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Thursday 13 February 2025

Notice of Meeting

Dear Member

Corporate Governance and Audit Committee

The **Corporate Governance and Audit Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.30 am** on **Friday 21 February 2025**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'S Lawton'.

Samantha Lawton

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Corporate Governance and Audit Committee members are:-

Member

Councillor John Taylor (Chair)
Councillor James Homewood
Councillor Angela Sewell
Councillor Caroline Holt
Councillor Kath Pinnock
Councillor Imran Safdar
Vacancy
Chris Jones (Co-Optee)

When a Member of the Corporate Governance and Audit Committee cannot attend the meeting, a member of the Substitutes Panel (below) may attend in their place in accordance with the provision of Council Procedure Rule 35(7).

Substitutes Panel

Conservative

D Bellamy
D Hall
M Thompson

Green

K Allison
A Cooper
S Lee-
Richards

Labour

M Sokhal
M Ahmed
S Ullah
B Addy
M Crook
J Rylah E Firth
H McCarthy

Liberal

Democrat
PA Davies
J Lawson
A Munro
A Marchington
A Smith
A Pinnock
A Robinson
D Longstaff

Community

Alliance
A Zaman
C Scott

Kirklees

**Community
Independents**
A Arshad
JD Lawson

Ex Officio Members

Councillor Cahal Burke
Councillor Bill Armer
Councillor Tyler Hawkins

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive apologies for absence from those Members who are unable to attend the meeting and details of substitutions and for whom they are attending to the Committee membership.

2: Minutes of Previous Meeting

1 - 6

To approve the Minutes of the meeting of the Committee held on the 31st January 2025.

3: Declaration of Interests

7 - 8

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Committee.

5: Deputations/Petitions

The Committee will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: Corporate Customer Standards Annual Report 2023-24 9 - 46

To consider the Corporate Customer Standards Annual Report 2023-24.

Contact: Chris Read, Corporate Customer Standards Officer.

8: Risk Management Annual Report 2024/25 47 - 54

To receive the Risk Management Annual Report 2024/25.

Contact: Alice Carruthers, Senior Risk Officer.

9: Dates of Council Meetings - Proposal for Additional Council Meeting (Reference to Council) 55 - 58

To consider the Dates of Council Meeting – Proposal for Additional Council Meeting (Reference to Council) report.

Contact: Leigh Webb, Head of Governance.

- 10: Update to Corporate Code of Governance** 59 - 82
- To consider the update to Corporate Code of Governance.
- Contact: Samantha Lawton, Service Director, Legal, Governance and Commissioning.
-
- 11: Update on representations on Outside Bodies** 83 - 92
- To receive the update on representations on Outside Bodies.
- Contact: Leigh Webb, Head of Governance.
-
- 12: Cyber Security Assurance** 93 - 98
- To receive the Cyber Security Assurance report.
- Contact, Terence Hudson, Head of Technology.
-
- 13: Internal Audit Quarterly Report 3 2024/25, October 2024 to December 2024** 99 - 122
- To receive the Internal Audit Quarterly report 3, October 2024 to December 2024.
- Contact: Martin Dearnley, Head of Risk.
-
- 14: Exclusion of the Public**
- To resolve that under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Act.
-
- 15: Internal Audit Quarterly Report 3 2024/25, October 2024 to December 2024** 123 - 126
- Exempt appendix in relation to agenda item 13.
-

16: Agenda Plan

127 -
128

To review the 2024/25 Agenda Plan.

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

CORPORATE GOVERNANCE AND AUDIT COMMITTEE

Friday 31st January 2025

Present: Councillor John Taylor (Chair)
Councillor James Homewood
Councillor Angela Sewell
Councillor Caroline Holt
Councillor Kath Pinnock
Councillor Imran Safdar

Co-optees Chris Jones

In attendance: Rachel Spencer-Henshall, Deputy Chief Executive and Executive Director, Corporate Strategy,
Samantha Lawton, Service Director – Legal, Governance and Commissioning (Monitoring Officer)
Kevin Mulvaney, Service Director, Finance
Leigh Webb, Head of Governance
James Anderson, Head of Accountancy
Martin Dearnley, Head of Risk and Internal Audit
Simon Straker, Audit Manager (Virtual)
Rachel Firth, Finance Manager (Virtual)
Gareth Mills, Grant Thornton
Greg Charnley, Grant Thornton

1 Membership of the Committee

No apologies were received.

2 Minutes of Previous Meeting

RESOLVED- That the minutes of the meeting held on 6th December 2024 be approved as a correct record.

3 Declaration of Interests

Councillor John Taylor declared an interest in item 8 as Chair of Corporate Governance and Audit,
Cllr Caroline Holt declared an interest in item 8 as a member of the Adoption Panel,
Cllr Angela Sewell declared an interest in item 8 as a member of the Fostering Panel.

4 Admission of the Public

All items were considered in public session.

5 Deputations/Petitions

No Deputations or Petitions were received.

6 Public Question Time

No questions were asked.

7 Dates of Council Meetings - 2025/26 Municipal Year (Reference to Council)

The Committee received a report which set out a schedule of Council meeting dates for the 2025-2026 municipal year.

The Committee raised concerns that there were no planned meetings between February 2025 and July 2025, apart from the meetings solely for consideration of the Budget and the AGM. The Committee requested that officers reviewed the dates for Council meetings and submit to the next committee meeting.

RESOLVED- That the Dates of Council Meetings – 2025-26 Municipal Year report be noted with the request of a report setting out potential dates reflected in the discussion be submitted to the next Committee meeting.

8 Report of the Members' Allowances Independent Review Panel

The Committee received a report on Members' Allowance Independent Review Panel who met to consider the Members Allowance Scheme.

The Members Allowance Independent Review Panel (MAIRP) met on 3rd December 2024 to consider the Members Allowances Scheme for 2025/26 and put forward recommendations in the report. It was noted that the financial implications arising from the recommendations of the MAIRP could be met from within the existing Members Allowances base budget.

RESOLVED-

- 1) That the report of the Members' Allowances Independent Review Panel be noted.
- 2) That the Committee recommends Council approve the recommendations of the Members Allowances Independent Review Panel in the report.

9 Treasury Management Strategy and Investment Strategy 2025/26

The Committee received the Treasury Management Strategy 2025/2026 and associated appendices, in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice on treasury management. The report provided information regarding (i) the outlook for interest rates and credit risk, and a recommended investment strategy (ii) the current and estimated future levels of Council borrowing (internal and external) and a recommended borrowing strategy (iii) methodologies adopted for providing for the repayment of debt and a recommended policy for calculating minimum revenue provision (iv) other treasury management matters including the policy on the use of financial derivatives, prudential indicators, the use of consultants and the policy on charging interest to the housing revenue account and (v) recommended an annual investment strategy(Non-Treasury Investment) for the Council in 2025/26.

The Committee was advised that the report and recommendations were to be submitted to Cabinet and Council for approval.

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During discussion, the Committee raised concerns regarding the Minimum Revenue Provision (MRP) policy and calculation and the financial implications. The Committee requested that Cabinet and Council be made aware of their concerns. The Committee also requested that an explanatory paper on MRP including different methodologies be submitted for consideration at a future committee meeting.

RESOLVED-

- 1) That the Treasury Management Strategy 2025/26 incorporating (i) the borrowing strategy, (ii) the investment strategy, (iii) the policy for provision of repayment of debt (Minimum Revenue Provision) (iv) the treasury management prudential indicators and (v) the investment strategy (non-treasury investments) be recommended for consideration by Cabinet and then approval by Council.
- 2) That an explanatory paper on Minimum Revenue Provision including different methodologies be submitted to a future Committee meeting.

10 Annual Governance Statement 2023/24

The Committee received the Annual Governance Statement 2023/24.

The Council must produce an Annual Governance Statement as a compulsory part of its accounts. A draft report was considered in June 2024 and had since been reformatted to show completed items, progress on existing items, and new items more clearly, but with a similar content.

During consideration of this item, the Committee referred to the reporting of Injuries, Diseases and Dangerous occurrences regulations (RIDDOR) and requested that the Annual Health and Safety report submitted to the Committee included key RIDDOR reportable accidents and near misses.

RESOLVED- That the Annual Governance Statement be approved.

11 Audit Findings Report 2023/24

The Committee received the External Audit Findings Report, for year ending 31 March 2024, as submitted by Grant Thornton.

It was reported that Grant Thornton's audit work was completed using a hybrid of on-site and remote work between July and November as planned, and it was noted that the auditors had not identified any adjustments impacting on the Council's usable reserves. Misstatements and audit adjustments were presented in the report.

It was reported that the value for money work was now complete and summarised within the report. The auditors had not identified any statutory recommendations, however their work did identify the existence of three significant weaknesses in the Council's arrangements and were not satisfied that the Council had made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

During consideration of this item, the Committee noted the progress made in completing the accounts and getting them signed off in a timely period, leaving the council in a particularly good position, and thanked officers for their work.

Corporate Governance and Audit Committee - 31 January 2025

The Committee also highlighted the concerns of the external auditors on the level of external borrowing, with the recommendation that the Council should set up its own sensitivity analysis. The Committee requested that details of the financial weaknesses be reported to the Committee to be assured of the risk.

RESOLVED– That the Audit Findings Report 2023/24 be noted.

12 Approval of the Council's final accounts for 2023/24

The Committee received a report setting out an update on the final accounts and audit processes for 2023/24 and requested Members of this Committee to approve the Council's Statement of Accounts for 2024/24 including the final version of the Annual Governance Statement. The preparation of the Statement of Accounts is a statutory requirement, and local authorities are now required to have them signed by the section 151 Officer by 31 May and published with an Audit Certificate by 30 September, following the end of the financial year.

It was reported that despite the significant challenges to the Council's finance team dealing with multiple competing demands, the draft accounts were completed and signed by the Council's Service Director - Finance on 28 June 2024. The six-week public inspection period for the draft accounts ran from 28 June 2024 to 9 August 2024. An objection was raised separately by two local electors in the period, which was subsequently formally accepted by the Council's Auditors, Grant Thornton. The audit of the 2023/24 Statement of Accounts was substantially complete and the Council's auditors, Grant Thornton, had issued their Draft Audit Findings Report (ISA 260). The report highlighted that the Council's Annual Governance Statement had been approved earlier by this committee.

RESOLVED –

- 1) That the Statement of Accounts 2023/24 incorporating the Annual Governance Statement be approved.
- 2) That the draft letter of Representation (Appendix C) be approved.
- 3) The Chair of Corporate Governance and Audit Committee be authorised to sign the final versions on behalf of the Committee, upon completion of the audit.

13 Auditor's Annual Report 2023/24

The Committee received the Auditors Annual Report for the year ending 31 March 2024.

The report set out a summary of the work of the Auditor's with specific regard to the current local government landscape, financial sustainability, governance and improving economy, efficiency, and effectiveness of the Council. It was reported that significant weakness had been identified in the 2022-23 report in Financial Sustainability. The Council had taken action but, in the Auditors view the weakness still remained. A key recommendation had been made which had been accepted by management. The report acknowledged that the Council experienced extensive budget pressures in 2023-24 and ended the year with an overspend of £7.3m but delivered all the planned savings of £19.8m. It was noted that a key action was that the Council should take action to return spend on Dedicated Schools Grant back in

Corporate Governance and Audit Committee - 31 January 2025

line with the renegotiated Safety Valve management plan with the Department for Education has also been accepted by management.

During discussion of the item, the committee noted that financial sustainability appeared for the third time as a key risk in the report, with a significant recommendation being broadly the same in each report.

RESOLVED- That the Auditor's Annual Report 2023/24 be noted.

14 Agenda Plan

RESOLVED- That the Agenda Plan for 2024/25 be noted.

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KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Corporate Governance and Audit Committee				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

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.

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.



Corporate Customer Standards Annual Report 2023-24

Meeting:	Corporate Governance & Audit Committee
Date:	21 February 2025
Cabinet Member (if applicable)	Cllr Tyler Hawkins
Key Decision Eligible for Call In	No No – Information report
<p>Purpose of Report To provide an update of Corporate Customer Standards to CGAC on complaint handling for the financial year 2023/24. To highlight the number of Local Government Ombudsman complaints received, and to set out the cases where the Local Government Ombudsman found the Council to be in error. To provide information about “Whistleblowing” reports received and actions taken. Housing Services and Childrens Service Complaint Handling for the year (as an appendix). For CGAC to consider the content of the report, and to advise if they have any comment on the work plans moving forward.</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> • That the Annual Corporate Customer Standards Report 2023-24 be approved • To determine if further action is appropriate on any matter 	
<p>Reasons for Recommendations</p> <ul style="list-style-type: none"> • This report is for information and assurance 	
<p>Resource Implications:</p> <ul style="list-style-type: none"> • No direct financial implications 	
Date signed off by <u>Strategic Director</u> & name.	Rachel Spencer Henshall (30 January 2025)
Is it also signed off by the Service Director for Finance?	Yes
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Yes

Key Decision - Is it likely to result in spending or saving £500k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	Yes

Electoral wards affected: all

Ward councillors consulted: none

Public or private: Public

1: Purpose of Report

The Local Government Ombudsman (LGO) publishes its annual report at the end of July each year, and so the report for ELT and Corporate Governance and Audit Committee follows this schedule and addresses third stage complaint received during the year 2023/24, and those which were considered by the LGO during that year.

The report also addresses “Whistleblowing” matters which have been notified through the Councils corporate process.

The report also contains as an appendix a report on Housing Services complaints, which are handled through slightly different processes. Childrens Service information is also reported.

The overall number of complaints in the various forms are as follows

Complaint type	2023/24	Section
Third (Final) Stage Corporate complaints	81	3
Childrens services Second stage Complaints	6	5
Adult Services Complaints	95	
Second (Final) Stage Housing complaints	190	4
Total	372	
Complaints formally investigated by the Ombudsman	21	2
Complaints formally investigated by Housing Ombudsman	8	4
Total Externally Assessed Complaints	29	

There are three Corporate Complaint Stages (currently), two Housing and Statutory Childrens complaint stages.

Adults Service have one complaint stage (as set out in the Care Act), although they have recently introduced a follow up stage if the resident returns to them.

The Local Government Ombudsman considers general, Adults and Statutory Childrens Complaints, while the Housing Ombudsman considers Housing complaints

It is also worth noting that it is difficult to compare the numbers of complaints received through the Housing and Corporate, Adults and Childrens processes. Each has a different “final” stage prior to progression to Ombudsman, the impact of the complaint upon day to day living might differ, and there are formal appeals processes for some functions which are not progressed through the complaints process.

Some of the types of complaint considered through the corporate process might be of a more peripheral nature to an individual than, for example, a concern about their home.

2: The Ombudsman - complaints volumes, cases upheld and local comparative information

The Local Government Ombudsman oversees most kinds of complaints against the activities of local authorities.

The ultimate sanction the Ombudsman may apply is to issue a formal report against a council.

There were no formal reports issued against Kirklees Council in 2023-24. The last formal report against Kirklees Council was published in October 2018.

The Local Government Ombudsman publishes details of every complaint decision six weeks after they are formally made (with rare exceptional cases).

For the period 01/04/2023 – 31/03/2024, the Ombudsman considered the following number of cases in West Yorkshire.

Council	Total enquiries received (numbers change on last year)	Complaints formally investigated (change on last year)	Numbers Upheld (% of complaints formally investigated) (% change on last year)	Numbers where LGO upheld compliant, but agreed with the remedies in place prior to involvement
Kirklees	98 (+8)	21 (+5)	13 (62%) (-7%)	2 (15%)
Calderdale	89 (+34)	20 (same)	19 (95%) (+20%)	3 (16%)
Bradford	135 (-25)	29 (-5)	20 (69%) (-7%)	0 (0%)
Leeds	217 (+46)	59 (+5)	44 (75%) (+6%)	8 (18%)
Wakefield	59 (+4)	12 (-2)	8 (67%) (-4%)	0 (0%)
Totals (West Yorks)	598 (KMC 16% of total)	141 (KMC 15% of total)	104 (KMC 13% of total)	13

Kirklees compared with West Yorkshire

Kirklees' resident numbers around 19% of the West Yorkshire total, and so the number of Kirklees resident complaints are lower than might be anticipated when considering the West Yorkshire area as a whole.

Of the Kirklees cases fully investigated by the Ombudsman, 62% were upheld. This is the lowest percentage in West Yorkshire – Wakefield 67%, Bradford 69%, Leeds 75%, Calderdale 95%, and the national figure for Metropolitan Councils is 80%.

In Kirklees 13 cases were upheld by the Ombudsman. This equates to 13% of West Yorkshire's total upheld.

In their national report, the Ombudsman highlighted there was an issue, where councils were late complying with agreed actions. However, Kirklees (and two other West Yorkshire authorities) completed all their agreed actions in time, and were top of the national table.

Kirklees attained a 15% satisfaction remedy (where our previous agreed actions were confirmed by the Ombudsman) – 3rd of 5 West Yorkshire councils (but only 13 cases scrutinised) – top performer Leeds was at 18%. Clearly the Ombudsman will not be aware of every case satisfactorily remedied within the Council (as most residents choose not to continue their complaint to the LGO). Only those residents who received a satisfactory response but anticipated a greater remedy, escalate their concerns onto the Ombudsman.

The Ombudsman also collates statistics which show the number of upheld complaints per 100,000 residents. Here Kirklees had a figure of 3 upheld Ombudsman cases per 100,000 population, which is the second best in West Yorkshire (Wakefield 2.2, Bradford 3.6, Leeds 5.3, Calderdale 9.1). Average nationally for Metropolitan Councils is 4.4 upheld cases per 100,000 residents.

Comparing West, South Yorkshire and Manchester for number of upheld complaints per 100,000 residents, Kirklees is the 6th best performer of 19 councils in this cohort. This is consistent with the performance for 2022/3, with Kirklees just outside the top quartile.

Appendix 1 gives the Ombudsman conclusions for each of the individual cases where fault was found.

While councils can never be complacent about their complaint performance (and overall numbers at Ombudsman stage are low, meaning just a few cases can skew the percentage outcomes), the figures do indicate a reasonable confidence that the complaints process in Kirklees robustly considers complaint matters and correctly identifies the issues arising. (Otherwise, we might expect the number of complaints escalated to Ombudsman, and those upheld when they are presented would be greater).

This report has not sought to compare historic data – the variation in numbers is too large because of covid, and Ombudsman statistical changes to make this comparison valid.

The First 6 months 2024/5

Given the Council is going through a period of review and change, it would also be helpful to consider the headline Ombudsman figures for the first 6 months of the 2024/25 year. While some data is not available in the same format, it is possible to analyse the number of individual complaint investigations that the Ombudsman publishes on its website.

Council	Number of Ombudsman enquiries	Number upheld (% of enquires)
Kirklees	26	6 (23%)
Bradford	53	15 (28%)
Calderdale	30	11 (37%)
Leeds	74	30 (41%)
Wakefield	23	2 (9%)
West Yorkshire	206 (Kirklees 12.6% of total)	64 (Kirklees 9% of total)

It is not possible to make a direct comparison to Ombudsman 2023/4 figures, but indicative performance for Kirklees proportion of Ombudsman enquiries and numbers of upheld complaints in West Yorkshire show a slight improvement on last year. (A much lower number of enquires, but a similar outcome in terms of adverse findings)

3: Third Stage Complaint Investigations

Appendix 2 shows a brief summary of the Council's complaints process.

In total 920 cases passed through the Corporate Customer Standards Section in 2023-24, a very similar number to the previous year.

As well as respond to third stage complaints, the service provides advice to residents and services on complaint handling, and signposts complainants through the process. Amongst the 920 cases, the service deal with initial complaint enquires which are directed to the appropriate service to be dealt with, unusual enquiries where colleagues are unsure who might respond, advice requests from services about how they might deal with complaint matters, considering residents who might be displaying an unreasonable approach, and repeat/vexatious enquiries. Each contact might have any number of return/repeat enquiries within it.

Third Stage Complaints - investigated internally

Service	2018-19	2019-20	2020-21	2021-22	2022-23	2023-4 Total and (Upheld)
Adults	2	4	1	1	1	1 (1)
Benefits, C Tax & NNDR	6	7	6	8	6	11 (2)
Corporate and others	6	12	7	16 (includes 10 business grant)	7	3 (1)
Children's and Education	11	7	2	2	3	18 (12)
Environment & Public Protection	31	19	19	17	7	22 (6)
Highways and Transport	8	7	7	12	3	8 (1)
Housing	4	2	4	5	6	8 (1)
Planning	20	13	26	22	23	10
Total	88	71	72	83	56	81
% Upheld and Part Upheld	22.7%	21.1%	18%	16.9%	17.8%	33% (numbers in brackets)

There has been a significant increase in the number of complaints received and the proportion of complaints upheld during the 2023/4 financial year.

The number of complaints for two service areas (15 for SEND, 13 for Waste Collection) can largely explain the variation in numbers this year. More of the complaints for these two service areas were upheld, again these largely accounts for the increase in the % of cases upheld.

The waste collection service suffered a temporary dip in service delivery, which was around a reorganisation of rounds and the use of new bin wagons of a different size, which was well documented in the local press. Complaint levels for this service have returned to long term levels in 2024/5.

Special Educational Needs provision is a national issue, and in common with many council areas, backlogs of needs assessments had built up. The Service are catching up with work items, which had led to an increase in the number of assessments and therefore the numbers disagreeing are also higher. The complaints process considers issues such as delay and how the plans were prepared. Disagreement with the defined support described in the plan go through a formal appeals process, outside of the complaints arena.

Council Tax also saw an increase in complaints, although only 2 cases were upheld. The increase was perhaps created through economic pressure with residents wishing to minimise their council tax charge.

Looking more recently – (to 30 October 2024)

To offer a comparison of the third stage complaints received in the first 7 months of 2023/4 and 2024/5 show the following outcomes:

Third stage complaint stats comparison between 1 April – 30 October 2023/4 and 2024/5

Service Area	2023/4	2024/25
Adults	1	0
Benefits & Council Tax	6	5
Corporate	1	4
Children	1	1
Education	6	7
Environmental Protection	11	13
Highways & Transportation	2	7
Housing	5	4
Planning	7	14
Total	40	55

Headline figures – the figures show an increase in third stage complaints by 37% year on year. However, it is worth noting the Local Government Ombudsman figures appear to show Kirklees remaining within its longer-term trend of receiving fewer complaints than might be expected by population.

It is also worth noting that while numbers have increased in 2024/5, there do not appear to be an increase in the proportion of cases being upheld, and complaints continue to be managed.

Highways/Transportation increase from 2 to 7. Cases in 2024/5 include concerns around traffic calming measures (road humps, mini roundabouts), concerns about maintenance of grass verge and moss on pavement, a concern about diversion signage, and complaints about parking enforcement. No increase in cases upheld.

Corporate increase from 1 to 4. Cases this year include complaints from a resident interested in reporting of key decisions and the process of delegated powers (stemming from a highways traffic calming scheme), and complaints about the Standards process.

Planning increase from 7 to 14. A couple of additional complaints about delay in decision making (which would progress to the Planning Inspectorate) and general complaints about decisions. There is no one factor to explain the increase (the second stage complaint responses are of comprehensive standard), although 2 cases were frustrated through miscommunication through the complaints process (1

failed to be passed onto third stage despite complaint to the service, and 1 case was misdirected following an initial Ombudsman complaint and service response). These have been discussed with the service and should be clarified through the change in the corporate complaint's procedure to just two complaint stages.

Other matters There have been a small number of complaints relating to housing adaptations – a service area which has previously generated few complaints. It seems there is an increase in disputes around what might form a suitable adaptation, and confusion for the customer as the service negotiate around adaptation options.

There are a small number of complaints relating to adult care charges, and the wording of the “estimated charge” which is issued, has been reviewed. The Welfare team are also working on clearing a ringfenced the backlog, whilst keeping up with current claims. This has led to a number of cases waiting a long time for reassessments to take place.

Complaint Workloads There is some pressure on workloads within the Corporate Customer Services Standards team given the increase in complaint numbers, the complexity of SEND complaints still coming through (and the regular discussion/support provided to the service at stage 2 as regards potential approaches with hard to please residents), there is an increased requirement to regularly report on outcomes and the need to introduce the new 2 stage complaints process in accordance with the revised Ombudsman's Code (that applies nominally during 2025/26, but formally from April 2026..

At present 82% of third stage complaints are responded to in deadline (and 4 of the 6 late responded complaints in 2024/5 were then answered within 5 days of deadline). This performance may be impacted as work on preparing for the Ombudsman Code increase.

The pressure on workload will partly be addressed by the Assistant Manager continually gaining experience and working more independently, and the new support officer starting to pick up more straightforward third stage complaints.

The Corporate Complaints Manager is looking to step further away from day-to day complaints handling to free up more strategic time and to introduce the new 2 stage corporate process.

The Corporate Customer Standards team is likely to be joined by the Childrens Complaints Unit for 2025-6. The Children's Complaint Unit has a strong track record of handling and resolving complaint matters at an early stage, and an excellent rapport with service managers, so there are no plans for that model to be altered. However, general line management and arrangements to better cover activity pressures through better use of IT monitoring systems and administrative support will be explored through the year.

4: Childrens Services

A report detailing the number of cases handled and outlining the Childrens complaints process is available at Appendix 5.

5. Homes and Neighbourhoods

Homes and Neighbourhoods have their own full complaints management processes, and there is an opportunity for dissatisfied complainants to progress matters to the Housing Ombudsman.

Under the Social Housing (Regulation) Act 2023, the Housing Ombudsman's Complaint Handling Code ('Code') is now statutory and places a legal duty on the Council as a social housing landlord to comply with the Code. As set out in the Code, the Council, is also required to produce an Annual Complaints Performance and Service Improvement Report. This mandatory requirement was introduced in 2024 and the report must be submitted by 30th June each year.

The Council must also ensure that the Annual Complaints Performance and Service Improvement Report has been reported to the council's governing body (Cabinet) and published on the section of the website relating to complaints. The council should also include any lessons learned through the self-assessment process and actions taken as a result. For the 2023/24 year a draft submission was submitted to the Housing Ombudsman by 30th June 2024 deadline. However, given the timing of local elections, it was agreed with the Ombudsman that following Cabinet on 9th July 2024, a final response with any changes to the documents will be uploaded. This included comments from the governing body (Cabinet) and their Member Responsible for Complaints as per the Code.

The 2023/24 Annual Report that was approved by Cabinet on 9th July 2024 is shown in **Appendix 4**. This indicates that all complaints had increased from 554 in 2022/23 to 826 in 2023/24. The main reasons include the council making it easier to complaint with more routes to do so and promoting the role of the Housing Ombudsman in relevant correspondence. This is also supporting the council to be more transparent and open. However, the level of complaints that are upheld is signs that, as a landlord, the Council is still not getting things right.

In 2023/24, the council saw a rise in stage 2 complaints compared to 2022/23, although the majority of complaints (80%) received in the year were at stage 1. Complaints responded to in timescales improved slightly for stage 1 but worsened for stage 2. Unfortunately, the number of upheld complaints remains high at over 60% and the data shows low levels of satisfaction with complaints handling, at 23% (average among other organisations is around 41%).

It is essential that the council remains focused on learning from complaints to stem the flow and also reduce the number of upheld complaints. To date, activities include the introduction of a telephone-based approach to gather feedback rather than relying on text surveys to better understand why tenants are unhappy. Improvements to the way in which data is recorded from categories such as poor information to clear themes e.g. repairs, damp, mould and condensation. Roll-out of a new training programme, starting in June, for 400 frontline staff and managers on complaints handling improving ownership of complaints by frontline staff and team leaders, and ongoing review of policies including the Repairs and Maintenance Policy and current No Access procedures.

6: Learning from complaints

The interim report earlier in the 2024-5 year provided examples of learning from complaints, so the Annual Report focuses upon a few additional learning examples only.

6.1 SEND

As reported to Executive Leadership Team and Corporate Governance & Audit Committee last year, the Corporate Customer Standards Service were working with the SEND team on ongoing complaint matters, given at that time the Council was experiencing an increase in complaint numbers (as shown in last year's figures).

Parents of children (requiring an educational support package) that make a complaint are often particularly frustrated by the process, and so the Council seeks to make the complaints process as straightforward as possible for them.

It is good practice to study cases investigated by the Ombudsman at other councils, and seek to use this learning to address local complaints, such as remedying matters more quickly and in a way similar to that which the Ombudsman might conclude. This is best practice for all complaints of all types, but this has particularly focussed upon SEND outcomes this year.

A complaint response will involve a description of the error, a sincere apology (if appropriate), an assessment of learning and how the service intends to address the situation for other service users, and an assessment of what might form a suitable remedy, with examples of comparable cases considered by the Ombudsman.

In relation to SEND particularly, this has positively resolved a good proportion of complaints, without the resident having to progress matters to the Ombudsman. This is both beneficial for the resident who can move forward with their issue resolved, and it also saves officer time through not needing to continue with the complaints investigation process.

6.2 Educational provision

The Learning service is looking to review how they identify, and record work undertaken to find suitable educational provision and support for young people who are not accessing mainstream school, and how the appropriateness of that provision is assessed.

6.3 Planning enforcement

A complaint from a resident which related to a very complex set of issues which involved planning enforcement, the courts, and public rights of way issues. Matters have been exacerbated through court delay/deferrals and the complaint investigation identified unacceptable delay in advising the complainant about the causes of delay. The Planning complaints process will in future incorporate a monitoring process to ensure that ongoing planning enforcement matters are reviewed periodically so progress does not drift, and updates provided to residents to assure them that matters raised have not be forgotten and are still being considered.

6.4 Service Changes to residents

The Council has undertaken some fairly fast reviews of service provision, where it may be that the notification of the change to affected parties has not taken place with suitable notice. The complaints received have highlighted the need for timely and clear communication to take place,

The Corporate Customer Standards section are available to service to discuss the potential complaint impact of service change, to anticipate likely complaint, to see whether it is possible to mitigate the number which arise, and to formulate responses to any anticipated complaints.

7: Complaints review

The Local Government Ombudsman Code is set to be introduced in April 2026. This requires the Council to have a two stage complaints process (a service stage and a corporate stage) with timescales for response and a monitoring process to record progress. There is a self-assessment template which Councils are expected to complete to identify gaps in its procedures.

The Ombudsman has trialled the code with 20 councils bringing it into early operation. It was determined that waiting for the findings of these trials before introducing the code in Kirklees should increase the chance of successful implementation. However, internal audit undertook some initial gap analysis.

The Complaints Team are working with the Council's Transformation Team, to discuss the format of a public "Customer Standards" document, which will describe the standards the public should expect for customer enquiries. The intention is to publicly relaunch these standards before which it is planned that there will be further consultation with elected members.

9: Whistleblowing

The Head of Risk and the Corporate Customer Standards Officer co-ordinate investigations for those cases directly reported to the Whistleblowing telephone line and email address. Other investigations may take place through issues reported to the HR section, direct to Internal Audit, the external auditor or to the Chief Executive's Office.

It is worth noting that many of the cases received fall outside of the technical definition of a Whistleblowing complaint (the legislation seeks to protect internal staff if they "whistle-blow") and many concerns arrive from members of the public.

Services are reminded that employee whistle-blowers are legally protected from persecution and that they must ensure that reviews are impartial and that concerns are reasonably considered.

Whistleblowing issues may be referred to the Corporate Governance and Audit Committee or to Scrutiny for their consideration. Those investigated by Internal Audit are reported as a part of other reporting mechanisms to Corporate Governance and Audit Committee.

Whistleblowing contact details when provided always remain confidential on request although whistle-blowers are always advised if in specific certain circumstances, they are likely to be identified, or if they are an employee they may have a legal responsibility to be open (but with the benefit of statutory protection).

During the year 2023-24 14 Whistleblowing referrals were received via either the Whistleblowing e-mail address (www.whistleblowing@kirklees.gov.uk) or telephone (01484 225030). This is consistent with long term averages for the year.

The whistleblowing reports received and how they were dealt with can be found in Appendix 6.

10. Implications for the Council

- 10.1 **Working with People** – It is important that consumer satisfaction is monitored and understood; the complaints process is a part of this.
- 10.2 **Working with Partners** – None directly; issues arising with partners would be referred for resolutions by them; Council /partner relationship issues are resolved outside of this process
- 10.3 **Place Based Working** – None directly
- 10.4 **Improving outcomes for children**– as addressed in the report/as 10.1
- 10.5 **Climate change and air quality**- None directly
- 10.6 **Impact on the finances of local residents**- None directly
- 10.7 **Other (e.g., Legal/Financial or Human Resources)**- Understanding where and how complaints arise is an important part of delivering better services. This often involves the service directly complained about, and support services

11. Consultees and their opinions

Heads of Service / Directors are involved in complaints about their service area.

12. Next steps and timelines

To consider if any additional information is sought.

Contact officer.

Chris Read (01484 221000)

Background Papers and History of Decisions

Ombudsman's reports are available online.

Service Director responsible

Samantha Lawton (01484 221000)

Appendix 1: Detail of Cases Upheld by the Ombudsman 2023 - 2024

(For impartiality purposes, the wording within the case summaries is taken directly from the report issued by the Local Government Ombudsman).

Adult Services:

- [Kirklees Metropolitan Borough Council \(23 009 454\)](#)

Statement Upheld Residential care 26-Mar-2024

Summary: Ms C complains the Council placed her mother-in-law, Mrs D in a care home rated “inadequate” by the Care Quality Commission where she went onto receive poor care. The Council is not at fault for the lack of choice in the care home; however, the care home failed to properly assess Mrs D and its records are incomplete. To remedy the complaint the Council has agreed to apologise to Mrs D and Ms C and make symbolic payments to acknowledge the uncertainty caused by these failures. Through its commissioning role [the council] will also review the care home’s record keeping, falls policy and how staff are trained to support people with communication needs.

-
- [Kirklees Metropolitan Borough Council \(23 013 093\)](#)

Statement Upheld Homelessness 13-Mar-2024

Summary: Miss X complains that the Council failed to accept a homelessness application when she was experiencing domestic abuse from her former partner. The Council is at fault as it failed to accept a homelessness application from Miss X, and it delayed in increasing her priority band to band B. Miss X was caused distress and uncertainty by these faults. The Council has agreed to remedy this injustice by apologising to Miss X and making a symbolic payment of £300.

-
- [Kirklees Metropolitan Borough Council \(23 004 095\)](#)

Statement Upheld Enforcement 08-Feb-2024

Summary: Mr X complained the Council failed to take action against unauthorised development and use of neighbouring land. There was fault causing injustice due to the Council’s delays and lack of proper oversight of the enforcement investigations.

- [Kirklees Metropolitan Borough Council \(23 002 450\)](#)
-

Statement Upheld Residential Care 31-Jan-2024

Summary: Ms X complains about poor care provided to her father, Mr Y, whilst at a Council commissioned care home. We have found fault by the Council causing an injustice to Ms X. The Council has already produced an action plan to address the faults identified in this statement. The Council has agreed to apologise and make a symbolic payment for the distress caused to Ms X.

- [Kirklees Metropolitan Borough Council \(23 013 086\)](#)
-

Statement Upheld Council Tax 20-Dec-2023

Summary: We will not investigate this complaint about the Council's pursuit of Ms X for an unpaid council tax bill. This is because the Council has already put forward a suitable remedy in line with our approach which addresses the injustice Ms X experienced.

- [Kirklees Metropolitan Borough Council \(23 001 559\)](#)
-

Statement Upheld Child Protection 30-Nov-2023

Summary: Mr X complains about the way the Council considered his complaint under the statutory complaint procedure. He complained the Council failed to support contact arrangements with his son and said he had been victimised. We have found no fault in the way the Council considered his complaint. However, we have found there were delays in the complaint process and the Council's review of contact arrangements. The Council has agreed to apologise, make a symbolic payment and service improvements for the injustice caused to Mr X.

- [Kirklees Metropolitan Borough Council \(23 005 181\)](#)
-

Statement Upheld Charging 02-Nov-2023

Summary: There is evidence of failings in some areas of domiciliary care provided to Mr X. The Council acknowledged this and offered an appropriate

remedy before the complaint came to this office. There is no outstanding injustice requiring a remedy from this office.

- [Kirklees Metropolitan Borough Council \(23 002 994\)](#)

Statement Upheld Charging 12-Sep-2023

Summary: We will not investigate Mr X's complaint about the Council charging his father for care. Mr X said they were told there would be no cost involved in placing his father into care. This is because the Council has agreed to resolve the complaint early by providing a proportionate remedy for the injustice caused.

- [Kirklees Metropolitan Borough Council \(23 002 340\)](#)

Statement Upheld School Admissions 11-Sep-2023

Summary: Mrs X complained the Council did not conduct her son's school admissions appeal correctly. We have found fault because the stage two part of the process misinterpreted the information Mrs X provided. To remedy the injustice caused by this fault, the Council has agreed to apologise and arrange a fresh appeal.

- [Kirklees Metropolitan Borough Council \(23 003 982\)](#)

Statement Upheld Transport 22-Aug-2023

Summary: The Council failed to properly consider information relating to Mr X's hidden disability when assessing his application for a blue badge

- [Kirklees Metropolitan Borough Council \(22 013 470\)](#)

Statement Upheld Assessment and Care Plan 10-May-2023

Summary: Mrs X complained that the Council has failed to provide her mother with additional care hours during the week and failed to provide a sit in service at the weekend. We find the Council was at fault for failing to complete a carer's assessment. This caused significant stress to Mrs X. We make several recommendations to address this injustice caused by fault.

- [Kirklees Metropolitan Borough Council \(22 011 614\)](#)
-

Statement Upheld School Admissions 19-Apr-2023

Summary: Mrs C complained how the Council has considered her application for delayed entry to reception for her summer born daughter. She says the Council has failed to properly understand the guidance and has applied the wrong tests. We find fault with the Council's decision making. The Council has agreed to our recommendations to address the injustice caused by fault.

- [Kirklees Metropolitan Borough Council \(22 006 285\)](#)

Statement Upheld Special Educational Needs 13-Apr-2023

Summary: Mr and Mrs X complain about the Council's handling of their child, Child Y's Education, Health and Care Plan (EHCP) since they asked for an urgent review of this in July 2019. The Council was at fault for not providing appropriate alternative education to Child Y from October 2019 to July 2020. The Council unnecessarily delayed its review of Child Y's EHCP which in turn delayed Mr and Mrs X's appeal rights. The Council also took too long to respond to Mr and Mrs X's complaints. The Council has agreed to apologise and make payments to Child Y and their parents. The Council will also review its systems for monitoring complaint response timeliness.

Appendix 2: The Council's Complaints Procedure

The council's complaint process for 2032-24 had three internal stages.

First stage – the complainant initially contacts the Council to express dissatisfaction about the service they have received. Many of these complaints are resolved by front line staff immediately, as errors are spotted corrected and an apology offered, or an explanation is given to explain the situation to justify why the situation is accurate.

Second stage – this is where the complainant remains dissatisfied, and the complaint is referred to a senior manager within the appropriate service to consider.

Third stage – the Corporate Customer Standards Officer will review the actions taken by the service on behalf of the Council and Chief Executive and consider whether anything further can be done to resolve the complaint. The Local Government Ombudsman requires the Council to give the complaint a final review before they may become involved with it.

Some complaints do not progress through the Council's standard complaints procedure; these are usually complaints where a formal review process applies such as complaints relating to Childrens and Adults Services and Housing Benefit assessment complaints. The Ombudsman will consider some complaints before third stage review if they are considered urgent (for example school admission appeals).

Complaint stages are sometimes merged depending on the type of complaint received to ensure matters are dealt with effectively and to ensure the complainant can progress to the Ombudsman as quickly as possible if the issue appears unresolvable.

Appendix 3: Analysis of Ombudsman complaints handling, comparing West and South Yorkshire and Greater Manchester 2023/24

The Local Government Ombudsman now produces a figure of upheld ombudsman complaints per 100,000 population by local authority. The average figure for Metropolitan Councils is 4.4

Authority	Complaints upheld 2023/4 – per 100,000
Rotherham	1.5
Wakefield	2.2
Rochdale	2.2
Doncaster	2.3
Wigan	2.4
Kirklees	3.0
Bolton	3.0
Barnsley	3.2
Sheffield	3.5
Bradford	3.6
Stockport	3.7
Trafford	3.8
Salford	4.0
Manchester	4.2
Tameside	4.3
Oldham	4.9
Leeds	5.3
Calderdale	9.1
Bury	11.8

Appendix 4

Housing: Homes and Neighbourhoods – Annual Report



Homes and Neighbourhoods

**Annual Complaints Performance and Service
Improvement Report 2023/24**

Forward

Statement from the Leader of the Council

This the first annual complaints performance and service improvement report produced by Kirklees Council which covers the period 1st April 2023 to 31st March 2024, and was presented at the council's Cabinet on 9th July 2024. The report provides an analysis of complaints handling within Homes and Neighbourhoods (HN), the service with responsibility for the management and maintenance of the council housing stock, on behalf of the council. As the governing body, Cabinet has reviewed the report including a self-assessment, to ensure there is sufficient internal scrutiny of this information.

Cabinet noted the Annual Complaints Performance and Service Improvement Report 2023/24 and self-assessment, submitted to the Housing Ombudsman Service prior to the deadline 30th June 2024.

Cabinet accepted the self-assessment against the Code was an accurate reflection of the Council's position and that the areas in which the Council has fallen short, namely 'reasonable adjustments under the Equality Act 2010' was noted and, that plans to rectify this were in place and being progressed.

Cabinet gave approval be given to publish the final report including their response on the Council's website, post submission.

Statement from the Cabinet Member, Housing

In my role as the council's Cabinet Member responsible for Complaints (MRC), I have scrutinised and challenged the report including a self-assessment completed by officers on behalf of the council, and how any risks identified as part of this process have been addressed.

Whilst I appreciate complaints in themselves are an opportunity to learn and that some good practice exists in the way the Council handles complaints, I have specifically challenged the number of complaints received and the number of complaints dealt with within the timescales set out in the Council's policy. I am concerned by the number of complaints upheld at both stages of the process because it indicates a service failure and I have sought assurances that the necessary learning has been embedded into the way we work, not only with complaints handling but further 'upstream' in the way we deliver services. It is clear from the annual report that tenants would like better communication when, for example, a repair is requested. The service has commenced work in reviewing its end-to-end repairs process so that communication touchpoints are embedded in the new process and systemised.

I have also instructed that staff receive mandatory complaints handling training and this is being rolled out between June and September 2024.

I have assured myself that the self-assessment against the Code is an accurate reflection of the Council's position and I am satisfied that on the one where we have

fallen short, namely 'reasonable adjustments under the Equality Act 2010, both short term and long-term plans to rectify this are in place and being progressed.

In recognition that staff capacity, particularly in the asset management team, is a contributory factor to the number of complaints relating to repairs, I have ensured that there is a focus on recruitment which has begun with some success. I have also strengthened the Customer Experience Team with an additional manager.

Along with the Homes & Neighbourhoods Improvement Board and the Tenant Led Panel, I will continue to receive regular performance reports at my portfolio briefings to ensure learning is being embedded and the improvements are having the desired impact on the tenant's experience.

As required in Housing Ombudsman's Complaint Handling Code, this annual report will be published on the Kirklees Council website [here](#).

Introduction

Under the Social Housing Regulation Act 2023, the Housing Ombudsman's Complaint Handling Code of Practice is now statutory and places a legal duty on the council as a landlord to comply with the Code, as well as a duty on the Ombudsman to monitor compliance with the Code. The Housing Ombudsman is the independent public body for complaints within the social housing sector. Kirklees Council is a member of the Housing Ombudsman Service Scheme.

The council is required to carry out an annual self-assessment against the Housing Ombudsman Complaints Handling Code and publicise this to customers. Details of this assessment can be found [here](#).

The council has also updated its Complaints Policy to ensure complaints are handled within the framework of the Housing Ombudsman Complaint Handling Code. The Complaints Policy can be viewed [here](#).

The council recognises that it is on a journey to improve complaints handling and remains dedicated to using feedback to drive meaningful changes and enhance the overall customer experience. Complaints and lessons learned from complaints can improve the quality and focus of services provided to all customers. More information on what improvements have been made already and what is being undertaken this year can be found later in this report. This includes a greater focus on how the council is addressing the reasons why customers make complaints.

This report provides an analysis of complaints handling within Homes and Neighbourhoods (HN) on behalf of the council (covering the period 1st April 2023 to 31st March 2024). This includes:

- Details of HN's complaints handling performance for the year 2023/24 (with 2022/23 performance in brackets).
- Summary of the types of complaints the council has refused to accept.

- Summary of learning identified to address the key issues highlighted in relation to complaints handling that provides further opportunities to improve services to customers and increase overall tenant satisfaction.
- Summary of cases referred to the Housing Ombudsman in 2023/24, including maladministration determinations made against the council and any actions arising from these cases.
- A self-assessment of the council's complaints policy against the Housing Ombudsman's statutory complaints handling code introduced in April 2024.

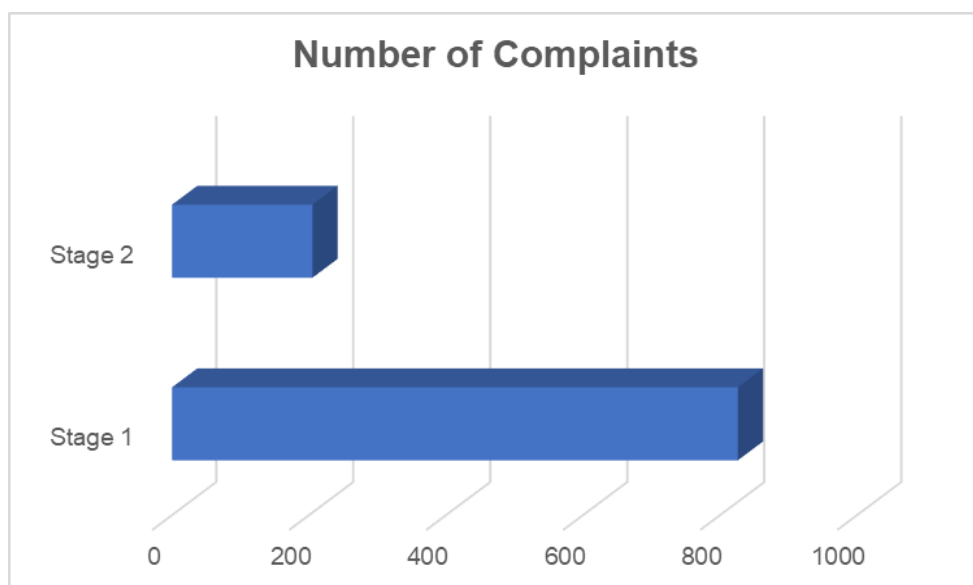
Complaints Handling Performance 2023/24

A complaint is defined as *'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents'*

For the year 1st April 2023 to 31st March 2024 the council responded to 1,031 complaints, 826 of these were new complaints (554 new complaints in 2022/23). The council operate a 2 Stage complaints process that allows residents to escalate their complaint where they remain dissatisfied with the outcome of their complaint.

Complaints at Stage 1 and Stage 2

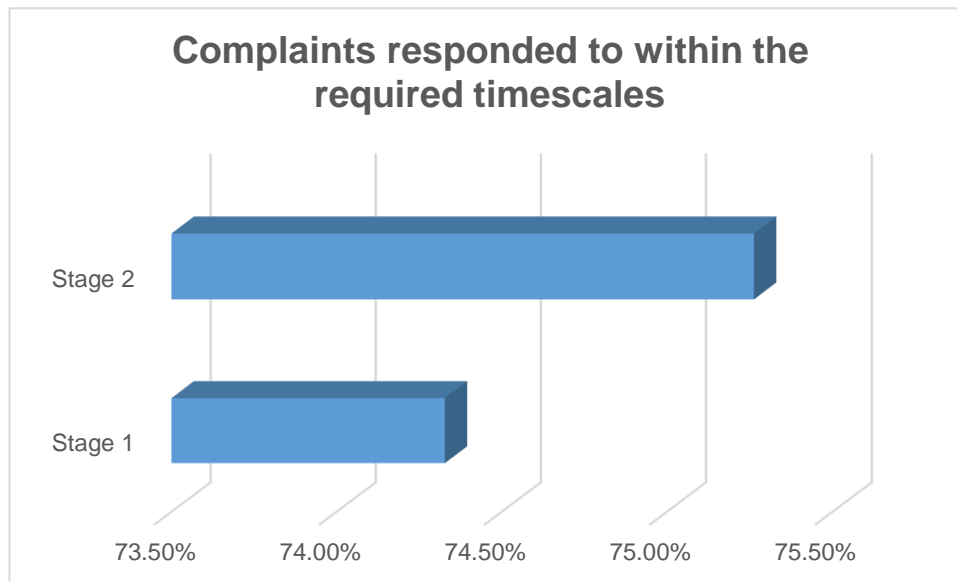
The graph below shows the number of complaints handled at Stage 1 and Stage 2 of the complaints process. In total, 80% (87% in 2022/23) of complaints were resolved at Stage 1 with the remaining 20% (13% in 2022/23) of complaints escalated to Stage 2.



Timescales

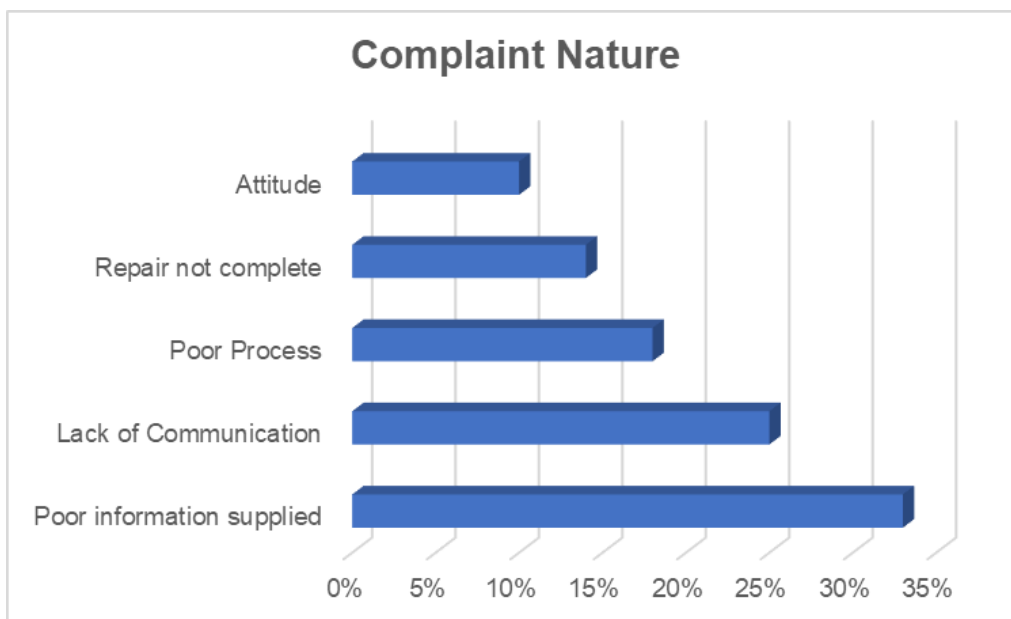
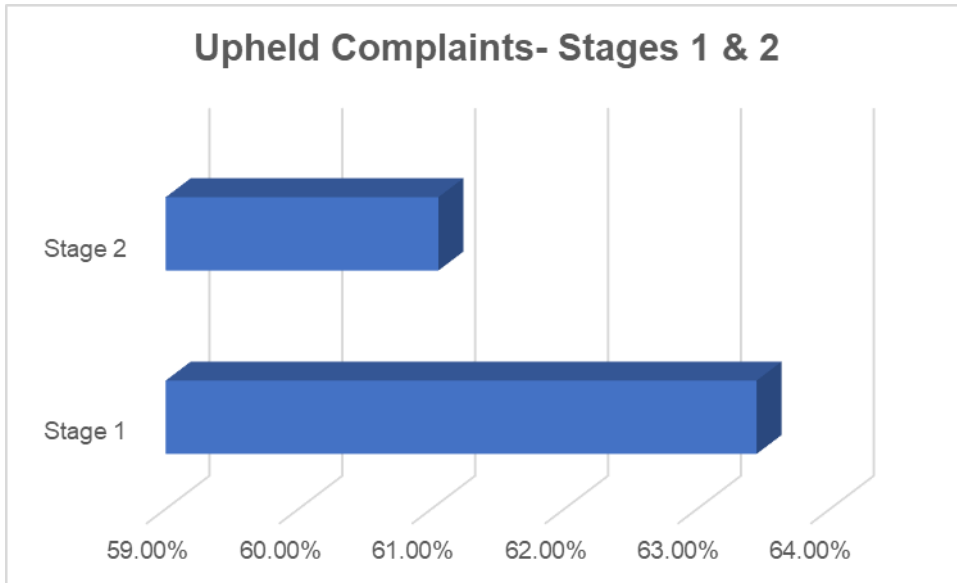
The Housing Ombudsman’s Complaint Handling Code requires Stage 1 complaints to be resolved within 10 working days, and 20 working days for Stage 2 complaints.

This year, the council handled 73.12% (70.97% in 2022/23) Stage 1 complaints within the timescales and 68.29% (88.89% in 2022/23) within timescales for Stage 2. The reduction in performance at Stage 2 can be linked to significant capacity issues in service areas.



Upheld Complaints

‘Upheld complaints’ is the percentage of complaints where the council has not performed as well as we would expect and therefore the customer’s complaint was ‘upheld’. The chart below shows 63.45% (64.62%) were upheld at Stage 1 and 61.05% (56.92%) at Stage 2 were upheld.



Nature of Complaints

The most common reasons for complaints in 2023/24 year was ‘Poor Information Supplied’, for example, no clarity provided to the customer when works will be carried out and ‘Lack of Communication’, for example failure by the council to keep in contact with the customer. This is fairly consistent with the nature of complaints made in 2022/23.

Of all complaints received in the year 2023/24, 69% (69% in 2022/23) was in relation to repairs or the condition of properties. This indicates that customers want more information about our services, how and the reasons behind the council’s decisions

and want to have clearer timescales of when they can expect a response. In total, 29% (26% in 2022/23) related to the housing management service and policies.

Compliments

The council received 87 (76 in 2022/23) compliments during 2023/24, 62% (76% in 2022/23) of these were about the service provided by our Repairs Teams and 34% (21% in 2022/23) were about the housing management service.

The council appreciates receiving positive feedback. This information is used to improve services where appropriate and, included as part of ongoing training to demonstrate to staff 'what good looks like'. It is also rewarding for staff and team members to share examples of those who go above and beyond to deliver excellent services to tenants.

Types of Complaints Not Accepted by the Council

The complaints policy is initiated in all cases where an expression of dissatisfaction has been made. There are a few exceptions where complaints have not been accepted by the council which are outlined in the complaints policy. Examples include:

- Making an initial request for service or information.
- Making an initial report about anti-social behaviour, as this is managed in line with our ASB policy.
- Complaints concerning the level of rent or service charge or the amount of the rent or service charge increase.
- Where legal proceedings have started and have been filed at court.
- Where the complaint is about an issue that has not been brought to the council's attention within 12 months.
- Matters that have already been considered under the complaints policy.

There were 6 instances in the year where a complaint could not be accepted, 3 were initial requests for service, 2 had already been through the complaints process, and 1 case was over 12 months ago.

Our Tenant Satisfaction Measures (TSMs) on Complaint handling - Perception Data

Tenant satisfaction measures are a new system developed by the Regulator of Social Housing to assess how well social housing providers are doing at providing good quality homes and services. The TSMs cover areas such repairs, safety checks, anti-social behaviour and complaints. Of significance is the emphasis on tenant perception of the services they receive from their landlord, which is an integral part of the TSMs. All social housing providers were required to start collecting data for TSMs from 1st April 2023. The deadline for the first year's (1st April 23 – 31st March 24) submission of data to the Regulator was 30th June 2024.

Complaints handling forms part of the TSMs 'Tenant Perception' Measures based on tenants' views of how the council is performing. The TSMs includes two specific

questions on the topic of complaints and the following shows the results from the TSM survey undertaken in 2023 where 2,636 (or 13%) of households took part:

- a) *Have you made a complaint to Kirklees Council Housing Services in the last 12 months?* – 30% of tenants said they complained
- b) *How satisfied or dissatisfied are you with Kirklees Council Housing Services approach to complaints handling* – 23% said they were satisfied.

The Tenants Perception question is considered very broad, and it is important to understand these questions in the context of the wider experience of customers when discussing repairs and other issues, as opposed to the much narrower formal complaints procedure. Almost a third of tenants that responded to the survey claim to have made a complaint, which is a very large proportion. Experience with this question has shown that it will include relatively few who used the formal complaints process. Instead, this group should be better understood as those who had some sort of issue or problem over the last 12 months that they believed the council was responsible for resolving. The results should therefore be viewed as comments on how the council deals with issues or problems that arise, rather than a measure of how the formal complaint process performs.

Learning from Complaints

Complaints need to be used as a source of intelligence to identify issues and introduce positive changes in service delivery. Effective and positive complaint handling also offers a valuable insight into the services provided by the council as a landlord and how we are perceived and received by tenants. Complaints or lessons learned from a complaint can improve the quality and focus of services provided to all customers.

The priority for the council is to realign the emphasis on simply tackling ‘volumes’ of complaints, meeting timescales to ‘respond’ and addressing the ‘outcomes’ of complaints, to focus on good service delivery as a means of preventing the complaint in the first place. This includes greater concentration on reducing repeat types of complaints that are being upheld by addressing the underlying causes and embedding the learning to improve services to tenants.

As outlined in this annual report over 60% of complaints have been upheld. The high number of upheld cases is a clear indication that further service and competence and conduct changes are required to improve customer satisfaction by meeting the council’s published service standards.

The following provides a summary of learning identified and improvements already made as a result of complaints.

- Improvements to the data gathered when we take details of complaints. This is helping the council to identify underlying thematic causes and trends and develop solutions at the earliest opportunity.
- Quality assurance checks carried out on sample of complaint responses and supported investigating officers with training, advice, and guidance.

- Established a new Damp & Mould Team that customers can contact directly, ensuring reports of damp and mould are recorded and responded to quickly by identifying the root causes, and customers are kept updated.
- Improved the information available to customers about the complaints process on the council's website.
- Amended information on how to make a complaint online to make it more user friendly.
- Reviewed the council's approach to better capture customer feedback on the complaint handling process by introducing a telephone based approach in addition to the text surveys.
- Updated the Complaints Policy to reflect the new Housing Ombudsman Complaint Handling Code.

This year we will:

- Improve record keeping as recommended by the Housing Ombudsman.
- Continue to support staff with updated training to better respond to complaints.
- Provide clear timescales in relation to actions and remedies to resolve complaints and prevent escalation.
- Review the Repair and Maintenance Policy to ensure it is clear and up to date for customers on the services they can expect to receive.
- Update our internal processes to record and hold customer information better.
- Continue to review and improve our approach to tackle damp and mould and have already allocated a further £2 million per year to the budgets over the next three years, following a notice from the Regulator of Social Housing in March 2024.
- Reviewing what happens if a customer is not home when we come to carry out repairs. The council aims to reduce the time it takes for these repairs to be rescheduled and completed.
- Update our internal processes to record and hold better customer information to ensure any reasonable adjustments are adhered to on every occasion no matter what part of the council customers are in touch with.
- Closer working with the corporate insurance and corporate customer standards teams in to improve insurance claim and complaint handling.

Housing Ombudsman Cases

Where the council has not been able to resolve an issue, customers can refer their case to the Housing Ombudsman to carry out an independent review of how the council has dealt with a complaint.

The council are obliged to comply with any orders made in a determination by the Housing Ombudsman where failures have been identified. The target dates for orders to be complied with, are set out with the orders in both the investigation report and the determination letter.

In 2023/24, the Housing Ombudsman made 3 maladministration determinations against the council where services or officers had failed to do something, did something that should not have happened or, unreasonably delayed dealing with the

matter. A summary of the basis for the maladministration cases against the council is as follows:

Case 1 - How the council responded to a tenant's reports of anti-social behaviour (ASB) and disrepair to their home. The council was ordered to pay compensation of £650, to review the tenant's reports of ASB and set out our actions following the review, in writing. This was actioned and completed.

Case 2 - How the council handled reports of leaks from a tenant's shower and service failure in respect of the council's poor handling of the associated complaint. The council was ordered to pay the tenant a total amount of £425 in compensation (£350 for the delays in completing repairs to the shower and £75 for poor complaint handling). This was actioned and completed.

Case 3 - How the council handled the tenant's reports of damp, mould and condensation in the property and the way the council handled the tenant's subsequent complaint. The council was ordered to pay compensation totalling £1,250. This was made up of £750 for the distress and inconvenience caused by council's delay in identifying the required repairs and £500 for the delay in the council's stage 1 response. The council was also ordered to conduct a case to find out why it failed to identify consistent reports of the same nature, over an extended period so the root cause of the failure could be fully understood. This was actioned and completed.

You can view our determinations on the Housing Ombudsman website [here](#)

Self-Assessment against the Housing Ombudsman Complaints Handling Code

The council is required to carry out an annual self-assessment against the Housing Ombudsman Complaints Handling Code and publicise this to customers. Details of the latest assessment can be found at here (*this will be a link when published*)

The council updated its Complaints Policy to ensure complaints are handled within the framework of the Housing Ombudsman Complaint Handling Code. The Complaints Policy can be viewed [here](#).

Complaints Handling Governance Arrangements

A quarterly programme of performance reporting is in place which is reported to the Homes and Neighbourhoods' Senior Management Team (SMT), the Council's Cabinet Portfolio Holder for Housing, Homes and Neighbourhoods Improvement Board (HNIB) which is independently chaired and the Tenant Led Panel. The Cabinet also receives periodic updates as well as the Council's Scrutiny Function. These reports include updates on complaint volumes, performance, learning, Housing Ombudsman casework including compliance with maladministration orders and updates on self-assessments. Ultimate responsibility for compliance against the Housing Ombudsman's Complaints Handling Code and the Regulator for Social Housing's Consumer Standards (which includes complaints handling) lies with the Council's Cabinet as the overall governing body.

Making a Complaint

For more information on making a complaint please visit the council's [website](#) or contact the Homes and Neighbourhoods' Customer Support and Information Team on 01484 414886 where a member of the team can discuss and log your complaint.

Appendix 5 Resources Improvements & Partnerships

Compliments, Representations & Statutory Complaints Procedure

Childrens Complaints Summary Report

1: Introduction

The statutory Children's complaints process is comprised of the following stages:

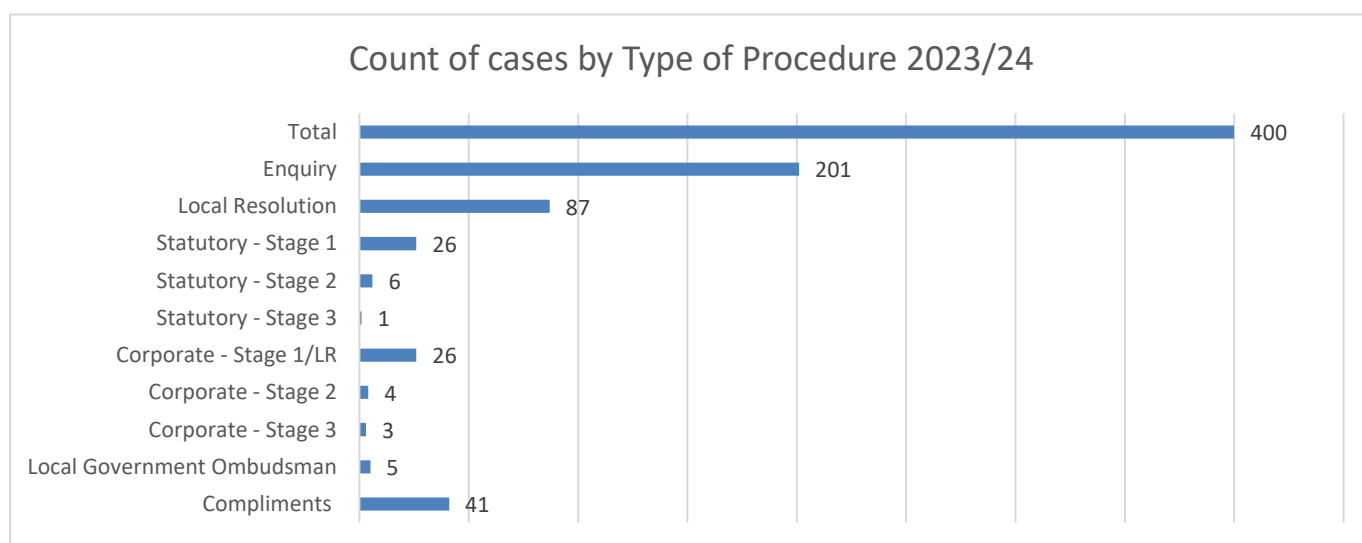
- Local Resolution: Complainants are asked to consider if they would like to first raise a complaint directly with the service they wish to complain about, being mindful that the service is in best position to put things right quickly.
- Stage One: This is the first formal stage of the statutory process and is initiated where a Local Resolution has not been achieved. The timescale for a response from the service is within 10 working days (with an extension of a further 10 days if complex and where necessary).
- Stage Two: This stage is generally implemented when a Complainant is dissatisfied with the findings of a Local Resolution / Stage One response. Stage Two is an investigation usually conducted by an Investigating Officer with an Independent Person. An Independent Person must be appointed to the investigation (regulation 17(2)). The Independent Person must be involved in all aspects of consideration of the complaint, including any discussions about the action to be taken in relation to the child. The manager responsible for the service which has been complained about adjudicates the findings. Stage Two complaints should be dealt with within 25 days, although in certain cases this can be extended to 65 days.
- Stage Three. This is a Review Panel to which Complainants who are not satisfied with a Stage Two response can proceed to, and which the Local Authority is required to establish. The Panel makes recommendations to the relevant Service Director, who makes decisions about the complaint and any action to be taken. Stage 3 Review Panels are made up of three independent panelists. There are various timescales relating to Stage 3 complaints. These include:
 - Setting up the Panel as soon as is reasonably practicable.
 - Producing a Panel report within 5 working days of the Panel meeting.
 - Producing the Local Authority's response within 15 days of the Panel report being received.
- A further option for Complainants is to progress a complaint to the Local Government Ombudsman (LGO), who is empowered to investigate where it appears that a Local Authority's own investigations have not resolved a complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the matter back to the Local Authority if it has not been considered under the Local Authority's procedure.

Complaints can also be registered under the Corporate Complaints procedure where complainants are members of the public and do not qualify to use the Statutory Children’s Complaints Procedure.

Childrens Social Care Complaints Unit also Manage Complaints under the Corporate Stage One and Corporate Stage Two of the Complaints Procedure in respect of Childrens Social Care and assist in the enquires in respect of the Corporate Stage Three.

2: Overview of all cases

The below graph shows the total number of contacts received by the Children’s Compliments & Complaints Service in the 2023/24 year. The Service received **400 contacts** in total, compared to 353 received last year.



3: Headlines for 2023/2024:

a) Total number of Contacts received.

- 201 enquiries
- 41 compliments
- 158 complaints

b) Total number of Enquiries received.

- Enquiries increased from 143 in 2022/23 to **201** in 2023/24.

c) Total number of Compliments received by the service.

- Compliments decreased from 67 in 2022/23 to 41 in 2023/24.
- **3** compliments were from children / young people, equating to 7% of the overall number recorded.

d) Total number of Complaints received.

Local Resolution

- This increased slightly from 85 in 2022/23 to 87 in 2023/24.
- Of the 87, **44%** were responded to within 20 working days.
- **100%** were resolved and did not progress further.
- Issues upheld decreased from 30 to 21.
- Issues partially upheld decreased from 53 to 36.
- Issues not upheld decreased from 73 issues to 69.

Children / Young People:

- Of the 87, **3** were raised by children / young people with **1** child /young person supported by Advocate from the Children's Rights Team

Statutory Stage One:

- The number of Complaints that progressed to Stage One increased slightly from 23 in 2022/23 to **26** in 2023/24.
- Of these, **69%** were responded to within the statutory timescales.
- **77%** were resolved and did not progress further.
- Issues upheld decreased from 18 issues to 2.
- Issues partially upheld increased from 6 to 12.
- Issues not upheld increased from 4 to 21.

Children / Young People:

- Of the 26, **10** were raised by children / young people, with **9** children/young people being supported by an Advocate from the Children's Rights Team.
- **80%** were responded to within the timescales and **100%** were resolved at Stage One.

Statutory Stage Two:

- The number of Complaints that progressed to Stage Two increased from 2 in 2022/23 to **6** in 2023/24. None of these complaints were raised by children / young people.
- **83%** were responded to within statutory timescales.
- **83%** were resolved and did not progress further.
- Only One Complainant progressed to Stage 3.

Statutory Stage Three:

- The number of Complaints that progressed to Stage 3 decreased from 3 in 2022/23 to **1** in 2023/24. This complaint was responded to within the statutory timescale and was resolved, with 1 issue being upheld: Failure to consult/listen communicate effectively.

Corporate Stage One

- The number of Complaints considered at Stage One of the Corporate Complaints process increased from 23 in 2022/23 to **26** in 2023/24. None of these were raised by children /young people and **85%** were resolved and did not progress further.

Corporate Stage Two

- The number of Complaints considered at Stage Two increased from 1 in 2022/23 to 4 in 2023/24.
- **1 (25%)** was resolved and did not progress further, with the remaining **3 (75%)** progressing to Stage 3.

Corporate Stage Three

- The number of Complaints considered at Stage Three increased by 1 from 2 in 2022/23 to **3** in 2023/24, and all (**100%**) were resolved and did not progress further.

Local Government Ombudsman (LGO)

The number of new Complaints which progressed to the Local Government Ombudsman and were received by Childrens Complaints Unit increased from 4 in 2022/23 to **5** in 2023/24 and **80%** were resolved and did not progress further to the LGO. One complaint was investigated by the LGO and the Local Authority accepted the decisions and recommendations made by the LGO.

Key points to note:

- Complaints are resolved at early stages - for example of the 87 complaints logged at the Local Resolution stage, none progressed, and of the 26 complaints logged at Statutory Stage One, 20 of these did not progress any further.
- Of the 13 complaints raised by children / young people, 85% were responded to within the timescales, an increase from 66% from 2022/23.
- Of 158 complaints, contact with the Local Government Ombudsman was sought by Complainants on only 5 occasions, and only 1 of these led to an LGO investigation.

Accessibility of the Complaints procedure:

- a) Complaints leaflets are available to all individuals who wish to make a complaint.
- b) Child-friendly complaints leaflets are distributed to children who are looked after.
- c) Community Languages Leaflets - these are available in Chinese, Gujarati, Punjabi, Urdu and Polish. In addition, one of the Complaints Manager speaks three languages.
- d) Website – The Complaints procedure is available on the Kirklees Local Authority website <https://www.kirklees.gov.uk/beta/contact-the-council/children-young-people-complaints.aspx>
- e) Visually impaired – The Complaints procedure is available in braille, CD, video, and large print.

4: Compliments:

The Compliments & Complaints Service had 41 Compliments shared with them from 1st April 2023 – 31st March 2024: Of those, 3 were received from children or young people, 2 of which related to Children’s Rights Service and 1 related to Care Leavers Service.



There are many compliments received about frontline staff and managers which are not always forwarded to the Compliments & Complaints Service for registration. Although the service encourages compliments to be submitted for formal registration, some of these compliments are sent to the communications team to be registered for Kirklees High Five Staff Awards, where work undertaken by individual staff members and teams is recognised and then shared across the Local Authority. The graph above shows the compliments shared directly with the Compliments & Complaints Service for registration.

The aim of the Compliments & Complaints Service is to increase the number of compliments the Service receives. In 2024/25 the service will be encouraging and reminding more staff at monthly intervals to share compliments with the service by producing a new, specific form with structured questions for those wishing to feedback and creating a link on the Complaints webpage for members of the public to use so they can easily log compliments quicker and easier. A new email address will also be created to allow for consistency of recording compliments, and monthly reminders sent to Team Managers, Service Managers and Head of Services about logging compliments. Data relating to compliments collated and shared, to support increased reporting.

Examples of compliments received this year include:

- A young person who was a former Child Looked After thanked their Childrens Rights Advocate for always respecting them, for the time they gave and the kindness they had shown. The young person wanted to note how much they appreciated their Advocate and said, *‘when no one else was there, you were... there are not many people like you, you are one of a kind.’*
- A parent complimented a Social Worker following domestic abuse awareness direct work they completed together, saying *‘thank you so much for everything you’ve done, your support has been incredibly helpful and supportive, and I’ll never forget that... Thank you so much for everything again, you are an absolute star :)’*

- Panel Members from the Fostering Panel shared that two Foster Carers who had attended panel been very complimentary about the support they received from the fostering service and children's services.
- A young person sent a thank you card to their Support Worker in the Leaving Care team to show their appreciation whilst they were working together. The young person said *'Thank you so much for everything you did for us we will miss you a lot.....anyone that gets you for a support worker will be lucky. I think of you not just as my support worker but as my friend – thank you again, Much appreciated!'*
- A Compliment was received from the Police regarding work undertaken by a Senior Practitioner, who was described as an asset to the service, and as extremely friendly, professional, and hardworking and that nothing was too much trouble. The feedback noted that the practitioner prioritised safeguarding of children/young people and families whilst doing Daily Risk Assessment Management Meeting (DRAMM) screening for high and medium risk cases, that they were prepared, had good decision-making skills and were knowledgeable about multi-agency working.

Summary: Learning Complaints in 2023/24

Each Responding Manager to a complaint is asked to identify the learning from the complaint in order to seek to prevent recurrent complaints and to improve service delivery. The Compliments & Complaints Service collates the learning from complaints into themes and these are shared with managers across Children's Services as part of the Quality Assurance Board and through other learning opportunities such as Practice Progress events. The Compliments & Complaints Service also offer training for Responding Managers and learning from complaints is included in that training. There is an embedded practice of 'Learning from Complaints' which is working well and evidenced by the significant increase in learning shared by Responding Managers with the Compliments & Complaints Service.

Conclusion

Kirklees Children's Services continues its restorative approach to complaints. We continue to encourage complainants to be involved in the resolution of their complaint throughout the process, leading to more lasting solutions and stronger relationships. The Compliments & Complaints Service is committed to ensuring learning is shared widely to support improvements in practice and service delivery.

If you would like to comment on this report, please contact Children Complaints Management on:

Tel: 01484 225140 Email: childrens.complaints@kirklees.gov.uk

Appendix 6: Summary of Whistleblowing Concerns

There were 14 Whistleblowing enquiries in 2023/24. [2022-3=9, 2021-2=16] so this is within the range that might be anticipated.

Misuse of equipment/works time

1: An employee complained that colleagues were taking payments for private jobs undertaken during works time and using Council plant and resources. This issue was brought to the attention of the Service Director. The WB left the Council before the investigation was complete and didn't accept an offer of a further discussion, with only partial information received by them which hindered the progress of the allegation.

2: A complainant alleged that an officer was working from a public space and was in an inappropriate relationship with a client. This was investigated by the Service Manager with HR support, where a detailed fact-finding investigation took place and findings progressed.

Misuse of Council knowledge

An employee complained that staff parked in controlled areas but had an arrangement with parking attendants to ensure they were not ticketed. The issue was brought to the attention of the Service Director who confirmed that staff worked on patrolling different areas so any alleged arrangements of this nature would be very difficult to work successfully.

Substance misuse

A staff member in a person-centred role was accused of being unfit to work in such a role due to substance misuse. The person who brought this to our attention did not work for the Council.

The matter was brought to the attention of the employee's line managers and HR. The employee was temporarily removed from frontline duties, and a support plan agreed to enable them to address issues in their personal life enabling them to resume their usual duties.

Concern about unsafe practices

1. A worker in a partner agency complained that a staff member had advised them to undertake unsafe work practice. The investigation found that the situation was an unusual one and the work practice was appropriate. There had also been a complaint made by the staff member about the attitude of the worker in the partner agency.

2. A worker in a partner organisation where Council residents are supported, voiced concerns about safety and working practices. The allegations were considered by a service manager who discussed the matter with both the partner agency management and the WB. There were some learning points to be taken from this by the partner agency, although some of the concerns were found to be unfounded. The WB was satisfied that the issues raised had been properly addressed

3: A member of the public alleged generally without evidence that officers were paedophiles and/or selling drugs. It was decided that this matter would be best dealt

with by the police as the matters raised were criminal in nature. The complainant was advised of this.

Bullying and harassment

1. A staff member left the Council after some conflict with a small number of work colleagues. They were concerned their complaint had not been progressed appropriately.

The investigation determined that support had been provided to the staff member through employee health care and personal coaching from a manager.

Unfortunately, the Senior Manager had moved on, before the specific complaint had been concluded and the staff member had not been updated on progress relating to the behaviour they had witnessed. The conclusion confirmed the responsibility for issue should have been passed on to another manager before the senior manager had left.

2. A family member of a former Kirklees employee complained about the way the former employee had been spoken to by their manager whilst absent from work, and there were issues around incorrect payment. The matter was investigated but information could not be passed to the complainant. There were matters which the family member was not aware of, and the complaint could not be upheld.

Schools and other Partner Agencies

1. A concern was raised about a partner agency fabricating clients to claim funding. The matter was reviewed by internal audit but the council was not a significant user/funder of the entity.

2. Poor treatment of staff and poor leadership in a school. The learning partner was asked to work with the school to produce an improvement plan for it.

3. Allegations of poor management of an independent school, Head of Children's Integrated Commissioning advised that a contract monitoring visit was due, where the issues would be incorporated and considered.

4 Allegations that the headteacher was unfair to some staff and pupils and was not taking action when a staff member was at work intoxicated. The learning partner had been liaising with the school, where the staff member was working to a support plan. The member of staff left the school shortly afterwards.

5 A member of staff at a school was concerned about unqualified support staff having to supervise too many children and the inappropriate use of volunteers without DBS checks. This information was passed to a Learning Partner

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REPORT TITLE: RISK MANAGEMENT ANNUAL REPORT 2024-25

Meeting:	Corporate Governance & Audit Committee
Date:	21 February 2025
Cabinet Member (if applicable)	Cllr Tyler Hawkins
Key Decision Eligible for Call In	No
<p>Purpose of Report</p> <ul style="list-style-type: none"> To provide information on the Council's strategy for Risk Management and its governance arrangements to deliver in line with the approved strategy To outline priority actions for development during 2025-26 For Corporate Governance and Audit Committee to consider the content of the report, and to advise if they have any comment on the work plans moving forward. 	
<p>Recommendations</p> <ul style="list-style-type: none"> It is recommended that the Corporate Governance and Audit Committee receive, note and discuss any areas of interest or concern <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> This is a report provided for assurance 	
<p>Resource Implications: None</p>	
<p>Date signed off by <u>Executive Director</u> & name</p> <p>Is it also signed off by the Service Director for Finance?</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?</p>	<p>Rachel Spencer-Henshall 30 January 2025</p> <p>Kevin Mulvaney 4 February 2025</p> <p>Samantha Lawton 4 February 2025</p>

Electoral wards affected: None directly

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? No personal data is presented within the report.

1. Executive Summary

Reporting & Governance arrangements

Service Directors and Heads of Service are responsible for assessing and monitoring risks and implementing effective and proportionate mitigants to control identified risks, where required.

Risk Registers are used to record and track the above information, the Service and / or Directorate level risk registers are submitted on a quarterly basis for review and challenge by risk officers, and then used to update and inform the Corporate Risk Register, along with significant Emerging Risks and Issues under Management

The Risk Management Group, with representatives from Services and corporate support functions, meets on a quarterly basis to assess risk holistically across the organisation. The group also challenge and approve the Corporate Risk Register and escalate specific items to include on the Emerging Risk and Issues under Management lists.

The Corporate Risk Report was reformatted, to coincide with the beginning of the 2024-25 reporting cycle. The new format:

- Clearly articulates the risk and identifies the risk owner
- Provides a simple, graphical representation of the current, previous and target risk scores
- Ensures a timely quarterly update is provided, summarising key developments in risk exposure, control environment and action delivery
- Identifies controls that are operating to mitigate the risk, with a performance assessment if relevant
- Highlights further actions underway to reduce the impact or likelihood, with target timescales for delivery

The inclusion of Emerging Risks and Issues under Management details items of note or concern that do not feature in the Corporate Risk Register but that those charged with governance need awareness of. Actions in place to monitor and / or address these Emerging Risks are detailed to enable consideration of the extent and appropriateness of the actions proposed.

Reporting on Risk Management forms a central part of the quarterly report meeting (alongside finance and performance) of the Executive Leadership Team, with onward escalation to Executive Board and Cabinet. The risk reports are discussed in other Member forums, either on a formal or informal basis, including the Overview & Scrutiny Management Committee which has informally reviewed the Corporate Risk Register on several occasions during the year. Standing Scrutiny Panels are encouraged to review the risks under management that are relevant to their remit on a regular basis.

Opportunities continue to be used to highlight the benefits of integrating risk management into business-as-usual management processes, rather than it being perceived as a discrete activity. Risk management issues should also help inform decisions about the work programme of Internal Audit.

Risk Profile

As at the end of Q3 2024-25, the Corporate Risk Register lists 24 risks: 9 of these are reporting as red rated risks, 13 amber and 2 are green. Section 9 contains links to the latest quarterly Corporate Risk Reports where further detail can be found.

Reference	Risk Description	Risk Rating
FIN01	Budget monitoring & management	20
FIN02	Medium Term Financial Sustainability	20
FIN03	Capital plan management	15
PS01	Talent management	16
PS02	Industrial and disruptive action	9
SI01	Data Integrity	12
SI02	Relationships with key partners	6
SI03	Cyber Security	16
LGC01	Corporate governance	9
LGC02	Information governance	12
LGC03	Procurement	12
LGC04	Contract management	16
HP01	Emergency planning & business continuity	12
HP02	Health & safety	8
AH01	Adults safeguarding	12
AH02	Adults social care assurance framework	9
AH03	Data Insight for operational delivery of adult services	12
CF01	Children's Safeguarding	6
CF02	Sufficiency of SEND provision	16
CAS01	Community cohesion, wellbeing & resilience	12
DEV01	Corporate Assets	9
DEV02	Homelessness and housing stock availability	16
HN01	Housing safety & quality	16
ECC01	Climate change	12

Progress in 2024-25

A review and update of the Risk Management Framework documentation has been completed. A revised Risk Management Policy was approved as well as introducing a new document, Risk Management Strategy & Guidance, which is an operational guide providing additional information to individuals with a role in managing risk within their Service.

A new Service Risk Register (SRR) template has been introduced and is in the process of being rolled out across the Council. Migration activity will continue throughout 2025-26, with a target for all Services to be migrated by the end of Q2 2025-26. As at the end of Q3 2024-25 the following Services are using the new template:

- Children & Families (Directorate wide)
- Adult Social Care
- Homes & Neighbourhoods
- Public Protection
- People Services
- Legal, Governance & Commissioning

The new template was developed in conjunction with the Data & Insight team and provides enhanced functionality such as generating 'heatmaps' based on the risks recorded. The SRR also requires Risk Owners to identify relevant controls and actions that mitigate the risk.

Following migration of all service risk registers to the new template, quality assurance activity will take place to ensure that the target level of consistency is being achieved in areas such as risk escalation levels and adherence to the scoring matrix.

Collaborative working with Internal Audit is intended to drive continual improvements in service delivery / process controls. The process for both planning internal audits and reviewing Directorate / Service risk registers is designed to include cross-checking.

- Risk documentation is used to inform development of the Internal Audit plan
- Risk registers are reviewed as part of pre-audit preparatory work
- Audit recommendations are reflected in risk registers where appropriate

Close working with the Corporate Customer Complaints team is intended to identify potential sources of risk and understand where controls in place are not working as designed.

Closer working with the Corporate Business Continuity team through:

- Corporate risk attendance at the monthly business continuity meeting to review Business Continuity Resilience reports that are submitted by each Service
- Introduction of the requirement for Amber or Red rated submissions to provide Service Risk Register reference
- Identification of thematic trends that may require capturing at a corporate level and be an indication of Emerging Risks
- Provision of guidance and clarity on items that should be included within business continuity resilience reports and risks to be included on service risk registers. This ensures resilience reports are focussed on issues that are presenting current, or imminent, operational difficulties

Work is underway to develop a Kirklees Council Risk Appetite Statement. A draft document has been shared with ELT, following which interviews with Service Directors are taking place to refine the content.

The approach to Risk Management training continues to adapt and deliver sessions tailored to meet the need of the organisation. Examples of which include:

- An e-learning module 'An introduction to risk management' is currently being developed by the Learning & Development team
- A full day workshop was delivered to Welfare & Exchequer colleagues, covering risk appetite and risk identification and culminating in creation of a new and comprehensive risk register for the Service
- 1 to 1 sessions have taken place with Adult Social Care Heads of Service, ensuring the Directorate risk register reflects the breadth of activity that is delivered
- Presentation to the Transformation Team outlining the Risk Management process and how this interacts with the Corporate Change Framework

Encouragingly there appears to be a greater organisational understanding of risk management, being used to drive improved clarity and accountability across operational processes. This includes recognising that the responsibility for developing, monitoring and operating a control framework may sit across multiple areas.

Priorities for 2025-26

Objective	Action
Develop and gain approval of Kirklees Council Risk Appetite Statement	<ul style="list-style-type: none"> • Agree organisational risk appetite for each risk category • Determine required route through governance • Use risk appetite to inform 2026-27 Corporate Plan
Focussed review of Red rated corporate risks	<ul style="list-style-type: none"> • In conjunction with risk owners undertake “deep dives” into Red rated corporate risks • Review existing controls and actions in place • Develop ‘path to target score’ timeline
Ensure Risk Management Group representatives are informed and empowered to fully contribute to process	<ul style="list-style-type: none"> • Review of Terms of Reference, including attendance, of the Risk Management Group • Escalate where concerns exist / persist
Illustrate risk mitigation within Transformation activity	<ul style="list-style-type: none"> • In conjunction with the Transformation team review project management templates to introduce appropriate references
Drive distinction between ‘Risks’ and ‘Issues’ to ensure clarity on required actions	<ul style="list-style-type: none"> • Consider the appropriate reporting mechanism for ‘Issues under management’, where risks have crystallised and are now being actively managed
Contribute to the development of an organisational wide assurance framework	<ul style="list-style-type: none"> • Consider alternative mechanisms for receiving assurance on “business as usual” risks • Investigate opportunities for development of control standards and undertaking self-assessment
Build Horizon Scanning capability	<ul style="list-style-type: none"> • Work with Corporate Planning, and other relevant teams, to develop organisational approach to completing horizon scanning activity
Respond to organisational training needs	<ul style="list-style-type: none"> • Development of risk management Spotlight session
Complete risk maturity assessment	<ul style="list-style-type: none"> • Consider different strategies for completing an assessment of organisational risk maturity
Review options for improving robustness of risk management processes	<ul style="list-style-type: none"> • Third party risk management system / software • Further development internally utilising tableau or Power BI (specialist data management software) • Continue to engage with, and monitor progress, and share best practice with other Local Authorities

2. Information required to take a decision

No decision required

3. Implications for the Council

3.1 Council Plan

Successful delivery of the Council Plan, within budget and timescales, requires a clear understanding of risk. This includes (but is not limited to):

- Execution (implementation) or delivery risk
- Financial risk if implementation of required cost saving initiatives are delayed / stopped
- Reputational risk associated with certain decisions

Robust management of identified risks, including the implementation of required mitigants / actions is managed through various Council processes (depending on the nature of the actions, e.g. Cabinet, officer decision)

3.2 Financial Implications

Robust risk management contributes to the successful achievement of budget delivery and the medium-term financial plan. Additionally, effective risk management can support resource allocation to prioritise areas of highest risk, so preventing negative financial consequences such as enforcement fines or contract overspends.

3.3 Legal Implications

No direct implications. Legal, Regulatory & Compliance risk is identified as a risk category.

3.4 Climate Change and Air Quality

No direct impact although risks impact on the entire organisation, and affect this category

3.5 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

No direct impact although risks impact on the entire organisation, and affect this category

4. Consultation

NA

5. Engagement

NA

6. Options

6.1 Options considered

For the Corporate Governance and Audit Committee to note and discuss any areas of interest or concern

6.2 Reasons for recommended option

The option and recommendation are relating to an Annual Report only. Therefore, there are no decisions required

7. Next steps and timelines

An updated Annual Report will be presented in Q4 2025-26.

8. Contact officer

Alice Carruthers, Senior Risk Officer
Alice.carruthers@kirklees.gov.uk

Martin Dearnley, Head of Risk
martin.dearnley@kirklees.gov.uk

9. Background Papers and History of Decisions

Previous annual reports presented to the Corporate Governance and Audit Committee have been received, noted and discussed:

[Agenda for Corporate Governance and Audit Committee on Friday 19th January 2024, 10.00 am | Kirklees Council](#)

The Corporate Risk Report is presented to Cabinet on a quarterly basis:

[Agenda for Cabinet on Tuesday 13th August 2024, 1.30 pm | Kirklees Council](#)

[Agenda for Cabinet on Tuesday 10th December 2024, 1.30 pm | Kirklees Council](#)

Scrutiny Committees are encouraged to consider the Corporate Risk Report, either in its entirety, or with focus on specific risks areas relevant to their remit:

[Agenda for Overview and Scrutiny Management Committee on Friday 13th December 2024, 2.00 pm | Kirklees Council](#)

[Agenda for Overview and Scrutiny Management Committee on Friday 20th September 2024, 10.00 am | Kirklees Council](#)

10. Appendices

11. Service Director responsible

Samantha Lawton, Service Director - Legal, Governance & Commissioning



Dates of Council Meetings – Proposal for Additional Council Meeting (Reference to Council)

Meeting:	Corporate Governance and Audit Committee – 21 February 2025
Cabinet Member:	Not applicable (Non executive decision)
Key Decision: Eligible for Call In:	No No
Purpose of Report To consider a proposal for an additional meeting of Council during the current Municipal Year.	
Recommendation – That an additional meeting of Council be scheduled to take place on April 23rd 2025 at 5.30pm. Reasons for Recommendation – To allow for an additional ordinary meeting of Council to take place prior to the end of the Municipal Year.	
Resource Implications: The overall cost of facilitating an extra meeting of Full Council is approximately £1500	
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer Henshall - 10.02.2025
Is it also signed off by the Service Director for Finance?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Samantha Lawton - 05.10.2025

Electoral wards affected: Not applicable

Ward councillors consulted: Not applicable

Public or private: Public

Has GDPR been considered? Not applicable

1. Executive Summary

Council Procedure Rule 2 (1) advises that the dates of ordinary Council Meetings in each Municipal Year will be determined by the Council following recommendations made by the Corporate Governance and Audit Committee. The dates of Council meetings for 2024/25 were approved by Full Council on 7 February 2024, following consideration by this Committee on 19 January 2024.

Council Procedure Rule 2(1) further advises that any changes to the agreed schedule of Council meetings requires the agreement of Full Council following a proposal from the Corporate Governance and Audit Committee.

Following discussion at the last meeting of this Committee, held on 31 January 2025, it is proposed to hold an additional meeting on April 23rd 2025 at 5.30pm. As there are no elections scheduled for May 2025, the proposed date is not in conflict with rules and guidance in respect of the pre-election period which are normally a consideration for meetings proposed in April.

There are two types of ordinary meetings of the Council, one which focuses on Holding the Executive to Account (HEA) and one which focuses on Key Discussions. During the current Municipal Year the minimum requirement of 4 HEA meetings has been met and the designation of the meeting type for any additional meeting will be set by the Chief Executive in consultation with Group Leaders.

A further report setting out the proposed Council meeting dates for the 2025/26 Municipal year will be submitted to the Corporate Governance and Audit Committee in March 2025.

2. Information required to take a decision

Not applicable

3. Implications for the Council

3.1 **Council Plan** – Not applicable

3.2 **Financial implications** – Not applicable

3.3 **Legal implications** – Not applicable

3.4 **Other (eg Risk, Integrated Impact Assessment or Human Resources)**

4. **Consultation** –

5. **Engagement** – Not applicable

6. **Options**

- 6.1 **Options considered – Not applicable**
- 6.2 **Reasons for recommended option** - To allow for an extra meeting of Council to take place in April and thus reduce the gap between ordinary business meetings of Council.
7. **Next steps and timelines** - Following consideration of the proposed additional date, a recommendation from CGA will go to the Council meeting on 5 March 2025 for approval.
8. **Contact officer** – Leigh Webb, Head of Governance
9. **Background Papers and History of Decisions** – Dates of Council Meetings – 2024 to 2025 Municipal Year [summary report template](#)
10. **Appendices** – Not applicable
11. **Service Director responsible** – Samantha Lawton (Service Director – Legal, Governance and Commissioning)

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REPORT TITLE: Update to Corporate Code of Governance

Meeting:	Corporate Governance and Audit Committee
Date:	21st February 2025
Cabinet Member (if applicable)	Cllr Tyler Hawkins
Key Decision Eligible for Call In	No No
Purpose of Report To seek approval for updates to the Code of Corporate Governance to be recommended to Council.	
Recommendations <ul style="list-style-type: none"> That the suggested updates to the Code of Corporate Governance be recommended to Council Reasons for Recommendations <ul style="list-style-type: none"> The suggested updates are intended to clarify the Code of Corporate Governance on compliance and performance measurement 	
Resource Implications: None	
Date signed off by Executive Director & name Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	Rachel Spencer-Henshall Kevin Mulvaney Samantha Lawton

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? Yes

1. Executive Summary

- 1.1 Kirklees has a Code of Corporate Governance, whose purpose is to set out the arrangements by which the Council will ensure effective governance. The code has been drafted with reference to guidelines published by CIPFA and SOLACE.
- 1.2 This code is reviewed periodically and any changes to the Code are recommended to this committee.
- 1.3 Following an internal audit report, some amendments have been proposed and are highlighted in the attached Appendix.

2. Information required to take a decision

- 2.1 The Kirklees Code was last reviewed in 2020, having been more thoroughly updated in 2017 following the publication of fresh guidance from CIPFA and SOLACE in 2016. The purpose of the 2017 revision was to incorporate the new recommendations and best practice suggested by the guidelines.
- 2.2 The CIPFA and SOLACE guidance is still current, so no detailed amendments have been required.
- 2.3 The general purpose of the amendments is to provide some clarification around how Kirklees measures its performance and demonstrates compliance with the code.
- 2.4 This has been addressed by expanding the table that was in the previous version of the code to include this additional information.
- 2.5 A copy of the revised code which outlines the amended table in red is attached at Appendix 1.

3. Implications for the Council

- 3.1 **Working with People**
N/A
- 3.2 **Working with Partners**
N/A
- 3.3 **Place Based Working**
N/A
- 3.4 **Climate Change and Air Quality**

N/A

3.5 Improving outcomes for children

N/A

3.6 Financial Implications for the People Living or Working in Kirklees

N/A

3.7 Other (eg Legal/Financial or Human Resources)

N/A

4. Consultees and their opinions

4.1 The following have been consulted on the contents of this report and have approved them:

4.1.1 The Service Director – Legal, Governance and Commissioning, as Senior Responsible Officer

4.1.2 The Head of Risk

4.1.3 The Head of Governance

5. Next steps and timelines

5.1 To continue with the current annual review of the Code of Corporate Governance.

5.2 To check periodically with CIPFA / SOLACE for notice of any intention for the 2016 guidance to be reviewed.

6. Officer recommendations and reasons

6.1 That members approve the proposed updates to the code.

7. Cabinet portfolio holder's recommendations

N/A

8. Contact officers

David Stickley david.stickley@kirklees.gov.uk
Senior Legal Officer 01484 221000

9. Background Papers and History of Decisions

N/A

10. Service Director responsible

Samantha Lawton
Service Director – Legal, Governance and Commissioning
01484 221000

KIRKLEES COUNCIL

Local Code of Corporate Governance

Good corporate governance is based on openness, inclusiveness, integrity and accountability and is demonstrated through the systems by which a local authority directs and controls its functions and relates to its communities.

It is about the leadership of communities and developing confidence, through the way that councillors and officers establish strategies, objectives and policies measure their achievement and operate the business of the council.

In Kirklees, this is led by the Council's [Corporate Plan](#) with its emphasis on working with People, Partners and Place and the Council's 7 shared outcomes. Kirklees Council recognises the climate emergency and has committed to being aware of and minimising the impact of all of its policies and operations on the climate.

Note – The Code takes account of the principles of the current framework containing in CIPFA/SOLACE '*Delivering Good Governance in Local Government: Framework (2016 Edition)*'

This involves:

- Focusing on the purpose of the Authority and on outcomes for the community and creating and implementing a vision for the local area;
- Taking informed, transparent and accountable decisions which are subject to effective scrutiny, monitoring of achievement of performance and the management of risk;
- Engaging with local people and other stakeholders to ensure robust public accountability;
- Councillors and officers working together effectively to achieve outcomes;
- Achieving a common purpose with clearly defined functions and roles;

- Developing the capacity and capabilities to provide effective leadership;
- Promoting the values of the Authority and demonstrating good governance;
- Upholding high standards of conduct and behaviour, ethical standards and legal compliance.

Delivering these objectives involves both **community focus** and **service provision**, in the context of establishing **standards of conduct** for those involved, business **structures and processes** and **internal control and risk management**. These standards are dealt with in more detail in the sections below.

This Code is underpinned by the seven key principles set out in the current revised framework '*Delivering Good Governance in Local Government: Guidance notes for English Authorities (2016 Edition)*', published by CIPFA and SOLACE.

The table below summarises how the various principles for good governance in the public sector relate to each other and how we at Kirklees can show that they are achieved. Principles A and B permeate implementation of principles C to G as they provide the overarching requirements for acting in the public interest. Principles C to G focus on the implementation of governance and achievement of outcomes. The table also illustrates that good governance is dynamic and that an entity as a whole should be committed to improving governance on a continuing basis through a process of evaluation and review.

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

Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> • Behaving with Integrity • Demonstrating Strong Commitment to Ethical Values • Respecting the rule of law 	<ul style="list-style-type: none"> • Publish an Annual Governance Statement which reviews the effectiveness of the Council's governance framework. • Comply with legislation and all relevant professional standards. • Maintain formal codes of conduct defining standards of behaviour expected of both Members and Officers. • Maintain a Gifts and Hospitality register. • Maintain a policy framework to address the risks of fraud and corruption including a Counter Fraud, Bribery & Corruption Policy, & Whistleblowing policy. • Maintain effective systems to protect the rights of staff, including whistleblowing policies that are accessible and regularly communicated. • Maintain effective systems to protect the rights of staff, including whistleblowing policies that are accessible and regularly communicated. 	<ul style="list-style-type: none"> • Annual Governance Statement • Code of Conduct for members • Officer Code of Conduct • Webcasting of Council Meetings • Council Meeting Minutes • Counter Fraud, Bribery and Corruption Policy • Whistleblowing Policy • Audit Charter • Internal Audit Reports • Register of Interests • Register of Gifts and Hospitality • Complaints process • Contract Procedure Rules • Financial Procedure Rules • Statement of Accounts • External Inspection of the Statement of Accounts • Standards Committee • All Committee Reports include detailed analysis of all implications and the required Equalities Impact Assessment • Schemes of Delegation to Officers • Appointment and Dismissal of Staff • Procurement Strategy

	<ul style="list-style-type: none">• Maintain a register of interests and require member declarations to be recorded.• Maintain arrangements to investigate complaints against Members and Officers including alleged misconduct.• Maintain an effective Standards Committee.• Deliver the People Strategy which sets the expectations of the values, skills and behaviours we expect from staff working for Kirklees Council.• Complete Integrated Impact Assessments to help Kirklees Council meet the statutory equality and communities requirements and to embed economic, social and environmental sustainability into everything the council does.• Publish a Modern Slavery Act Transparency Statement.• Have an agreed Procurement Strategy that ensures suppliers procure and commission services, works and supplies and to develop effective solutions that deliver quality, value-for-money goods and services and broader economic	
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	<p>social and environmental outcomes.</p> <ul style="list-style-type: none">• Recruit and select employees in line with the Council's policies and procedures.• Ensure that partnerships are established with common aims and with clear outputs and outcomes.	
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Principle B – Ensuring openness and comprehensive stakeholder engagement

Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> • Openness • Engaging comprehensively with Institutional Stakeholders 	<ul style="list-style-type: none"> • Seek the views of its stakeholders and respond appropriately. • Provide a variety of opportunities for the public to engage effectively with the Council as set out in article 3 of the constitution including rights to information, participation and how to complain or comment. • Ensure key Council meetings are accessible. • Publish Agendas, minutes, report packs and a calendar for a full year for Council meetings and a formal notice of each meeting will be displayed at Council offices. • Ensure compliance with requirements under the transparency code – published 	<ul style="list-style-type: none"> • Clik survey • Public attendance at Council meetings • Webcasting of Council meetings • Constitution • The Council’s website • Open Data Platform • Communications Strategy • Medium Term Financial Strategy (MTFS) • Statement of Accounts • External Inspection of the Statement of Accounts • Involve tool and the Kirklees Consultation website

	<p>on the Councils website and Open Data platform.</p> <ul style="list-style-type: none">• Set a balanced budget.• Publish an Annual Statement of Accounts and Annual Auditors report to inform stakeholders and service users of the previous years achievements and outcomes.• Encourage and assist citizens to inspect the Statement of Accounts in accordance with regulations.• Ensure public consultation on the annual budget.	
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Principle C – Defining outcomes in terms of sustainable economic, social, and environmental benefits		
Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> Defining Outcomes Sustainable economic, social and environmental benefits 	<ul style="list-style-type: none"> Make a clear statement of the Council’s purpose and vision and use it as a basis for all corporate & Service planning. Publish on the Council’s website all annual reports to communicate the Council’s activities and achievements including its financial position and performance. Prioritise resources to deal with competing demands and consider the impact of decisions in the medium-term financial strategy. Identify and manage risks to the achievement of outcomes. Have a clear, published Procurement Strategy. 	<ul style="list-style-type: none"> Council Plan Kirklees Council Budget and Spending Statement of Accounts External Inspection of the Statement of Accounts Financial Strategy (MTFS) Corporate Risk Reports Procurement Strategy Environment Strategy Kirklees Economic Strategy

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

Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> • Determining Interventions • Planning Interventions • Optimising Achievement of intended outcomes 	<ul style="list-style-type: none"> • Make a clear statement of the Council’s purpose and aims and use this as a basis for corporate and service planning. • Maintain a forward plan for reports and decisions to be made. • Regularly report on key performance Indicators (KPIs) which have been established for each service element. • Ensure budgets are prepared in accordance with organizational objectives and regularly reported upon. • Provide senior managers and members with timely financial and performance information. 	<ul style="list-style-type: none"> • Council Plan • Corporate Performance Reporting • Publishing key performance data • Financial Strategy • Regular finance and performance reporting • Cabinet Forward Plan

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

Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> • Developing the Council’s capacity • Developing the capability of the entity’s leadership and other individuals 	<ul style="list-style-type: none"> • Set out a clear statement of the respective roles and responsibilities of the Council’s Executive, Full Council, and individual Members through the Constitution. • Maintain an effective workforce plan to enhance the strategic allocation of resources. • Maintain officer and member induction programme. • Assess the skills required by officers through the performance process and address any training gaps to enable roles to be carried out effectively. • Develop member training. • Regularly review the scheme of delegation and Constitution and update when required. • Ensure structures are in place to encourage public participation. 	<ul style="list-style-type: none"> • Constitution • Induction Programme • Member – Officer training • Clik survey • Public Participation arrangements • Sickness Absence policy • Schemes of delegation for members and officers

	<ul style="list-style-type: none"> • Ensure arrangements are in place to maintain the health and wellbeing of the workforce. 	
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Principle F – Managing risks and performance through robust internal control and strong public financial management		
Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> • Managing risk • Managing performance • Robust Internal Control • Managing Data • Strong public financial management 	<ul style="list-style-type: none"> • Maintain an effective Corporate Governance & Audit Committee independent of executive and scrutiny functions. • Maintain an effective Scrutiny function. • Ensure robust and integrated risk management arrangements are in place and responsibilities for managing individual risks are clearly allocated. • Ensure effective performance management supported by regular Corporate Performance reporting that informs improved service delivery. • Ensure publication of Agendas and minutes. 	<ul style="list-style-type: none"> • Corporate Governance and Audit Committee • Regular risk reports • Risk Management Policy and Strategy • Standards Committee • Corporate Performance Reporting • Publication on the Council's website • Terms of Reference • Regular Member Training • Financial Regulations

	<ul style="list-style-type: none"> • Maintain regular training for the Corporate Governance & Audit Committee to enable effective performance. • Maintain financial regulations to ensure consistency and clear financial protocols. • Maintain a transparent complaints and feedback procedure. • Internal Audit annual risk-based programme of internal audits informed by the council's risk register. • Individual audits take account of service/ project risks, and each assurance report provides an opinion on how risks are being managed. • Ensure effective counter fraud and anti- corruption arrangements are in place. • Ensure effective information governance arrangements are in place to support compliance with existing and emerging legislation for data protection and privacy. 	<ul style="list-style-type: none"> • Complaints processes and reporting • Regular Internal Audit reports including <ul style="list-style-type: none"> - Head of Internal Audit report - Follow up reports - Regular reports on Internal Audit work • Counter Fraud, Bribery and Corruption • Annual Governance Statement • Regular Finance and performance reporting • Medium term Financial Strategy • Quarterly budget monitoring • Privacy Notices • Information requests • Health and Safety Policy
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	<ul style="list-style-type: none">• Ensuring financial management supports decision making and provides sufficient information to support the delivery of the Councils objectives.• Ensuring governance arrangements support decision making and provides sufficient information to support the delivery of the Council's objectives.• Maintain Corporate Panels to assure processes re contracts and capital.• Provide a safe working environment including a health & safety framework and system.	
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Principle G – Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Supporting Principles	To achieve this, Kirklees Council will:	This is evidenced by:
<ul style="list-style-type: none"> • Implementing good practice in transparency • Implementing good practices in reporting • Assurance and effective accountability 	<ul style="list-style-type: none"> • Maintain compliance with the local government transparency code and publish all required information in a timely manner. • Maintain effective and accessible arrangements for dealing with complaints. • Maintain an effective scrutiny function which encourages constructive challenge. • Maintain an effective Corporate Governance and Audit Committee independent of the Executive & Scrutiny Committees. • Publish all Committee reports on the Council’s website unless there is a legitimate need to preserve confidentiality based on the statutory test. • Maintain and regularly communicate whistleblowing policies. • Ensuring performance information is prepared on a consistent and timely basis. 	<ul style="list-style-type: none"> • Open Data Platform. • Regular Information Governance and complaints reports including performance and benchmarking. • Complaints Annual Update Report. • Scrutiny Committees. • Corporate Governance and Audit Committee. • Council’s website • Whistleblowing Policy. • Corporate Performance Reporting. • Annual Governance Statement. • Audit Charter. • Regular internal audit reports. • Opportunity for Corporate Governance and Audit Committee

	<ul style="list-style-type: none"> • Maintaining the Statutory Officers Group. • Maintain an effective Internal Audit function which conforms to the Public Sector Internal Audit Standards (PSIAS). • Welcome Peer Reviews and inspection from regulatory bodies and implement any recommendations. • Produce regular finance and budget and monitoring reports for members reporting on performance, value for money and stewardship of resources. • Produce regular reports for managers and members on the Council's performance in responding to data requests, both Freedom of Information Act requests and Subject Access Requests. 	<p>members to meet both internal and external auditors privately.</p> <ul style="list-style-type: none"> • Peer Challenges. • Medium Term Financial Strategy. • Budget monitoring reports. • Regular Information Governance reports.
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Community Focus

In carrying out its duties and responsibilities, Kirklees Council will promote wellbeing by:

- Working for and with the Kirklees community;
- Exercising leadership, where appropriate, developing its approach to working in local areas;
- Working collaboratively through the City Region and the West Yorkshire Combined Authority;
- Maintaining effective arrangements for:
 - o accountability to stakeholders for its performance and the effectiveness in delivering its services and the sustainable use of resources;
 - o demonstrating integrity in its dealings with other public agencies, the private and voluntary sectors to build effective relationships and partnerships;
 - o demonstrating openness in all its dealings;
 - o demonstrating inclusiveness through effective communication and engagement with the local community;
 - o development of a clear vision and corporate strategy in response to corporate needs.

Service Delivery Arrangements

Kirklees Council will monitor the implementation of its agreed policies and decisions and aim to achieve continuous improvement in the procurement and delivery of services by maintaining arrangements which:

- Demonstrate accountability for service delivery;

- Ensure effectiveness through measurement of performance;
- Prioritise the use of resources;
- Demonstrate integrity in its dealings with service users and partnerships to ensure the "right" provision of services locally;
- Work with partners to specify, and monitor delivery of services which are effective;
- Demonstrate openness and inclusiveness through its consultation with key stakeholders, including service users;
- Are flexible and can be kept up to date, and adapted to accommodate change and meet user wishes;
- Investigate any complaints fairly, and openly, and address any shortcomings.

Standards of Conduct

Kirklees Council will:

- Exercise leadership by conducting itself as a role model for others to follow;
- Define standards of personal behaviour to be expected of Councillors and staff and those involved in service delivery;
- Require equal standards from partners, contractors and agents;
- Put in place arrangements that ensure:
 - o effectiveness, through monitoring compliance;
 - o integrity, by ensuring objectivity and impartiality are maintained in all relationships;
 - o accountability, through establishing clear and open processes and systems for investigating breaches and disciplinary problems, and taking action where appropriate (including arrangements for redress);

- o openness and inclusiveness, through the documentation of standards, and their regular review;
- o Avoidance or mitigation of prejudice, bias or conflict of interest.

Structures and Processes

The Council will put into place effective political and managerial structures and processes to govern its decision-making and the exercise of its authority, through:

- Defining roles and responsibilities of Councillors and officers to ensure accountability, clarity and ordering of its business;
- Ensuring there is proper scrutiny and review of all aspects of performance and effectiveness , including formal Scrutiny, and call in powers;
- Demonstrating integrity by securing a proportional balance of power and authority;
- Documenting its structures and procedures and ensuring they are communicated and understood to demonstrate openness and are inclusive;
- Ensuring these structures and processes are kept up to date and adapted to meet change.

Internal Control and Risk Management

Kirklees Council will establish and maintain effective business control systems and an effective strategy, framework and processes for managing risk which:

- Regularly update Financial Procedure Rules and Contract Procedure Rules

- Establish mechanisms to monitor and review effectiveness against agreed standards and targets and the operation of controls in practice through internal control and internal audit;
- Include public statements on its risk management strategy, framework and processes to demonstrate accountability;
- Demonstrate integrity by being based on robust systems for identifying, profiling, controlling and monitoring all significant strategic and operational risks;
- Include mechanisms to ensure the risk management and control process is monitored for compliance and that changes are accommodated;
- Display openness and inclusiveness through the involvement of those associated with the planning and delivering of services, including partners.

Delivery

Kirklees Council will deliver the above outcomes through:

- Annually defining a series of local procedures and practices which together create the framework for good corporate governance;
- Nominating a lead officer for each area of activity who will be responsible for assessing effectiveness in practice.

The Service Director of Legal, Governance and Commissioning, working with the Corporate Governance and Audit Committee, has overall responsibility for Corporate Governance and will assess operational practice and behaviour, and prepare the overall Annual Governance Statement.

The key policies and procedures that will comprise the core of this process are listed below:

- The Council Constitution (including the Members and Officers Code of Conduct, Financial Procedure Rules and Contract Procedure Rules);

- Internal Audit Charter;
- Human Resource policies;
- Anti-Fraud, Anti-Corruption and Anti-Bribery Strategy;
- Whistleblowing Policy;
- Corporate Performance Management System;
- Health and Safety policies;
- Information Governance Framework;
- Procurement Strategy;
- Corporate Plan;
- Officer/Councillor Protocol;
- Partnership policies.
- Constitution, Financial Procedure Rules, Contract Procedure Rules



REPORT TITLE: UPDATE ON REPRESENTATION ON OUTSIDE BODIES

Meeting:	Corporate Governance and Audit Committee
Date:	21st February 2025
Cabinet Member (if applicable)	Not applicable
Key Decision Eligible for Call In	No as it is not an executive matter
Purpose of Report To note the updated representation on Outside Bodies.	
Recommendations <ul style="list-style-type: none"> • That, in order to formalise the latest changes to the Council's Outside Body representation, the detail in the attached spreadsheet (Appendix 1) be noted. • That the Outside Body representation will continue to be monitored and any changes following the Annual General Meeting will be reported to Corporate Governance and Audit Committee in September each year. 	
Reasons for Recommendations <ul style="list-style-type: none"> • To formally note the latest changes to the Council's Outside Body representation. 	
Resource Implications: Not applicable.	
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall – 10.02.2025
Is it also signed off by the Service Director for Finance?	No financial implications – for information only
Is it also signed off by the Service Director for Legal, Governance and Commissioning (Monitoring Officer)?	Samantha Lawton – 05.02.2025

Electoral wards affected: All wards affected

Ward councillors consulted: Not applicable

Public or private: Public

Has GDPR been considered? No GDPR implications

1. Executive Summary

- 1.1 The Service Director, Legal, Governance & Commissioning (Monitoring Officer) has delegated authority, in consultation with Group Business Managers, to receive and process nominations to Outside Bodies. Any changes in the Council's representation on Outside Bodies are reported to this Committee for information.
- 1.2 Since the last update to Committee, changes to the Council's Outside Body representation have occurred and have been incorporated into the Council's database of outside body representation. The changes for the municipal year 2024-2025 have been incorporated in the attached spreadsheet (Appendix 1).
- 1.3 An update report on the changes to the Council's Outside Body representation would normally be made to Corporate Governance and Audit Committee in September each year, however, due to a number of Member changes which affected the nominations on Outside Bodies during the 2024/25 municipal year, the report could not be finalised until recently.

2. Information required to take a decision

Under Section F of Part 3 of the Constitution, Scheme of Delegation to Officers, the Service Director - Legal, Governance and Commissioning (Monitoring Officer) has delegated authority in respect of the determination (in consultation with Group Business Managers) of nominations to outside bodies in circumstances where the Council or, in default, the Corporate Governance & Audit Committee have agreed in principle to nominate representatives and the political ratios.

3. Implications for the Council

Not applicable.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

7. Next steps and timelines

That the Outside Body representation will continue to be monitored and any changes following the Annual General Meeting will be reported to Corporate Governance and Audit Committee in September each year.

8. Contact officer

Helen Kilroy/Sheila Dykes - 01484 221000

Email: helen.kilroy@kirklees.gov.uk and sheila.dykes@kirklees.gov.uk

9. Background Papers and History of Decisions

None

10. Appendices

Appendix 1 – Outside body representation for 2024-25

11. Service Director responsible

Samantha Lawton, Service Director for Legal, Governance and Commissioning (Monitoring Officer).

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NAME OF BODY	No of REPS	CURRENT MEMBER 2024/25
JOINT AUTHORITIES - PRESCRIBED PLACES		
West Yorkshire Combined Authority	1+1	Cllr Carole Pattison (Spokesperson) Cllr Moses Crook (sub)
WYCA Finance, Resources and Corporate Committee	1	Cllr Carole Pattison
WYCA Governance and Audit Committee	1	Cllr Carole Pattison Cllr Moses Crook (sub)
West Yorkshire Business Board (LEP - Leeds City Region Enterprise Partnership)	1+1 sub	Cllr Carole Pattison Cllr Moses Crook (sub)
WYCA Transport Committee	4	Cllr Moses Crook (Transport Portfolio Holder) Cllr Matthew McLoughlin (Transport Engagement Lead and Spokesperson) Cllr Andrew Pinnock (Ordinary Member) Cllr Tony McGrath (Ordinary Member) Cllr Eric Firth (Deputy Chair)
WYCA Overview & Scrutiny Committee	3 + 3 Deps	Cllr Richard Smith Cllr Mark Thompson (Deputy) Cllr Harry McCarthy Cllr Jane Rylah (Deputy) Cllr Andrew Marchington Cllr John Lawson (Deputy)
WYCA Climate, Energy and Environment Committee	1	Cllr Munir Ahmed Sub - to be nominated
WYCA Culture, Heritage and Sports Committee	1	Cllr Beverley Addy Sub - to be nominated
WYCA Economy Committee	1	Cllr Graham Turner Sub - to be nominated
WYCA Place, Regeneration and Housing Committee	1	Cllr Moses Crook Sub - to be nominated
West Yorkshire Fire and Rescue Authority	4	Cllr Darren O'Donovan (Spokesperson) Cllr Aafaq Butt Cllr David Hall Cllr Cahal Burke
West Yorkshire Police and Crime Panel	3	Councillor Gwen Lowe (Spokesperson) Councillor Anthony Smith
NOMINATIONS BY LEADER		
Migration Yorkshire Board	1	Cllr Amanda Pinnock
Parking and Traffic Regulations Outside London Adjudication Joint Committee (PATROL)	1	Cllr Munir Ahmed - Portfolio holder Cllr Moses Crook (Sub)
West Yorkshire Adoption Joint Committee ('WYAJC') ONE ADOPTION	1 + sub	Cllr Angela Sewell (Spokesperson) Cllr Jane Rylah (Sub)
West Yorkshire Joint Services Committee	2+2	Cllr Munir Ahmed (spokesperson) Cllr Mohan Sokhal (Sub) Cllr Tim Bamford Cllr Martyn Bolt (Sub)
Yorkshire and Humber (Local Government) Employers Association	1	Cllr Carole Pattison

NAME OF BODY	No of REPS	CURRENT MEMBER 2024/25
Yorkshire and Humber Strategic Migration Group	1	Cllr Amanda Pinnock
Yorkshire Purchasing Organisation (YPO) Management Committee	1+1sub	Cllr Graham Turner (Cllr Tyler Hawkins - Sub)
Yorkshire Purchasing Organisation (YPO) Procurement Holdings Limited Company Board	1	Cllr Graham Turner (Director)
OTHER PLACES - JOINT AUTHORITIES		
Adult Learning Advisory Board	1	Cllr Amanda Pinnock (Portfolio Holder)
Armed Forces Covenant Board	1	Cllr Masood Ahmed
Community Learning Trust	1	Cllr Amanda Pinnock - Portfolio Holder
Kirklees Active Leisure	2	Cllr Mohan Sokhal (Spokesperson) has vote at member meetings) Cllr Mark Thompson
Kirklees Communities Partnership Board (formerly Community Safety Partnership Executive)	4	Cllr Amanda Pinnock (Portfolio Holder) Cllr Mohan Sokhal Cllr Mark Thompson Cllr Masood Ahmed WYPCP reps: Councillor Gwen Lowe (Spokesperson) Councillor Anthony Smith
Kirklees Schools Services Ltd	1+1 Alt	Cllr Amanda Pinnock (Director) Cllr Carole Pattison (Alternate Director)
Local Government Association - General Assembly	4	Cllr Carole Pattison (4 votes) Cllr Moses Crook (SUB) Cllr Cathy Scott (1 vote) Cllr Habiban Zaman (SUB) Cllr John Lawson (2 votes) Cllr Paola Davies (SUB) Cllr David Hall (2 votes) Cllr John Taylor (SUB)
School Organisation Advisory Group	6	Cllr Amanda Pinnock (Portfolio Holder) Cllr Jo Lawson Cllr Elizabeth Smaje Cllr Viv Kendrick Vacant Cllr Kath Pinnock
Veterans Advisory & Pensions Committee, Yorkshire and the Humber	1 + SD	Cllr Masood Ahmed
West Yorkshire and Harrogate Health and Care Partnership	2	Cllr Beverley Addy Chair of Health and Wellbeing Board Cllr Carole Pattison
West Yorkshire Joint Services - Appointment and Appeals Panel	0	No nomination required 24/25
West Yorkshire Joint Services - Joint Consultative Committee	0	No nomination required 24/25

NAME OF BODY	No of REPS	CURRENT MEMBER 2024/25
OTHER PLACES - OTHER BODIES		
Calderdale and Kirklees Careers Limited	3	Cllr Angela Sewell Cllr Jane Rylah Cllr Zarina Amin
C&K Careers Limited Holding Company	3	Cllr Angela Sewell Cllr Jane Rylah Cllr Zarina Amin
Calderdale and Huddersfield NHS Foundation Trust - Council of Governors (formerly known as Membership Council)	1	Vacant
Creative Media Centres Limited	1	Cllr Susan Lee-Richards
Dewsbury Endowed Schools Foundation Trust Advisory Working Party	8	Cllr Eric Firth Paul Ellis Jackie Ramsay Vacancy Vacancy Bernard Disken M Winterburn Cllr Masood Ahmed
Environment Agency - Yorkshire Regional Flood and Coastal Committee	1+ Dep	Cllr Martyn Bolt Vacancy (Deputy)
Fostering Panel	2	Cllr Angela Sewell Cllr Donna Bellamy
Huddersfield Industrial Advisory Panel	1*	Cllr Tyler Hawkins (Green Place)
Kirklees Community Association	6	Vacant Cllr Munir Ahmed Cllr Tyler Hawkins Peter McBride Donald Firth Robert Iredale
Kirklees Community Fund Grants Panel	2	Cllr Mohan Sokhal Cllr Bill Armer
Kirklees Henry Boot Partnership	1	Cllr Mohan Sokhal (Director) Vacant (ALT DIR)
Kirklees Historic Buildings Trust Ltd	6	Cllr Beverley Addy Cllr Moses Crook Cllr Gwen Lowe Cllr Cathy Scott Cllr David Hall Cllr Andrew Pinnock
Kirklees Stadium Development Ltd	2 Dir + 1 Alt	Cllr Graham Turner (Director) Ken Sims (Director) Cllr Tony McGrath (Alt Director)
Kirklees Theatre Trust (Lawrence Batley Theatre)	3	Cllr Karen Allison (Lib Dem place) Cllr Beverley Addy Cllr Masood Ahmed (Con place)
Locala Community Partnership Members' Council	1	Cllr Viv Kendrick
Musica Kirklees (formerly Kirklees Music School)	2	Cllr Beverley Addy Cllr Andrew Pinnock
National Association of British Market Authorities	3	Cllr Eric Firth Cllr Yusra Hussain (Labour place) Cllr John Taylor
National Coal Mining Museum for England Trust Ltd - Liaison Committee	2	Cllr Tyler Hawkins Cllr Bill Armer
Peak District National Park Authority	1	Cllr Charles Greaves (Lab Place)
QED (KMC) Limited (Special Schools)	1	Cllr Amanda Pinnock (Director)

NAME OF BODY	No of REPS	CURRENT MEMBER 2024/25
Reserve Forces and Cadets Association for Yorkshire and the Humber	1	Cllr Martyn Bolt
South West Yorkshire Partnership NHS Foundation Trust - Members' Council	1	Cllr Adam Zaman
Special Interest Group of Metropolitan Authorities (SIGOMA)	1	Cllr Graham Turner
Standing Advisory Council for Religious Education	4	Cllr Hannah McKerchar Cllr Darren O'Donovan Cllr Joshua Sheard Cllr Andrew Marchington
SUEZ (Kirklees) Limited	1	Cllr Munir Ahmed (Director) Cllr John Taylor (alternate Director)
Trans Pennine Trail Members' Steering Group	2	Cllr Eric Firth Cllr Martyn Bolt
West Yorkshire One Adoption - Adoption Panels	2	Cllr Caroline Holt Cllr Darren O'Donovan
West Yorkshire Pension Fund - Joint Advisory Group	3	Cllr Beverley Addy Cllr Harry McCarthy Cllr Eric Firth
West Yorkshire Pension Fund - Investment Panel	2	Cllr Beverley Addy Cllr Eric Firth
OTHER PLACES - CHARITIES		
Batley Cricket, Athletic and Football Club (formerly Batley Bulldogs)	3	Cllr Nosheen Dad Cllr Yusra Hussain Cllr Habiban Zaman Cllr Gwen Lowe
Batley Girls (Rae, Taylor, Hirst and Talbot) Leaving Scholarship Fund	1	Cllr Gwen Lowe
Batley Grammar School Trustees	1	Paul Young
Charles Brook Convalescent Fund	1	Paul White (Lip Dem place)
Dewsbury Guild of Help / Whittuck Charity	2	Cllr Darren O'Donovan Iris Bettney
Fletcher Charity	6	Cllr Darren O'Donovan Iris Bettney Terry Goodall Trevor Senior Cllr Paul Moore Cllr Masood Ahmed
George Beaumont Foundation	1	Cllr Ammar Anwar (Lab place)
Golcar Township Lands Charity	2	Robert Iredale Cllr Andrew Marchington
Holly Bank Trust	1	Helen Mackey-Bowen
Huddersfield Education Trust	2	Cllr Carole Pattison Vacancy
King James School Foundation	1	Cllr Paola Davies
Laneside Landfill Community Trust	1	Cllr Tyler Hawkins
Longwood Grammar School Foundation	1	Susan Starr
Mirfield Educational Charity	3	Chris Oldfield Cllr Martyn Bolt Cllr Vivien Lees-Hamilton
Mitcheson Bequest	2	Steve Hall Cllr Viv Kendrick
R J Whitehead Almshouses	1	Cllr Bill Armer (Lab place)

NAME OF BODY	No of REPS	CURRENT MEMBER 2024/25
Roebuck Memorial Homes and Gardens	2	Mr R Ram Cllr Tyler Hawkins
The Thurstonland School with Ludlum and Horsfall Foundation	1	Cllr Richard Smith
Thornhill Pools Estate Charity	5	Cllr Hanifa Darwin Cllr Nosheen Dad Mr B Pearson Cllr Masood Ahmed Vacancy
Walker and Greenwood Educational Charity	6	Cllr Masood Ahmed Cllr Hanifa Darwin Jackie Ramsay Cllr Nosheen Dad Iris Bettney Marjorie Wheelhouse
Wheelwright Old Boys War Memorial Fund	1	Cllr Masood Ahmed
Whitcliffe Mount School Scholarship Trust	1	Josie Pugsley
William Greenwood Homes	2	Cllr Eric Firth Cllr Cathy Scott
OTHER - OFFICER PLACES		
Dewsbury Learning Trust	1	Nina Barnes
Globe Innovation Centre Ltd (previously Globe Environmental Business Centre Ltd)	1	Chris Duffill
North Huddersfield Trust	1	Vacant
Spensorough Co-operative Trust	1	Martin Wilby
Kirklees Parenting Board	6	Cllr Viv Kendrick Cllr Amanda Pinnock (Sub) Cllr Richard Smith Cllr Caroline Holt (Sub) Cllr John Lawson Cllr Alison Munro (Sub) Cllr Alex Vickers Cllr Karen Allison (Sub) Cllr Tanisha Bramwell Cllr Ali Arshad (Sub) Cllr Habiban Zaman Cllr Cathy Scott (Sub)

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Report title: Cyber Security Assurance

Meeting	Corporate Governance and Audit Committee
Date	21 February 2025
Cabinet Member (if applicable)	Cllr Tyler Hawkins
Key Decision Eligible for Call In	Yes
<p>Purpose of Report</p> <ul style="list-style-type: none"> To provide assurance to Corporate Governance and Audit Committee of the council's existing cyber controls and process in line with UK Government standards. To update the committee on the work being undertaken to adopt the National Cyber Security Centre's Cyber Assessment Framework, which the LGA and MHCLG are recommending for adoption across the public sector. 	
<p>Recommendations</p> <ul style="list-style-type: none"> The Corporate Governance and Audit Committee notes the cyber security technical controls and process already in place which meet UK Government expectations. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> The council carries out rigorous annual testing and external assessment to achieve Public Sector Network accreditation, which will continue. For further assurance, the council has started the process to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) which will be independently assessed during 2025. The council's DSPT submission strictly follows NHS England's (NHSE) guidance for 'Standards Met' but the controls have not been directly audited. 	
<p>Resource Implication:</p> <ul style="list-style-type: none"> Work to comply with the NCSC's Cyber Assessment Framework will be resourced from within existing teams and become a business as usual process within the IT service. The initial work to implement the CAF will be more labour intensive and the MHCLG awarded the council a £15k grant following our first submission to support with any additional cost. 	
Date signed off by <u>Executive Director</u> & name	Rachel Spencer-Henshall
Is it also signed off by the Service Director for Finance?	Kevin Mulvaney
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	Samantha Lawton

Electoral wards affected:	All
Ward councillors consulted:	None
Public or private:	Public
Has GDPR been considered?	Yes. GDPR requires that personal data must be processed securely using appropriate technical and organisational measures, all of which are covered by the Cyber Assessment Framework.

1. Executive Summary

- 1.1 Kirklees Council consumes services from the Department for Work and Pensions (DWP) and NHS, amongst others, over private connections through the Public Sector Network (PSN) and Health and Social Care Network (HSCN)
- 1.2 The council carries out an independent assessment process to connect to the PSN and a self-assessment to connect to the HSCN on an annual basis.
- 1.3 The National Cyber Security Centre (NCSC) developed the Cyber Assessment Framework (CAF) to provide cyber assurance for organisations that provide Critical National Infrastructure (CNI) or deliver Network and Information Services (NIS)
- 1.4 The Local Government Association (LGA), The Ministry of Housing, communities and Local Government (MHCLG) and Department for Health and Social Care (DHSC) has recommended the adoption of the CAF to bring consistency for cyber assessments across the public sector.
- 1.5 Kirklees Council have started to work on the adoption of the CAF to ensure our systems and processes meet the standards set.

2. Information required to take a decision

- 2.1 Kirklees Council and all other local authorities have been consuming central government services, particularly the DWP for benefits data, for 20 years over the Public Sector Network (PSN) The PSN is a 'walled garden' network which keeps data private 'at rest' and 'in transit'. Kirklees Council is also connected to the Health and Social Care Network (HSCN) to connect to NHS resources using a similar 'walled garden' approach.
- 2.2 Connections to both networks are checked through two annual processes. PSN accreditation largely tests cyber security controls to ensure connected organisations are not a risk to the network or the data within it. The Data Security and Protection Toolkit (DSPT) accepts the PSN accreditation for its technical controls and extends further into organisational controls to ensure patient data is secure.
- 2.3 The Council's last PSN accreditation certificate was awarded on 6 June 2024 following an IT Health Check (ITHC) carried out by an independent assessor in October 2023. The IT Security Team created a remediation plan in November 2023 and the plan was completed to a satisfactory level by May 2024.
- 2.4 The Council, as a provider of social care, carries out a self-assessment for the NHS Data Security and Protection (DSP) Toolkit 2023 which allows us to measure our performance against the National Data Guardian's (NDG) 10 data security standards.
- 2.5 The council's last DSPT submission to NHS England was on 28 June 2024 and we achieved 'Standards Met' which means we do meet the required assurance levels set.

- 2.6 The toolkit requires an auditor to provide assurance that the mandatory requirements of the self-assessment and that the detail submitted and evidence available substantiates the requirements set out in the Toolkit. This is reviewed annually by Internal Audit.
- 2.7 The National Cyber Security Centre (NCSC) developed and published the Cyber Assessment Framework in 2018, to provide a cyber assurance framework for organisations that provide Critical National Infrastructure (CNI) or deliver Network and Information Services (NIS)
- 2.8 Cabinet Office published the “Government Cyber Security Strategy: 2022 to 2030” in February 2022 and the Department of Health and Social Care published the “Cyber Security Strategy to 2030” in March 2023.
- 2.9 Both national strategies recommended the adoption of the CAF.
- 2.10 The CAF has four objectives:
- **Managing Security Risk:** This first objective ensures that organisations have the structures, processes, and resources to effectively manage security risks. This involves evaluating the risks to critical services and applying security measures that are appropriate to the threat level.
 - **Protecting Against Cyber Attacks:** The second objective focuses on safeguarding systems and services. It ensures that organisations put the necessary technical and procedural safeguards in place to defend against cyber attacks. This includes things like access control, protective monitoring, and secure configuration.
 - **Detecting Cyber Security Events:** The third objective covers the detection capabilities that allow organisations to identify potential cyber security incidents. This includes ensuring that systems are in place to monitor and detect any attempts at breaching security.
 - **Minimising the Impact of Cyber Security Incidents:** The final objective focuses on resilience and recovery, ensuring that organisations are capable of responding effectively to incidents, maintaining essential services, and recovering quickly after a disruption.
- 2.11 Local Government CAF submissions will be independently assessed and assured by the The Ministry of Housing, Communities and Local Government (MHCLG). There are currently no plans to replace the PSN accreditation process with the CAF so it will be a further assurance process.
- 2.12 The council will need to carry out a DSPT submission to NHSE by June 2025. Whilst the NHS are moving to CAF this year, it is unknown as to when NHSE will instruct councils to follow suit and switch from completing an annual DSPT to accepting a CAF.
- 2.13 The timeline for implementing the CAF is as follows:
- Get CAF Ready (completed October 2024)
We identified and assessed three critical business systems. Those systems were SAP, Revenues and Benefits and Adult Social Care.
 - Organisational Assessment (target April 2025)
Objectives to be assessed: Managing Security Risk and Minimising the impact of cyber security incidents. We are in the process of providing responses to the assessment criteria in the CAF. The evidence produced will be submitted in early February and will be reviewed and assessed by an independent assurer from the MHCLG. An improvement plan will be created following the assessment and submitted to MHCLG.

- Assessment of Critical Systems (planned May – September 2025)
Objectives to be assessed: Protecting against Cyber Attacks and Detecting Cyber Security Events. We will assess the controls and processes in place to protect our three critical systems. Two of the systems are in public cloud environments and one on premise. On completion of this stage, there will be a need to repeat this process for all other systems in the council over a longer period.

- 2.14 The aim is to meet the controls in the CAF over a period that is acceptable to both risk management and assurance requirements and continuous improvement.
- 2.15 Officers will report back to the Information Governance Board on a quarterly basis to update on project progress, issues found and any emerging risks.
- 2.16 Officers will update provide updates on the adoption of the CAF to Executive Leadership Team twice a year, Portfolio Holder twice a year and Overview and Scrutiny Management Committee on an annual basis.

3. Implications for the Council

3.1 Council Plan

The implementation of the CAF has no impact on the delivery of the council plan, but failure to meet the requirements of the CAF could result in damaging impact in the event of a cyber attack. Previous cyber attacks in other local government organisations have resulted in significant impact lasting years with financial impact of up to 20% of the overall revenue budget of the council.

3.2 Financial Implications

The council received a grant of £15k from the MHCLG on completion of the “Get CAF Ready” stage in the national project. The work to complete the CAF will be largely officer time within the IT Service and absorbed within existing workloads.

3.3 Legal Implications

The council must continue to improve its cyber security posture, resilience, responsiveness and recovery from cyber attacks using the CAF and by adopting the national and regional strategies to ‘Defend as One’. Failure to do so will result in incalculable financial loss and significantly impact residents

3.4 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

- **Risk**

Cyber security is a tier one threat to national security and is treated as such within the council. The council consumes services that span multiple government agencies and undertakes the necessary steps to protect data when at rest and in transit.

- **Integrated Impact Assessment (IIA)**

The cyber assurance processes have no impact.

4 Consultation

Not applicable.

5 Engagement

The IT Service regularly engages with organisations across the region with the Yorkshire and Humber WARP (Warning Advice & Reporting Point) and the MHCLG on the implementation of the CAF and the continued PSN accreditation.

The Head of IT is also the regional lead on behalf of the Integrated Care Board for the

development of a West Yorkshire Cyber Strategy that delivers against the Department of Health & Social Care's national strategy.

6 Options

Not applicable.

7 Next steps and timelines

The IT Service will continue the work of adopting the CAF and provide an update to Corporate Governance and Audit Committee in 12 months.

8 Contact officer

Terence Hudson – Head of Technology

9 Background Papers and History of Decisions

Not applicable.

10 Appendices

More can be read online about the Cyber Assessment Framework here:

<https://www.local.gov.uk/our-support/cyber-digital-and-technology/cyber-digital-and-technology-policy-team/cyber-assessment>

11 Service Director responsible

Andy Simcox – Service Director for Strategy and Innovation

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**REPORT TITLE: INTERNAL AUDIT QUARTERLY REPORT 3 2024/25
OCTOBER 2024 to DECEMBER 2024**

Meeting:	Corporate Governance & Audit Committee
Date:	21 February 2025
Cabinet Member (if applicable)	
Key Decision Eligible for Call In	No No – Information report
Purpose of Report To provide a report of Internal Audit activity during the third quarter of 2024/25	
Recommendations <ul style="list-style-type: none"> • That the report be noted • The Committee determine if any action is required as a result of this report Reasons for Recommendations <ul style="list-style-type: none"> • This provides information about activity of internal audit in this period, and the level assurance in the organisation. There may be issues identified which the Committee feels merits further work. 	
Resource Implications: <ul style="list-style-type: none"> • None from this report, other than the potential costs or savings from implementing recommendations 	
Date signed off by <u>Strategic Director</u> & name.	Not applicable
Is it also signed off by the Service Director for Finance?	
Is it also signed off by the Service Director for Legal Governance and Commissioning?	

Electoral wards affected: all

Ward councillors consulted: none

Public or private: public with a private appendix

One appendix to this report is recommended for consideration in private because the information contained in it is exempt information within part 1 of Schedule 12A of the Local Government Act 1972 namely that the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The

public interest in maintaining the exemption outweighs the public interest in disclosing the information and providing greater openness in the Council's decision making.

Has GDPR been considered? yes

1. Executive Summary

The Council has to have an Internal Audit function. Each quarter Internal Audit reports on its activity. The report also provides information about use of Regulation of Investigatory Powers Act investigations. There were none this period. There is an additional report on progress on the implementation of recommendations.

2. Information required to take a decision

2.1 The information required about Internal Audit activity is included in the attached report. There is a further small amount of information contained in a private report.

2.2 The revised Institute of Internal Auditors Global Internal Audit Standards took effect from January 2025; However, UK public bodies do not apply the standards until April 2025 (aligning with their financial year). The Charter documents for 2025/26 which are normally approved for the new financial year, will acknowledge changes to practice required by the new standard.

2.3 An appendix A to this report includes a report on progress with implementing all recommendations made during the year 2023/24 which should have been implemented by 30th September 2024. In summary 91% of fundamental recommendations have been implemented, and the other is in progress. Rather fewer significant recommendations have been implemented fully (59%) with partially implantation of 39% and no action on 2%. A recommendations implementation update will now be a regular feature of quarterly reporting.

3. Implications for the Council

Having an effective internal audit function, as a part of a strong assurance and governance framework is important for the Council. Implementing audit findings should help to improve internal control, assurance and or governance.

3.1 Working with People

No directly applicable.

3.2 Working with Partners

No directly applicable.

3.3 Place Based Working

No directly applicable.

3.4 Climate Change and Air Quality

No directly applicable.

3.5 Improving outcomes for children

No directly applicable.

3.6 Financial Implications

Refers in part to improving strategic and operational financial controls.

3.7 Legal Implications

No directly applicable.

- 3.8 **Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**
Implementation of internal audit recommendations should improve overall control arrangements and promote good governance.
4. **Consultation**
There have been discussions with Executive Leadership Team (ELT)
5. **Engagement**
ELT have seen and are aware of the content of this report
6. **Options**
Not applicable
7. **Next steps and timelines**
Contributes to the Annual Internal Audit report.
8. **Contact officer**
Martin Dearnley Head of Audit & Risk.
9. **Background Papers and History of Decisions**
None.
10. **Appendices**
Appendix A: recommendations implementation update
Private appendix
11. **Service Director responsible**
The Head of Risk & Internal Audit holds responsibility for the planning, operation and reporting by Internal Audit.
The statutory officers with a responsibility for overseeing the internal audit function are
Samantha Lawton Service Director for Legal Governances & Commissioning
Kevin Mulvaney Service Director for Finance



Internal Audit & Counter Fraud Quarterly Report

**Quarter 3 2024/25
October to December**

1 Introduction

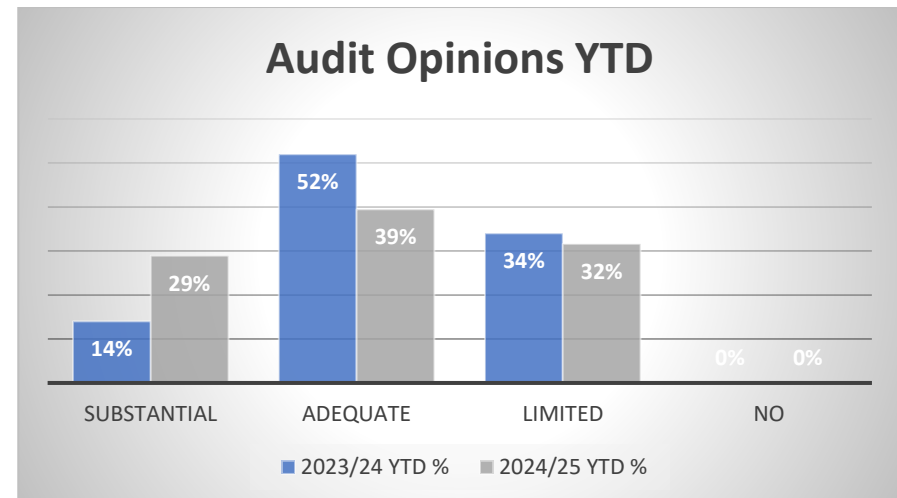
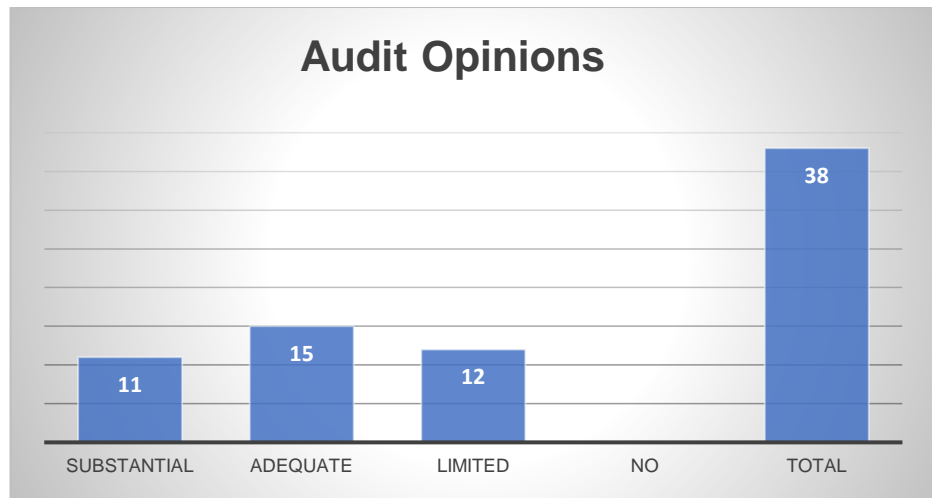
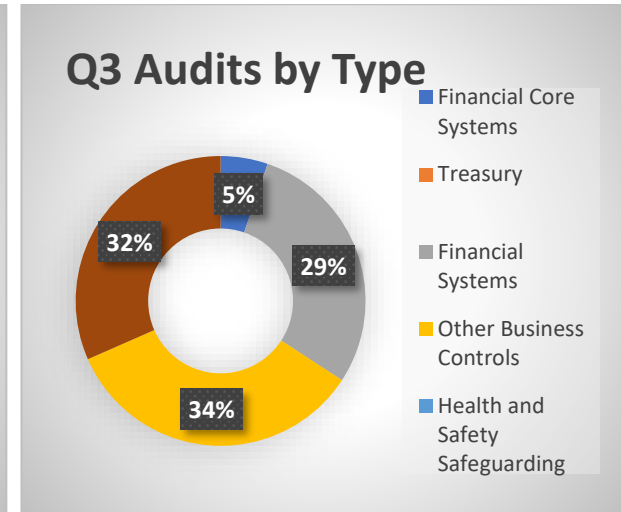
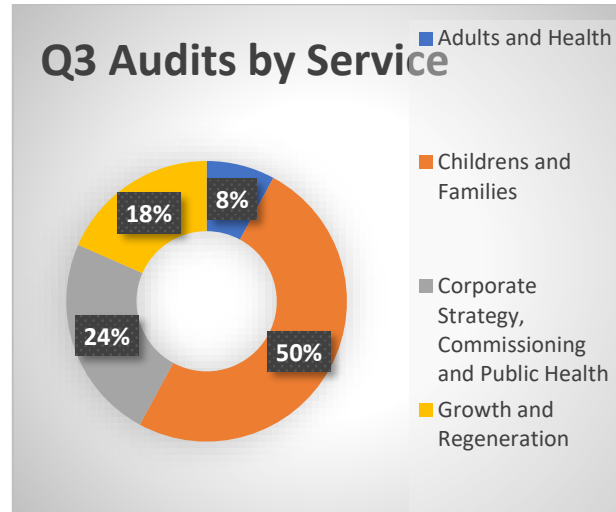
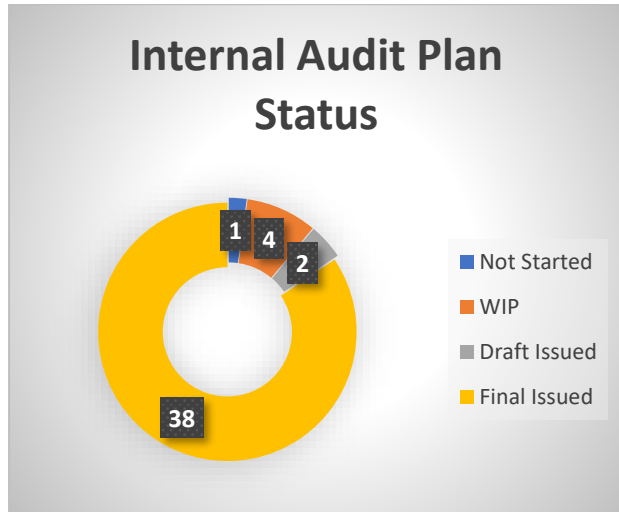
This report sets out the work of Internal Audit completed in the period shown above. All work included has reached a final, except if shown otherwise, management have accepted the findings and agreed to implement the recommendations, or, in the case of employee investigations, any disciplinary action has been through the required stages and any appeal time. A number of audits are awaiting finalisation and will be reported in the next quarter.

Where an assurance opinion was appropriate these reflected the standard framework below

Opinion	Definition - Control Adequacy	Definition - Control Application
Substantial Assurance	A robust framework of all key controls exists that is likely to ensure that objectives will be achieved.	Controls are applied continuously or with only minor lapses.
Adequate Assurance	A sufficient framework of key controls exists that is likely to result in objectives being achieved but the overall control framework could be stronger.	Controls are applied but with some lapses.
Limited Assurance	Risk exists of objectives not being achieved due to the absence of a number of key controls in the system.	Significant breakdown in the application of a number of key and/or other controls.
No Assurance	Significant risk exists of objectives not being achieved due to the absence of key controls in the system.	Serious breakdown in the application of key controls.

All audit work attracts recommendations intended to achieve at least an adequate level of control. All audits resulting in a negative - "limited assurance" or "no assurance" - opinion are followed up as a matter of course, whereas confirmation of progress in implementing agreed recommendations in other reports is sought periodically.

2 Internal Audit Assurance Map and Quarterly Dashboard



3 Planned Audit Work Completed in the Period

Classification of Recommendations

Fundamental	A recommendation, often requiring immediate action that is key to maintaining an appropriate control environment and thereby avoiding exposure to a significant risk to the achievement of the objectives of the system, process or location under review.
Significant	A recommendation requiring action that is necessary to improve the control environment and thereby avoid exposure to a risk to the achievement of the objectives of the system, process or location under review.
Merits Attention	A recommendation where action is advised to enhance control or improve operational efficiency.

3.1 Financial System and Service Audits

	<u>Audit</u>	<u>Opinion</u>	<u>Recommendations</u>		
			Fundamental	Significant	Merits Attention
	<u>Core Financial Systems</u>				
	<u>Finance</u>				
028	Bank Reconciliation	<p><u>Adequate Assurance</u></p> <p>Reconciliation the Councils 6 bank accounts is a fundamental part of the control assurance for the organisation as it links to the integrity and validity of all other financial information. It is very important that the identification and resolution of anomalies and errors between the bank balances and financial ledger (SAP) is maintained in a timely and complete fashion. Although Finance has overall responsibility, HD One staff input into four of the accounts relating to payments, income and direct debits.</p> <p>Whilst the opinion represented an improvement since the last audit, and overall reconciliation was up to date and complete, there was scope for improvement in</p>	0	4	3

		relation to the audit trail of work undertaken, clearing suspense accounts promptly and clarifying roles following staff turnover.			
	<u>Other Financial Systems and Processes</u>				
	<u>Adults and Health</u>				
029	Direct Payments	<p><u>Limited Assurance</u></p> <p>Direct payments (DP) occur when a person who requires a care package (or their representative/carer) opts to receive the payment directly so that they can organise the care arrangements personally as an alternative to receiving services organised by Kirklees. The current annual amount of total payment equates to £30m.</p> <p>The scope of the audit was to review the policies to determine effectiveness and appropriateness, and that controls are in place to ensure compliance with policy. The processes and controls were also reviewed at each stage of the DP from the point of assessment through to monitoring, to determine if there are adequate and effective controls in place for each Service and to ensure that DPs issued are spent in line with policy and care plan.</p> <p>A review was already underway at the time of the audit - the policy was given an adequate assurance opinion in its current form. The majority of the significant classified</p>	0	14	15

		<p>recommendations relate to the compliance with the policy. The audit did identify instances where there were gaps in controls in ensuring that expenditure was in line with the corresponding care plan. However, the key theme across the findings was a need for a 'joined-up' process for all stakeholders to help resolution of any issues identified when monitoring DPs. It was recommended that there would be benefit from an end-to-end review of this process involving all stakeholders, (including the payroll management companies), which captures each of the issues and recommendations raised to ensure a cohesive approach to DP management with the purpose of setting out clear responsibilities and closing the loop between monitoring and any subsequent action.</p> <p>Testing of individual cases predominantly identified recommendations that were classified as merits attention.</p>			
	<u>People Services</u>				
030	Agency Labour	<p><u>Adequate Assurance</u></p> <p>Agency staff are needed for a variety of reasons, including to maintain minimum staffing levels, to cover for absence e.g. sickness/maternity, to deal with temporary peaks in demand/specific projects, and where there are recruitment and retention difficulties. Agency appointments follow the same corporate route and restrictions as direct recruitment.</p> <p>A contract is in place managed by People Services for the provision of additional labour in various skills and</p>	0	4	2

		<p>Service areas across the Council, with a budget this year of £750k.</p> <p>Payments to the supplier were found to be correct and in accordance with the contract for the bookings made.</p> <p>A significant amount of agency labour is also procured outside of the corporate contact, sometimes for legitimate reasons e.g. inability to provide the quantity of education psychologists needed, and sometimes historical ones where original arrangements due to market shortfall in professional skills have been extended as custom and practice, becoming ongoing rather than short term eg building surveyors and highways engineers. Service Directors with support from Corporate Procurement need to satisfy themselves that these arrangements represent value for money.</p>			
031	BACS Bureau Accreditation	<p><u>Adequate Assurance</u></p> <p>The Council operates a “payment bureau” because it manages payment on behalf of third parties- such as WY Fire Service and this requires accreditation to manage payments which includes a triennial internal audit of controls.</p> <p>Business continuity arrangements arising from a dependence and point of vulnerability on one software product continue to be the main issue precluding a Substantial Assurance opinion and one raised previously by the (independent) inspector. Options are currently being discussed at the Technology Board.</p>	0	2	3

032	Election Payments	<p><u>Adequate Assurance</u></p> <p>The scope of the audit was to assess process and testing of payments made to temporary and permanent employees specifically for the purpose of administrating election day duties. This is a low risk to the council.</p> <p>The significant findings relate to improvement in the process due to manual interventions that are currently in place, which is inefficient and increase the risk of error and fraud. However, only minor errors were found through the testing of payroll data mitigating any areas of concern. The Elections Manager has agreed the recommendations</p>	1	3	0
	<u>Finance</u>				
033	Council Tax Support Scheme	<p><u>Adequate Assurance</u></p> <p>The Scheme supports over 32,000 households of pensioners and working age to the extent of over £30m per annum providing assistance to their council tax liability.</p> <p>The controls in place are adequate and effective and are compliant with best practice for transaction activity with the exception of claim review. Here, where claims are reassessed, a large proportion of the reassessments result in a reduction in entitlement. However, despite this evidence, the number of reviews undertaken remains small. It would be cost effective to increase the</p>	0	1	2

		rate of reassessment, and appropriate to consider a future review of aspects of the scheme to ensure it targets limited support most appropriately			
	<u>Highways & Streetscene</u>				
034	Fuel Procurement, Control & Issue	<p><u>Adequate Assurance</u></p> <p>The vehicle fleet mainly uses diesel oil, which is purchased as part of a wider liquid fuel contract from one supplier following a competitive exercise by the YPO and stored in tanks at Vine Street, George Street, Honley and The Reins Depots prior to issue. Pumps are operated by the use of two keys, a vehicle related one and a driver one.</p> <p>Overall, there are appropriate systems and controls in place within the Transport Service to ensure accurate purchasing, storing and issuing of fuel. Although inventory levels are continuously monitored, transactional data samples obtained from the fuel management system indicates there is a large volume of incorrect mileage input from drivers operating the pumps. This issue was also raised by the service manager during the audit. Sample testing provided enough evidence to suggest that fuel is, overall, issued correctly but the audit was unable to determine definitively if there had been any smaller scale misuse.</p>	0	2	2
	<u>Other Business Controls</u>				
	<u>Highways & Streetscene</u>				

035	Structures (collapse)	<p><u>Adequate Assurance</u></p> <p>The Council is responsible for the condition of a range of structures of which bridges and walls are the highest in number and risk. This audit focussed on the former, of which there are over 200. Of a total budget of £1.2m for maintaining Structures, £270k relates to bridge strengthening schemes. The Highways Agency and Network Railway have responsibility for the most significant bridges in the Borough.</p> <p>Bridge collapse is common worldwide with fatal and economic consequences, including those from the Ponte Morandi in Genoa 2018.</p> <p>Generally, an inspection programme is in place to manage this risk with results captured and controlled in the asset management system (AMX). Delays have been experienced in processing outsourced Inspection reports between 2022 and 2024. This should be improved with the restructured contract that has just been awarded for the period 2024/26. The audit highlighted several opportunities for controls and oversight to be introduced (or reintroduced) around the monitoring of inspections and their completion. All defects are logged onto AMX and therefore there is a record of all maintenance and repairs required to keep an asset in its current condition. However, this is not used to inform a works programme or repairs, which is instead based on safety critical outcomes from inspections, notifications of defects, and the assessment programme. Therefore, although the Service is complying with the legal obligation to keep users of the highways safe, the lack of funds and capacity prevent any work on preventative</p>	0	3	7
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		maintenance with a risk of 'managed decline'. This is recognised in the Service risk register as an issue faced across the whole of Highways.			
	<u>Communities</u>				
036	Domestic Abuse	<p><u>Limited Assurance</u></p> <p>The Domestic Abuse Team arrangements were reviewed to ascertain an opinion on the controls and risks associated with:</p> <ul style="list-style-type: none"> • Governance to deliver the 2022-27 Kirklees Domestic Abuse Strategy, which is owned by the Domestic Abuse Strategic Partnership • Service Controls • Contract Review and Management • Budget Monitoring • Annual Returns <p>Although the service is meeting its statutory duties, recent adoption of a new strategy and various competing work pressures led to limited assurance opinions in all areas except budget monitoring and annual returns. Insufficient progress has been made on the arrangement for contract performance measurement of a new large contract. Fundamental recommendations relate to contract management and data processing, with other recommendations largely related to internal service processes and control and contract review and management.</p>	2	14	7

3.2 Recommendation Follow - Up Audit Work Completed in the Period

None this period, but see 3.4

3.3 School Audits

037	Substantial Assurance	1
	Adequate Assurance	0
038	Limited Assurance	1
	No Assurance	0

3.4 Significant and Fundamental Recommendation Themes

<u>Fundamental/Significant Recommendation Theme</u>	<u>No. of audits 23/24 & 24/25</u>
Information management - GDPR	2
Information management – data protection-DPIA	5
Contract Management	6

4 Investigations and other Audit Activity

4.1 Corporate

National Fraud Initiative 2024/25 – Exception Reports

The Council is obliged to participate in the government controlled national fraud initiative, which compares various data sets supplied by local authorities with other data sets sourced from government departments. Exception reports for the majority of datasets became available immediately before Christmas 2024 and work has commenced to review and investigate as appropriate based on areas of highest risk. The outcome of the Initiative will be reported in due course.

4.2 Family Support & Child Protection

Stronger Families Programme

The DfE announced in October 2024 that payments by results process will be stopping at the end of this financial year for the Stronger Families Programme, so Kirklees will no longer need to process data and evidence outcomes in the current way. It was also announced that all local authorities will get their full allocated funding for 2024/25 regardless of how many claims they submit. We therefore reduced the scrutiny that we had been applying over the last 15 months due to the data integrity issue but still audited a sample of cases to fulfil the current requirements of the programme.

4.3 Culture & Visitor Economy

Arts Council Grant – Kirklees Year of Music

Verification of a financial statement including the use of £800k funding from the Arts Council.

4.4 Highways & Streetscene – WYCA Grants

Further verification work relating to schemes and projects funded by WYCA.

5. Counter Fraud Work

5.1 Housing and Blue Badge Fraud

Investigation Type	Cases Brought Forward	New Referrals	Ongoing	Closed Prosecutions	Closed: No Fraud Proven or Warning Issued	Applications Cancelled	Properties Returned and Application Cancelled
Right To Buy	16	5	21				
Tenancy Fraud	12	5	17				
Multi-Agency/Service Cases	1	1	2				
Blue Badge	31	52	40	11	32		

There has been a large increase in Right to Buy applications in general since June 2024. The increase was then very significant after the proposed changes to the legislation was announced. This has presented a knock-on effect to the fraud team who process the associated credit checks.

The fraud we are encountering is becoming more complex, and cases are becoming longer. Often searches suggest fraud is being committed in other aspects of the suspects lives and we are making increasing referrals to the Police and other government agencies.

5.2 Council Tax and Business Rate Fraud

Investigation Type	Cases Brought Forward	New Referrals	Ongoing	Closed Prosecutions	Closed: No Fraud Proven	Closed: Referred to Government Agency
Council Tax	4		4			
Business Rate	5		4			1
COVID Grants	2		2			

5.3 HD-One Payment Fraud

Investigation Type	Q2	YTD	Ongoing	YTD Fraud Attempted	YTD Fraud Successful	YTD Monies Reclaimed
Payment Fraud	2	9	1	7	1	1

The fraud cases for the quarter relate to attempts to obtain and change payroll information. One was internal to Kirklees the other was aimed at schools. Both were intercepted and stopped with no further action required other than disseminating the information to other parties that may be targeted by the same or similar attempts.

5.4 Adult Social Care – West Yorkshire Financial Exploitation and Financial Abuse Team

WYFEAT – Adult Social Care (April – August 2024)

Referrals Received	Investigations	Pre-Investigations	Safeguarding Only	Yet to be designated	Closed	Value (£): YTD
3	3	1		1		0

5.5 Other Investigative Work

Investigation Type	
Money Laundering Cases	3

6. Regulation of Investigatory Powers Act investigations

None this period.

Appendix A

REPORT TO CORPORATE GOVERNANCE & AUDIT COMMITTEE

RISK SERVICES- INTERNAL AUDIT

PROGRESS WITH IMPLEMENTING AUDIT RECOMMENDATIONS

At the conclusion of each audit recommendations are made where necessary to improve the control environment and /or manage the level of risk involved. The classification and number of agreed recommendations determine the audit opinion on control adequacy and effectiveness. Recommendations are classified threefold as follows:

Fundamental –

A recommendation, often requiring immediate action that is key to maintaining an appropriate control environment and thereby avoiding exposure to a significant risk to the achievement of the objectives of the system, process or location under review. Any single fundamental recommendation necessarily leads to a Limited Assurance opinion.

Significant –

A recommendation requiring action that is necessary to improve the control environment and thereby avoid exposure to a risk to the achievement of the objectives of the system, process or location under review. More than 4 significant recommendations lead to a Limited Assurance opinion.

Merits Attention –

A recommendation where action is advised to enhance control or improve operational efficiency.

Service Directors / Heads of Service are asked to agree recommendations contained within an Action Plan and identify an owner to oversee implementation by a specific date.

To date, assurance that this has happened has been obtained from follow up audits arising from any audit resulting in a Limited Assurance opinion; updates on recommendations made in other audits typically have had to wait for the next cyclical audit. A greater focus on the overall position has been driven more recently by the requirements of the revised internal audit professional standards that will apply from April 2025

and further development of the corporate risk management process, whereby implementation of agreed audit recommendations, especially key ones, is a very important part of managing down the residual degree of risk in a system, process or activity.

This report is for Corporate Governance & Audit Committee at their meeting on 20th February 2025.

Report tables that follow overleaf show:

- Progress on implementation of recommendations by Directorate, in a tabular form.
- Narrative information about those areas where fundamental or significant recommendations have not yet been implemented.

Note that recommendations that were agreed for implementation later than 30th September 2024 are not included in this table and outcomes will be updated in the next quarterly report.

Status of all Key Recommendations agreed in the 18 months from 1st April 2023 and due to be completed by 30th September 2024

	Fundamental				Significant			
<u>Directorate</u>	Completion Due	Complete	Partially Complete	No action	Completion Due	Complete	Partially Complete	No action
Adults & Health	1	1	0	0	14	14	0	0
Children & Families	1	1	0	0	12	7	5	0
Public Health & Corporate	2	1	1	0	53	28	25	0
Place	7	7	0	0	57	31	23	3
Total	11	10	1	0	136	80	53	3
% Total		91	9	0		59	39	2

91% of Fundamental recommendations have been implemented in full (based upon small numbers), whereas **59% of Significant** ones have been.

Incomplete Recommendations – Further Detail

Children & Families

The partial completed significant recommendations relate to the following audits:

Regional Adoption Agency – A lot of progress has been made since the audit that was initially given a limited assurance opinion. One significant recommendation is outstanding but has been partially completed. This relates to contract management. Whilst there have been improvements of the KMC director in liaison and management, the collection of data and tracking by Commissioning on agency performing as per the contract does not currently take place.

School Exclusions – There are 4 significant recommendations that are partially completed however there has been a large amount of change in how the team operates. This also was originally given a limited assurance opinion but is now adequate assurance. The recommendations that are outstanding relate to improvements in contract management and data collection, dissemination and analysis as well as a need for a review of the Fair Access Panel. Arrangements for this review have started but had not concluded at the time of the follow up.

Adults

Although the table does suggest complete achievement, there has been some agreed reassessment on time frames, meaning that certain matters that would otherwise be identified as not being achieved are omitted.

Public Health & Corporate / Place

There is no discernible pattern in those significant recommendations that have been only partially completed, as they are spread across several audits in various Services, other than that resource limitations and competing management priorities have prevented full compliance thus far.

In the small number of cases where no action has been taken, these relate to process changes awaiting the implementation of CX in Homes & Neighbourhoods, and resource prioritisation in Environmental Strategy.

Managers will be asked to revise the Action Plans with outstanding recommendations and a revised completion date will be agreed to enable future monitoring and reporting.

Agenda Item 14

Corporate Governance and Audit Committee – Outline Agenda Plan – 2024/25

MEETING DATE	ITEMS FOR CONSIDERATION
28 June 2024	<ol style="list-style-type: none">1. Customer Complaints2. Treasury Outturn Report (Reference to Council)3. Annual Governance Statement (draft)4. Amendment to Risk Management Statement (Reference to Council)
26 July 2024	<ol style="list-style-type: none">1. Annual Corporate Emergency Planning & Business Continuity2. Annual Report of the Committee3. External Auditors Recommendations4. Appointment of a second Independent Person5. Q1 of IA
27 September 2024	<ol style="list-style-type: none">1. Health & Safety Report2. Information Governance Annual Report3. Members Allowances4. Internal Audit update plan Oct 24 – March 255. District Heating request for officer attendance
06 December 2024	<ol style="list-style-type: none">1. Notification of a Second Independent Member2. Bad Debt Write Off Report3. Treasury 6-month Outturn Report4. Q2 of IA
31 January 2025	<ol style="list-style-type: none">1. Dates of Council Meetings (Reference to Council)2. Members Allowances3. Audit Finding Report4. Annual Governance Statement5. Final Accounts6. Treasury Strategy Report7. 2023-24 Auditors Annual Report (Value for Money)
21 February 2025	<ol style="list-style-type: none">1. Annual Customer Standards Report2. Risk Management Update3. Q3 of IA4. Cyber Security Update5. Dates of Council Meetings6. Code of Corporate Governance7. Outside Bodies Update
07 March 2025	<ol style="list-style-type: none">1. Proposed amendments to Financial Procedure Rules (Reference to Council)2. Proposed amendments to Contract Procedure Rules (Reference to Council)3. Proposed changes to the Constitution (Reference to Council)4. District Heating Update

	<ol style="list-style-type: none">5. Housing Tenant Allocation Update6. Proposed Amendment to Councillor and Officer Protocol7. Procurement Review (Motion)
25 April 2025	<ol style="list-style-type: none">1. Informing the Audit Risk Assessment2. 2024-25 Audit Plan3. Annual report of Internal Audit4. Q4 of IA5. Internal Audit Plans 2025-26 (Q1-Q2)

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