

# Public Document Pack



## TO THE CHAIRMAN AND MEMBERS OF THE STANDARDS AND AUDIT COMMITTEE

You are hereby summoned to attend a meeting of the Standards and Audit Committee to be held on Thursday, 19 September 2019 at 7.00 pm in the Council Chamber, Civic Offices, Gloucester Square, Woking, Surrey GU21 6YL.

The agenda for the meeting is set out below.

RAY MORGAN  
Chief Executive

NOTE: Filming Council Meetings

Please note the meeting will be filmed and will be broadcast live and subsequently as an archive on the Council's website ([www.woking.gov.uk](http://www.woking.gov.uk)). The images and sound recording will also be used for training purposes within the Council. Generally the public seating areas are not filmed. However by entering the meeting room and using the public seating area, you are consenting to being filmed.

## AGENDA

### PART I - PRESS AND PUBLIC PRESENT

1. Minutes

To approve the minutes of the meeting of the Standards and Audit Committee held on 18 July 2019 as published.

2. Apologies for Absence

To receive any apologies for absence.

3. Declarations of Interest

To receive declarations of disclosable pecuniary and other interests from Members in respect of any item to be considered at the meeting.

In accordance with the Officer Procedure Rules, the Head of Democratic and Legal Services, Peter Bryant, will declare a disclosable personal interest (non-pecuniary) in any items under which the Thamesway Group of Companies, Brookwood Cemetery or Duke's Court are discussed, arising from his position as a Director of the subsidiary companies. The interest is such that speaking is permissible.

In accordance with the Officer Procedure Rules, the Finance Director, Leigh Clarke, will declare a disclosable personal interest (non-pecuniary) in any items under which Duke's Court is discussed, arising from her position as a Director of Dukes Court Owner T S a r l. The interest is such that speaking is permissible.

4. Urgent Business

To consider any business that the Chairman rules may be dealt with under Section 100B(4) of the Local Government Act 1972.

**Matters for Determination**

5. Update on External Audit STA19-012 (Pages 3 - 6)

Reporting Person – Leigh Clarke

6. Internal Audit Progress Report STA19-013 (Pages 7 - 12)

Reporting Person – James Graham

7. Members' Code of Conduct STA19-014 (Pages 13 - 16)

Reporting Person – Peter Bryant

8. Ombudsmen Complaints STA19-015 (Pages 17 - 26)

Reporting Person – Peter Bryant

AGENDA ENDS

Date Published - 11 September 2019

For further information regarding this agenda and arrangements for the meeting, please contact Doug Davern on 01483 743018 or email [doug.davern@woking.gov.uk](mailto:doug.davern@woking.gov.uk)



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STANDARDS AND AUDIT COMMITTEE – 19 SEPTEMBER 2019

## UPDATE ON EXTERNAL AUDIT

### Executive Summary

At the last meeting of this committee on 18 July 2019 the Council's external auditors, BDO, presented their Audit Completion Report for the year ended 31 March 2019. The report set out the work which was outstanding on the audit, the agreed audit adjustments and included one recommendation in relation to timing of income in the accounts.

The Council approved the updated draft accounts on 25 July 2019, ahead of the 31 July deadline for completion of the audit.

Unfortunately BDO have not yet completed their audit work and so the accounts have not been signed off. This is not just an issue for Woking, it has been reported that approximately 40% of Local Government audits have not been completed on time this year. A number of additional audit queries have been raised, and answered, by the Council during August. No further adjustments or issues have been raised.

BDO have provided an update for the Committee which sets out the position. It is hoped that the audit can be completed as soon as possible and the final Audit Letter will be presented at the next meeting of this Committee.

### Recommendations

The Committee is requested to:

**RESOLVE That** the update be received.

The Committee has the authority to determine the recommendation(s) set out above.
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**Background Papers:** None.

**Reporting Person:** Leigh Clarke, Finance Director  
Email: leigh.clarke@woking.gov.uk, Extn: 3277

**Contact Person:** Leigh Clarke, Finance Director  
Email: leigh.clarke@woking.gov.uk, Extn: 3277

**Date Published:** 11 September 2019

STA19-012



**Woking Borough Council  
External Audit 2018/19 - Update to Standards and Audit Committee  
19 September 2019**

**Missed Deadline**

As at 31 July 2019 we were unable to issue our audit opinion on the Woking Borough Council accounts and the Group accounts. This deadline was missed due to several unprecedented issues that meant time and resources on our team were squeezed to an extent that meant we were unable to deliver to the deadline.

A number of audits missed the deadline this year not only from the BDO portfolio of local authorities but also across other firms and the wider sector.

This was a particularly challenging year for local government auditors, including late adjustment to all local authority pension valuations, increased attention and scrutiny on PPE and Investment Property valuations as well as being the first year of a new PSAA framework contract with first year audits to undertake.

We were presented with a unique challenge to completing our audit of the Woking borough Council as not only was this our first year auditing the Council but there was a change in auditor mid-way through the year after the merger of two audits firms and there has been very significant levels of capital expenditure by the council and in the subsidiary entities.

**Current status of audit**

Our audit fieldwork has been substantially completed. As we reported in our ISA 260 key outstanding matters included: work on PPE and Investment Property valuations, final consolidation adjustments and review of component auditor work, receipt of pension confirmation queries from pension fund auditor and review by Manager and Partner and subsequent clearance of review points.

We have since obtained all necessary confirmations from the component auditors and from the pension fund auditors. We are currently making sure our audit file contains all necessary assurance we need to sign our opinion including reviewing the work undertaken by the auditor of the subsidiary entities. Our work is still in progress in this area.

We have nothing further to bring to members' attention from our previous report to you on 18 July 2019. We will issue a final ISA 260 Completion Report once our audit has been finalised and we are in a position to provide the final audit opinion.

In terms of the requirements under the Accounts and Audit Regulations, the Council has an obligation to post their Statement of Accounts by the 31 July noting that the auditor has not yet issued his opinion. This was duly done by the Council.

**Going forward**

We understand that this is a disappointing outcome for the Council and the hard work put in by the all the officers. The missed audit deadline is in no-way a reflection of the Council. Conversations have started with all key stakeholders in the sector and will continue to ensure the issues and situation that arose this year are not repeated.

We will continue to work with the Council officers to ensure our audit opinion is signed as soon as possible and no further unnecessary delays are encountered.

Yours sincerely,

Leigh Lloyd-Thomas

STANDARDS AND AUDIT COMMITTEE – 19 SEPTEMBER 2019

## INTERNAL AUDIT PROGRESS REPORT

### Executive Summary

Financial Regulation 2.8 requires that the Chief Finance Officer shall report regularly to the Standards and Audit Committee on the work undertaken by Internal Audit. This report is accordingly submitted to the Committee for consideration.

This report covers audit activity and performance from 1 April to 30 August 2019.

### Recommendations

The Committee is requested to:

**RESOLVE That** the report be received and progress against the 2018-19 Internal Audit Plan and implementation of Internal Audit recommendations be noted.

The Committee has the authority to determine the recommendation(s) set out above.

**Background Papers:** None.

**Reporting Person:** James Graham, Head of Internal Audit  
Email: james.graham@woking.gov.uk

**Contact Person:** Leigh Clarke, Finance Director  
Ext. 3277, E Mail: Leigh.Clarke@woking.gov.uk

**Date Published:** 11 September 2019





### 1.0 Introduction

- 1.1 Financial Regulation 2.8 requires that the Chief Finance Officer shall report regularly to the Standards and Audit Committee on the work undertaken by Internal Audit. This report covers audit activity and performance from 1 April to 31 August 2019.
- 1.2 The Standards and Audit Committee approved the 2019/20 Internal Audit Plan on 8 March 2018.
- 1.3 The purpose of this report is to outline the following in respect of Internal Audit Activity during the period:
  - An update on progress in delivering the 2019/20 internal audit plan.
  - A summary of any Limited/Nil Assurance reports and high priority recommendations raised; and
  - An update on follow up activity and any recommendations outstanding for implementation.

### 2.0 Internal Audit Progress

- 2.1 The table below provides a summary of progress in terms of the number of reports at draft or final stage and those in progress, as at 31 August:

Audit Status	Number of reviews	Percentage
Finalised	0	0
Draft	3	16
Fieldwork in progress	2	11
Not yet started	14	73
<b>Total</b>	<b>19</b>	<b>100</b>

- 2.2 16% of the 2019/20 plan has been delivered to at least draft report stage as at 31 August, with a further 11% of the plan in progress. For a further 6 audits (32%) terms of reference have been prepared and start dates agreed.
- 2.3 All audits in the 2019/20 plan are expected to be completed to at least draft stage by the end of March 2020.

### 3.0 Final Audit Reports Issued

- 3.1 We have four categories by which we classify internal audit assurance over the processes we examine: Substantial, Satisfactory, Limited or Nil.
- 3.2 Five final reports were issued in the period with three receiving a Limited Assurance opinion and two receiving a Satisfactory Assurance opinions. None of the reports currently at draft stage have a limited assurance opinion.
- 3.3 The table below shows the final audit reports issued in the period. This includes the work carried forward from 2018/19:

Audit Title	Assurance Opinion	Date Issued	Recommendations by Priority		
			High	Medium	Low
New Vision Homes Contract Management 2018/19	Limited	18/06/2019	1	9	0
Homelessness Reduction Act 2018/19	Limited	07/09/2019	2	3	0
Sheerwater Regeneration Governance 2018/19	Satisfactory	09/07/2019	1	2	0
Business Continuity 2018/19	Limited		2	3	0
Victoria Square Development 2018/19	Satisfactory	27/08/2019	0	4	2

- 3.4 Internal Audit categorise recommendations as High, Medium or Low priority to differentiate between the types of recommendation made. This gives management an indication on the importance and urgency of implementing the recommendations.
- 3.5 Six High priority recommendations were raised in the reports finalised in the period as per the table below. Details of these recommendations can be found in the summary reports for each individual audit provided separately to members.

Audit Title	Recommendation	Target Date
New Vision Homes Contract Management	A new Housing Strategy should be developed and should reflect the work of New Vision Homes. Once completed, the strategy should be used to help shape the services provided by New Visions Homes.	31/12/2019
Homelessness Reduction Act	A checklist of documents required to be retained on SharePoint should be created and uploaded on SharePoint as the officers' point of reference to ensure all required documents are retained. Sample checks should be undertaken by the Senior Housing Options Officer to ensure all relevant documentation has been retained and where issues are identified, further training or guidance should be arranged.	31/12/2019
Homelessness Reduction Act	Following Prevention, Relief or Main Duty being provided, a review of the claimant's PHP should be undertaken at least every 6 weeks (and in many cases more frequently) to ensure that the plan provided is appropriate for their current circumstances. Completion of regular reviews of PHPs should be monitored by the Senior Housing Options Officer.	31/10/2019
Sheerwater Regeneration Governance	A Risk Register for the project should be developed and reviewed regularly by the Governance Bodies. All risks identified, both operational and strategic, should be recorded on the Risk Register and given a rating for the likelihood and impact of the risk occurring. All risks should also be assigned a risk owner for monitoring and implementation purposes. Controls to mitigate the risks as well as any progress against them and due dates for further actions needed should all be documented in the Register. An Issues Log for the project should be developed, kept up to date and reviewed regularly by the Governance Bodies. All issues identified should be recorded in the Log, together with details regarding the person the issue was assigned to, current status, actions taken to resolve the issue, due dates assigned for actions, and the priority / severity of the issue.	31/12/2019

Business Continuity	The Business Continuity Plan should be fully completed to cover all relevant elements of the business continuity process. Once completed, the plan should be presented to the Corporate Management Group for their review and approval. Once approved, the Business Continuity Plan should be made available to all relevant officers. Consideration should be given to placing the plan on the Council's intranet.	31/10/2019
Business Continuity	Action Cards should be produced for all critical functions classified as 'Disaster'. The action cards should be reviewed on an annual basis or whenever there is a change.	30/11/2019

**4.0 Follow Ups**

- 4.1 All recommendations have historically been entered onto an improvement plan in Shikari. Managers updated progress on the system and closed down the recommendations on the system once implemented. The Shikari system has been phased out and a new system to track recommendations is being developed. In the interim period the implementation of recommendation is being tracked manually.
- 4.2 As at 31 August, there are 2 outstanding high priority recommendations (i.e. recommendations are past their agreed implementation dates that have not been confirmed as implemented) as follows.

Audit Title	Recommendation	Implementation Date	Progress Update
Health and Wellbeing 2017/18	Action plans should be developed for the following priority areas: <ul style="list-style-type: none"> <li>• Mental and Emotional Wellbeing;</li> <li>• Independence, Isolation and Resilience; and</li> <li>• Enabling Healthy Choices so that People Can Live Well.</li> </ul> As part of the exercise to develop action plans and review existing action plans (recommendation 4), assurance should be gained that the Woking priority areas map completely to the Surrey priority areas and that all action relating to each area is included in the action plan.	31/10/2018	Woking's Health and Wellbeing priorities now in line with those of the County. New action plan drafted. Lead officers now identified. The next step will be to add Key Performance Indicators (KPIs) to each priority.
IT Disaster Recovery 2017/18	Plans and procedures should be created to document the Council's approach to IT disaster recovery and the recovery arrangements that have recently been put in place including data back up and recovery.	31/12/2018	No update received

- 4.3 In addition to management updates on progress, spot checks are undertaken to confirm that recommendations are being implemented in practice. A procedure is in place to escalate recommendations that have not been implemented as agreed to CMG and finally to this committee where necessary.

**5.0 Implications**

Financial

- 5.1 There are minimal financial implications around the implementation of internal audit recommendations. Some audit recommendations are designed to improve value for money and financial control.

Human Resource/Training and Development

- 5.2 Some audit recommendations need officer resource to put in place.

Community Safety

- 5.3 There is a minimal impact on Community Safety.

Risk Management

- 5.4 Internal Audit identifies weaknesses in the control environment. Implementation of recommendations therefore improves the control environment and hence the management of risk.

Sustainability

- 5.5 There is minimal impact on sustainability issues.

Equalities

- 5.6 There is minimal impact on equalities issues.

Safeguarding

- 5.7 There is minimal impact on safeguarding issues.

REPORT ENDS

## STANDARDS AND AUDIT COMMITTEE - 19 SEPTEMBER 2019

### MEMBERS' CODE OF CONDUCT

#### Executive Summary

This report advises the Committee of complaints, submitted under the Members' Code of Conduct, received by the Monitoring Officer between 1 August 2018 and 31 July 2019.

#### Recommendations

The Committee is requested to:

**RESOLVE That** the report detailing the complaints, submitted under the Members' Code of Conduct, received by the Monitoring Officer between 1 August 2018 and 31 July 2019 be noted.

The Committee has authority to determine the recommendation(s) set out above.

**Background Papers:** None.

**Reporting Person:** Peter Bryant, Head of Democratic and Legal Services / Monitoring Officer  
Ext. 3030, E Mail: Peter.Bryant@woking.gov.uk

**Contact Person:** Peter Bryant, Head of Democratic and Legal Services / Monitoring Officer  
Ext. 3030, E Mail: Peter.Bryant@woking.gov.uk

**Date Published:** 11 September 2019



**1.0 Introduction**

- 1.1 The Arrangements for Dealing with Standards Allegations under the Localism Act 2011, adopted by the Council, provide for the Monitoring Officer to submit an annual report to the Standards and Audit Committee with appropriate details of complaints received.
- 1.2 This report details complaints received by the Monitoring Officer between 1 August 2018 and 31 July 2019.

**2.0 Complaints Received**

- 2.1 The Monitoring Officer received one complaint between 1 August 2018 and 31 July 2019.
- 2.2 On 10 February 2019, a member of the public complained that Councillor 1 had committed misfeasance in public office by making misleading comments at Council meetings. The Monitoring Officer concluded that Councillor 1's comments reflected the position as understood by him/her. The complaint did not merit formal investigation, so no further action was taken in respect of it.

**3.0 Implications**

Financial

- 3.1 None.

Human Resource/Training and Development

- 3.2 None.

Community Safety

- 3.3 None.

Risk Management

- 3.4 None.

Sustainability

- 3.5 None.

Equalities

- 3.6 None.

REPORT ENDS





## STANDARDS AND AUDIT COMMITTEE – 19 SEPTEMBER 2019

### OMBUDSMEN COMPLAINTS

#### Executive Summary

The Committee is responsible for the oversight of payments in cases of maladministration that are neither disputed nor significant (which are dealt with by the Monitoring Officer).

This report provides details of recent complaints to the Local Government & Social Care Ombudsman and the Housing Ombudsman.

#### Recommendations

The Committee is requested to:

**RESOLVE That** the position regarding complaints to the Local Government & Social Care Ombudsman and the Housing Ombudsman be noted.

The Committee has authority to determine the above recommendations.
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**Background Papers:** None that are public.

**Reporting Person:** Peter Bryant, Head of Democratic and Legal Services / Monitoring Officer  
Ext. 3030, E Mail: Peter.Bryant@woking.gov.uk

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**Date Published:** 11 September 2019



### 1.0 Introduction

- 1.1 The Council's Constitution provides for the Standards and Audit Committee to have "oversight of payments in cases of maladministration which are neither disputed nor significant (which are dealt with by the Monitoring Officer)." Full Council retains responsibility for "disputed/significant payments in cases of maladministration".
- 1.2 At its meeting on 7 July 2016, the Committee asked for an annual report on Ombudsmen complaints. The Local Government & Social Care Ombudsman provides Councils with an Annual Review letter in July each year. It is, therefore, sensible for the annual report to be submitted to the September meeting of the Committee.

### 2.0 Ombudsmen

- 2.1 The Council is subject to the oversight of two Ombudsmen, the Housing Ombudsman and the Local Government & Social Care Ombudsman.
- 2.2 The Housing Ombudsman considers complaints arising from the provision of housing by the Council if the complainant is not satisfied with the outcome of New Vision Homes/the Council's consideration of the complaint.
- 2.3 The Local Government & Social Care Ombudsman considers complaints arising from the provision of other, non-housing, services by the Council if the complainant is not satisfied with the outcome of the Council's consideration of the complaint.

### 3.0 Complaints Submitted to the Ombudsmen

- 3.1 A copy of the 2019 Annual Review letter from the Local Government & Social Care Ombudsman is appended to this report. This details (i) the complaints and enquiries received by the Ombudsman and (ii) the decisions made by him for the year ended 31 March 2019.
- 3.2 It can be seen from the Annual Review letter that the Council was the subject of thirteen complaints and enquiries to the Ombudsman, with the Ombudsman deciding thirteen cases during the period concerned (note:- the thirteen decisions do not all relate to the thirteen complaints).
- 3.3 One complaint was the subject of a finding of maladministration, with no injustice, by the Ombudsman. This related to the Council's investigation of a complaint of noise and dust from building work. The Ombudsman found fault with the Council's initial approach to the complaint. In all other respects, the Council investigated the relevant issues properly and was not at fault. The complainant did not suffer significant injustice, so no remedy was required.
- 3.4 The Housing Ombudsman does not issue an Annual Review letter. This report, therefore, details cases considered by the Housing Ombudsman since those referred to in last year's annual report, i.e. the period between 1 September 2018 and 31 August 2019.
- 3.5 The Housing Ombudsman has issued one decision. This related to a complaint of anti-social behaviour. The Housing Ombudsman was satisfied that there was no maladministration in respect of the underlying subject matter of the complaint. However, there had been service failure in the handling of the complaint. The Council was ordered to pay a total of £50 to the complainants in recognition of the distress and inconvenience caused by this.
- 3.6 A complaint relating to the Council's response to a complaint about repairs is being considered by the Housing Ombudsman.

#### 4.0 Conclusions

4.1 Although it would be preferable for there to be no complaints to the Ombudsmen, this is never going to happen due to (i) the varied nature of the services provided by the Council and (ii) the number of recipients of those services. That said, the number of complaints and findings is not disproportionate. There are no matters of concern which the Monitoring Officer needs to bring to the attention of the Committee

#### 5.0 Implications

##### Financial

5.1 None.

##### Human Resource/Training and Development

5.2 None.

##### Community Safety

5.3 None.

##### Risk Management

5.4 None.

##### Sustainability

5.5 None.

##### Equalities

5.6 None.

REPORT ENDS

# Local Government & Social Care OMBUDSMAN

24 July 2019

*By email*

Ray Morgan  
Chief Executive  
Woking Borough Council

Dear Mr Morgan

## **Annual Review letter 2019**

I write to you with our annual summary of statistics on the complaints made to the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2019. The enclosed tables present the number of complaints and enquiries received about your authority, the decisions we made, and your authority's compliance with recommendations during the period. I hope this information will prove helpful in assessing your authority's performance in handling complaints.

### **Complaint statistics**

As ever, I would stress that the number of complaints, taken alone, is not necessarily a reliable indicator of an authority's performance. The volume of complaints should be considered alongside the uphold rate (how often we found fault when we investigated a complaint), and alongside statistics that indicate your authority's willingness to accept fault and put things right when they go wrong. We also provide a figure for the number of cases where your authority provided a satisfactory remedy before the complaint reached us, and new statistics about your authority's compliance with recommendations we have made; both of which offer a more comprehensive and insightful view of your authority's approach to complaint handling.

The new statistics on compliance are the result of a series of changes we have made to how we make and monitor our recommendations to remedy the fault we find. Our recommendations are specific and often include a time-frame for completion, allowing us to follow up with authorities and seek evidence that recommendations have been implemented. These changes mean we can provide these new statistics about your authority's compliance with our recommendations.

I want to emphasise the statistics in this letter reflect the data we hold and may not necessarily align with the data your authority holds. For example, our numbers include

enquiries from people we signpost back to your authority, some of whom may never contact you.

In line with usual practice, we are publishing our annual data for all authorities on our website, alongside our annual review of local government complaints. For the first time, this includes data on authorities' compliance with our recommendations. This collated data further aids the scrutiny of local services and we encourage you to share learning from the report, which highlights key cases we have investigated during the year.

### **New interactive data map**

In recent years we have been taking steps to move away from a simplistic focus on complaint volumes and instead focus on the lessons learned and the wider improvements we can achieve through our recommendations to improve services for the many. Our ambition is outlined in our [corporate strategy 2018-21](#) and commits us to publishing the outcomes of our investigations and the occasions our recommendations result in improvements for local services.

The result of this work is the launch of an interactive map of council performance on our website later this month. [Your Council's Performance](#) shows annual performance data for all councils in England, with links to our published decision statements, public interest reports, annual letters and information about service improvements that have been agreed by each council. It also highlights those instances where your authority offered a suitable remedy to resolve a complaint before the matter came to us, and your authority's compliance with the recommendations we have made to remedy complaints.

The intention of this new tool is to place a focus on your authority's compliance with investigations. It is a useful snapshot of the service improvement recommendations your authority has agreed to. It also highlights the wider outcomes of our investigations to the public, advocacy and advice organisations, and others who have a role in holding local councils to account.

I hope you, and colleagues, find the map a useful addition to the data we publish. We are the first UK public sector ombudsman scheme to provide compliance data in such a way and believe the launch of this innovative work will lead to improved scrutiny of councils as well as providing increased recognition to the improvements councils have agreed to make following our interventions.

### **Complaint handling training**

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. In 2018-19 we delivered 71 courses, training more than 900 people, including our first 'open courses' in Effective Complaint Handling for local authorities. Due to their popularity we are running six more open courses for local authorities in 2019-20, in York, Manchester, Coventry and London. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

Finally, I am conscious of the resource pressures that many authorities are working within, and which are often the context for the problems that we investigate. In response to that situation we have published a significant piece of research this year looking at some of the

common issues we are finding as a result of change and budget constraints. Called, Under Pressure, this report provides a contribution to the debate about how local government can navigate the unprecedented changes affecting the sector. I commend this to you, along with our revised guidance on Good Administrative Practice. I hope that together these are a timely reminder of the value of getting the basics right at a time of great change.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a horizontal line underneath the name.

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

**Local Authority Report:** Woking Borough Council  
**For the Period Ending:** 31/03/2019

For further information on how to interpret our statistics, please visit our [website](#)

### Complaints and enquiries received

Adult Care Services	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environment Services	Highways and Transport	Housing	Planning and Development	Other	Total
0	3	1	0	1	1	2	5	0	13

### Decisions made

Detailed Investigations							
Incomplete or Invalid	Advice Given	Referred back for Local Resolution	Closed After Initial Enquiries	Upheld	Not Upheld	Uphold Rate (%)	Total
0	0	3	5	1	4	20	13

**Note:** The uphold rate shows how often we found evidence of fault. It is expressed as a percentage of the total number of detailed investigations we completed.

### Satisfactory remedy provided by authority

Upheld cases where the authority had provided a satisfactory remedy before the complaint reached the Ombudsman	% of upheld cases
0	0

**Note:** These are the cases in which we decided that, while the authority did get things wrong, it offered a satisfactory way to resolve it before the complaint came to us.



## Compliance with Ombudsman recommendations

Complaints where compliance with the recommended remedy was recorded during the year*	Complaints where the authority complied with our recommendations on-time	Complaints where the authority complied with our recommendations late	Complaints where the authority has not complied with our recommendations
0	0	0	0
	0%		
			<b>Number</b>
			<b>Compliance rate**</b>

**Notes:**

\* This is the number of complaints where we have recorded a response (or failure to respond) to our recommendation for a remedy during the reporting year. This includes complaints that may have been decided in the preceding year but where the data for compliance falls within the current reporting year.

\*\* The compliance rate is based on the number of complaints where the authority has provided evidence of their compliance with our recommendations to remedy a fault. This includes instances where an authority has accepted and implemented our recommendation but provided late evidence of that.

