100 directs we must always act with independence and objectivity. We must disclose any threats to that independence, in fact or appearance, and how we have managed them in completing our work.

We have no matters to report in connection with this audit review.

This report must not be shared, amended, altered or updated without the prior written consent of Internal Audit.

## **Introduction**

The audit of Fargate Container Review is now complete. The review was undertaken using a risk-based approach, and this report details Internal Audit's assessment of the residual risk of each operational risk associated with the service/activity.

Where the residual risk following testing is low, no action is required. Where it is medium, or high, the recommended actions should enable a low residual risk to be achieved.

## **Objectives of the service/activity**

The Fargate Containers were designed to attract footfall to the city centre, with containers being converted into eating, drinking and entertainment spaces for the general public. Delays to their implementation attracted a lot of press coverage and public attention and this audit sought to ascertain what controls were operating poorly and determine lessons learned for the future of similar projects.

## **Purpose of the audit**

The purpose of the audit was to provide an independent opinion as to whether or not the operational risks associated with the construction of the Fargate Containers were managed effectively, and whether the objectives were likely to be achieved. Linked to the objectives above, this report will determine lessons to be learned going forward.

## **Operational risks and scope**

The operational risks are anything that could prevent, or hinder, the achievement of the objectives of the service or activity. The operational risks associated with Fargate Container Review, and reviewed as part of this audit, were:

- Procurement processes and management of contractor for the installation and build are ineffective or operating poorly (**Inherent Risk: high**)
- Governance and planning controls are not in place or are ineffective (**Inherent Risk: high**)
- Decision making is ineffective or poor (**Inherent Risk: high**)
- Financial controls and monitoring are ineffective or poor. (**Inherent Risk: high**)
- Stakeholder engagement and communication is ineffective. (**Inherent Risk: high**)
- Risk Management is ineffective or not in place. (**Inherent Risk: high**)

**Inherent risk** is the level of risk before the operation of any internal controls are taken into account.

This report must not be shared, amended, altered or updated without the prior written consent of Internal Audit.

**Residual risk** is the risk remaining after testing the controls currently in place to mitigate the inherent risk.

Low residual risk areas are highlighted above. Refer to the implementation plan for the high and medium residual risks.

Where a recommendation has been made against an area of low residual risk, this is considered to be good practice.

### Assurance Statement

|                     |   |
|---------------------|---|
| <b>No Assurance</b> | There are significant weaknesses in the system of control which could result in failure to achieve the Service objectives. Immediate management action is therefore required. |
|---------------------|---|

### Organisational Impact

|      |   |
|------|---|
| High | The issues identified are of high corporate importance. They are either of high financial materiality, present significant business or reputational risk to the Council, have a likelihood of attracting adverse media attention, are potentially of interest to elected representatives, or present a combination of two or more of these factors. |
|------|---|

### Executive Summary

Whilst the overall opinion is one of no assurance and high organisational impact, the purpose of this report is to identify areas where controls were operating poorly or where controls were not in place, to ensure that these are rectified. This report is not to apportion blame but to report on available evidence and identify required changes, actions and lessons learnt.

This report identified significant procedural and control failures across all risk areas tested. Internal Audit cannot provide assurance on any of the risk areas covered as very little evidence was provided by the team to mitigate them.

This report should form part of a post implementation review and lessons learned.

The majority of the findings in this report, relate to the procurement and construction of the Fargate Containers, and the recommendations made relate to projects going forward.

For audit reporting purposes, we have taken the decision to attribute the bulk of these corporate recommendations jointly to the Executive Director for City Futures who has overall responsibility for the Capital Delivery Service, and the Executive Director for Neighbourhood Services for awareness.

In addition, the Councils Strategic Leadership Team (including S151 Officer) have been named against actions - to ensure all recommendations are actioned for future projects.

It should also be noted that there is a future learning recommendation made for the Procurement Service/Head of Procurement.

Where specific actions have been raised about the Fargate Containers, these have been agreed with the [REDACTED].

### Broad Timeline

This report must not be shared, amended, altered or updated without the prior written consent of Internal Audit.



NB: Insufficient record keeping meant that there was very little evidence to provide for audit review, therefore, IA has devised this timeline information from verbal interviews with officers and evidence where provided.

The initial opening date was planned for Jan/Feb 22 - but this was delayed, and the Containers finally opened for business in Oct 22.

|            |  |
|------------|--|
| 15/07/2021 | City Centre Programme Board sign off for Fargate Container Project                 |
| 01/08/2021 | Securing funding from Get Building Fund (GBF) for Fargate                          |
| 02/08/2021 | Planning permission looked into  |
| 06/08/2021 | Update to City Centre Board short term action plan                                 |
| 11/08/2021 | Research of potential suppliers provided by procurement                            |
| 18/08/2021 | Quote (1 only) from the contractor sent to HoS & DSR                               |
| 24/11/2021 | Planning/site boundaries/utilities info provided to the contractor                 |
| 10/12/2021 | Procurement Strategy & Contract Award  |
| 17/12/2021 | Presentation on development of a container park                                    |
| 22/02/2022 | Final version of Leaders report – containers to be ordered confirmed               |
| 14/03/2022 | Planning permission granted  |
| 09/03/2022 | Update on Installation and opening estimates for councillor                        |
| Apr-22     | Building Control process began   |
| 22/04/2022 | Update on installation and opening estimates for councillor                        |
| 26/05/2022 | Updated installation and opening estimates for councillor                          |
| Jun-22     | Update to Business Model by the contractor   |
| 01/07/2022 | Exec Director of City Futures explaining issues with Yorkshire Water to councillor |
| Aug-22     | Building Control site visits   |
| Oct-22     | Building Control sign off  |
| 06/10/2022 | Updated opening date   |

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### **Internal Audit summary**

Overall, in internal audits view, the construction failed as the usual and defined procurement process was not followed, nor were contract variations documented. Project management practices were not followed and more worryingly formal financial and contractor monitoring throughout the work was poor or non-existent, furthermore, no risk management was in place. The lack of controls and poor governance arrangements led to poor decision making and ultimately the project did not succeed.

When trying to ascertain the reasons for this project failure, it emerged that the head of service (who took on the de facto lead role on the work), did not have dedicated specialist skills, support and resource. The Council's specialist project management teams were not fully or formally involved, but only called upon using an 'ad-hoc' approach. (The head of service stated that whilst there were regular progress meetings, they acknowledged that they weren't formally documented due to lack of resource around the project - agreeing that this was a lesson to be learned).

No evidence was provided to Internal Audit as to why this route was taken, who made the decision and when this decision was made. This, compounded with a complacent relationship with the supplier led to the breakdown in controls. Had the controls been in place, the delays and subsequent costs associated with this project could have been dealt with and managed more effectively and professionally.

Controls not only provide management with assurance on the outcome or achievement of objectives, but they also serve to protect and support management and staff. They are a key requirement – even more so at a time when the Council was undergoing a significant amount of senior management and political leader 'churn'. During the time of the container construction there was a lack of evidenced governance, decision making and hand over/continuity reporting to mitigate the staff turnover. Staff turnover has inevitably had an impact on the effective delivery of this project.

Of concern, and although no formal evidence was found, verbally it was fed back to internal audit that there was a "now or never" mindset felt by staff – with pressure to be more agile and responsive, using the available grant to increase the customer footfall for the city centre post Covid. This led to the perception of urgency – and may have led to reduced controls.

There is a serious lesson to be learned here. No matter what the pressure, as officers in local government, we have a professional duty to adhere to Financial Regulations ensuring robust controls and governance arrangements are in place that help protect the public purse.

The recent Sheffield Street Tree Inquiry, released on 6<sup>th</sup> March 2023 and authored by Sir Mark Lowcock KCB, touched on the breakdown of controls in relation to the management of the city's street trees. As part of the overview, the report commented on the Council's behaviour during the period up to

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2019. Noting among a number of failings that Council teams failed adequately to consult others with wider expertise; that a ‘verbal culture’ meant that decisions taken at meetings were routinely not recorded and that failing to identify risk meant that nothing was done in mitigation. It recommended that the Council should consider whether its strategy and resourcing needed adjustment - to improve information management – both its record-keeping and how it manages communication with the public.

Whilst the points raised in the Lowcock report are being addressed, with an action plan, owners and review at board level, this audit is another example of the critical and urgent importance of work to ensure robust strategic and operational controls.

### **Critical/High Priority Recommendations**

All the recommendations raised in this report have been given either a High or Critical priority.

As per the Priority Key:

- Critical = Serious impact on the key system, function or process objectives (Issue requires escalation)
- High = Important (Significant impact on the service achieving its objectives)

The majority of the recommendations are intended to be forward looking ie: to ensure that lessons are learned and controls are put into place for future projects. There are, however, a number of recommendations which contain actions to be carried out upon conclusion of the Fargate Containers build.

Discussions during fieldwork and draft report stage were held with:

- Kate Josephs – SCC Chief Executive
- Ajman Ali – Executive Director, Neighbourhood Services
- Richard Eyre – Director of Streetscene and Regulation
- [REDACTED]
- [REDACTED] Procurement and Supply Chain Manager
- Sean McClean – Director of Regeneration and Development

### **Abbreviations used in this report – where not explained in the narrative**

- HoS – [REDACTED]
- DSR – Director of Streetscene and Regulation
- CDS – Capital Delivery Service

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### **Follow-Up**

Internal Audit will seek assurance that the actions agreed in this report have been implemented. Actions will be followed-up after the scheduled date for implementation, and the results reported to senior management.

Failure to implement the actions may be reported to the Council's Audit and Standards Committee, at the discretion of the Senior Finance Manager. The Audit and Standards Committee may request the relevant manager to explain any non-implementation.

Please also note that any critical or high priority recommendations that are not agreed will be reported to the Audit and Standards Committee, and again these may be subject to follow up by the Committee.

### **Customer Questionnaire**

In order to improve our service, a customer questionnaire will be sent out with this report. Your feedback and comments are valued, therefore, please complete it and return within 2 weeks.

**Findings, Recommendations and Agreed Actions**

|                      |  |  |   |                 |  |
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| <b>Risk 01</b>       | <b>Procurement process and contractor management for the installation was ineffective (Inherent Risk: High)</b>  |  |   |                 |  |
| <b>Residual Risk</b> | <b>High</b>  |  |   |                 |  |
|                      | <b>Findings</b>  | <b>Recommendations</b>   | <b>Agreed Actions</b>   | <b>Priority</b> | <b>Responsibility &amp; Timescale</b>  |
| 1.1                  | <p>Upon discussion with the Procurement Manager involved in this activity, it was established that the normal procurement route was not followed.</p> <p>At the time of the audit, there was no formal procurement manual explaining the current procurement process, though this was being developed. In lieu of this it was explained that the normal process would usually include searching for potential suppliers, inviting them to tender and selecting the best available option to contract with. Initially, the Procurement Manager searched for other</p> | <p>Looking forward and in line with the Council’s procurement policies, and financial regulations, the agreed standard procurement route should be followed.</p> <p>Procurement should be signed off only when appropriate and in compliance with the procurement processes and Financial Regulations.</p> <p>A procurement process/manual should be in place to provide guidance to those external to the team to further understand the correct processes to follow. See 2.1</p> | <p>Agreed</p> <p><u>Managers comments:</u></p> <p>This is very much a lesson learned for future projects.</p> <p><u>Senior Procurement &amp; Supply Chain Manager comments 07 09 23:</u></p> <p>At the time of the audit there was a procurement manual in place from 2014, which was going through an update. In</p> | Critical        | <p>Head of Procurement (upon appointment)</p> <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |


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| <p>container parks to find out who had been involved in developments. A list of potential suppliers was provided by the Manager to both the HoS and DSR. This list of nine container parks included the contractor chosen (who had been in contact with the director already) and was provided by procurement as a list of potential suppliers to invite to tender.</p> <p>However, when the suppliers on this list were approached it was found that they were management companies for the container parks, not the initial developers. No response came from those who were approached.</p> <p>Normally, as explained by the Procurement Manager, at this stage, procurement would invite to tender, however this did not happen. Internal Audit (IA) found no written evidence of why this decision was taken</p> |  | <p>addition, since the fieldwork concluded, we have improved recording and escalation of the risks process.</p> |  |  |
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| <p>and by who (or which designated Board).<br/>                 Staff interviewed stated that they felt pressure to get this work done, but again no written evidence of this was provided to IA.</p> <p>Instead, as the only known option, the contractor, who had already reached out with a proposal, were accepted and they were awarded a concession agreement.</p> <p>The Procurement Strategy and Contract Award were provided to IA. This document was signed off by the Head of Procurement and Supply Chain on 10/12/21.</p> <p>The grant used for this containers project was GBF (Get Building Fund) and a Leader's report was signed off by the Acting Chief Executive and Leader of the Council, in February 2022. This report mentioned that this Concession Agreement would</p> |  |  |  |  |
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|            | <p>be for eight months with £300k at risk.</p> <p>Though procurement was signed off at the correct level, there was no evidence provided to IA, to demonstrate that it was robust or complete to result in an informed decision-making process.</p> |  |  |                 |  |
| <p>1.2</p> | <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>It was also explained to IA by the Procurement Manager</p>   | <p>In line with good project management practices, going forward, robust monitoring, especially of milestones, is key.</p> <p>A reconciliation should be undertaken with regard to this build [Redacted]</p> <p>[Redacted]</p> | <p>Agreed</p> <p><u>Managers comments:</u></p> <p>As per 1.1</p> <p>[Redacted]</p> | <p>Critical</p> | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>Director, Streetscene &amp; Regulation</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |



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|     | <p>involved at the beginning of these activities that an implementation plan was never received by the contractor so these milestones were never properly agreed.</p> <p>No further information was provided by the team to evidence what had and had not been paid for, nor was any evidence of the agreed milestones provided.</p> <p>Therefore, no audit testing could take place to provide assurance on whether everything procured and paid for had been received.</p> |   |   |          |   |
| 1.3 | <p>From discussion, the HoS explained that either he or the CDS Project Manager involved would authorise invoice payments.</p> <p>There was no structured, regular monitoring of the contractor throughout the installation process.</p>   | <p>Looking forward, for all projects, management should ensure that there is an appropriate payment and authorisation process in place for contractors.</p> <p>This should be completed by someone with appropriate delegation and involved in the project. This process should include steps in place to ensure that payment is only made after verification</p> | <p>Agreed<br/><u>Managers comments</u></p> <p>Management will provide extra invoices and details/evidence of the payment process.</p> | Critical | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> |

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| <p>Internal audit were told by the HoS that SCC were instructing a person who they thought to have significant experience in installing and maintaining containers, it was explained that this, along with the other works for the Council completed in the past by the contractor, meant that they trusted the contractor to complete the work.</p> <p>The financial tracker provided by the CDS team included information on the progress of works and showed the milestones being paid, however no information could be provided to IA, to show that this financial monitoring included any monitoring of the contractor.</p> <p>A sample of three authorised invoices were requested – and three invoices were provided. But, they did not demonstrate</p> | <p>of works done to the required standard (and agreed milestones met).</p> <p>There should be a clear separation of duties in this process and no one person should have whole responsibility for payments. This contractor authorisation/payment process should be documented and available to view from the onset of activities.</p> <p>There should be regular communication and monitoring of the contractor. Trust in previous works is not enough to evidence that work is being completed.</p> <p>Regular updates and meetings with contractors should take place, minutes and action points should be created as a result of these meetings and kept on file, available to view.</p>  |  |  | <p>31 October 2023</p> |
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|     | any authorisation - or evidence the payment process in place for contractor payments.   |  |  |                 |   |
| 1.4 | <p>It was explained by the HoS that the initial business model agreed with the contractor set out that they had to get the project to first fix, get tenancies on board and then progress to the final fix using funds raised by tenants to cover these costs.</p> <p>However, shortly after entering the agreement with SCC one of the two partners left the contractor's company. The remaining partner approached the Council to explain that the agreed business model would no longer be achievable, as with the time remaining, tenants would not have enough time trading to raise the money for the final fix.</p> <p>The HoS requested this change in quantifiable terms. the contractor provided this</p> | <p>Going forward, and in line with the Councils procurement guidelines, any changes to procurement contracts should involve the procurement team as they hold the expertise and are aware of the relevant laws, rules and procedures. Changes to budgets should be appropriately signed off and evidence of this should be retained and available to view.</p> | <p>Agreed</p> <p><u>Managers comments:</u></p> <p>As per 1.1</p> | <p>Critical</p> | <p>Head of Procurement</p> <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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| <p>information (an increase of £147k).</p> <p>The HoS stated that this information was then discussed with the DSR and the Procurement Team to establish whether a contract change document was required.</p> <p>According to the HoS, the Procurement Team agreed that as there was an existing concession agreement, changes could be made when both parties agree. Internal audit was not provided with evidence of this discussion.</p> <p>Through discussion with the Procurement Manager (who was involved in the earlier stages of the works) it was explained that he was unaware of any price changes and was not brought in to discuss contract variations, at this later stage. Though he did explain that this would be against SCC policies and procedures, and</p> |  |  |  |  |
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|     | <p>that a contract variation should be undertaken when amending any part of the contract, and this should be signed by both parties.</p> <p>This change in budgeted cost, from £300k to £447k went through the usual capital process according to the HoS. And was evidenced in the capital approvals appendix dated 7/6/22.</p> <p>Furthermore, no evidence was provided to IA to verify whether the actions taken by the team were appropriate when the change in business model occurred.</p> <p>However, discussion with the original Procurement Manager involved demonstrated that what happened was against usual procurement procedures.</p> |   |        |          |                     |
| 1.5 | Through discussion with the HoS, it was explained that the contractor was aware that   | For future projects, contractors should be more robustly monitored - in line with standard project management. This | Agreed | Critical | Head of Procurement |

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| <p>building control sign off was required before the site could be opened to the public. As a result, the contractor's architects contracted with the Council's building control team.</p> <p>Building control identified issues with the work and worked with the contractor to attempt to resolve these. During this time, the contractor reassured the HoS that any issues raised were minor and in hand. However, it later transpired that this was not the case - there were many issues, leading to further delays in opening the site and then only being able to open the ground floor of the site, as the first floor was deemed unsafe.</p> <p>The planned date for opening was initially Jan/Feb 2022, however, the ground floor only opened 21/10/22. Highlighting a 10 month delay.</p> <p>The contractor was provided with information on what</p> | <p>should also cover other Council team's involvement in the project. Communication between teams/contractors should be clear, regular and effective. Evidence should be provided to support contractor's assurances made.</p> <p>With regards to this project, management should ensure that any monies owed for the non-completion of the build ie: the upper floor/installation of lift are identified, reported and refund sought.</p> | <p><u>Managers comments:</u></p> <p>As per 1.2</p> |  | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>Director, Streetscene &amp; Regulation</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |
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|     | <p>building control needed in April 2022 and site visits took place in August 2022. The contractor was unable to satisfy the issues raised in time for the delayed October opening date, leading to the opening being pushed back again, to October 21st. Demonstrating it took the contractor six months after being notified of the issues to action some of them.</p> <p>Through this discussion with the HoS it was established that building control was adequately involved [REDACTED]</p> |  |        |      |   |
| 1.6 | <p>Through discussion with the HoS, it was explained that the concession agreement placed responsibility on the contractor for the installation, management and tenancies for the containers. This included the hire of any subcontractors needed throughout the works.</p>  | <p>For future projects, management should ensure that there is a clear, robust process in place for all contractors and sub-contractors.</p> <p>This should be part of all contracts and works of this nature.</p> | Agreed | High | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> |

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|  | <p>The concession agreement provided evidence of the agreed terms and indicated the contractor (referred to as the provider, in the agreement) was responsible for any subcontractors.</p> | <p>Regular monitoring and reporting of sub-contractor's performance should take place and evidence retained following the completion of the project.</p> |  |  | <p>31 October 2023</p> |
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| <b>Risk 02</b>       | <b>Governance and planning controls are poor or not operating effectively (Inherent Risk: High)</b>   |   |   |                 |  |
| <b>Residual Risk</b> | <b>High</b>   |   |   |                 |  |
|                      | <b>Findings</b>   | <b>Recommendations</b>  | <b>Agreed Actions</b>   | <b>Priority</b> | <b>Responsibility &amp; Timescale</b>  |
| 2.1                  | <p>IA requested the governance and planning documentation surrounding the container works, however no information was provided. There were no formalised governance structures, no list of those involved, no assigned roles and responsibilities, nor any reporting hierarchies.</p> <p>It was mentioned by the HoS that updates were reported to the City Centre Fund [REDACTED] but evidence of this was not provided, therefore the regularity and content of this reporting cannot be confirmed by IA.</p> <p>No clear governance documentation was available to view so no assurance can be provided.</p> | <p>For a project of this nature, and in line with standard project management principles, formalised governance structures and planning documentation should have been in place.</p> <p>It provides guidance and assurance for all involved in projects as it covers areas such as: roles and responsibilities, decision making, escalation, risk management, reporting hierarchies, timeline of activities, risks, delays etc.</p> | <p>Agreed</p> <p><u>Managers comments:</u></p> <p>As per 1.1. This is a wider lesson learned for future projects.</p> | <p>Critical</p> | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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|     | Given the ongoing staff changes at political , senior management and officer level the need for robust governance, clear decision making and comprehensive recording and documentation was even more important during this construction.  |  |  |          |  |
| 2.2 | <p>No project plan was provided to IA. There was no methodology nor any reference to the stages planned, nor the agreed milestones referenced in 1.2 in any of the documents provided to IA.</p> <p>It was explained that the milestones were included in a draft copy of the concession agreement, however neither the draft nor final were provided to IA so no assurance can be given on whether there was a clear project methodology in place with formalised governance in line with processes.</p> | <p>In line with any future projects of this size, there should be a robust project plan in place and available to view.</p> <p>This should include a methodology and stages for sign off, in line with the governance framework in place.</p> <p>As this project is concluding, and in line with standard project management methodologies, management should undertake a Post Implementation Review (PIR).</p> <p>The PIR should be reported to senior management, and lessons learnt recorded.</p> | <p>Agreed</p> <p><u>Managers comments:</u></p> <p>A PIR will be undertaken – and this audit report will be included.</p> | Critical | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>Director, Streetscene &amp; Regulation</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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| <p>2.3</p> | <p>Though the majority of the staff who met with IA felt that there were no issues with communication between services, the CDS Manager did explain that it was not normal for a construction project to not be a CDS project.</p> <p>The CDS team usually take a project manager role covering many areas such as, managing stakeholders, finances, risks, project plans, change control and cost reports/monitoring. However, on this occasion they were not involved, the reason for this is unknown to IA.</p> <p>The HoS who did lead explained that he felt a lack of awareness of the correct guidance by those actually involved worsened the issues, and earlier involvement from building control on the issues they were facing with the contractor could have helped in getting the works finished to a higher standard. The HoS</p> | <p>Going forward, and in line with project management methodologies, staff involved in works should be those best suited to the role (with the required knowledge, skills and expertise).</p> <p>Projects should be properly formed in line with project principles. Expertise and specialist knowledge should be harnessed, and all projects should be robustly resourced.</p> <p>Management should review the resourcing of this project as part of the PIR work.</p> | <p>Agreed</p> <p><u>Managers comments:</u></p>  | <p>Critical</p> | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |
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| <p>did state that building control were 'fantastic in attempting to identify and resolve issues' once involved.</p> <p>Through discussion with those involved in the works it can be seen that communication was not robust and the staff involved were not best suited to the role.</p> |  |  |  |  |
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| <b>Risk 03</b>       | <b>Decision making is ineffective or poor (Inherent Risk: High)</b> |  |  |                 |  |
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| <b>Residual Risk</b> | <b>High</b>   |  |  |                 |  |
|                      | <b>Findings</b>   | <b>Recommendations</b>   | <b>Agreed Actions</b>  | <b>Priority</b> | <b>Responsibility &amp; Timescale</b>  |
| 3.1                  | [REDACTED]  | <p>Going forward and in line with project management methodologies, decision making should be included as a key control.</p> <p>Decisions should be made at the appropriate level and recorded in line with governance structures.</p> <p>With regards to this project, management should ensure that all decisions made on the closedown – covering disposal, costs, stakeholder engagement, and working with other teams in the Council, are properly documented and retained.</p> | <p>Agreed</p> <p><u>Managers comments:</u></p> <p>[REDACTED]</p> | Critical        | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>Director, Streetscene &amp; Regulation</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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|     | <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>   |  |   |             |   |
| 3.2 | <p>IA were told by the HoS that he believed with better guidance the works should have ended when first delayed by Yorkshire Water in May 2022.</p> | <p>Linked to above, decisions should be made when delays are expected, to ensure that plans can still be achieved.</p> | <p>Agreed<br/><u>Managers comments:</u></p> | <p>High</p> | <p>Executive Director, Neighbourhood Services</p> |

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|     | <p>At this point only £200k of the £447k budget had been spent. However, he explained that when these issues arose, he still believed that they had contracted a specialist, they trusted the contractor’s abilities and that any issues would be raised and subsequently rectified.</p> <p>When the delays occurred, the contractor assured the HoS that they were still on track to complete. No further information or evidence was provided by the service team to confirm this.</p> <p>From this discussion it can be established that insufficient monitoring and viewing of supporting evidence, led to delays which were not dealt with in an efficient or timely manner.</p> | <p>This decision making should involve those with more specialist knowledge who are able to establish whether the works are still in fact achievable, regardless of a contractor’s reassurance.</p> <p>If staff in the specialist team deem the works unachievable, appropriate and timely decisions should be made to prevent further loss.</p> | <p>Whilst decision making was not robust, there was only a brief time window for the service to secure the High St Funding to enable the build etc.</p> <p>Given the goal to see footfall increase post covid, this placed staff under significant pressure to get the work completed swiftly.</p> |             | <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |
| 3.3 | <p>IA was not provided any decision-making documentation or communication that took place.</p>  | <p>As above, decisions should be made in a timely manner, decisions should follow the established governance structure</p>   | <p>Agreed</p>  | <p>High</p> | <p>Executive Director, Neighbourhood Services</p>  |

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|  | <p>IA is therefore unable to provide assurance whether decisions were made with detailed and accurate facts, with the correct members of staff involved and whether budget implications were taken into account at each stage.</p> | <p>and be communicated to those appropriate.<br/>                 Decisions should be made with full and accurate details, at the correct level with budget implications considered at each stage.</p> |  |  | <p>Executive Director,<br/>                 City Futures.</p> <p>Director,<br/>                 Streetscene &amp;<br/>                 Regulation</p> <p>All SLT members<br/>                 and S151 Officer</p> <p>31 October 2023</p> |
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| Risk 04       |  | Finance controls and monitoring are ineffective or poor (inherent risk: High)   |  |          |  |
|---------------|--|---|--|----------|--|
| Residual Risk |  | High  |  |          |  |
|               | Findings   | Recommendations   | Agreed Actions   | Priority | Responsibility & Timescale   |
| 4.1           | <p>A financial tracker, mentioned above, was provided by CDS. This showed an updated budget which had been agreed with the contractor. This budget had an overall total of £445,564. The invoices paid according to the tracker totalled £405,884, with £54,327 remaining unpaid. IA were informed that the tracker viewed was not the most up to date, however at the time of reporting a newer version was not provided.</p> <p>Though no further financial information was provided to audit it was briefly explained by the HoS that the service had since gone beyond the capital approved £447k of grant funding.</p> <p>This overspend had been agreed with the DSR, Director of Regeneration and</p> | <p>Regular financial monitoring is a critical control in projects of this nature.</p> <p>Robust finance monitoring and reporting should take place throughout for all future projects.</p> <p>Stronger monitoring in this instance, would've allowed those involved to establish where costs begin to deviate from the budget, and allowed action to be taken promptly.</p> <p>For this project, management should provide a monthly overview of the spend for the project. Covering forecast versus actual outturn, providing explanation for variances.</p> | <p>Agreed</p> <p><u>Managers comments:</u><br/>Operational monitoring was undertaken on a regular basis – however this was not formally reported.</p>  | Critical | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>Director, Streetscene &amp; Regulation</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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|     | <p>Development, and the Executive Director of Neighbourhood Services, to be covered by revenue funding from the DSR's area.</p> <p>However again, this agreement was not evidenced and the overspend figure was also not shared with IA.</p> <p>As no evidence has been provided IA cannot identify when costs began deviating from budgeted costs nor if the response from the team was appropriate.</p> |   |        |          |  |
| 4.2 | <p>The financial tracker used for the containers was provided to IA by the CDS project manager.<br/>(The tracker was created at the request of and shared with the HoS involved).</p> <p>IA were informed by the CDS project manager that [redacted] met with the HoS on two occasions to discuss the figures. The figures came from either the</p>   | <p>Linked to the points above, robust finance monitoring should be in place.</p> <p>Regular meetings should take place to discuss this report attended by staff involved in the works, with accurate and up to date spending detailed.</p> <p>Allowing for responsive and timely action, preventing unexpected delays and overspends.</p> | Agreed | Critical | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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| <p>HoS [REDACTED] or the contractor. As [REDACTED] involvement in the project was limited, she had little knowledge of what was behind the figures.</p> <p>The HoS explained to IA that this financial tracker was monitored by the CDS project manager or the Head of Property Services, however this was not regular.</p> <p>The headline figures would be provided to the DSR and the Executive Director of Neighbourhood Services. These figures would also be part of a report taken by the DSR to the Strategic Delivery Board and S&amp;R committee.</p> <p>The HoS explained to IA that once the funding was agreed to be coming from GBF, the monitoring of this spreadsheet was reduced to occasional. No evidence of monitoring was provided to IA, nor discussion of the tracker at the Board or Committees mentioned above.</p> |  |  |  |  |
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|     | As no evidence has been provided to IA, no assurance can be given on the appropriateness of the financial monitoring.   |   |  |          |  |
| 4.3 | <p>IA were told by the CDS project manager that close down costs were calculated and agreed [REDACTED], the HoS and the contractor.</p> <p>Estimated costs of dismantling and transporting the structure to storage were included in the financial tracker as £8k and £3.6k respectively. However, the actual figures have not been provided, and as mentioned previously, the tracker viewed by IA had not been the most recent.</p> <p>It was explained by the HoS, no compensation would be required to be paid to stall holders as the contractor were contracting with tenants, not SCC.</p> | <p>For all future projects, management should ensure that accurate closedown costs are calculated, planned, and authorised.</p> <p>Robust budget monitoring – and reporting - on close down costs should ensure any variations are known and dealt with accordingly.</p> <p>Linked to above, management should provide a forecast of the closedown costs, and these should be reported and authorised.</p> <p>There should be ongoing monitoring and reporting of the closedown costs until the project is fully completed.</p> | <p>Agreed</p> <p><u>Managers comments:</u><br/>The containers have been removed and as per 1.2, [REDACTED]</p> | Critical | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>Director, Streetscene &amp; Regulation</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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|  | As no evidence has been provided, no assurance on the appropriateness of closedown costs can be established. |  |  |  |  |
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| <b>Risk 05</b>       | <b>Risk management is ineffective (inherent Risk: High)</b>  |  |                       |                 |  |
| <b>Residual Risk</b> | <b>High</b>  |  |                       |                 |  |
|                      | <b>Findings</b>  | <b>Recommendations</b>   | <b>Agreed Actions</b> | <b>Priority</b> | <b>Responsibility &amp; Timescale</b>  |
| 5.1                  | <p>Internal audit were informed by the HoS involved that no formal risk management was in place.</p> <p>A risk register was in place for Get Building Fund (GBF) which was the source grant funding this work, however IA were told within this there was no specific mention of the container park work, nor was this risk register provided to IA. No risk management nor any risk reporting took place throughout the works.</p> <p>Robust risk management serves to mitigate and treat risks and issues - and the lack of this control on this project will have added to poor management decision making.</p> | <p>With any project, but especially with a high-profile construction project of this nature, risk management processes are mandatory and a key part of the suite of management reporting and controls.</p> <p>In line with the Councils Risk Management Framework and good project control methodologies, risks should be recorded, scored and mitigated appropriately with a risk owner responsible for each. These risks should be monitored regularly by relevant staff and updated as changes occur, improving awareness of the risks arising. Issues should also be recorded where a risk becomes an issue. Risks should be regularly reported to senior management, being escalated further as required.</p> | Agreed                | Critical        | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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| <b>Risk 06</b>       | <b>Stakeholder engagement and communications is ineffective (Inherent risk: High)</b>  |   |  |                 |  |
| <b>Residual Risk</b> | <b>High</b>  |   |  |                 |  |
|                      | <b>Findings</b>  | <b>Recommendations</b>  | <b>Agreed Actions</b>  | <b>Priority</b> | <b>Responsibility &amp; Timescale</b>  |
| 6.1                  | <p>Information about identified stakeholders was requested by IA however this was not provided, so no assurance can be given as to whether stakeholders were identified and communicated with effectively.</p> <p>By way of example, IA found that it was the contractor's responsibility to provide tenants with a tenancy agreement.</p> <p>The tenancy agreement, however, was only at draft stage, so when tenants moved in they had nothing to rely on should things go wrong. Internal Audit were informed [REDACTED] stall holders reached out to SCC</p> | <p>For all future projects, to mitigate future instances of poor stakeholder engagement – and in line with robust project methodologies, all stakeholders should be identified at the outset with the most appropriate method of communication identified and used. This should form part of the governance documentation.</p> <p>This should ensure information is shared with appropriate stakeholders in a regular and timely manner.</p> <p>On this project, management should consider whether to carry out a customer survey or PIR with the tenants to gauge their feedback.</p> | <p>Agreed</p> <p><u>Managers comments</u></p> <p>With regard to tenants' feedback on this project, management have seen open letters to the press from tenants. The situation has moved on and there is very little to be gained from undertaking more feedback.</p> | Critical        | <p>Executive Director, Neighbourhood Services</p> <p>Executive Director, City Futures</p> <p>All SLT members and S151 Officer</p> <p>31 October 2023</p> |

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|  | <p>who then did provide updates to tenants.</p> <p>In this instance it appeared that a group of stakeholders – namely, the container tenants were completely without formal support – and the Council had to mitigate this.</p> <p>No evidence of this communication was provided to IA.</p> |  |  |  |  |
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**Priority Key**

**Critical = Serious impact on the key system, function or process objectives (Issue requires escalation)**

**High = Important (Significant impact on the service achieving its objectives)**

**Medium = Operational (Could impact on the service achieving its objectives)**

**Efficiency/Effectiveness = Good practice (Minimal impact on service objectives)**