

Agenda

REGULATORY AND AUDIT COMMITTEE

Date: Wednesday 18 November 2015
Time: 9.00 am
Venue: Mezzanine Room 2, County Hall, Aylesbury

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	09.00	
2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests		
3 MINUTES of the meeting held on the 23 September 2015 to be confirmed as a correct record and signed by the Chairman.		5 - 16
4 BUCKS LEARNING TRUST ACTION PLAN To be presented by David Johnston, Managing Director Children's Social Care and Learning & Zahir Mohammed, Cabinet Member for Education.	09.05	17 - 40
5 CONTRACT MANAGEMENT APPLICATION PERFORMANCE REPORT To be presented by Michelle Granat, Head of Innovation & Commercialisation.	09.20	41 - 64
6 TREASURY MANAGEMENT UPDATE To be presented by Julie Edwards, Pensions and Investments Manager.	09.35	65 - 78
7 CONTRACT STANDING ORDERS- EXEMPTIONS/BREACHES To be presented by Tricia Hook, Senior Procurement Manager and Richard Ambrose, Director of Assurance.	09.50	79 - 86
8 ANNUAL REPORT ON FEEDBACK AND COMPLAINTS PROCEDURE	10.05	87 - 104



INVESTOR IN PEOPLE



To be presented by Kate Reed, Corporate Complaints Manager.

9	HEARING THE CUSTOMER'S VIEW- ANNUAL REPORT- CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE To be presented by Maxine Moore, Statutory Complaints Officer.	10.20	105 - 122
10	ADULTS SOCIAL CARE COMPLAINTS PROCEDURE, MAKING EXPERIENCES COUNT To be presented by Amy Castielli, Statutory Complaints Officer.	10.35	123 - 136
11	ANNUAL ENFORCEMENT OF THE CHILDREN & YOUNG PEOPLE (PROTECTION FROM TOBACCO) ACT UPDATE To be presented by Amanda Poole, Trading Standards Manager.	10.50	137 - 142
12	ANNUAL REPORT OF THE CHIEF SURVEILLANCE COMMISSIONER 2014/15 To be presented by Sarah Ashmead, Monitoring Officer.	11.05	143 - 144
13	ALTERNATIVE DELIVERY VEHICLES- GOVERNANCE ARRANGEMENTS Workshop session to be provided by Ian Dyson, Chief Auditor.	11.20	
14	RISK MANAGEMENT GROUP UPDATE To be presented by Maggie Gibb, Business Assurance Manager.	11.35	145 - 146
15	REVISED TERMS OF REFERENCE OF RMG FOR SIGN OFF To be presented by Maggie Gibb, Business Assurance Manager.	11.50	147 - 150
16	FORWARD PLAN Standing item	11.55	151 - 152
17	DATE AND TIME OF NEXT MEETING The next meeting to be held on 03 February 2016 at 09.00am, Mezzanine Room 3, NCO.	12.00	

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Nichola Beagle on 01296 382662, email: njbeagle@buckscc.gov.uk

Members

Mr T Butcher (VC)
Mr W Chapple OBE
Mrs A Davies
Mr T Egleton

Mr P Hardy
Mr D Martin
Mr R Scott (C)
Mr A Stevens

Minutes

REGULATORY AND AUDIT COMMITTEE

MINUTES OF THE MEETING OF THE REGULATORY AND AUDIT COMMITTEE HELD ON WEDNESDAY 23 SEPTEMBER 2015 IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 9.02 AM AND CONCLUDING AT 11.30 AM.

MEMBERS PRESENT

Mrs A Davies
Mr T Egleton
Mr P Hardy
Mr D Martin
Mr R Scott (Chairman)
Mr A Stevens

OTHERS IN ATTENDANCE

Mr R Ambrose, Director of Assurance, Director of Assurance
Mrs S Ashmead, Director of Strategy and Policy
Ms N Beagle, Committee Assistant
Mr I Dyson, Chief Internal Auditor
Mr A Fyfe, Resilience Manager
Ms M Gibb, Risk and Insurance Manager
Mr P Grady, Engagement Lead, Grant Thornton Auditors
Mr A Isaacs, BU Finance Director
Mr D Johnston, Strategic Director (Children and Young People)
Ms R Martinig, Financial Accountant
Mr Z Mohammed, Cabinet Member for Education
Ms E O'Neill, Projects and Financial Accountancy Lead
Mr A Oyerinde, Pension Manager, Grant Thornton Auditors
Mr M Ward, Manager, Grant Thornton Auditors

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Tim Butcher, Bill Chapple and Thomas Slaughter.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.



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3 MINUTES

The minutes of the meeting held on 24 June 2015 were agreed by the committee to be a correct record and signed by the chairman.

4 STATEMENT OF ACCOUNTS EXTERNAL AUDIT REPORT - BUCKINGHAMSHIRE COUNTY COUNCIL AND PENSIONS FUND

Richard Ambrose, Elspeth O'Neil, Rachel Martinig and Julie Edwards attended the meeting to present Grant Thorntons' draft report on any significant findings from its audit of the Council's Statement of Accounts and Pensions Fund.

Richard Ambrose advised the following:

- On the 10 June 2015 the Regulatory and Audit Committee received the Unaudited Statement of Accounts for the Council and Pensions Fund.
- At that stage the audit of the accounts had not commenced.
- Grant Thornton had now substantially completed the work.
- Slight adjustments had been made as confirmed below.
- It was anticipated that Grant Thornton would provide an unqualified opinion on the financial statements for the Council and Pensions fund.

Value for money conclusion (VFM)

- During the year of audit, in August 2014, a report on the Inspection of Children's services concluded that, overall, children's services in the Council were judged to be inadequate.
- Grant Thornton had recognised the responses made to the issues identified and the actions undertaken as part of a two year strategy to improve children's services.
- Whilst progress appeared on track full completion of the improvement programme was not due until later in 2016.
- With the exception of this issue, Grant Thornton had indicated that they were satisfied that the Council had put in place proper arrangements to secure economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2015.

Richard Ambrose thanked Grant Thornton for their support which had resulted in a continued positive working relationship between Grant Thornton and the Council. It was confirmed that the timetable for audit reporting had been brought forward slightly for the coming year 2015/2016 and all parties were confident that the revised deadlines would be met.

Statement of Accounts - Bucks County Council (BCC)

Elspeth O'Neil presented this report, where the following points were clarified;

- Two adjustments had been made to the accounts as a consequence of the audit as agreed with Grant Thornton;
 - I. The defined benefit pension charged adjusted by £2.007m due to an error in apportioning the element that related to Buckinghamshire Care.
 - II. An adjustment to show the gains from increases in the fair value of Available for Sale Financial Assets as £0.625m of "other comprehensive income" in the CIES.
- There was no overall impact on the General Fund balance.
- A number of other disclosure items were also amended as listed on pages 22 and 23 of the report.
- It was noted that the audit had not yet concluded and further adjustments could be identified.
- The audit had also identified two unadjusted misstatements as outlined below, which were explained to the committee;

- I. (£0.224m) net movement in relation to depreciation charged on revalued assets - estimation techniques.
 - II. £1.178m difference in relation to the long-term receivable for re-provisioning of Adult Social Care.
- It was confirmed that these unadjusted misstatements had no overall impact on the statement of accounts.

Member Questions

- A Member queried whether there were any financial concerns following the children's services Ofsted report?
- Richard Ambrose advised there were risks in relation to meeting the deadlines within the two year programme, although actions for the majority were currently on track and good progress was being made. He stated that significant additional funding had been agreed, as part of the budget process, to implement the required improvements. However, there was a slight forecast overspend in 2015/16, for which mitigating actions to address these were being formulated. It had been understood by BCC from the outset that it would likely take the full 2 year period to fully implement the required improvements and gain a "good" Ofsted rating.

Grant Thornton Audit Report response - Statement of Accounts BCC

Paul Grady attended to provide feedback on the report.

- Paul Grady thanked Richard Ambrose and the wider BCC team for the successful working relationship that had been established.
- It was confirmed that steps had been taken this year to look at the Statement of Accounts earlier, which had proved successful and would set a good trend for bringing the deadline further forward in the coming year.
- Paul Grady advised that the detail surrounding the control issues had been included in the report for information purposes only.
- The internal control issues surrounding last year had been dealt with which was a positive step.
- It was advised that the unadjusted items had also been included for information purposes, although they did not have an impact on the general fund position.
- It was also stated that the BCC accounts were of a good quality and the presentation style made the detail easily accessible to the public which was also positive.
- Paul Grady advised that Grant Thornton had proposed the audit opinion as Unqualified.
- Grant Thornton were impressed with BCC and the work carried out to date in relation to the Ofsted report, however improvement measures were only half way completed, as the plan still had a year to fruition, which therefore had been reflected in their VFM opinion.

Member Questions

Question 1

- A Member queried whether the Amber items highlighted in the report were technical issues only.
- Paul Grady confirmed that they were technical issues, which had been included in the report for information purposes.

Question 2

- A Member questioned whether the issue around receiving financial information from schools had been reconciled?
- Richard Ambrose advised that the issues experienced this year had been disappointing however lessons had been learnt. In future schools would be approached directly and much earlier on in the process to avoid any delay, especially as the deadlines for reporting will be even earlier in the coming year.

The chairman thanked Grant Thornton for their report.

Statement of Accounts- Pension Fund

Julie Edwards presented this report, where the following points were clarified;

- As a consequence of the audit the amounts disclosed in Note 9, p85, Investments for the purchases, sales, realised and unrealised profit amounts were amended
- The chairman thanked the team for the very complex and comprehensive report.

Grant Thornton Audit Report response - Statement of Accounts Pensions Fund

Ade Oyerinde attended to provide feedback on the report.

- BCC were again thanked for the quality of information supplied, both in the accounts and supporting documentation.
- It was advised that the audit had not identified any issues in respect of Level 3 Investment.
- There were no material changes from the draft set of accounts.
- Grant Thornton proposed an unqualified consistency with opinion on the financial statements in the Pension Fund Annual report.

The Chairman thanked Grant Thornton for their detailed report.

RECOMMENDATION

That the Committee considers its response to the matters raised by Grant Thornton in their Audit Findings Report 2014-15 and agrees that the Statement of Accounts for Buckinghamshire County Council and Pension Fund for the financial year ended 31 March 2015 can be signed by the Chairman of the Committee.

That the Committee approves the Letters of Representation on behalf of the Council and Pension Fund and agrees that it can be signed by the Chairman of the Committee.

That the Committee agrees the response to the proposed action plan within the Audit Findings Report for the Council and Pension Fund.

DECISION

The Committee agreed to all the above recommendations.

The Chairman thanked all involved in the accounts for the very comprehensive and detailed reports.

5 INTERNAL AUDIT PROGRESS REPORT AND UPDATE

Ian Dyson presented this report.

- There had been four audits completed since the last report and two that were currently at draft report stage as detailed in the progress report.
- A Summary of the Bucks Learning Trust Governance Audit was also attached in Appendix 2.

Counter-Fraud Update - Investigations

- Ian Dyson advised that unfortunately there had been a small number of irregularities reported within the internal audit in accordance with the Anti-Fraud and Corruption Strategy, which had required investigation or management review.
- One case in particular as outlined in the report had proven to be a substantial issue and would continue to undergo investigation. Once the investigation had concluded Ian

Dyson confirmed further information would be provided to this Committee. Currently the organisation was exercising the Anti-Fraud and Corruption Policy as well as well as involving the Police.

ACTION: Ian Dyson

Member Questions

Question 1

- A Member queried to what extent the issue was substantial, had Council money been involved and if so, had pressure been placed on the Council budget?
- Ian Dyson advised that Council money had been involved however pressure had not been placed on the budget. It was also advised that the matter had been brought to light due to a strong manager within the service maintaining vigilance and reporting unusual activity.

Business Assurance Update

- Ian Dyson advised that the Business Assurance Manager had been working with the One Council Board (OCB) to review and refresh the Strategic Risk Register. The reviewed report and action plans were to be presented at the next Risk Management Group for comment.
- The HQ Risk Register would also be presented at the next Risk Management Group.
- The 3 lines of assurance model was currently being developed. The first draft of this report was to be presented to the Director of Assurance in October and an update would subsequently be brought to this Committee in due course.

ACTION: Ian Dyson

Member Questions

Question 1

- A Member queried whether the resourcing issues within the Internal Audit team had been resolved.
- Ian Dyson confirmed that the team were now at full compliment. The Audit Manager had been appointed on 01 September 2015 and a Senior Risk Officer would be starting on 01 October 2015.
- It was also confirmed that there would be a small amount of capacity to bring in specialist consultants if required.

Buckinghamshire Learning Trust (BLT) Governance Update

Ian Dyson provided an overview to this item.

- The Chief Executive commissioned Internal Audit to undertake an audit of the governance over the agreement with the BLT, following concerns regarding the level of information available in relation to BLT, as well as receiving a complaint from a member of the public regarding BCC and the management of BLT and its overall Governance.
- It was confirmed that the audit covered BCC internal governance arrangements only; it was not an audit of BLT.
- The overall conclusion from the audit was Limited Assurance. The key issues raised in the audit are set out in appendix 2 (page 209).

Member Questions

Question 1

- A Member queried whether BCC had a financial interest in BLT?
- Ian Dyson advised that BCC had provided a grant to the BLT for the provision of agreed services set out in the funding agreement. The Council were able to look into financial records maintained by the BLT in relation to activity for BCC, although this was limited due to the amount of access managers had to these records.

Question 2

- A Member asked whether BLT would be carrying out an Internal Audit and if so who would they be reporting this to?

- Ian Dyson confirmed that due to BLT being a charitable organisation they were under no obligation to do so. They are required to have an external audit of their accounts, the results of which were available to BCC.

Question 3

- A Member questioned whether BCC had appointed Trustees to the BLT Trustee Board and if so, what was their role and responsibility to BCC?
- Ian Dyson advised that when BLT was created the Committee agreed to have 20 trustees, 4 of which would be BCC appointed. However, initially only 1 BCC Member, the Cabinet Member, was appointed from the outset and a second was subsequently brought in.
- A Member questioned the reasoning behind this decision; Ian Dyson advised that it was not a question he could answer.
- Ian Dyson commented that not having a full quota of trustees could have reduced the level of influence BCC had in the decision making within the BLT; however, it should be noted that for any trustee their role should be with regard to the management and operations of the BLT and the interests of the BLT.

Question 4

- A Member questioned whether having a Cabinet Member on the Board of Trustees for BLT was a conflict of interest.
- Ian Dyson confirmed that although no laws had been broken in doing so, it had been recognised that this would not be best practice going forward.
- It was also advised that there had been some concerns regarding the governance structure as well as the skills and knowledge of the Trustees of BLT. It was clear that there had been no personal specification developed to meet the requirements of a Trustee, within BLT or BCC appointments.
- Ian Dyson advised that it was the responsibility of BCC to have due diligence over the organisation. As the first Alternative Delivery Vehicle implemented, learning points had arisen and subsequently resulted in Limited Assurance.
- Going forward it was advised that work was being done regarding the knowledge base of the Trustees, including development of a personal specification.

Member Comments

- The Committee advised that the situation was unsettling due to large sums of money that had been given to BLT.
- It was suggested that the summary provided in the report could have been more detailed.
- Ian Dyson advised that the summary report had followed the usual layout of all such reports within this Committee, presenting an executive summary of the issues and concerns. Operational issues were highlighted where there had been a lack of information being provided from the Trust itself upon request, along with BCC ability to hold effective sanctions to get BLT to improve on this.

The Chairman thanked Ian Dyson for the overview report and introduced the Cabinet Member and Officer for further discussion.

6 BUCKS LEARNING TRUST GOVERNANCE - MANAGEMENT RESPONSE

Zahir Mohammed and David Johnston attended to present this report.

- Zahir Mohammed thanked the Audit Team for the report and the Committee for their comments, which would be taken on board.
- It was advised that BCC were concerned over this issue as a large sum of money had been put into BLT and going forward BCC wanted to ensure BLT was functioning well. Measures had now been put in place to address this.
- BCC had now set up a BLT Commissioning Group, aimed at holding governance and performance to account on a quarterly basis.

- A more formal process would be implemented to recruit the board of Trustees, including adverts and proforma's to outline the role requirements.
- In relation to the BCC nominated Trustees, the Cabinet Member will no longer be eligible.
- A BLT Annual Report would also go to Cabinet.
- Region based Community Manager for BLT would also be looking after the project side of BLT.
- A deadline of 30 September 2015 had been implemented for the majority of improvement measures, which are aiming to be met.
- David Johnston advised that a meeting had taken place with the Manager of BLT also, and in principle agreement had taken place regarding the personal specification for all Trustees.
- Consideration would also be given to governance arrangements, where trustees should be drawn from (e.g., Head Teachers could have a conflict of interest with BLT).
- It had also been suggested that the size of the Board of Trustees be reduced as 20 seemed excessive.

Member Questions

Question 1

- The Chairman queried whether BCC were able to also suggest an independent Chairman be appointed to the Board of Trustees?
- David Johnston agreed that this had also been suggested.

Comment 1

- A Member questioned the advice BCC had given BLT in the beginning as it seemed BLT was not fit for purpose.

Comment 2

- Members advised that they were happy that the new team were looking at the issue robustly to iron out any issues.

Question 2

- A Member queried whether there had already been a turnover of the Trustees? To avoid further lack of governance and duty of care, an entirely new board should be implemented.
- David Johnston advised that discussion had taken place with the Trustees and BLT were in agreement that a completely new set of Trustees should be implemented.

Question 3

- A Member questioned whether BCC intends to oversee implementation of the Action Plan, to monitor progress and timings?
- Zahir Mohammed advised once the Commissioning Group had been set up, an Action Plan would be created with a planned implementation deadline of 30 September 2015. Once formulated the Action Plan would be monitored quarterly and annually by Cabinet.
- In addition the OCB would oversee the next Commissioning Group meeting.

Question 4

- A Member queried where this Committee factored in to the process, would a report be presented to the Committee before sign off?
- Ian Dyson agreed that it was important for this Committee to retain oversight of this, due to the Limited Assurance status.
- It was advised that the Risk Management Group meeting was being planning to take place before the next Regulatory and Audit Committee in November and before the Commissioning Group meets. It was suggested that the Risk Management Group scrutinise the risk register and issues raised around BLT, look at progress made with any actions, and for a report to be brought back to the November meeting.

ACTION: Risk Management Group

- Ian Dyson suggested that Zahir Mohammed and David Johnston then attend this Committee in January to provide an overall update, in actions implemented and deadlines met.

- This approach was agreed by the Committee.

ACTION: Zahir Mohammed & David Johnston

Member Comment 3

- A Member suggested that feedback on this report be conveyed to the member of the public who made the initial complaint in relation to BLT.
- A Member also advised that although the Risk Management Group is a closed forum, a full report needs to come back to this Committee for a more transparent debate.
- Sarah Ashmead advised that more information could be put into the public domain. Once produced the Improvement Plan could be made transparent.
- Ian Dyson advised that timings could be an issue as the meeting of the Commissioning Board and the Committee were too close for papers to be submitted and published within the required timescales. Sarah Ashmead advised that if the Cabinet Member was happy with the report in draft, this could be brought back to the next meeting. The Cabinet Member agreed. A Report outlining actions being taken and the improvement plan with timescales to be presented at the Committee meeting in November.

ACTION: Zahir Mohammed and David Johnston

Member Comment 4

- A Member also advised that the report needed to be clear that BCC are limited with the actions available, relating to CMA only and that BCC are unable to do anything directly with BLT.
- The Committee agreed with this.
- Ian Dyson advised that correspondence had been sent to the complainant to offer a meeting with the Chief Auditor and Monitoring Officer to relay the report findings.

The Chairman thanked Zahir Mohammed and David Johnston for attending the meeting.

7 BUSINESS CONTINUITY MANAGEMENT UPDATE

Andrew Fyfe attended the meeting to present the report.

- Business Continuity Management (BCM) is a statutory requirement, a requirement of Financial Regulations and is best practice business management process for continuing to delivering critical activities in the event of an internal disruption.
- The report aimed to highlight those areas of the Audit report that had not been declared as complete.
- It was confirmed that the Audit report was a snapshot of the status of BCM arrangements across parts of the organisation prior to the end of the financial year. Ongoing monitoring was required.
- The report on page 220 of the agenda pack, highlighted those areas with outstanding issues, was discussed in detail.
- Following discussion it was agreed by the Committee that under the new assurance framework BCM had to be a key step to be continuously monitored.
- The Internal Audit had highlighted Limited Assurance within the organisation in relation to BCM, significant questions remained regarding this.
- Andrew Fyfe advised that an exercise within the organisation will be carried out on the 5 November, which would confirm where BCM plans were in place and those areas which still required attention.
- The Committee agreed that BCM was a priority and that regular updates should be provided.
- Andrew Fyfe also suggested BCM plans should be monitored via DSP objectives for Service Managers.
- Richard Ambrose confirmed that the One Council Board were aware of the BCM plans and those areas still to implement and had explored adding into DSP objectives. It was also advised that areas within the organisation are taking BCM seriously, however some areas due to the nature of the work, were harder to implement e.g. Social Care.

Member Questions

Question 1

- A Member queried whether the unresolved issues were around Contract Management Application (CMA).
- Richard Ambrose agreed that this had been part of the issue and advised that as progress was made with all new Alternative Delivery Vehicles, the CMA and subsequent BCM plans would become even more complicated. BCM is a key element and would continue to be monitored. Ian Dyson advised that a further report regarding CMA would be presented at the next meeting in November, providing an update on improvements to CMA.

Question 2

- A Member queried how resources were being monitored, in relation to suppliers and partners. Was it possible resources were being focussed within non-critical areas?
- Andrew Fyfe advised that within the BCM programme there was a staged process. OCB provided a list of criteria to the Resilience Team in relation to Critical Mission status. Within this list scope was given for all Service Directors to look through, to ensure area's focus on Mission Critical BCM only. During an incident the process could be flexible and resource would be focused where necessary.

Member Comments

- Ian Dyson suggested that the role of the Committee regarding BCM should be to support the improvement. A further report should be brought to a future meeting, with enhanced detail exploring those areas yet to implement BCM, and to provide explanation as to why this remained outstanding. In such cases it would be valuable to hear explanation from the Business Unit Director.
- The Committee supported this suggestion and it was agreed that a further report would be brought to the Committee meeting on 20 January 2015.

ACTION: Andrew Fyfe

- A Member queried whether the Resilience Team researched other Local Authorities, where internal disruption had occurred, to ensure best practice and highlight any areas for improvement within BCC Business Continuity?
- Andrew Fyfe confirmed that this had been explored and he would be attending a conference in the near future regarding New International Standards for BCM and things that could be learnt from other Local Authorities e.g. South Oxfordshire District Council fire earlier this year.

RECOMMENDATIONS

The Regulatory and Audit Committee need to have an oversight role included in the BCM policy as part of the general assurance process and to drive BCM from a Member and Assurance perspective.

Business Continuity Management needs to be reported on to the Regulatory and Audit Committee Quarterly.

Service Directors have the requirement for BCM to be included on their DSP's as a measure for a mandatory Assurance objective. This should cover their own service activities and also any contracted out service for which that Director is responsible. Service Directors would need to add similar measures to their direct reports.

Managing Director of Transport, Economy and Environment to be requested to provide and update regarding the state of BCM arrangements in that Business Unit.

DECISION

A progress report to be presented to the Regulatory and Audit Committee in January 2016 with an expectation that actions have all been completed and business continuity risks are mitigated. Where gaps remain or actions are not complete, relevant Managing Directors to attend the meeting to explain the reasons why.

The annual business continuity report to be presented to the Committee in April 2016. Thereafter the Committee will determine the frequency for any further reports.

8 AFW DEBT MANAGEMENT FEEDBACK

Adrian Isaacs attended the meeting to provide feedback on the report.

- The report was discussed by the Committee.
- The report highlighted those actions that had been completed and those in progress.
- There was greater focus on the area of work to be done, including monthly assurance reports.

Member Questions

Question 1

- A Member commented that a number of deadlines set out in the report had lapsed, had the actions been completed?
- Adrian Isaacs confirmed that the report was completed a month ago and therefore some of the dates may require updating. It was also advised that some deadlines had lapsed due to further questions being raised following the submission of the reports. As Financial Director for the Business Unit Adrian Isaacs wanted to ensure robust processes were implemented and actions were being adhered to.
- Ian Dyson advised that from a Section 151 perspective, this approach from the Financial Director of a Business Unit was very positive in ensuring that Management Actions were being undertaken, and was a good demonstration of challenging within the unit itself.

Suggestion

- Ian Dyson suggested that a further report regarding the AFW Debt Management need not be brought back to this Committee, as any delays or issues with implementation could be highlighted through the Internal Audit Action Tracker, which will be reported to the Committee in January 2016.

DECISION

The Committee agreed with this suggestion.

The Chairman thanked Adrian Isaacs for the report.

9 ANTI-FRAUD AND CORRUPTION POLICY AND MONEY LAUNDERING POLICY

Ian Dyson presented this report.

- The Anti-Fraud and Corruption Strategy had been updated to reflect changes in appointments/responsibilities and job titles following the Future Shape Transformation.
- The Anti-Money Laundering Policy had been updated to reflect changes in appointments/responsibilities and job titles following the Future Shape Transformation.
- No material changes had been made to either document.
- It was commented that although it was disappointing that a number of fraud investigations had come to light, it was encouraging that the internal audit framework had highlighted such concerns and that staff were raising these issues.

- Richard Ambrose also advised that staff were also more aware of the whistleblowing policy which is encouraging.

The Chairman thanked the team for the report.

10 FORWARD PLAN (STANDING ITEM)

Ian Dyson presented this topic.

- It was advised that the planned agenda for the November meeting was considerably full and that a number of items could be moved to the January meeting to make the meeting more manageable.
- Following discussion by the Committee it was agreed the following adjustments would be made;

18 November 2015 Meeting

- BLT Action Plan to be presented to the Committee

20 January 2015 Meeting

- Report on Mandatory Training across the organisation
- Report on Data Protection E-Learning
- Update report on Academies
- Business Continuity Update

It was also agreed that Update reports on SEN and Amey would be picked up as Internal Audits to report in due course

The suggested changes above were agreed by the Committee. The forward plan would therefore be amended.

ACTION: Nichola Beagle

11 DATE AND TIME OF THE NEXT MEETING

18 November 2015 09.00-12.00, Mezzanine Room 2, County Hall, Aylesbury. The chairman advised that due to the planned agenda for this meeting three hours would be required. The time and date of the next meeting was agreed.

Meeting closed at 10.55.

Closed session closed at 11.30am.

12 EXCLUSION OF THE PRESS AND PUBLIC

It was confirmed that the press and public be excluded for the following item which is exempt by virtue of Paragraph 3 of part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding the information).

13 MEMBERS CLOSED SESSION WITH GRANT THORNTON AUDITORS

The Members closed session with Grant Thornton Auditor Marcus Ward went ahead as planned.

14 MEMBERS CLOSED SESSION WITH CHIEF AUDITOR

The Members closed session with Chief Auditor Ian Dyson went ahead as planned.

Signature.....

Date.....

CHAIRMAN

Regulatory and Audit Committee

Title:	Bucks Learning Trust Improvement Plan
Date:	Wednesday 18 November 2015
Author:	Simon Rose
Contact officer:	Simon Rose, Interim Service Director of Education CSC&L

Summary

Following the publication of the BLT Audit Report in September 2015, and subsequent verbal report to the Regulatory and Audit Committee on 23rd September 2015, a BLT Improvement Plan was formulated. Important to note is that as a result of the audit report findings, a significant number of supplementary issues have arisen out of this regarding BCC's contract with the BLT. These issues include those related to governance as well as some operational areas. The improvement plan therefore incorporates both the audit management actions as well as additional actions required in order to secure necessary improvements across the board.

In light of these issues, it was agreed that the Funding Agreement between BCC and the BLT should be reviewed and refreshed in full. This is complex and time consuming work, but is critical in ensuring that expectations of the BLT's work on behalf of BCC and robust governance arrangements are in place going forward. The attached '*BLT Improvement Plan: Management Actions / Project Team*' was presented to One Council Board on 4th November 2015, where it was agreed to move forward with work stream project work and report back to One Council Board again in the New Year; at which point further work will have been carried out towards the drafting of a new Funding Agreement. One Council Board recognised the ambitious time scales involved following publication of the audit report. The anticipated timescales for this work are detailed within the attached plan.

Therefore, due to the need for this additional and substantial work, alongside that identified by the audit, a number of the timescales assigned within the audit management actions for completion have had to be amended (as noted in the Improvement Plan, Part two). This has been unavoidable owing to the significant scale of work required prior to drafting a revised Funding Agreement. There are considerable risks involved with this work that are being

developed through project work, with involvement from Legal, Commercial Services / Procurement, other BCC partners and the BLT. However, this will ensure that future statutory functions and governance are robustly managed by BCC going forward; ensuring that the effective work of the BLT in working with schools continues, whilst securing a more rigid framework of accountability and governance.

The attached Improvement Plan is in two parts. Part one outlines the management / project team work streams in place to address the issues (as at 9th November 2015). Where audit recommendations are referred to within Part one, they appear in *italics*. Actions in RED refer to *Phase (1) Immediate and Critical Actions* that the project team are steering with high priority. Part two is the audit report, RAG rated with additional commentary. Both are working documents and will be updated as project workstreams continue to progress. The project team meets fortnightly to review and drive progress within workstreams.

Status Update

An interim Director of Education CSC&L came into post on 4th September, who took on responsibility for leading on improvements relating to the BCC / BLT relationship; including management actions recommended within the audit report. Since the publication of the audit, work has been ongoing in developing improved relationships between BCC and the BLT, not least so that BCC can be assured that *'the LA knows its schools well'* (*Schools Causing Concern, DFE, January 2015*); which is a statutory requirement.

As such, additional monthly finance meetings between BCC and the BLT are now taking place, as well as additional half termly 'Schools Causing Concern' challenge meetings, chaired by the interim Service Director of Education. These measures were put in place immediately following the publication of the audit report in order to manage some of the identified risks that exist during this interim period whilst we work towards implementation of a new Funding Agreement.

Further, the interim Director of Education has been supporting the Contract Management team in securing outstanding documentation from the BLT as identified within the audit findings (ref completion dates within Improvement Plan). Officers within CSC&L have been developing important draft revisions to the Funding Agreement appendixes 1-5, which involves an extensive review of the LA statutory duties, aligning these with revised Key Performance Indicators (KPIs). In addition, Officers have been supporting the BLT in developing a number of critical documents identified as outstanding within the audit findings. The interim Director of Education has written to the CEO of the BLT with final deadlines for submission of all outstanding documents and assurances have been received (ref completion dates within Improvement Plan). During this interim period of review, any matters requiring escalation from Contract Management, the Director of Finance or Education Champion Officers (BCC officers) will continue to be referred to the interim Director of Education to pursue as an interim risk assurance measure, until the new Funding Agreement and Governance Proposals are in place. Legal advice being sought includes reference to how any issues of non-compliance should be managed through an escalation process. The newly formed Commissioning Group will meet on the 17th November 2015 to consider draft governance proposals, as well as

review BLT performance against current KPIs for the year 2014/15; following the scheduled termly review to be held on 13th November 2015. The Commissioning Group Members include: *MD CSC&L, Lead Member Education & Skills, Director of Assurance, Director of Policy & Strategy, Director of Education*. As an additional interim assurance measure, this group will be advised of any further identified issues requiring escalation, along with a full update on progress with the Improvement Plan workstreams.

In summary, whilst the *Project Team* is in its infancy, significant work has already been developed since the publication of the audit report, which will inform the Project Plan as we continue to move forward. It is critical that this process be robust in order to ensure strong governance and therefore robust assurances going forward for BCC regarding this platinum contract. As such, some timescales will need to have a measure of flexibility so that the Project Team can continue to respond appropriately to developing issues.

The attached Improvement Plan is RAG rated and highlights the current status of workstreams. Please note that a number of the completion dates within this plan, and indeed within the audit management recommendations, will be reached during the period between submitting this report (9th November 2015) and the next Regulatory and Audit Committee meeting on the 18th November 2015; for example the *BCC and BLT Risk Registers, S11 safeguarding tool and Exit & Continuity plans* are due for completion by 13th November 2015. As such, a verbal update can be provided by CSC&L representatives in order for the Committee to be fully briefed regarding status on the 18th November.

Legal implications

Within the Improvement Plan there is a workstream dedicated to the project work requiring Legal involvement. Legal Services have been instructed and form part of the Project Team. A number of legal queries are categorised within the plan in RED (Immediate & Critical).

Background Papers

BLT Improvement Plan: Management Actions / Project Team is detailed below for reference:

Management Actions Relating to: Reviewing Funding Agreement between BCC and BLT

In light of BLT Audit findings, it was agreed to review the Funding Agreement in order to ensure contractual arrangements and governance of BLT activities are more robust. This is a significant piece of work in addition to addressing the management actions identified from the audit in September 2015. During this interim period whilst we continue to work within the current Funding Agreement framework, a project team is in place to manage both the current risks associated with the BLT and to drive this action plan towards establishing a revised Funding Agreement that is fit for purpose going forward. This was presented as draft to OCB on 4.11.15. They agreed the way forward and requested this come back to OCB in the New Year once it has progressed further.

Project Team Members

David Johnston, MD CSC&L

Simon Rose, Interim Director of Education

Project Officer Lead – Ed Mallam

12 Paul Shanley, Contract Manager

Brian Dean, Estates Officer

Legal

Patricia Hook, Commercial Services: Procurement

Atifa Sayani, Education Champion

Ben Thomas, Head of Commissioning CSC&L

John Huskinson, Director of Finance CSC&L

Rona Hopwood, CYP Commissioner

Gill Shurrock, Head of SEN

BLT Improvement Plan: Management Actions / Project Team

Where included, the audit management actions are in italics

Phase One: Immediate & Critical actions (IN RED)

Phase Two: Management Actions to secure progress towards revised Funding Agreement

Project Team meet fortnightly.

Workstream	Management Actions	Lead Officer	Completion	Progress RAG
1. Statutory & critical duties relating to school improvement.	Review what is statutory and what is deemed critical for BLT to carry out on behalf of BCC. Ref appendix 1-5 of Funding Agreement. Ref Standards Report, local and national priorities.	AS / SR / GS	Nov 15	
	Review current and longer term arrangements for supporting non-selective maintained secondary schools.		Nov 15	
	Review arrangements for supporting academies / Free Schools.		Dec 15	
	Review arrangements for supporting pupils with SEND post 16.		Dec 15	
	Draft new KPIs that match statutory and critical functions.		Dec 15	
	<i>KPIs to be reviewed and on the agendas for termly and annual review meetings – ref audit action 15.</i>		<i>13.11.15</i>	
2. Financial Arrangements.	<i>All BLT financial transactions to be approved by MD CSC&L – with immediate effect – ref audit action 17.</i>	JH / BT	<i>1.10.15</i>	
	<i>Risk Register to include all financial risks (ref audit action 18).</i>		<i>13.11.15</i>	
	<i>Annual financial spot check: draft new terms for the revised FA ref audit action 13.</i>		Dec 15	
	<i>Draft variation to contract so that the BLT funding is paid monthly – ref audit action 16.</i>		<i>17.11.15</i>	
	<i>BLT debts that are more than 90 days overdue will be investigated</i>		<i>30.11.15</i>	

	<i>by the Finance Director CSC&L and recovered. This needs to be built into the new FA – ref audit action 18.</i>			
	<i>BLT financial reporting for termly review meetings to include forecasting and narrative – ref audit action 19.</i>		13.11.15	
	Review BLT annual funding forecasts up until end of contract.		Dec 15	
	Meeting with MD TEE to explore Platinum contract experiences in another Business Unit (SR, 12.11.15).			
3. Contract Management Arrangements.	<i>Risk Register for BCC and BLT up to date (BLT operational risks & BCC risks) – ref audit action 9a, 9b – recorded on County Risk Management System.</i>	PS / BT / JH / RH	13.11.15	
	Establish a single cycle of BCC / BLT key activity with timelines.		Dec 15	
	<i>BLT annual report to include frequency and attendance by trustees at the BLT board meetings – ref audit action 3</i>		13.11.15	
	<i>Escalation processes to Senior Managers at BCC where there is non-compliance, to be drafted and included within the Funding Agreement (ref legal advice on limitations of enforcement) – ref audit action 5a, 5b.</i>		Dec 15	
	<i>BLT board of trustees details to be accurately published on their website, as well as with Companies House and Charities Commission website – ref audit action 4.</i>		13.11.15	
	<i>BLT board of trustees details to be accurately published on their website, as well as with Companies House and Charities Commission website – ref audit action 4.</i>		2.11.15	
	<i>The BLT has a Contract Manager in place, suitably qualified and empowered to act on behalf of the Trust – ref audit action 6.</i>		2.11.15	
	<i>BLT 'Exit Plan' to be drawn up and provided for BCC – ref audit action 7.</i>		13.11.15	

	<i>BLT 'Continuity Plan' as above – ref audit action 8.</i>		13.11.15	
	<i>Complaints Procedure approved – ref audit action 10a, 10b (awaiting final review by Complaints Team re whether final complaint stage moves to BCC or Ombudsman).</i>		13.11.15	
	<i>BLT complaints register to be presented to BCC Complaints Team annually – ref audit action 11b.</i>		31.8.15	
	<i>BLT to complete and forward to BCC the annual S11 Safeguarding Self-Assessment Tool – ref audit action 12.</i>		13.11.15	
	<i>Platinum contract review on CMA to be completed by BLT – ref audit action 14.</i>		30.9.15	
	“Plan B” / contingency needs to be documented and agreed with all key stakeholders, and any risks identified need to be recorded and managed on the Risk Management System (SR / DJ).	PS / BT / JH / RH	Jan 16	
	<i>Commercial Services/Procurement advice sought to provide overview and guidance as to procurement issues.</i>		Nov 15	
4. Legal Implications.	<i>Advice sought on how to proceed with reviewing and amending the funding agreement.</i>	Legal / SR / DJ	Dec 15	
5. Commercial Leases.	Review lease arrangements and draft new arrangements to be included in the FA.	SR / BD	Jan 16	
6. Governance.	<i>Governance proposal drafted and to be approved by Commissioning Group.</i>	SR / DJ / SA	17.11.15	
	<i>The above will address audit actions 1a, 1b, 2</i>		17.11.15	
7. Revised Funding Agreement to go 'live'.	The project group to have finalised a draft Funding Agreement with support from Legal & Commercial Services: Procurement at each	Project group, legal,	Jan / Feb 16	

	stage of the process.	procurement team, BLT.		
	Draft approved by OCB and Lead Member for Learning & Skills.			
	Negotiations with BLT re draft Funding Agreement.			
	Final legal ratification of FA.			
	Final approval by OCB and Lead Member for Learning & Skills.			

During this interim period, how are risks being managed?

- Monthly finance meetings have been set up between BCC and BLT.
- Director of Education has introduced additional half termly meetings with the BLT CEO and intervention Director to challenge support for 'schools causing concern'.
- First termly review set for 13th November to be attended by Director of Education to strengthen levels of challenge and accountability against KPIs in advance of new Commissioning Group meeting.
- All financial transactions for the BLT are being authorised by the MD CSC&L.
- *Regulatory and Audit Committee to receive updated management actions, progress with audit findings and current status update (18.11.15).*
- Legal have been instructed to advise throughout this process and included within workstreams.
- Commercial Services / Procurement will advise on procurement issues throughout this process.

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PART.2. BLT Audit Management Actions Identified
Progress RAG rating with management actions

Management Actions

a) BLT Trustees – Governance Proposal Document

The new Commissioning Group has been established and the terms of reference have been agreed. The first formal meeting of the Group takes place on 17 April.

Officer responsible:

Director of Strategy and Policy (Monitoring Officer)

Date to be implemented by:

30 September 2015 - Implemented

b) BLT Trustees - additional LA representatives

The Council & the BLT are currently advertising externally for new Trustees with suitable skills and experiences.

Officer responsible:

Director of Strategy and Policy (Monitoring Officer)

Date to be implemented by:

Management Actions

31 December 2015 - On track

Elected Members on Outside Bodies

A description of the role of Trustees and a person specification has been established and agreed with the Bucks Learning Trust. Arrangements are also in place for the approval of new appointments by the County Council.

Officer responsible:

Director of Strategy and Policy (Monitoring Officer)

Date to be implemented by:

31 December 2015 – Implemented

Trustee Board Meetings Frequency and Attendance

The BLT will be reminded that the Annual Report should include the frequency and attendance by Trustees at the Buckinghamshire Learning Trust Board Meetings. If this is not actioned this will be escalated to BCC senior managers to determine the next steps.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

13 November 2015 (Next termly review meeting) Amended from 12 October to reflect date change of Review meeting

Management Actions

BLT Board of Trustees – Details on website

It has been discussed with the BLT about ensuring trustee details are correct and consistent on the BLT website, Charities Commission website and Companies House listing.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 September 2015

a) Escalation Process for Areas of Non-Compliance – Development

To support contract management a formal escalation process will be developed to ensure that areas of concern with the BLT contract are brought to the attention of relevant senior managers at BCC. This will define the tolerance levels and key officers to be notified. This process has been discussed at 1:1 and is to be presented at the BLT Governance workshop on 21 September 2015.

Officer responsible:

Head of Commissioning and CYP Commissioning Officer (BLT Contract Manager).

Management Actions	
Date to be implemented by:	
<i>December</i>	<i>15</i>
<i>Date amended from 12 October to reflect revised date of review meeting. Paper being prepared for sign off at Commissioning Group meeting on 17th November</i>	
<u>b) Escalation Process for Areas of Non-Compliance - Approval</u>	
<i>The escalation process to bring areas of concern with the BLT contract to relevant senior managers at BCC will be approved by the Managing Director CSC&L.</i>	
Officer responsible:	
<i>Head of Commissioning and CYP Commissioning Officer (BLT Contract Manager), then formally approved by Managing Director, CSC&L</i>	
Date to be implemented by:	
<i>December 15 amended from 31 October to reflect date of Commissioning Group meeting when contract management paper including escalation should be approved</i>	

Management Actions

Contract Manager at BLT

BLT Contract Manager appointed – forms part of the Finance Director role.

Officer responsible:

Director of Education

Date to be implemented by:

31 October 2015

Exit Plan

The Exit Plan was discussed at a meeting with BLT on 12 August and they have been given a deadline of 30 September to complete, however BLT indicated that they may not be able to meet this deadline. If the Exit Plan is not provided this will be escalated to BCC senior managers to determine the next steps.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 September 2015

This will be received by 13.11.15

Management Actions

Business Continuity Plan

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 September 2015

CH has provided a BCP outline and support for BLT to draft.

Revised date to be implemented by:

13.11.15

a) Risk Register – BLT Operational Risks

The Risk Register was discussed with BLT on 12 August when they agreed to put in place an overall Risk Register for the organisation with an operational risk register in relation to the work that BCC funds.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

13 November 2015 Amended from 31 October 2015 – revised date is when next review meeting is due when Risk Register will be covered

Management Actions

This will be received by 13.11.15

b) Risk Register – BCC Risks

The current Risk Register will be reviewed and amended to include only BCC contract risks. The risk owners will be BCC officers. This will then be added to the corporate Risk Management System.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 November 2015 Revised from 30 September as require BLT Risk Register first, to extract BCC contract risks from this

This will be received by 13.11.15

a) Complaints Procedure Approval

The Feedback and Complaints Procedure has been received from the BLT and this is being reviewed by the contract manager and the BCC Complaints Team Manager.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

Management Actions

30 September 2015 *The BCC Corporate Complaints Manager has requested an amendment to the Policy prior to approval, this amendment has not been done by BLT and it is likely that they will continue to dispute the amendment so this may need to be escalated to the Commissioning Group*

This will be resolved by 13.11.15

b) Complaints Procedure Available to Customers

The Contract Manager will notify BLT when the Feedback and Complaints Procedure has been approved and inform them that this should be made available to their customers.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 September 2015 *Outstanding in view of 10A*

a) Complaints - on Contract Management Application

A project looking at recording data for all contracted out services complaints within the CMA is due to start soon. This will enable contracted services to automatically upload their complaints direct to the CMA system.

Officer responsible:

Management Actions

Customer Complaints Team Manager

Date to be implemented by:

31 December 2015

b) Complaints – forwarded to BCC Customer Complaints Team

The BLT Complaints Register that was presented at the Spring Term 2015 Monitoring meeting 19/05/15 will be forwarded to BCC Complaints Team

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

31 August 2015

Annual Spot Check – Section 11 Audit

A new S11 Audit for 2015 was discussed at the meeting with the BLT on 12 August. BLT has been given a deadline of 30 September, but this has already been challenged. It has been stressed that this is a priority. If this is not provided or if there are any concerns raised by the responses this will be escalated to BCC senior managers and Buckinghamshire Safeguarding Children Board.

Officer responsible:

Management Actions

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 September 2015 Whilst the BLT have informally advised that this has been done, it has not been submitted

This will be received by 13.11.15

Annual Spot Check – Financial Check

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

Dec 15

New terms to be drafted as part of revised Funding Agreement.

Platinum Contract Review - on CMA

The BLT Best Practice Platinum self-assessment questionnaire will be completed.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

Management Actions
30 September 2015
<p><u>KPIs Monitoring and Review</u></p> <p>Officer responsible: <i>TBC after approval of BLT Governance Proposal</i></p> <p>Date to be implemented by: <i>TBC after approval of BLT Governance Proposal</i></p>
<p><u>Early Payment of April 2015 Grant</u></p> <p><i>There are now monthly meetings between the Finance Director, CSC&L and the BLT Finance Director. Another cash advance was provided to the BLT in July. A variation to contract is being drafted that will change the grant payment to a monthly basis. This will remove the need for an advance.</i></p> <p>Officer responsible: <i>Finance Director, CSC&L</i></p> <p>Date to be implemented by: <i>17.11.15</i></p>
<u>Approval of Early Payment of April 2015 Grant</u>

Management Actions

Now that it is agreed this is a contract for VAT purposes, a limit order will be raised for the amount expected and BLT will submit invoices for payment. The scheme of delegation is limited to £5m for the Education Director role so the limit order will be approved by David Johnston via workflow. The BCC contract manager will arrange this.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

30 September 2015

This has been superseded as MD CSC&L now authorises all BLT transactions.

BLT Debts Due

The BLT debts that are more than 90 days old will be investigated with the relevant budget holders to ensure that these are recovered as soon as possible. Many of these older debts are ICT invoices. The delay is mainly due to a misunderstanding of the support services that BLT expected to be provided under the Agreement.

Officer responsible:

Finance Director, CSC&L

Date to be implemented by:

30 November 2015

Management Actions

Termly Monitoring Finance Reports

The financial reporting requirements for Termly Monitoring meetings were discussed at a meeting with the BLT on 12 August. If the financial report does not include forecast and narrative this issue will be escalated to BCC senior managers to determine the next steps.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

13 November 2015 Date amended from 30 September 2015 to reflect revised date of Termly Review meeting

Annual Review Standard Agenda Items and Report

The BLT will be reminded that for the next Annual Review they should ensure that the agenda items and report items are applied in line with the Funding Agreement.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

13 November 2015 Date amended from 12 October to reflect revised date of Termly

Management Actions

Review meeting

Termly Monitoring Meetings – Trustee Attendance

Trustee attendance at Termly Monitoring meetings will be considered alongside the BLT Governance Proposal. The BLT will be encouraged to invite the Board Director or another Trustee to attend the Termly Monitoring meetings.

Officer responsible:

CYP Commissioning Officer (BLT Contract Manager)

Date to be implemented by:

31 December 2015 This needs amending to a Trustee attending the Commissioning Group meetings rather than the Contract Review meetings and this action is given to MD CSC&L/Director of Strategy & Policy

Regulatory and Audit Committee

Title:	Contract Management Application Performance Report
Date:	Wednesday 18 November 2015
Author:	Sarah Ashmead, Director of Strategy & Policy, HQ
Contact officer:	Michelle Granat, Head of Innovation and Commercialisation team, HQ
Local members affected:	N/A

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

This report is for information and provides an update on the Contract Management project and Contract Management Application performance.

Background

During the period 2011-2014, BCC introduced the concept of Supplier Relationship Management (SRM) to improve the capability of the Council to manage its supplier relationships and contracts. A Contract Management Application (CMA) was also developed and introduced in September 2014 to assist Contract Managers and support the new Contract Management Framework (CMF) processes.

An internal audit report published in April 2015 concluded the monitoring and management reporting, policies and procedures and CMA content were limited. Significant action was required to effectively manage the risks and improve management controls to monitor service area compliance in uploading contracts and information onto the CMA.

In line with Future Shape organisation changes, accountability for SRM transferred to the Innovation & Commercialisation Team in April 2015. Following unsuccessful attempts to recruit a permanent SRM Lead, the position has been filled on an interim basis and a strategic review of contract management commenced in August, including addressing the recommendations of the internal audit report.



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The scope of the review is to:

Phase	Scope
Phase 1	<ul style="list-style-type: none"> Review and make recommendations on the Council's CMF to improve management of contracts and supplier relationships across the Council to better support strategic outcomes and delivery Review and make recommendations on the Council's CMA in terms of its operational fitness-for-purpose and how to increase consistent adoption across the Council and drive contract and supplier performance management and reporting
Phase 2	<ul style="list-style-type: none"> Following One Council Board approval of recommendations (that could not be implemented throughout the project) on the CMA and CMF, a final brief report (including a business case and implementation plan) and move to implementation of recommendations
Phase 3	<ul style="list-style-type: none"> Alongside the implementation plan an options appraisal of the future of SRM and contract management in BCC

Refresh of CMF/CMA

Recommendations arising from the review are currently being reviewed by officers, prior to going forward for any necessary approvals from One Council Board and Members.

The review has confirmed the Council is addressing the key issues in developing supplier relationship and contract management, and is ahead of many other councils in this respect. The focus for future work is to continue and re-energise improvements efforts and make sure good practice is adopted more consistently.

The Contract Management Framework will be renamed to become the Supplier Management Policy. The change in title reflects the true scope of activity, to include all supplier relationship and contract management activity, and the position of Supplier Management as a policy, within the Commissioning Framework, which Business Units implement locally. The new Supplier Management Policy will also provide guidance on use of CMA and reporting protocols. Subject to approvals on the review findings, the planned implementation activity includes:

- Reform **Commissioning & Supplier Management Group** to have greater accountability for Supplier Management
- Define Supplier/Contract Management reporting protocols and create a suite of **performance reports** (*see section below for further detail*)
- Update Supplier Management Policy **processes and roles and responsibilities** and develop supporting handbook and tools, aligned to the Commissioning Framework
- Run a **contract management self-assessment and improvement programme**, including skills development for contract managers
- Run a **strategic supplier programme** to ensure key suppliers are aligned to the Council's strategic plan
- Analyse Contract Management processes in each part of the Council to identify **improvements to the CMA** and agree enduring ownership, governance and funding

Contract Management Reporting Requirements

Workshops have been held with One Council Board and Members to identify the reporting requirements to provide assurance that contracts and supplier relationships are being managed effectively. The outline reporting requirement is for:

- Quarterly reporting cycle
- Forward plan of upcoming commercial decisions
- High level RAG status for high risk/high value suppliers/contracts
- Exception reporting on contracts where supplier performance is a concern and improvement activities are in place

Introducing these reports so that they are automatic will require enhancement to CMA functionality and improvements to the data held in CMA. Subject to implementing the necessary technical changes, we expect to be in a position to start this reporting in Quarter 1 2016.

Internal Audit Report

The Internal Audit Report identified 8 priority findings. The table below summarises the management action being taken to address each finding.

Group	Finding	Management Action
Policy and Procedures	No overarching Council policy	<ul style="list-style-type: none"> • CMA policy to be included in the revised Supplier Management Policy (draft currently under review and subject to approval) • Proposal that it is mandatory for all contracts over £50,000 to be loaded on CMA
	Monitoring uploading of contracts	<ul style="list-style-type: none"> • Monthly compliance reports reviewed by the Commissioning and Supplier Management Group to address IA data findings • Spot checks introduced to monitor compliance and agree actions with Contract Managers, including checks on ProContract and SAP systems
	Maintaining training material	<ul style="list-style-type: none"> • Training expectations to be included in Supplier Management Policy • Training plan to be developed (including any revision to materials) to support release of new CMA version
Contract Management Application content	Classifying contracts	<ul style="list-style-type: none"> • The facility for users to over-ride the system-based segmentation has been turned off • The new Supplier Management Policy will provide greater guidance on classifying contracts and define the actions required for each contract classification • Changes to how criticality is assessed in CMA are a requirement for the next CMA release
	Uploading Mandatory data fields and documents	<ul style="list-style-type: none"> • Short-term actions taken by Business Units to add missing contract dates/values • Mandatory fields are being reviewed as part of the next release of CMA, to include contract dates and documents
	Completing best practice self assessments	<ul style="list-style-type: none"> • Following approval of the revised Supplier Management Policy, a programme of self-assessment by Contract Managers will be carried out through 2016
	Completing contract plans	<ul style="list-style-type: none"> • The new Supplier Management Policy will define Contract Plan requirements for each classification • The next CMA release will hard-wire the contract plan requirements for each classification within CMA
Contract Management Reporting	Regular formalised reporting	<ul style="list-style-type: none"> • Sessions held with One Council Board and Members to identify reporting requirements • Quarterly dashboards will be introduced from Q1 2016

CMA Performance Report

A series of CMA data performance improvements have taken place during the previous 6 months, including:

- Data migration to align all contracts to current organisational structures in CMA
- Dropdown options for AFW, CYP, CBE, RBT etc. (Directorate and Service Area) have been removed, to ensure that they are not selected in error
- Bulk update performed to populate the Political Portfolio field for 253 Public Health contracts

The table below summarises the updated position since the last report to Regulatory and Audit Committee in June 2015. Tactical actions are now being taken to resolve remaining individual and unique data queries.

Metric	Position at		Explanation and actions being taken
	Jun 15	Nov 15	
Contracts with no segment	58	36	<ul style="list-style-type: none"> • 21 of these contracts were segmented at the supplier level only
Contracts where segment override has been used	554	326	<ul style="list-style-type: none"> • Segment over-ride has been switched off in CMA • 225 of these contracts have the same entry for segment and segment override so can be discounted • A further 316 of these contracts have contract structures where individual service agreements sit within a wider framework with a Platinum supplier. This issue is being addressed in the new Supplier Management Policy so that the CMA records only the supplier as Platinum (and not individual agreements)
Contracts where Annual Contract Value is 0 or blank	276	134	<ul style="list-style-type: none"> • 134 of these contracts are Spot contract where contract values change on a daily basis and therefore it is not feasible to maintain the value in CMA • A further 35 contracts have a total contract value recorded against them, but no annual contract value
Contracts where political portfolio is blank	311	81	<ul style="list-style-type: none"> • Bulk upload carried out to add political portfolio for Public Health contracts

Recommendation

1. **Present update to Regulatory and Audit Committee in March 2016**
2. **Ongoing update via quarterly reporting from Q1 2016**

Next steps

The CMA/CMF refresh project will provide recommendations to Officers in December 2015 with implementation from Quarter 1 2016 onwards, as below:

Activity	Timescales
Final report on CMA/CMF refresh to Officers including an options appraisal on how BCC manages SRM in the future	December 2015
Approval of Supplier Management Policy	Q1 2016
Development of CMA dashboards and commencement of reporting	Q1 2016
Tactical work to increase volume and quality of contract data within CMA	Ongoing

Resource implications

Resource implications will be defined in the final report on the CMA/CMF to be prepared in December 2015.

Legal implications

N/A

Other implications/issues

N/A

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

CMA Update – provided to Regulatory and Audit Committee June 2015

CMA Compliance report – provided to Regulatory and Audit Committee January 2015

Regulatory and Audit Committee

Title:	Standing Orders relating to Contracts- Exemptions and Use of CMA
Date:	January 2015
Author:	Richard Ambrose
Contact officer:	Tricia Hook, Senior Procurement Manager, Tel:01296 383615
Local members affected:	N/A

For press enquiries concerning this report, please contact the media office on 01296 382444

This report provides an updated summary in relation to compliance with the Council's Standing Orders relating to Contracts (CSO) and compliance with the use of the Council's Corporate Contract Management Application (CMA)

The reporting period covers 1st April 2014 until 31st December 2014 in respect of CSO Exemptions and 1st September 2014 until 31st December 2014 in respect of CMA Compliance. The differing reporting periods are due to the fact that the CMA was not implemented until September 2014.

Recommendation

Members are asked to note this report

Summary

1. Exemptions

Background

An earlier report to this Committee on this subject was presented in June 2014 and covered a complete fiscal year from April 2013 until end of March 2014.

The process for managing exemptions was revised in Q3 of the fiscal year 13/14 and therefore it is not possible to directly compare data available at the time of the last report with current information.

In August 2014 Legal Services, working in conjunction with the Chief Internal Auditor, clarified some of their advice in relation to the managing of the exemption process in circumstances where the value of the Contract to be exempted is in excess of the EU Threshold for goods and services (Currently c£173k). As a result of this advice service areas were advised that exemptions for contracts over this value are not permitted, regardless of the type of service in question.

Previously a risk based approach had been adopted in some circumstances, particularly in relation to Part B services.

Part B services are those to which the full weight of the EU Procurement Regulations do not apply and include most social care and Public Health functions.

It is recognised that there will be occasions when a service area does not comply with EU Procurement Regulations and that a Breach will occur. Any such Breach must now be reported to the statutory officers group who will advise on the potential

consequences for the organisation. This report includes information in relation to the breaches that have been reported to date.

Data (Appendix One)

- There were a total of 49 registrations in the first three Quarters of 14/15. This is slightly down on number of registrations requested in the same period last year, however changes to the process as outlined above will have impacted on these figures.
- The lowest value application was £6,000
- The highest value application was in excess of £2million however this was received prior to process change in August 14. A request of this value is no longer allowed to be submitted under the exemption process.
- The total value of exemptions agreed during this period was £8,646,719

Statutory Officer Group

Two potential breaches of EU Regulations have been reported to this group to date. Both were submitted by AFW.

- A contract was awarded to deliver a home to hospital service for one year only with a value of £220k
- A decision has been made to re-negotiate a number of existing contracts to provide sheltered accommodation and homelessness services with an annual value of just under £2million.

Future Shape and changes to CSO

This Committee have agreed a number of Constitutional changes, including raising the Thresholds in CSO in readiness for the organisational changes that will take effect in April 2014. The process for managing future exemption requests will need to be revised again to reflect these changes and these changes in conjunction with the revised advice from Legal should mean that the number of exemption applications will reduce.

2. Contract Management Application (CMA)

Background

The Contract Management Application (CMA) went live in September 2014 and Contract Managers are in the process of uploading contract information into the system. The focus to date has been on Platinum and Gold contracts. The system acts as a central repository for all of the information relating to a contract including the contract documentation, start and end dates, provision for contract extensions, records of management activity, meeting agendas and notes, KPI's and performance activity.

Contracts are segmented according to value and risk into Platinum, Gold, Silver and Bronze. Further information on segmentation is attached as **Appendix Two**.

Once fully populated the system will provide the Council with a complete contract register of all the current arrangements with suppliers. This in turn will allow greater visibility for both Members and Officers of contractual relationships, and how those contracts are performing against agreed KPI's.

The CMA supports the implementation of the Council's Contract Management Framework which provides guidance and structure to create a consistent approach to Contract Management across BCC that can be applied to all external third party relationships.

Data

It is not possible to provide a definitive picture in terms of the extent to which Contract Managers have complied with the requirement to enter details of third party contracts on the system, however the data entered so far can be compared with the data on SAP to provide the following information:

- A total of 1547 contracts have been entered onto the CMA. **Figure (i)** below provides a breakdown of these by segmentation.
- All but two of these do have a named Contract manager assigned to the contract.
- 303 of these do not have an annual value assigned to the contract
- The total annual value of the remaining 1244 contracts is £315,396,947

To date, this fiscal year the Council has spent a total of £175,323,285 with 56 suppliers each of which has been invoiced in excess of £750k. Of these suppliers 41 are appearing on the CMA and 15 are missing.

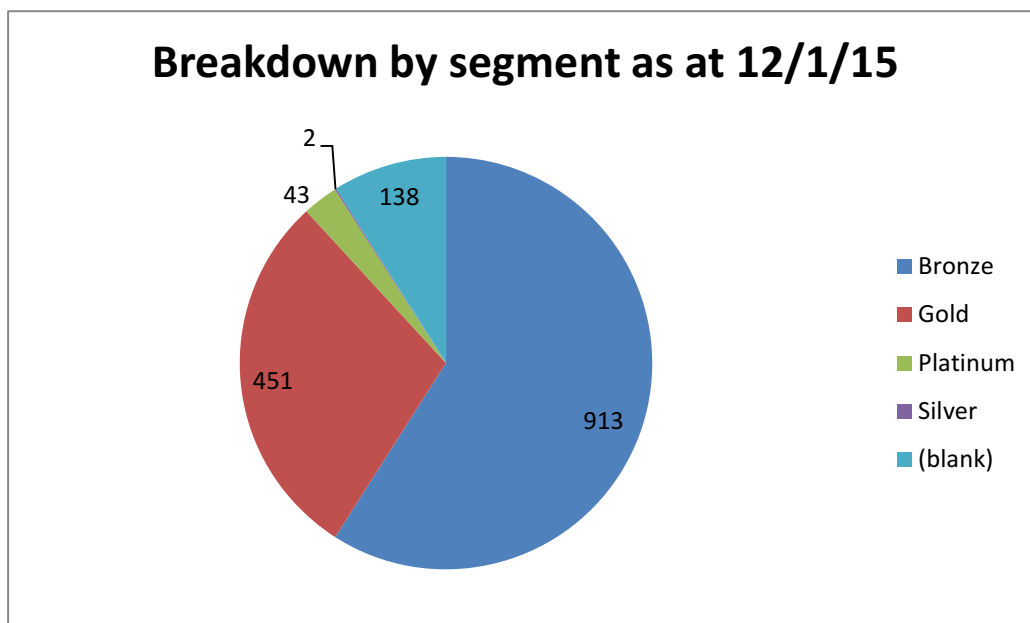


Figure (i)

Of the 15 suppliers missing from the CMA the breakdown by product category is shown in **Figure (ii)** below.

- The value of the spend missing from the system is £23,153,640 and approximately £15 million is construction related.

It should be noted that Contract Managers are not required to enter details of capital expenditure on the system, however the total figure of £315million above does include an element of capital spend.

- Approximately £4million relates to transport contracts.

There is a specific issue relating to these contracts which have been put in place and are being managed by Amey as BCC's managing agent for client transport, however Amey employees do not have access to the CMA system. It was considered, by CYP, not to be appropriate to allow a third party supplier to have access to a database that contains a significant amount of information relating to BCC commercial relationships.

- The remaining £4million relates to social care and public health contracts and the officer leading on the CMA implementation is following up with service areas to ensure the information is uploaded.

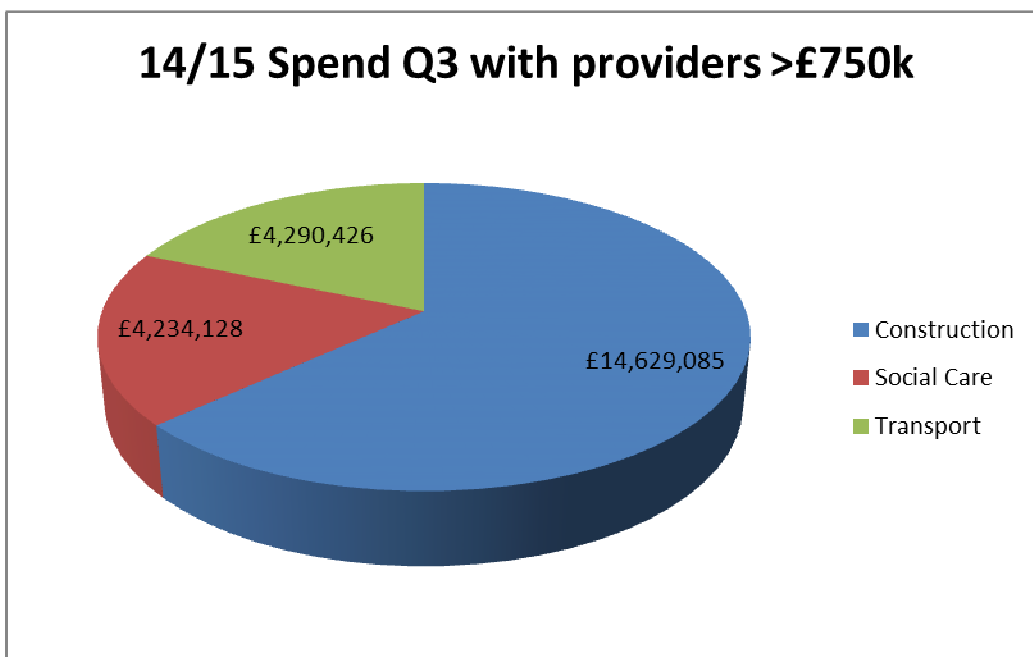


Figure (ii)

Other implications/issues

None

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

None

Appendix 1

Fig. 1 - Data Summary

	Qtr. 1	Qtr. 2	Qtr. 3	Total
Total number. of exemptions registered	12	23	14	49
Total number. of exemptions cancelled during process	0	8	3	11
Lowest value exemption	£13,000	£6,000	£6,000	£25,000
Highest value exemption (excluding cancelled exemptions)	£1,000,000	£2,384,641	£147,000	£3,531,641
Total no. of exemptions raised retrospectively (excluding cancelled exemptions)	5	9	9	23
Total value of retrospective exemption (excluding cancelled exemptions)	£2,903,454	£520,281	£406,626	£3,830,361
Total value of exemptions	£4,898,771	£3,174,322	£573,626	£8,646,719

Appendix 1

Fig. 2 - April 2014 - Dec 2014 Exemptions by value (* EU Threshold)

**Note these figures are excluding cancelled Exemptions*

50k	20
50k - 174*	12
174 - 500k	1
Over 500k	5
Total	38

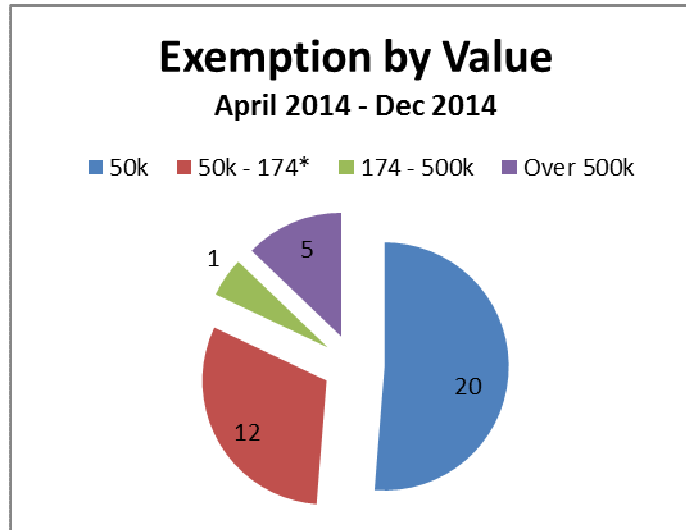
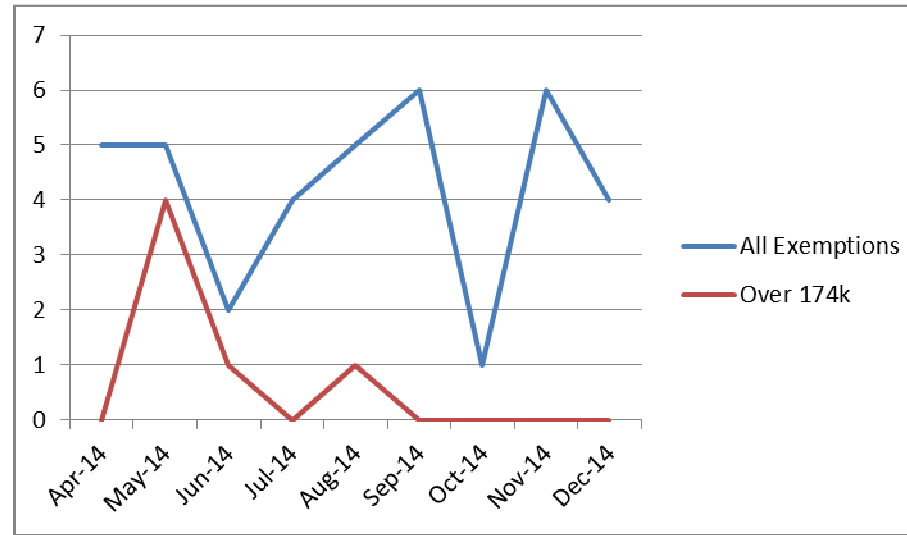


Fig 3 All Exemptions - Trend

No. Exemptions Registered in FY 2014

** Note these figures are excluding cancelled Exemptions*

	All Exemptions	Over 174k
Apr-14	5	0
May-14	5	4
Jun-14	2	1
Jul-14	4	0
Aug-14	5	1
Sep-14	6	0
Oct-14	1	0
Nov-14	6	0
Dec-14	4	0
Total	38	6



Appendix 1

Fig 4: * Note these figures are excluding cancelled Exemptions

Exemptions to Contract Standing Orders by Service Area (April 2014 - Dec 201)	Below Threshold	Above Threshold	No. Med/High
AFW Commissioning and Service Improvement	0	1	0
AFW Culture and Learning	0	0	0
AFW Service Provision	2	0	0
CYP Children and Families	4	1	0
CYP Learning, Skills and Prevention	4	2	0
CBE Localities and Safer Communities	6	0	0
CBE Place	6	1	0
RBT Customer Contact and Business Support	0	0	0
RBT Finance and Commercial Services	1	0	0
RBT Human Resources	1	0	0
RBT Legal and Democratic Services	0	0	0
RBT Service Transformation	0	0	0
RBT Support Services	0	0	0
Policy, Performance and Communications	1	0	0
Public Health	8	0	0
Totals	33	5	0

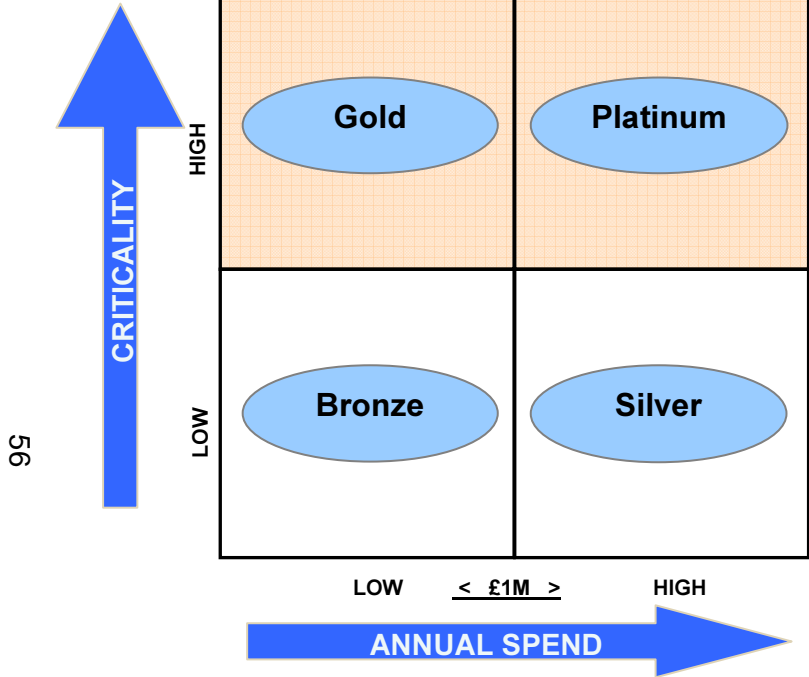
Figure 5 - Exemption Analysis and Data Extract

12 month analysis of exemptions applied for under Standing Orders relating to Contracts

Fiscal Year 2014 - Quarters 1-3 * *Note these figures are excluding cancelled Exemptions*

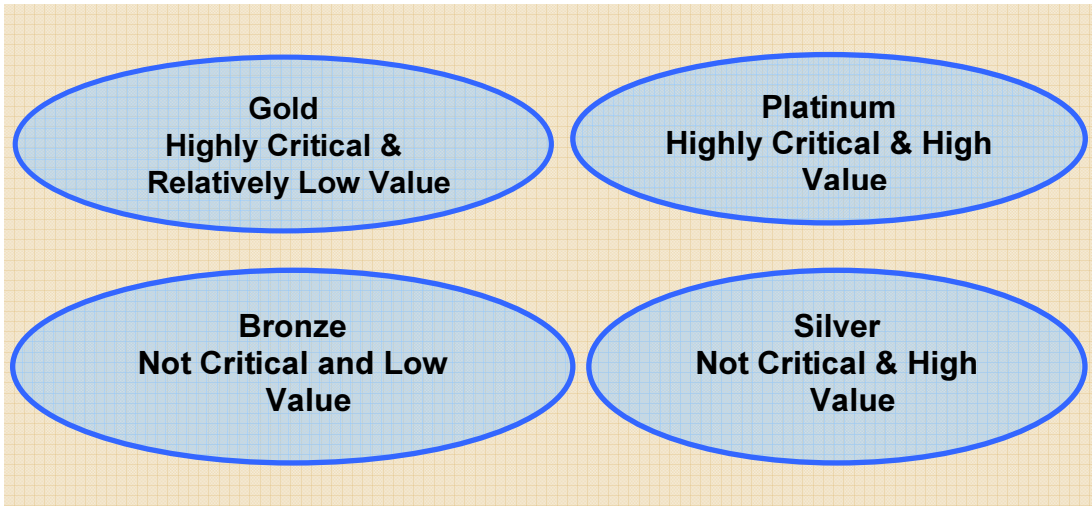
Summary	Qtr1	Qtr2	Qtr3	Qtr4	FY 14/15
Total no. of exemptions registered	12	23	14		
Total no. of exemptions cancelled during process	0	8	3		
Total no. of exemptions categorised as Low risk	10	13	11		
Total no. of exemptions categorised as Low/Medium risk	2	2	0		
Total no. of exemptions categorised as High risk	0	0	0		

Contract Segmentation



Contract Segmentation of 'High Spend Contracts, i.e. >£1m per annum, indicates these contracts are categorised as either 'Platinum' or 'Silver'

Contract Segmentation of 'High Criticality Contracts, i.e. contract failure or disruption will have a significant impact from a political, regulatory, financial and reputational perspective, often complex and high risk, indicates these contracts are categorised as either 'Platinum' or 'Gold'



Contract Segmentation

Level of Criticality	Definition	Examples
HIGH	<ul style="list-style-type: none"> <input type="checkbox"/> Contractual failure, errors or disruption could have over a £100k impact and the impact has public / customer or market visibility <input type="checkbox"/> Supplier could cause regulatory, political or legal issues for BCC <input type="checkbox"/> Contract is key to a core BCC service function or provides a product that is critical to BCC' operation <input type="checkbox"/> Developing market and / or limited alternative suppliers in the market place <input type="checkbox"/> Complex and costly exercise to exit contract (planned or unplanned) <input type="checkbox"/> Contractual service or product could cause a violation of Sustainability principles such as human rights, diversity, service integrity, or environmental impact 	<ul style="list-style-type: none"> <input type="checkbox"/> Long term contract for provision of residential care (e.g. Fremantle, Heritage, etc) <input type="checkbox"/> Consolidated contract for regional provision of domiciliary (e.g. Plan Care, Prime Care, Westminster Care, Seva Care) <input type="checkbox"/> Major outsource or PFI contracts (e.g. Ringway Jacobs) <input type="checkbox"/> IT service supporting critical infrastructure / service delivery (e.g. Capita Business Services Ltd)
LOW	<ul style="list-style-type: none"> <input type="checkbox"/> Contractual failure, errors or disruption will have less than a £100k impact and the impact has negligible public / customer or market visibility <input type="checkbox"/> Supplier would not cause any regulatory, political or legal issues for BCC <input type="checkbox"/> Contract would have no bearing on a core BCC service function nor provide a product that is critical to BCC' operation <input type="checkbox"/> Established market with numerous alternative suppliers <input type="checkbox"/> Contract exit (planned or unplanned) is routine and at modest cost <input type="checkbox"/> Contractual service or product would not cause a violation of Sustainability principles like human rights, diversity, service integrity, or environmental impact 	<ul style="list-style-type: none"> <input type="checkbox"/> IT hardware / software (unless supporting critical infrastructure or service delivery) <input type="checkbox"/> Contracts for spot purchase of residential or domiciliary care <input type="checkbox"/> Stationery <input type="checkbox"/> Catering <input type="checkbox"/> Ad-hoc transport <input type="checkbox"/> General maintenance / supplies contracts <input type="checkbox"/> Consultancy services

Buckinghamshire County Council

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Regulatory and Audit Committee

Title:	Contract Management Application (CMA)
Date:	2 nd June 2015
Author:	Michelle Granat, Head of Innovation & Commercialisation, HQ
Contact officer:	Stephen Rawlinson, Programme Management Officer, Tel 01296 383539
Local members affected:	N/A

For press enquiries concerning this report, please contact the media office on 01296 382444

This report provides an updated summary in relation to compliance with the use of the Council's Contract Management Application (CMA).

Summary

Background

An earlier report was brought to this Committee in January 2015, following the Contract Management Application (CMA) going live in September 2014.

The intention is that the CMA will provide the Council with a complete contract register of all the current arrangements with suppliers. This in turn will allow greater visibility for both Members and Officers of contractual relationships, and how those contracts are performing against agreed key performance indicators (KPI's).

The CMA supports the Council's Contract Management Framework (CMF) which provides guidance and structure to create a consistent approach to Contract Management across Buckinghamshire County Council, improving the management of our contracts and supporting strategic outcomes and decisions.

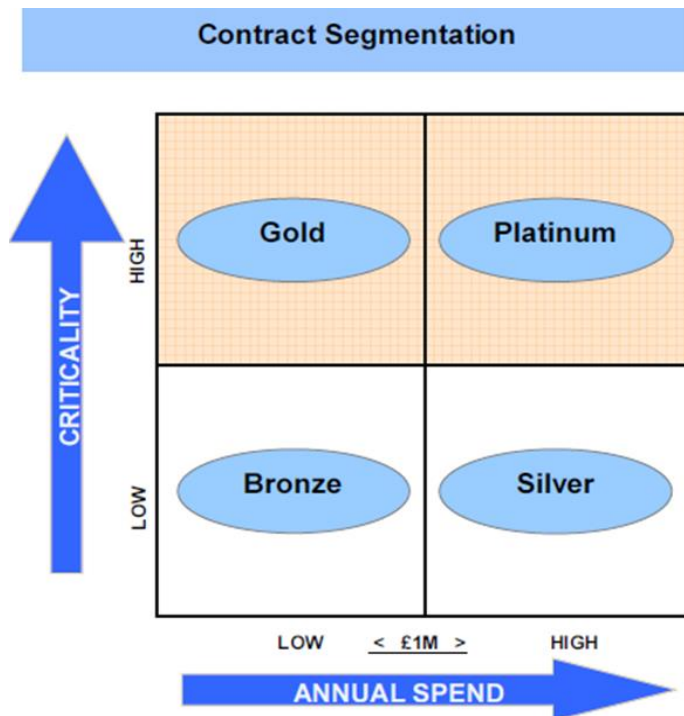
The system acts as a central repository for all of the information relating to a contract including the contract documentation, start and end dates, provision for contract extensions, records of management activity, meeting agendas and notes.

Contracts are segmented according to value and risk into Platinum, Gold, Silver and Bronze.



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The CMA is used in the following ways:

- Contract Managers – to help them do their jobs and effectively manage their contracts on a day to day basis
- Business Unit Boards – to understand how well their contracts are being managed and to maximise performance through visibility of contract values and expiry dates
- One Council Board – to have a holistic overview of contract performance across the organisation aligned to the strategic direction of the Council

Many of the colleagues from Commercial Services who had been accountable and responsible for supplier relationships, contract management and the CMA are no longer employees of Buckinghamshire County Council. This has left a significant gap in terms of knowledge share and handover.

Current Status and Activity

In April 2015 the licence for the CMA was renewed for a further period of 12 months.

An internal audit report published in April 2015 identified some gaps in the system and significant action required to effectively manage the risks and improve management

controls to monitor service area compliance in uploading contracts and information onto the CMA.

The recommendations in the audit report will form part of the scope for a wider strategic review of the Contract Management Framework and Contract Management Application.

In line with Future Shape organisational changes, accountability for the CMA was transferred to the Innovation and Commercialisation (I&C) team in HQ. A full-time Supplier Relationship Management (SRM) Lead is in the process of being appointed to undertake:

- A strategic review of the Contract Management Framework
- A strategic review of the Contract Management Application
- Training and development of contract and supplier relationship activity
- Member involvement in contract and supplier relationships to enable effective knowledge share, support and challenge
- A detailed action plan to address the specific areas of concern identified in the audit report

It is essential that all recommendations made by the SRM Lead provides Members, the Council and suppliers with robust commercial assurance and protects the interests of all parties.

A technical review of the CMA was undertaken in May 2015 to determine whether CMA is fit for purpose from an operational perspective. As a result of the review, One Council Board has given its ongoing support to the continued use of the CMA, while recognising the work that needs to be done to improve compliance.

There is an express desire to use the CMA to drive and report on contract performance, which will be looked at closely in the next phase of development to exploit the enhanced functionality.

In response to the areas highlighted in the audit report, monthly compliance reports will be produced and reported to the Commissioning & Supplier Management Group to discuss areas of concern and drive forward actions to encourage and support compliance. The group consists of key stakeholders from each of the respective Business Units and HQ.

Enhanced reporting capability, combined with data from other systems e.g. SAP will become available with the new Business Intelligence tool in Q4 2015. This will enable more accurate comparisons of recorded contract values with actual spend.

In the meantime, Business Unit representatives have begun reviewing contracts to address non-compliance and/or population in certain areas. If there are areas that require technical changes to be made to the CMA to enhance compliance then these will be implemented with the support of Arcus Global, our technology partner for the CMA.

In addition, work is underway to fully align the contracts in the CMA to our new organisational structures, as a result of Future Shape go live.

The new changes will provide the audit committee with assurance over the robustness of the solution to meet the outcomes expected from using the CMA.

Data

Despite some of the negativity surrounding the findings in the internal audit, contract managers are still actively using the CMA to record details of contracts. To date:

- A total of 1605 'live' contracts have been entered onto the CMA. **Figure (i)** below provides a breakdown of these by segment.
- 277 of these do not have an annual contract value assigned to the contract. Of these 73% relate to Bronze contracts.
- The total annual contract value of the remaining 1328 contracts is £289,908,172. **Figure (ii)** below provides a breakdown of this by segment.
- There are 56 suppliers with an annual contract value of £750,000 or more.

Figure (i)

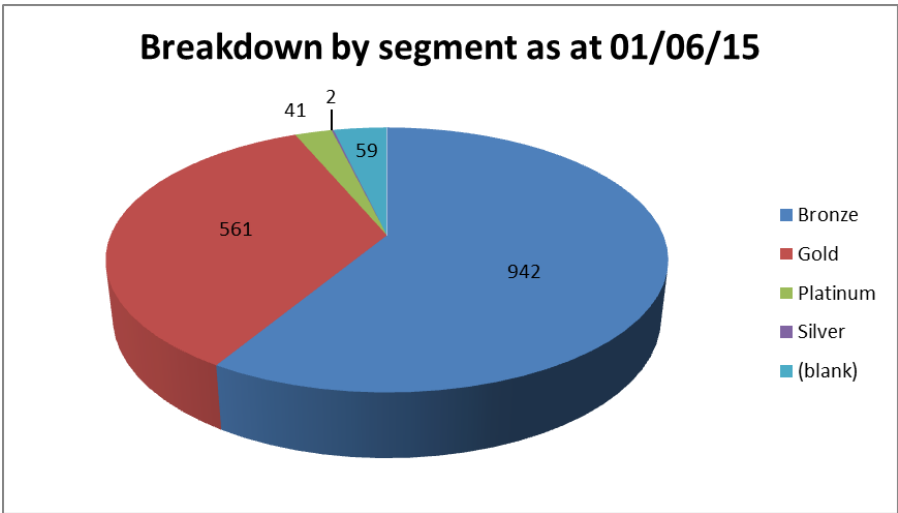
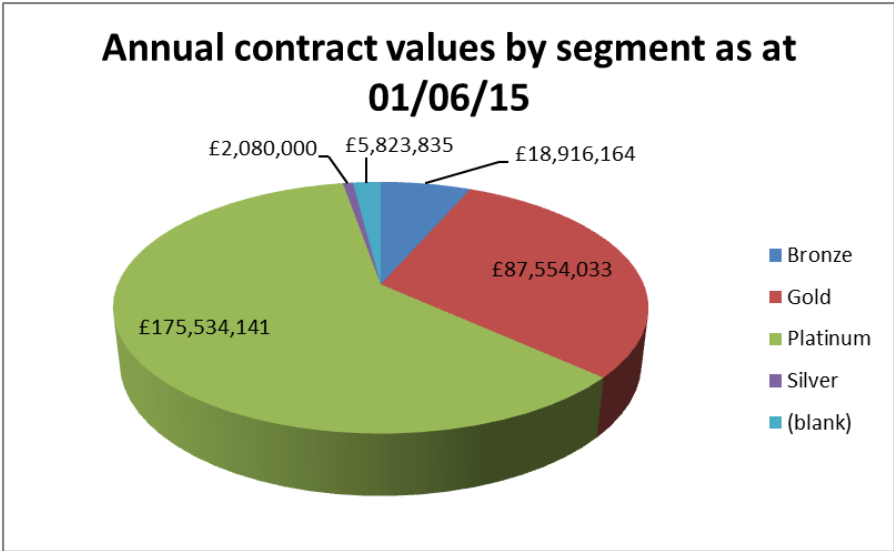


Figure (ii)



Platinum contracts account for over 60% of the total annual contract value.

Gold contracts account for a further 30%.

Other implications/issues

None

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

N/A

Background Papers

None

Regulatory & Audit Committee

Title: Treasury Management Mid-year Report 2015/16

Date: 18 November 2015

Author: Pensions & Investments Manager

Contact officer: Julie Edwards 01296 383910

Electoral divisions affected: n/a

Summary

- 1 The Council is required to report to members on the current year's treasury management. It was agreed that a mid year report on treasury management would be reported to Regulatory and Audit Committee prior to reporting to County Council as required by the CIPFA Code of Practice on treasury management in the public sector.

Recommendation

The Committee is asked to NOTE the treasury and investment borrowing performance and the monitoring against the Prudential Indicators.

Supporting information

- 2 In line with the Chartered Institute of Public Finance and Accountancy's (CIPFA) Code of Practice for Treasury Management revised 2011 and the Council's Financial Regulations (A3.2), this Council is required to provide Regulatory and Audit Committee with a mid year report on the treasury management activity for the first six months of the financial year.
- 3 The Code of Practice defines Treasury Management as:

The management of the organisation's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.



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Treasury Management Strategy

- 4 The Council approved the 2015/16 treasury management strategy at its meeting on 12 February 2015. The general policy objective for this Council is the prudent investment of its treasury balances. The Council's investment priorities are the security of capital and liquidity of its investments. The Council will aim to achieve the optimum return on its investments commensurate with the proper levels of security and liquidity. The effective management and control of risk are prime objectives of the Council's treasury management activities.
- 5 All treasury management activity undertaken during the period complied with the approved strategy, the CIPFA Code of Practice and the relevant legislative provisions. There were no investments placed which resulted in a breach of the investment strategy.

Debt Management Strategy

- 6 The Council's borrowing objectives are:
 - To minimise the revenue costs of debt whilst maintaining a balanced loan portfolio.
 - To manage the Council's debt maturity profile, leaving no one future year with a disproportionate level of repayments.
 - To maintain a view on current and possible future interest rate movements and borrow accordingly.
 - To monitor and review the balance between fixed and variable rate loans against the background of interest rate levels and the Prudential Indicators.

Economic Review

- 7 The Bank of England's November Quarterly Inflation Report noted that CPI inflation has remained close to zero and GDP growth has slowed over the past year to around its past average rate. A weaker global backdrop together with falls in the prices of risky assets are weighing on the outlook for UK growth, but they are counterbalanced by support from falls in commodity prices and market interest rates. Assuming a very gently rising path for Bank Rate, the Monetary Policy Committee judges that four-quarter growth is likely to remain around current rates and the slack remaining in the economy is likely to be absorbed. Recent falls in oil and other commodity prices mean that inflation is likely to remain lower than previously expected until late 2017 but the MPC's best collective judgement is that CPI inflation will return to the 2% target in around two years and rise above it thereafter.

Outlook for Interest Rates

- 8 At its meeting ending on 4th November 2015, the MPC voted by a majority of 8-1 to maintain Bank Rate at 0.5%. The general tone of the minutes presented a more cautious outlook for global growth which had weakened since the last Inflation Report in August, predominantly led by falls in many emerging market economies. The emphasis on this slowdown was more pronounced and led the Bank to revise down its market forecast for interest rates in all periods prior to Q4 2017. What this also implies is that the Bank now has the first rise in Bank Rate occurring in Q1 of 2017 but because it also expects inflation to exceed the 2% target at some stage between 2 and 3 years from now, the Bank also expects rates to have risen by then to tackle any risk of any overshoot in inflation. Financial markets responded to the Inflation Report and accompanying press conference by pushing out the first expected increase in Bank Rate to November 2016 from August 2016.

Interim Performance Report

- 9 During the first six months of 2015/16 Buckinghamshire County Council invested cash balances not required on a day to day basis for periods of up to 218 days. These investments were invested at interest rates between 0.25% and 0.75%. The average rate of return to date is 0.83% which exceeds the weighted average LIBID benchmark rate of 0.52% by 0.31%, this includes some investment placed at higher rates before 1 April 2015. The projected revenue of £1.74m for investment income is expected to exceed the budget of £1.65m by £80,000. This is due to average cash balances being higher than anticipated due to receipt of grant income at the beginning of the financial year. The Council is expecting to pay a single bullet payment of £180m in 2016/17 in respect of the Energy from Waste Plant. As reported to members previously this will be financed by a combination of borrowing, earmarked reserves and current cash investments. In order to ensure that the Council has cash balances available to fund the payment, current investments are being placed so that they mature prior to the date that the payment is due in May 2016.
- 10 Loans outstanding totalled £175.7m at 30 September 2015; £92.2m was from the Public Works Loan Board (PWLB), £82m from the money markets and £1.5m accrued interest. The forecast outturn for interest payments on external debt is on target compared to the budget of £10m. During the six months to 30 September £866,000 was repaid to the PWLB, a further debt principal repayment of £866,000 was made on 1 October 2015 and a further payment of £10m is due to be paid on 14 February 2016, reducing the total outstanding loans to £164.0m. There has been no new long term borrowing during the six months to 30 September 2015. The Council continues to actively monitor debt restructuring options.
- 11 Each year, the Council agrees Prudential Indicators under the Local Government Act 2003 which are affordable, prudent and sustainable, the indicators 2015/16 to 2017/18 were agreed by County Council at its meeting on 12 February 2015. Revisions to 2.1 Estimates of Capital Expenditure and 2.2 Capital Financing Requirement were approved by County Council on 16 July 2015. Appendix 1 shows the approved Prudential Indicators for 2015/16 to 2017/18 along with the Prudential Indicator forecast for 2015/16.

Resource implications

There are no additional costs associated with the recommendation.

Legal implications

The publication of a mid year treasury report conforms to best practice as required by the 2011 edition of the CIPFA Treasury Management in the Public Services: Code of Practice.

Other implications/issues

Not applicable.

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

Not applicable

Background Papers

Treasury Management Strategy Report to County Council 12 February 2015

<https://democracy.buckscc.gov.uk/documents/g6360/Public%20reports%20pack%2012th-Feb-2015%2009.30%20County%20Council.pdf?T=10>

Treasury Management Annual Summary Report to County Council 16 July 2015

<https://democracy.buckscc.gov.uk/ieListDocuments.aspx?CId=107&MId=6363&Ver=4>

Appendix 1**PRUDENTIAL INDICATORS ESTIMATES 2015/16 to 2017/18****1. BACKGROUND**

1.1. The prudential framework for local authority capital investment was introduced through the Local Government Act 2003. The key objectives of the Prudential Code are to ensure that the capital investment plans of local authorities are affordable, prudent and sustainable. A further objective is to ensure that treasury management decisions are taken in accordance with good professional practice.

1.2. Local Authorities are required to have regard to the Prudential Code when carrying out their duties under Part 1 of the Local Government Act 2003. To demonstrate compliance the Code sets prudential indicators designed to support and record local decision making.

1.3. The purpose of this report is to provide an update on the indicators approved by Council earlier this year, and to estimate the position for the period 2015/16 to 2017/18. The report describes the purpose of each of the indicators and the values and parameters for Buckinghamshire County Council. Monitoring of the Prudential Indicators takes place throughout the year, a mid-year and annual report are reported to Regulatory & Audit Committee and Council.

2. CAPITAL EXPENDITURE INDICATORS

2.1. CAPITAL EXPENDITURE

This indicator is required to inform the Council of capital spending plans for the next three years. It is the duty of a local authority to determine and keep under review the amount that it can afford to allocate to capital expenditure.

The estimates of gross capital expenditure to be incurred for the current and future years is summarised below:

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Approved Capital Programme	£000	70,862	79,314	233,053	30,100
EfW technical adjustment*	£000	64,325	64,325	-180,000	-
Estimates of capital expenditure	£000	135,187	143,639	53,053	30,100

*Actual expenditure and future year's budgets are presented after a technical adjustment for the EfW plant as an asset under construction. As a result the estimate of capital expenditure is different to the Council approved capital programme which incorporates the EfW plant on the basis of when payment falls due. £36,057k and £79,314k has previously been reported in 2013/14 and 2014/15 giving an overall total estimated expenditure of £180m.

The Approved estimate of capital expenditure for 2015/16 has been updated to reflect the revised budget (inclusive of carry forwards). The forecast outturn shows an anticipated £8.5m (10.7%) underspend on the revised capital expenditure budget for the year; mainly in relation to unreleased schemes in Leader (relating to the LEP) and Health & Wellbeing (relating to Orchard House and Special Nursing Provision).

The estimate of capital expenditure for 2016/17 to 2017/18 does not reflect any proposed changes as part of the 2016/17 MTP.

In 2016/17 an allowance is shown in the approved capital programme for the Facilities Payment Sum (a single bullet payment of £180m) in respect of the Energy from Waste plant, which will be supported in part through prudential borrowing. Members were advised in June 2014 of a technical accounting requirement to recognise expenditure on the EfW plant as an asset under construction, in advance of the Facilities Payment Sum. As a result expenditure is accounted for in the year it is incurred and the facilities sum payment reversed out of the capital programme in 2016/17. This is also reflected in the estimated capital financing requirement at indicator 2.2 below.

2.2. CAPITAL FINANCING REQUIREMENT

The Capital Financing Requirement measures the Council's underlying need to borrow for capital purposes. This is essentially the Council's outstanding debt, necessary to finance the Council's capital expenditure. The actual debt is dependent on the type and maturity of the borrowing undertaken as well as seeking the optimal cashflow situation (see 5.3). Estimates of the end of year Capital Financing Requirement for the Council for the current and future years, net of repayments are:

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Estimates of capital financing requirement (CFR)	£000	325,887	325,887	315,205	304,805

Authorities can finance schemes in a variety of ways these include;

- The application of useable capital receipts
- A direct charge to revenue
- Application of a capital grant
- Contributions received from another party
- Borrowing

It is only the latter method that increases the Capital Financing Requirement (CFR) of the Council. The profile above reflects cumulative prudential borrowing of £132.5m in 2015/16, in respect of the Energy from Waste (EfW) Plant and other small projects.

The capital financing requirement was updated in June 2014 to reflect a technical accounting requirement to recognise expenditure on the EfW plant, and the financing of that expenditure through prudential borrowing, during the construction phase.

The profile originally included borrowing as the accountable body on behalf of the LEP to support Transportation projects. This requirement is being reviewed; as a result no borrowing for the LEP is currently assumed.

AFFORDABILITY INDICATORS

2.3. RATIO OF FINANCING COSTS TO NET REVENUE STREAM

Purpose of the Indicator

This indicator measures the proportion of the revenue budget that is being allocated to finance capital expenditure. For the General Fund this is the ratio of financing costs of borrowing against net expenditure financed by government grant and local taxpayers.

Estimates of the ratio of financing costs to net revenue stream for the current and future years are:

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Estimates of ratio of financing costs to net revenue stream	%	5.4%	5.4%	6.5%	6.3%

2.4. ESTIMATES OF INCREMENTAL IMPACT OF NEW CAPITAL INVESTMENT DECISIONS ON COUNCIL TAX

This is a key affordability indicator that demonstrates the incremental effect of planned capital expenditure and hence any increased or decreased borrowing, on Council Tax.

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Estimates of the incremental impact of capital investment decisions on Council Tax	£ per Band D Equivalent	-£1.18	-£1.67	-£6.40	-£12.48
	%	-0.11%	-0.15%	-0.56%	-1.08%

The revised estimate has been reduced due to the delay in the introduction of a bio-waste treatment facility; however the delivery of a number of other projects within the capital programme including the replacement of Street Lamps with more efficient equipment and rationalisation of premises will result in revenue savings. In addition a net saving is forecast in relation to the Energy from Waste project in 2016/17 and 2017/18.

3. FINANCIAL PRUDENCE INDICATOR

3.1. GROSS DEBT AND THE CAPITAL FINANCING REQUIREMENT

This indicator records the extent that gross external borrowing is less than the capital financing requirement (2.2 above).

This is a key indicator of the Council's prudence in managing its capital expenditure and is designed to ensure that, over the medium term, external borrowing is only for capital purposes. The Council should ensure that gross debt does not, except in the short term, exceed the total of capital financing requirement in the preceding year plus the estimates of any additional capital financing requirement for the current and next two financial years. The values are measured at the end of the financial year.

Where gross debt is greater than the capital financing requirement the reasons for this should be clearly stated in the annual treasury management strategy.

The figures for 2015/16 onwards are based on estimates:

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Gross Borrowing	£000	190,000	220,000	225,000	225,000
Capital Financing Requirement	£000	325,887	325,887	315,205	304,805

The Council is committed to building an EfW plant. This may require additional borrowing during 2016/17, although in practice much of this may be financed through a combination of earmarked reserves and current cash investments. The gross borrowing indicator assumes borrowing £15m per annum in advance during 2015/16 and a further £15m during 2016/17. The need for borrowing in advance will be reviewed. The approved estimate for 2015/16 included £36m borrowing on behalf of the Buckinghamshire Thames Valley Local Enterprise Partnership (BTVLEP) for Aylesbury Eastern Link Road; however it is currently envisaged that no borrowing on behalf of the LEP will take place this year. No additional debt had been raised as at 30 September 2015.

4. TREASURY AND EXTERNAL DEBT INDICATORS

4.1. AUTHORISED LIMIT FOR EXTERNAL DEBT

The authorised limit for external debt is required to separately identify external borrowing (gross of investments) and other long term liabilities such as covenant repayments and finance lease obligations. The limit provides a maximum figure that the Council could borrow at any given point during each financial year.

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Authorised limit (for borrowing) *	£000	270,000	270,000	320,000	320,000
Authorised limit (for other long term liabilities) *	£000	200,000	200,000	15,000	15,000
Authorised limit (for total external debt) *	£000	470,000	470,000	335,000	335,000

* These limits can only be changed with the approval of the full Council

The authorised limits are consistent with approved capital investment plans and the Council's Treasury Management Policy and Practice documents, but allow sufficient headroom for unanticipated cash movements.

The limit will be reviewed on an on-going basis during the year. If the authorised limit is liable to be breached at any time, the Director of Assurance will either take measures to ensure the limit is not breached, or seek approval from the Council to raise the authorised limit.

4.2. OPERATIONAL BOUNDARY FOR EXTERNAL DEBT

This is a key management tool for in-year monitoring and is lower than the Authorised Limit as it is based on an estimate of the most likely level of external borrowing at any point in the year. In comparison, the authorised limit is the maximum allowable level of borrowing.

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Operational boundary (for borrowing)	£000	230,000	230,000	270,000	270,000
Operational boundary (for other long term liabilities)	£000	190,000	140,000	6,500	6,500
Operational boundary (for total external debt)	£000	410,000	370,000	276,500	276,500

Technical accounting rules require the Council to recognise an asset under construction and a corresponding PFI-equivalent liability for the work certified to date and forecast for the EfW plant. This liability is included in the 'other long-term liabilities' line. The amount has been increased from the approved estimate to include the full value of the Facilities Payment Sum (a single bullet payment of £180m) in respect of the Energy from Waste plant, to reflect that the whole amount will be outstanding as at 31 March 2016, although only part of which will be supported by prudential borrowing.

This indicator is consistent with the Council's plans for capital expenditure and financing and with its Treasury Management Policy and Practice document. It will be reviewed on an on-going basis.

4.3. ACTUAL EXTERNAL DEBT

This is a factual indicator showing actual external debt for the previous financial year.

The actual external borrowing as at 31 March 2015 was £190.7m which includes £15m short term borrowing for cash flow purposes from the money markets and £1.5m accrued interest. During the current financial year £1.7m of debt will be repaid relating to 'Equal Instalment of Principal' loans and £10m relating to 'Maturity' loans where the principal is repaid on maturity. The forecast external borrowing as at 31 March 2016 is £180m which includes £1.5m accrued interest and £15m borrowing in advance of need for the EfW Plant.

5. TREASURY MANAGEMENT INDICATORS

The prudential code links with the CIPFA Code of Practice for Treasury Management in the Public Services.

The Treasury Management indicator consists of five elements that are intended to demonstrate good professional practice is being followed with regard to Treasury Management. The proposed values and parameters provide sufficient flexibility in undertaking operational Treasury Management.

5.1 SECURITY AVERAGE CREDIT RATING

The Council is asked to adopt a voluntary measure of its exposure to credit risk by monitoring the weighted average rating of its investment portfolio.

Security Average Credit Rating	Actual / Target
Portfolio Average Credit Rating	AA- / A+ or above

For the purpose of this indicator local authorities, which are unrated are assumed to hold an AAA rating.

5.2 HAS THE COUNCIL ADOPTED THE CIPFA TREASURY MANAGEMENT CODE?

The Council has adopted the Code. In line with the Code the Treasury Strategy, the mid year review and the annual review are reported to Cabinet and Council.

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Adoption of the CIPFA Code of Practice for Treasury Management in the Public Services	N/A	Yes	Yes	Yes	Yes

5.3 UPPER LIMIT OF FIXED RATE BORROWING FOR THE 3 YEARS TO 2017/18

This indicator is set to control the Council's exposure to interest rate risk and the rate is set for the whole financial year. The upper limits on fixed interest rate exposures expressed as an amount will be:

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Fixed interest rate exposure - upper limit *	£000	230,000	230,000	270,000	270,000

* Any breach of these limits will be reported to the full Council

5.4 UPPER LIMIT OF VARIABLE RATE BORROWING FOR THE 3 YEARS TO 2017/18

This indicator is set to control the Council's exposure to interest rate risk. Here instruments that mature during the year are classed as variable, this includes the Council's Lender Option Borrower Option (LOBO) loans. For LOBO loans, on specified call dates, the lender has the option to increase the interest rate paid on the loan. If the lender exercises this option, then the borrower can agree to pay the revised interest rate or repay the loan immediately. The upper limits on variable interest rate exposures expressed as an amount of the net principal will be:

Indicator	Unit	Revised Estimate 2015/16 as at 30 Sept 2015	Approved Estimate 2015/16	2016/17	2017/18
Variable interest rate exposure - upper limit *	£000	80,000	80,000	80,000	95,000

* Any breach of these limits will be reported to the full Council

5.5 MATURITY STRUCTURE OF FIXED RATE BORROWING FOR 2015/16 TO 2017/18

This Indicator is set to control the council's exposure to refinancing risk. The upper and lower limits on the maturity structure of the fixed borrowing will be:

Maturity Structure of Fixed Rate Borrowing	Revised Estimate 2015/16		2015/16		2016/17		2017/18	
	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit
Under 12 months	45%	0%	45%	0%	45%	0%	55%	0%
12 months and within 24 months	45%	0%	45%	0%	50%	0%	45%	0%
24 months and within 5 years	55%	0%	55%	0%	55%	0%	55%	0%
5 years and within 10 years	55%	0%	55%	0%	60%	0%	60%	0%
10 years and above	100%	20%	100%	20%	100%	20%	100%	20%

These parameters control the extent to which the Council will have large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates. The maturity date of borrowing is the earliest date on which the lender can demand repayment.

5.6 TOTAL PRINCIPAL SUMS INVESTED FOR PERIODS LONGER THAN 364 DAYS

The purpose of this indicator is to control the council's exposure to the risk of incurring losses by seeking early repayment of its investments.

Indicator	2015/16 Revised Estimate 30 Sept 2015	2015/16	2016/17	2017/18
Total principal sums invested for periods longer than 364 days	£50m	£50m	£25m	£25m

With regard to longer term investments the recommendation is to limit sums for periods longer than 364 days to no more than £50m in 2015/16 and £25m in 2016/17 to 2017/18. Cash balances are anticipated to be lower from 2016/17 onwards due to financing the EfW project.

6 CONCLUSION

In approving, and subsequently monitoring, the above prudential indicators the Council is fulfilling its duty to ensure that spending plans are affordable, prudent and sustainable.

Regulatory and Audit Committee

Title:	Standing Orders relating to Contracts- Exemptions and Breaches
Date:	November 2015
Author:	Richard Ambrose
Contact officer:	Tricia Hook, Procurement Lead, Tel:01296 383615
Local members affected:	N/A

For press enquiries concerning this report, please contact the media office on 01296 382444

This report provides an updated summary in relation to compliance with the Council's Standing Orders relating to Contracts (CSO) and compliance with the Public Procurement Regulations

The reporting period covers 1st April 2015 until 30th September 2015

Recommendation

Members are asked to note this report

Summary

1. Exemptions

Background

The Committee has received two earlier reports on this subject, the most recent one being presented in January 2015

This Committee previously agreed a number of Constitutional changes, including raising the Thresholds in CSO in readiness for the organisational changes that took effect in April 2015. The process for managing exemption requests has been revised accordingly.

The Public Procurement Regulations changed in February 2015 and these changes have resulted in additional legal requirements in relation to the advertising of contract opportunities for all services in the European Journal when the value of the contract is in excess of £173k. Previously some services, particularly those relating to social care and public health were excluded from this requirement. It should be noted that in all circumstances an award notice is also required to be published.

It is recognised that there will be occasions when a business unit is not able to fully comply with Public Procurement Regulations and that a Breach will occur. Any such Breach must be reported to the statutory officers who will advise on the potential consequences for the organisation. A guidance note for the reporting of Breaches was issued to the Managing and Finance directors of business units earlier this year and a copy is attached as Appendix Two to this report for information purposes.

Publication of Opportunities and Award Notices

The Government included in the revised Public Procurement Regulations 2015 the requirement for local authorities to publish contract opportunities, and award notices on Contracts Finder. (Contracts Finder is the registered website used for the publication of all

public sector procurement opportunities in England). This requirement relates to the government's transparency agenda. Failure to comply with these requirements will put the Authority in breach of UK law. Crown Commercial Services (CCS) is currently monitoring LA compliance via mystery shopping.

BCC has been recently been contacted by CCS and asked to explain why three opportunities published locally had not also appeared on Contracts Finder.

CCS are allowing a transition period for full implementation of these requirements and during this time sanctions will be restricted to publishing the names of non-compliant Authorities on UK.Gov website,. However stronger sanctions will be introduced from February 2016, the details of which have not yet been published, but early indications suggest that financial penalties are under consideration.

The requirement to publish opportunities is linked to local CSO and for Buckinghamshire this means that the local threshold of £173k will apply.

The requirement to publish award notices is in accordance with transparency requirements and applies to all contracts with a value of £5k or above.

The procurement team is currently working with the supplier of the Council's e-tendering system (pro-contract) to develop the system to ensure that all opportunities and award notices published on the system will automatically appear on Contracts Finder and will also be communicating these requirements to Business Units internally through the usual communication channels.

Data (Appendix One)

- There were a total of 7 registrations in the first two Quarters of 15/16. This is considerably lower than the number of registrations requested in the same period last year (34), however changes to the process as outlined above will have impacted on these figures.
- During quarters 1 and 2 of the Fiscal Year 15/16
 - The highest value application was £143,797
 - the lowest value application was £47,000
- The total value of exemptions agreed during the Fiscal Year 14/15 was £22,419,938
- For quarters 1 and 2 of the Fiscal Year 15/16 the total value of exemptions agreed is £687,297

Breaches

Two potential breaches of EU Regulations have been reported to the Statutory Officers this year. Both were submitted by CHASC and were as follows:

- The Supporting People contracts for Sheltered Housing comprising nine contracts with an annual contract value of just under £1m
- The Home Options and ABODE contracts with a combined annual value of just over £5.5m

In both cases a compliant tender has since been completed.

In addition the Capital Projects Performance Manager from TEE has identified some compliance issues relating to past appointments of consultants for capital projects. He is now working closely with the Procurement team to ensure future appointments are compliant.

Fig. 1 - Data Summary

Summary of all Exemption to Standing Orders registered during Complete Fiscal Year 2014/15 and Quarters 1-2 of Fiscal Year 15/16

FY 2014/15	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
Total number. of exemptions registered	12	22	16	9	59
Total number. of exemptions cancelled during process	0	8	3	2	13
Lowest value exemption (excluding cancelled)	£13,000	£6,000	£6,000	£1,285	
Highest value exemption (excluding cancelled)	£2,267,454	£132,000	£2,384,641	£173,000	
Total no. of exemptions raised retrospectively (excluding cancelled)	5	9	9	6	29
Total value of retrospective exemption (excluding cancelled)	£2,903,454	£520,281	£556,626	£426,150	£4,406,511
Total value of exemptions	£4,898,771	£13,764,950	£3,275,362	£480,855	£22,419,938

FY 2015/16	Qtr. 1	Qtr. 2	Total
Total number. of exemptions registered	5	2	7
Total number. of exemptions cancelled during process	1	1	2
Lowest value exemption (excluding cancelled)	£47,000	£50,000	
Highest value exemption (excluding cancelled)	£143,797	£50,000	
Total no. of exemptions raised retrospectively (excluding cancelled)	1	0	1
Total value of retrospective exemption (excluding cancelled)	£70,000	£0	£70,000
Total value of exemptions	£514,797	£172,500	£687,297

Fig. 2 - 18 month analysis of exemptions applied for under Standing Orders relating to Contracts

Complete Fiscal Year 2014/15 and Quarters 1-2 of Fiscal Year 15/16 **Risk data excludes cancelled exemptions

Summary Complete Fiscal Year 2014/15	Qtr 1	Qtr 2	Qtr 3	Qtr 4	FY 14/15
Total no. of exemptions registered	12	22	16	9	59
Total no. of exemptions cancelled during process	0	8	3	2	13
Total no. of exemptions categorised as Low risk (excludes cancellations)	10	11	13	7	41
Total no. of exemptions categorised as Medium risk (excludes cancellations)	2	2	0	0	4
Total no. of exemptions categorised as High risk	0	0	0	0	0

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Summary Fiscal Year 2015/16 - Quarters 1-2	Qtr 1	Qtr 2	Qtr 3	Qtr 4	FY 15/16
Total no. of exemptions registered	5	2			
Total no. of exemptions cancelled during process	1	1			
Total no. of exemptions categorised as Low risk (excludes cancellations)	4	1			
Total no. of exemptions categorised as Medium risk (excludes cancellations)	0	0			
Total no. of exemptions categorised as High risk	0	0			

Fig.3 - Exemptions by Service Area

Quarters 1-2 of Fiscal Year 15/16

***Risk data excludes cancelled exemptions*

Exemptions to Contract Standing Orders by Service Area (April 2015 - Sept 2015)	Below Threshold	No. Low Risk	No. Med/High Risk
CHASC - Adult Social Care	1	1	0
CHASC - Public health	1	1	0
CYP - Learning, Skills & Prevention	1	1	0
Prevention & Commissioning	0	0	0
TEE - Environment	2	2	0
Totals	5	5	0

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Exemptions and Breaches of Public procurement Regulations

Guidance Notes

Background

Procurement activity within the Council is governed by **Contract Standing Orders (CSO)** and the **Public Procurement Regulations (PPR)**.

CSO are part of the Council's Constitution and, therefore, Officers are required to conduct procurement activity in accordance with these Orders. Timely review of contracts and good forward planning, drawing on the management information in the Contracts Management Application (CMA), should ensure that sufficient time is allowed to carry out procurement exercises in accordance with Standing Orders.

In certain circumstances, it is recognised that it may be appropriate to seek an exemption from the full requirement of CSO and the Council has in place an exemption process that Officers can use to request agreement from a Cabinet Member (and the Chief Finance Officer) to act outside of CSO.

The exemption process can be applied to a procurement process that will result in a contract with **a value of up to £172k**. This is the relevant EU Threshold for the purchase of Goods or Services by Local Authorities in the UK and it is a requirement of the Public Procurement Regulations that procurement activity of this value is subject to a competitive process.

In Summary

CSO state that competitive quotations should be sought for purchases with a value of between £25k and £172k. An agreed exemption will allow an Officer to legitimately place an order for a purchase of this value without following a competitive process.

It is not, however, possible for an Officer to request an exemption if the value of the planned contract is in excess of this figure of £172k. This is for the following reasons:-

- CSO state that exemptions can only be requested if the value of the planned purchase is below the EU Threshold for Goods and Services;
- The Public Procurement Regulations are a **legal requirement** and it is not possible for either Officers or Members to authorise an action which would result in a process that is not lawful.

Therefore, a competitive process must be followed if the value of the planned contract is in excess of £172k. Any alternative course of action will result in a breach of the Public procurement Regulations and may lead to a challenge resulting in a financial penalty and a reputational risk.

Breach

If an Officer becomes aware that it may not be possible to comply with the requirement for competition and that a breach may result, then they are required to take immediate advice on the steps to follow and should:

- Consult with the procurement team and/or legal services to establish the legal position and any possible alternative course of action
AND
- Consider the risks associated with delaying the contract award until a competitive process has been followed.
AND
- Advise the Managing Director of the Business Unit of the potential breach and agree a course of action.

If the Business Unit concludes that there is no option but to proceed, then **the S151 Officer and Monitoring Officer (Statutory Officers) must be informed of the potential breach at the earliest possible opportunity** via a report that sets out:

- The reasons for the potential Breach;
- A summary of the advice received from Procurement and/or Legal Services;
- The risks associated with any delay to awarding the contract;
- The planned course of action, including timescales.

The purpose of the report is to **inform** the Statutory Officers and allow them to intervene, if deemed appropriate, before the Breach occurs.

The S151 Officer / Monitoring Officer cannot sanction or agree the proposals. However, they will:

- Consider the risks to the Council arising from the Breach and make an entry on the Corporate Risk Register, if deemed appropriate;
- Seek assurance that appropriate steps are being taken to rectify the situation and that this is being given high priority;
- Require the Business Unit to take steps to prevent similar circumstances reoccurring in the future.

In circumstances where the Breach has already occurred then the Statutory Officers must be informed immediately that Public Procurement Regulations have not been followed. A report should be submitted that also sets out the reasons why the Statutory Officers were not informed of any potential breach earlier.

The Statutory Officers will consider and make recommendations for any further action to be taken following any breach.

The Regulatory and Audit Committee will be informed of all breaches and the Accountable Officers will be expected to attend to explain the reasons for the breach.

Regulatory and Audit Committee

Title:	Annual report on Feedback and Complaints Procedure
Date:	18 th November 2015
Author:	Kate Reed, Corporate Complaints Manager Jeevan Viridi, Corporate Complaints Officer
Contact officer:	Kate Reed 01296387844
Local members affected:	(All Electoral Divisions);

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

This is the annual report for the corporate Feedback and Complaints procedure and covers all portfolios for the period 1 April 2014 to 31 March 2015. Please note that it does not cover statutory social care complaints, which are reported separately.

This report shows a decrease in the overall number of corporate complaints received but an increase in the number of overall contacts received by the complaints team. The suggestion here is that as an organisation we are evolving in the way we manage complaints and encouraging resolution by the people who are delivering services. Learning from complaints is fed back to Business Units with any suggestions for improvement at all stages of the process. We can also be confident in the fact that we are dealing with our complaints according to the requirements of the Local Government Ombudsman and that we actively acknowledge and welcome complaints as a way of improving customer service.

Recommendation

Members should note and comment on the report.

FEEDBACK AND COMPLAINTS - ANNUAL REPORT 2014/15

1. Introduction

- 1.1 This is the annual report for the corporate Feedback and Complaints procedure and covers the period between 1 April 2014 and 31 March 2015. It should be noted that this report reflects the Council's structure prior to the changes brought about by the Future Shape Programme on 1 April 2015.
- 1.2 This report provides information on Stage 1, 2 and 3 Complaints completed in line with Buckinghamshire County Council's Feedback and Complaints procedure, together with all complaints determined by the Local Government Ombudsman, for the period in question. The report does not include details of complaints administered under the statutory social care complaints procedures, which are reported separately. All figures quoted are those recorded on our Respond database.

2. Background

2.1 Buckinghamshire County Council's corporate Feedback and Complaints procedure was originally introduced in March 2000. Copies of leaflets are available from County Council Offices and details of the Feedback and Complaints procedure are available on the Internet for the public and Intranet for staff. Members of the public are able to make complaints via the Internet Webpages on a specially designed feedback form, or can complain in writing, by email, in person or by telephone.

This report gives summary information on Stage 1 and Stage 2 complaints and more detailed information on Stage 3 complaints and Local Government Ombudsman (LGO) complaints.

3. Complaints Procedure

3.1 The Feedback and Complaints procedure has three basic stages:

Stage 1 – an 'informal' stage, co-ordinated by the Customer Complaints and Information Team (CCIT), where the problem is investigated by the staff providing the service (or their line manager) and responded to by CCIT on their behalf

Stage 2 – the matter is referred to, and a response sent by, the Head of Customer and Communications, after liaising with senior officers in the service concerned

Stage 3 – the complaint is referred to, and responded to by, the Council's Monitoring Officer

3.2 At each stage, it is our aim to acknowledge the complaint within 10 calendar days and send a full response within 28 calendar days. If it is not possible to respond fully within 28 days, we should let the complainant know, explain why and give a new reply date.

3.3 If a complainant is still not happy after Stage 3 of the process, they may refer their complaint to the Local Government Ombudsman. (For further information on LGO complaints see sections 7 and 8 below.)

4. Stage 1 and Stage 2 Complaints

4.1 The centralised Customer Complaints and Information Team (CCIT) was created in 2012. The CCIT handle most corporate Stage 1 and 2 complaints across the Council, except some which are handled by contractors on our behalf.

4.2 The numbers of Stage 1 and Stage 2 complaints received in 2014/15 are shown in Table 4.2A below, together with the related outcomes (Table 4.2B) and response times achieved (Table 4.2C below). Last year's figures appear

in brackets.

No. Stage 1 Complaints received	471	(629)
No. Stage 2 Complaints received	117	(124)

Table 4.2A - Number of Stage 1 and Stage 2 complaints received

Outcome	No. of Stage 1		No. of Stage 2	
Not Upheld	145	(248)	101	(84)
Partially Upheld	88	(115)	22	(21)
Upheld	172	(189)	17	(15)
Withdrawn	38	(37)	1	(3)
Out of jurisdiction	19	(37)	1	(1)
Other	0	(3)	0	(0)
Total	462	(629)	142	(124)

Table 4.2B – Stage 1 and Stage 2 complaints by Outcome (cases closed in 2014/15 differs slightly from cases received as they may not be closed within the same period)

	No. of responses sent		Average time to complete		Percentage done within 28 day target	
Stage 1	462	(607)	16	(15)	91%	(92%)
Stage 2	142	(117)	23	(28)	73%	(62%)

Table 4.2C – Stage 1 and Stage 2 response times

- 4.3 The number of complaints recorded is less than the previous year this could imply that residents are happier with the way we are delivering services. This appears to be, however, more of a reflection on how we are managing their contact with us. In 2013/14 we received 286 contacts from customers that fell outside the complaints process; during 2014/15 the number received was 621. The overall number of contacts, therefore, has increased. One of the reasons for this could be the way that we are now assessing each contact on its own merit putting it through the complaints process only where it is appropriate. In addition, with increased awareness of a central point of contact for complaints, officers and customer alike have approached the team for guidance in the resolution of customer concerns and complaints.
- 4.4 At Stage 1, the most common reason for a complaint is delay, failure to keep informed, closely followed by customers being unhappy with a decision that the Council has made.
- 4.5 At Stage 1, 59% of all non-statutory complaints recorded on Respond were attributable to Transport for Buckinghamshire (TfB), with the most common reason for complaint being a delay and failure to keep the customer informed. Most TfB complaints over the last year have related to a specific number of issues - gully cleaning and drainage issues (13%), grass cutting (11%), in particular concerns over hedges and trees (20%). A high proportion

of these complaints relate to the South Buckinghamshire area.

- 4.6 Across the remainder of Place Service (non-TfB) there were a fewer number of Stage 1 complaints equating to around 9% of the total. The majority of these complaints were about Waste Services and particularly are in relation to the behaviour or conduct of staff at Household Waste & Recycling Centres. The complaints tend to relate to different sites, Buckingham being one of the more affected. It may be of interest to note that a recent compliment which was extracted from a news feed on Facebook mentioned that customers themselves do not always treat the operatives with respect. Whilst not condoning poor staff conduct, it should be understood that there can be two sides to be considered.

There were a number of complaints received about the works on the Tesco Roundabout in Buckingham following over running works on behalf of the developers at the Lace Hill development. The majority of these complaints were actually out of jurisdiction as it was the planning approval that caused most customers to complain. Some, complaints, however, were made about the advice given by Development Control Officers who had given advice to the District Councils or Planning Committee.

- 4.6 Adults and Family Wellbeing had approximately 7% of all Stage 1 complaints with the majority being received for Culture & Learning. There were no specific trends identified although complaints were received from both Adult Learning and Libraries with a very small number attributable to Adult Social Care. Across the service there were complaints about poor standard of facilities (although considerably less than last year) and conduct of staff and course content not being as described. One customer complained about the behaviour of a fellow student, although the tutors and other staff did not share this opinion, he escalated his complaint and remained dissatisfied when it was not upheld.
- 4.7 For Children and Young People, 43 non-statutory complaints were received for Special Educational Needs, School Admissions and a very small number for Family Resilience. Delays and failure to keep customers informed and complaints about decisions made were the main reasons for complaints in this area.
- 4.8 For Policy, Performance and Communications 2 complaints were received.
- 4.9 For Resources and Business Transformation, complaints were received about the Contact Centre and ICT with a much small number of complaints about Blue Badges this year.
- 4.10 ICT complaints were received regarding some e-mail addresses where our e-mails do not reach them when sent. This is being investigated but no clear reason has been found and the problem does appear to be intermittent.
- 4.11 The majority of complaints received at Stage 1 and Stage 2 had an element of communication failure, whether intentional or not. Sometimes this is something as simple to resolve as calling a customer to let them know you are still working on an issue or even managing our calls and contact better.

4.12 It has been possible to analyse the escalation of complaints between the stages of the Feedback and Complaints procedure. It must be noted that the procedure is flexible and it is not always necessary to complete all 3 stages, depending upon the specific circumstances.

- 471 Complaints were recorded at Stage 1
 - 65 of these Stage 1 complaints were escalated to Stage 2 (13.8%)
- 117 Complaints were recorded at Stage 2
 - 28 of these Stage 2 complaints were escalated to Stage 3 (23.93%)
- 43 Complaints were recorded at Stage 3
 - 7 of these Stage 3 complaints went directly to Stage 3 (as per correct procedure for complaints relating to requests for information made under the Data Protection Act, Freedom of Information Act and Environmental Information Regulations)
 - 5 of these Stage 3 complaints were escalated directly to Stage 3 (due to their seriousness or previous correspondence indicating this to be appropriate)
 - 0 of these Stage 3 complaints were escalated directly from Stage 1
 - 21 of these Stage 3 complaints were escalated from Stage 2 after being considered at Stage 1
 - 7 of these Stage 3 complaints were escalated from Stage 2 having been taken at Stage 2
 - 3 complaints were withdrawn

4.13 These figures show that a substantial majority of Stage 1 complaints were resolved without being escalated to Stage 2. However, once someone has been through Stage 2, they are much more likely to want to escalate the matter to Stage 3 for a review which is independent of the service area.

5. Stage 3 Complaints

5.1 A total of 43 corporate Stage 3 complaints were received and logged onto the *Respond* computer database during 2014/15 – a decrease on the previous year’s figure (56)

5.2 Of these 43 complaints, the then Monitoring Officer, Anne Davies, determined the following outcomes (previous year’s figures appear in brackets):

Fully upheld	3	(3)
Partly upheld	6	(11)
Not upheld	31	(37)
Withdrawn	3	(4)
Ongoing	0	(0)
Out of Jurisdiction	0	(1)
Total	43	(56)

Table 5.2A – Stage 3 complaints by Outcome

- 5.3 When recommendations are made by the Council Complaints Officer, these are followed up to ensure compliance. In addition, any learning points from each Stage 3 investigation are disseminated to relevant officers to raise awareness and to facilitate learning. Recommendations can also be (and are) made even when the Stage 3 complaint has not been upheld, as part of service improvement and/or organisational learning.
- 5.4 Stage 3 complaints include disputes about information requests (Freedom of Information Act (FOI), Data Protection Act (DP) and Environmental Information Regulations (EIR)) as an internal review stage before the complainant can take the matter to the Information Commissioner. The split of Stage 3 complaints between Information Requests and Corporate Complaints is shown in Table 5.4A.

	No. of Stage 3 Complaints	
Information Requests	7	(9)
Other Corporate Complaints	36	(47)
Total	43	(56)

Table 5.4A – Stage 3 complaints by Type

6. Annual Review of Feedback and Complaints Procedure

- 6.1 The Monitoring Officer has reviewed the Feedback and Complaints procedure and has agreed that we should reduce timescales for dealing with complaints by removing one of the stages. This will mean that the initial stage will be carried out at a higher level of management than currently and will be followed by a review stage effectively removing Stage 1 of our current procedure. This will benefit the customer as the complaint journey will be shorter and the organisation as it encourages accountability of complaints at an earlier stage.
- 6.2 The Monitoring Officer notes the benefits to customers of a robust and clear complaints procedure, easily accessible to the public via a choice of channels. The centralised Customer Complaints and Information Team (CCIT) give complainants clear information about their complaint and its progress, and customers are advised of their right of escalation if not satisfied. The consistency of approach allows complaints about different types of issues to experience the same high standard of customer service, using a uniform, consistent approach. This also creates a clear audit trail, which is useful when matters are escalated, for example to the Local Government Ombudsman.

7. Local Government Ombudsman - Annual Review Letter

- 7.1 Each local authority is sent an Annual Review Letter from the Local Government Ombudsman (LGO). A copy of the letter is attached for your information (see Appendix 1).
- 7.2 The Annual Letter should be read in conjunction with the Ombudsman's 'Annual Report & Accounts 2014/15' and 'Review of Local Government Complaints 2014-15'. Both documents cover all local authorities in England and are available on the LGO's own website (www.lgo.org.uk).
- 7.3 The Council has Ombudsman Link Officers, who ensure that appropriate Members and Officers are kept informed, by email notification in most instances, of the arrival and progress of Ombudsman investigations. Any major points about individual complaints mentioned in an Annual Letter would normally, therefore, be familiar to relevant officers and members – although for this year's letter, no cases/points for improvement have been noted by the Ombudsman (see section 7.4 below). It is important to note, however, that each Ombudsman investigation is closely monitored by the Link Officers and the Deputy Monitoring Officer, and any actions and/or learning points are followed up immediately - both during and after each complaint investigation.
- 7.4 You will note from this year's LGO Annual Review Letter (Appendix 1) that the information supplied by the LGO is limited to just numbers of complaints and no qualitative comment has been included. The Council assumes from this lack of comment that the Ombudsman has not identified any specific areas of serious concern.
- 7.5 Once again, the number of complaints notified to the Council by the LGO did not tally with the records held by the Council, however, last year the LGO issued guidance to all Councils which stated that the LGO were
- “...not in a position to provide any further detailed information about the data we present in the report or in your annual letter. We understand that our figures may not match the data collected by local authorities. Typically the differences between our data and data held by local authorities reflect that we refer a proportion of recorded complaints to the council for local resolution but the complainant may not always pursue the complaint. We are satisfied that the figures we will provide accurately reflect the data we hold for the financial year 2014-15.”
- 7.6 The LGO refused our requests for a list of all the 108 cases (as our records only showed 68 cases), but this year the LGO has taken on board feedback from last year and supplied more detail by providing their case reference numbers. The 40 'additional' LGO cases were totally unknown to the Council, except for a small number of 'premature' complaints (which were formally referred back to the Council by the LGO to be put through the Council's relevant complaints procedure).

7.7 All decisions made by the LGO in 2014/15 were issued using the same decision categories as in 2013/14. As from 1 April 2014 the decision categories were changed for all complaint decisions made after that date.

7.8 Table 7.8A shows an explanation of the new LGO decision categories, together with the number formally recorded by the LGO for 2013/14.

LGO Decision Category	LGO's Explanation of category	No. of cases
Detailed Investigation carried out - Upheld	<p>Complaints where the LGO has decided that we have been at fault in how we acted and that this fault may or may not have caused an injustice to the complainant, or where we have accepted that we need to remedy the complaint before the LGO make a finding on fault. If the LGO has decided there was fault and it caused an injustice to the complainant, usually the LGO will have recommended we take some action to address it.</p> <p>[NB This category is used when there has been any type of fault at any previous stage – irrespective of whether it has been successfully resolved before referral to the LGO. Previously these types of cases were shown as the LGO being satisfied with the Council's actions to remedy the situation – now they are all shown as 'Upheld', even if the LGO is fully satisfied with what has occurred and no further remedy is suggested.]</p>	5 (7)
Detailed Investigation carried out – Not Upheld	Where the LGO has investigated a complaint and decided that we have not acted with fault.	7 (6)
Advice given	Where the LGO gives advice about why the LGO would not look at a complaint because the body complained about was not within the LGO's scope or the LGO had previously looked at the same complaint from the complainant, or another complaints handling	1 (2)

	<p>organisation or advice agency was best placed to help them.</p> <p>[Please note that the Council is given no information about these cases and has no knowledge of them whatsoever.]</p>	
Closed after initial enquiries	<p>Where the LGO has made an early decision that the LGO could not or should not investigate the complaint, usually because the complaint is outside LGO's jurisdiction and either cannot lawfully investigate it or it would not be appropriate in the circumstances of the case to do so. The LGO's early assessment of a complaint may also show there was little injustice to a complainant that would need an LGO investigation of the matter, or that an investigation could not achieve anything, either because the evidence seen shows at an early stage there was no fault, or the outcome a complainant wants is not one the LGO could achieve, for example overturning a court order.</p> <p>[The vast majority (47) of these cases for 2013/14 are where the LGO has no jurisdiction to investigate and therefore cannot investigate the matter – for example where there is a legal process to follow.]</p>	60 (56)
Incomplete/invalid	<p>Where the complainant has not provided the LGO with enough information for her to be able to decide what should happen with their complaint, or where the complainant tells the LGO at a very early stage that they no longer wish to pursue their complaint.</p> <p>[Please note that the Council is given no information about these cases and has no knowledge of them whatsoever.]</p>	7 (11)

Referred back for local resolution	<p>The LGO works on the principle that it is always best for complaints to be resolved by the service provider wherever possible. Furthermore, the Local Government Act 1974 requires the LGO to give authorities an opportunity to try and resolve a complaint before the LGO will get involved. Usually the LGO tells complainants how to complain to an authority and ask them to contact us directly. In many instances, authorities are successful in resolving the complaint and the complainant does not re-contact the LGO.</p> <p>[Please note that for the vast majority of these cases, the Council is given no information about these cases and has no knowledge of them whatsoever. Presumably the complainants are just advised to contact us if they do wish to pursue a complaint against us.]</p>	21 (22)
Total Decisions made on complaints investigated		101 (Out of the 108 complaints received by the LGO)

Table 7.8A – New Local Government Ombudsman complaint categories and 2013/14 data

7.9 Despite the lack of accurate information readily available from the LGO, the Council has produced for this annual report a more detailed breakdown of complaint data on complaints received from the LGO, based upon our own records (see section 8 below). Clearly the numbers do not tally with the LGO total figure of 108 complaints, but the Council is confident that its figures are an accurate reflection of the number and breakdown of LGO complaints received by the Council (section 7.6 above refers).

8. Local Government Ombudsman Complaints

8.1 According to the Council's own records, a total of 68 complaints about the Council were determined by the LGO and communicated to the Council (excluding any complaints made prematurely to the LGO - i.e. those complaints that hadn't first been through the Council's own complaints procedures). See Tables 8.3A, 8.3B, 8.3C and 8.3D below for further information.

- 8.2 Learning points from all complaint determinations are disseminated to relevant officers/members as and when appropriate.
- 8.3 The overall number of complaints determined by the LGO between 1 April 2014 and 31 March 2015 can be further broken down as follows in table 8.3C. (Please note that the previous year's figures – for the period 1 April 2013 – 31 March 2014 appear in brackets).

Portfolio	No. of LGO Complaints		
Children's Services – Schools and SEN etc	0	(7)	Including complaints concerning Admissions and Appeals
Children's Services – Social Care	8	(6)	
Adult Social Care	7	(8)	
Adults & Family Wellbeing	0	(0)	
Communities & Built Environment	49	(45)	Including claims regarding pothole damage/state of roads
Resources & Business Transformation	3	(3)	
Non BCC	1	(0)	
Total LGO complaints	68	(69)	

Table 8.3C – LGO complaints by Portfolio

- 8.4 The number of LGO education admission and appeals complaints has dramatically reduced compared to last year. This drop in numbers was predicted due to the change of status of many Buckinghamshire schools to Academies, as complaints about Academy admissions are now handled by the Education Funding Agency (EFA) and are therefore no longer considered to be complaints against Buckinghamshire County Council.
- 8.5 We might have expected the overall number of complaint decisions recorded (69) to reduce in proportion to the reduction in complaints about school admissions and appeals (which have reduced from 48 in 2014/15). On analysis, this discrepancy appears due to a very large increase in complaints about the Communities and Built Environment Portfolio – and most significantly a very large increase of the numbers of complaints about pothole damage/state of the roads. The Local Government Ombudsman cannot investigate this type of complaint as it falls outside of their statutory jurisdiction (as there is a remedy available via the courts which the LGO considers it reasonable for people to pursue) however, they still record these

cases as decisions which the Ombudsman has made.

- 8.6 The LGO have confirmed that if any single element of a complaint (no matter how minor or how far back in the complaints process) has at any time been upheld, that the LGO will classify the complaint with a decision of 'Upheld'. This is a new approach: in the past the LGO would have considered that if the Council had taken appropriate action to remedy a complaint (to the Ombudsman's full satisfaction) they would not have arrived at a finding of fault. A finding of fault would only have been made if further maladministration had been identified which required a suitable remedy, or if the remedy offered by the Council was not deemed acceptable by the LGO. This, in practice, means that if a complainant takes a matter to the LGO which was previously resolved, the LGO will always record a decision of 'Upheld' – even if the LGO is happy with what has occurred previously and recommends no further action.

9. Compliments

- 9.1 A total of 642 compliments (for the whole Council) were recorded onto *Respond* in 2014/15 – a significant reduction for the second year in a row - when compared with 945 reported in the previous year. Work continues to encourage the recording of compliments across the organisation as it seems likely that not all are being recorded.

10. Review of Year Ending 31 March 2015 + Work planned for the future

- 10.1 Complaints have continued to flow in to the Council. Much has been done to try and improve the efficiency of dealing with these complaints, through streamlining procedures and enhancing the systems used. This work is ongoing as ideas for improvement are made on a regular basis and enhancements are made to procedures and systems.
- 10.2 Numbers of Stage 3 complaints recorded are slightly down on last year. There is a possibility that not all Stage 3 complaints have been recorded on *Respond*. A mixture of long term sickness and staff leaving Buckinghamshire Law Plus could have contributed to this. A procedure is now in place that will ensure that going forward all complaints received by Buckinghamshire Law Plus and by the Complaints and Information Team will be recorded.
- 10.3 The budget cuts within the Local Government Ombudsman's office continue to have an effect on the complaints we receive. The significant number of complaints for 2014/15 arrived at the Council with the decision already taken by the Ombudsman – without asking the Council for any comments. On a significant number of other cases, basic information was requested (and supplied at short notice) before a decision is reached by the LGO – again without asking the Council for formal comment. It has, on some occasions, been necessary for the Council to be assertive and ensure that it is given a fair opportunity to comment on the allegations made against it, before a final decision is reached by the Ombudsman.

- 10.4 The Respond database requires significant investment to align it to our other systems to ensure we are getting as much insight as possible from all of our customer contact. For this reason and since this reporting period a new system has been procured and is currently being developed to go live in 2016. The benefits of this include joined working with all areas of the Council and so a more efficient and consistent process for the customer.
- 10.5 Work is being done alongside the Innovation and Commercialisation Team to improve on the collection of complaints data for contracted out services. The Contract Management Application will be developed to allow providers to input complaints information their end so that contract managers can use it for monitoring and reporting.
- 10.6 As mentioned earlier in this report, changes to the 3 Stage Process have now been agreed. Stage 1 will no longer be dealt with at officer level but by a senior manager and Stage 2 will be the equivalent to the current Stage 3; an independent review of the complaint carried out by or on behalf of the Monitoring Officer. This will both save officer time and reduce the length of time a customer is in our complaints process. As part of the move towards this there will be significant engagement with Business Units to ensure culture change is effected and that customers who are unhappy are dealt with in the best way possible.

Background Papers

LGO Annual Review Letter

18 June 2015

By email

Mr Chris Williams
Chief Executive Officer
Buckinghamshire County Council

Dear Mr Williams

Annual Review Letter 2015

I am writing with our annual summary of statistics on the complaints made to the Local Government Ombudsman (LGO) about your authority for the year ended 31 March 2015. This year's statistics can be found in the table attached.

The data we have provided shows the complaints and enquiries we have recorded, along with the decisions we have made. We know that these numbers will not necessarily match the complaints data that your authority holds. For example, our numbers include people who we signpost back to the council but who may never contact you. I hope that this information, set alongside the data sets you hold about local complaints, will help you to assess your authority's performance.

We recognise that the total number of complaints will not, by itself, give a clear picture of how well those complaints are being responded to. Over the coming year we will be gathering more comprehensive information about the way complaints are being remedied so that in the future our annual letter focuses less on the total numbers and more on the outcomes of those complaints.

Supporting local scrutiny

One of the purposes of the annual letter to councils is to help ensure that learning from complaints informs scrutiny at the local level. Supporting local scrutiny is one of our key business plan objectives for this year and we will continue to work with elected members in all councils to help them understand how they can contribute to the complaints process.

We have recently worked in partnership with the Local Government Association to produce a workbook for councillors which explains how they can support local people with their complaints and identifies opportunities for using complaints data as part of their scrutiny tool kit. This can be found [here](#) and I would be grateful if you could encourage your elected members to make use of this helpful resource.

Last year we established a new Councillors Forum. This group, which meets three times a year, brings together councillors from across the political spectrum and from all types of local authorities. The aims of the Forum are to help us to better understand the needs of councillors when scrutinising local services and for members to act as champions for learning from complaints in their scrutiny roles. I value this direct engagement with elected members and believe it will further ensure LGO investigations have wider public value.

Encouraging effective local complaints handling

In November 2014, in partnership with the Parliamentary and Health Service Ombudsman and Healthwatch England, we published *'My Expectations'* a service standards framework document describing what good outcomes for people look like if complaints are handled well. Following extensive research with users of services, front line complaints handlers and other stakeholders, we have been able to articulate more clearly what people need and want when they raise a complaint.

This framework has been adopted by the Care Quality Commission and will be used as part of their inspection regime for both health and social care. Whilst they were written with those two sectors in mind, the principles of *'My Expectations'* are of relevance to all aspects of local authority complaints. We have shared them with link officers at a series of seminars earlier this year and would encourage chief executives and councillors to review their authority's approach to complaints against this user-led vision. A copy of the report can be found [here](#).

Future developments at LGO

My recent annual letters have highlighted the significant levels of change we have experienced at LGO over the last few years. Following the recent general election I expect further change.

Most significantly, the government published a review of public sector ombudsmen in March of this year. A copy of that report can be found [here](#). That review, along with a related consultation document, has proposed that a single ombudsman scheme should be created for all public services in England mirroring the position in the other nations of the United Kingdom. We are supportive of this proposal on the basis that it would provide the public with clearer routes to redress in an increasingly complex public service landscape. We will advise that such a scheme should recognise the unique roles and accountabilities of local authorities and should maintain the expertise and understanding of local government that exists at LGO. We will continue to work with government as they bring forward further proposals and would encourage local government to take a keen and active interest in this important area of reform in support of strong local accountability.

The Government has also recently consulted on a proposal to extend the jurisdiction of the LGO to some town and parish councils. We currently await the outcome of the consultation but we are pleased that the Government has recognised that there are some aspects of local service delivery that do not currently offer the public access to an independent ombudsman. We hope that these proposals will be the start of a wider debate about how we can all work together to ensure clear access to redress in an increasingly varied and complex system of local service delivery.

Yours sincerely



Dr Jane Martin
Local Government Ombudsman
Chair, Commission for Local Administration in England

Local authority report – Buckinghamshire County Council

For the period ending – 31/03/2015

For further information on interpretation of statistics click on this link to go to <http://www.lgo.org.uk/publications/annual-report/note-interpretation-statistics/>

Complaints and enquiries received

Local Authority	Adult Care Services	Benefits and tax	Corporate and other services	Education and children's services	Environmental services and public protection	Highways and transport	Housing	Planning and development	Total
Buckinghamshire CC	16	1	6	27	2	54	0	2	108

103

Decisions made

Local Authority	Detailed investigations carried out		Advice given	Closed after initial enquiries	Incomplete/Invalid	Referred back for local resolution	Total
	Upheld	Not Upheld					
Buckinghamshire CC	5	7	1	60	7	21	101

Regulatory and Audit Committee

Title:	Hearing the Customer's View Annual Report – Children and Young People's Social Care
Date:	
Author:	Maxine Moore
Contact officer:	Maxine Moore
Electoral divisions affected:	All

Summary

This annual report of the Children and Young People's Social Care statutory complaints procedure, Hearing the Customer's View, covers the period between 1st April 2014 and 31st March 2015.

Recommendation

Members should note the contents of the report.

CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE HEARING THE CUSTOMER'S VIEW - ANNUAL REPORT 2014/15

1. Introduction

- 1.1 This annual report of the Children and Young People's statutory complaints procedure, Hearing the Customer's View, covers the period between 1st April 2014 and 31st March 2015.
- 1.2 The Children Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place an effective representations and complaints procedure for complaints about Children's Social Care. This is to ensure that service users and/or their representatives are able to make comments about the services they have received or feel they ought to have received.
- 1.3 This report deals with complaints falling within the scope of this procedure. Some complaints received about social care, for example, those made by members of the public who are not service users about an aspect of social care work, are not considered under this procedure, but are dealt with under the County Council's corporate procedure.
- 1.4 This report has been produced to meet the requirement that members should be provided, on an annual basis, with information about complaints received.



- 1.5 The procedures are publicised in a leaflet about complaints and representations which is given to all service users who wish to make a complaint. The current leaflet was introduced in January 2013.
- 1.6 The Regulations require Local Authorities to designate a Complaints Manager with responsibility for undertaking certain functions. The structure of the centralised Complaints & Information Team came into effect as of 1st April 2013. The day to day management of the complaints are undertaken by the Statutory Complaints Officer with overall responsibility resting with the Corporate Complaints Manager.
- 1.7 In line with the requirements set out in the guidance¹ which accompanies the Regulations, the Complaints and Information Team is independent of Children's Services. Since 1st April 2015 this now sits within the Council's Headquarters.

2 Statutory Complaints procedure

- 2.1 The Hearing the Customer's View complaints procedure has three stages:
- 2.2 **Stage 1** – Local Resolution is where complaints are investigated and responded to by staff providing the services. The team manager has overall responsibility for providing a formal response within 10 working days of receipt, although this period can be extended to 20 working days in exceptional circumstances, such as complex complaints.
- 2.3 **Stage 2** – an independent investigation is carried out (this may still be internal to the Local Authority, although in practice an external independent Investigating Officer (IO) is almost always used. At the end of the investigation the IO will prepare a report and the Service Director will send a formal response to the complainant based upon the independent reports. These will be sent to the complainant. Legislation requires Local Authorities to involve an Independent Person (IP) in the investigation of complaints at Stage 2 of the Children Act procedures. The IP ensures that the Stage 2 investigation process is open, transparent and fair and will write a report on his/her observations. The investigation should be completed within 25 working days of receipt of the signed complaints statement, prepared by the IO and agreed by the complainant. This time can be extended to a maximum of 65 working days in certain circumstances. The complainant should be kept informed of any likely delays.
- 2.4 **Stage 3** – a Review Panel comprising an independent chair and two other independent people consider the adequacy of the Stage 2 complaint investigation. To listen to all parties and focus on achieving a resolution acceptable to all. The Panel should meet within 30 working days of the request being made, its recommendations should be recorded within 5 working days of the meeting and the Managing Director must respond to complainants within 15 working days of the date when the Review Panel made their recommendations.

¹ Getting the Best from Complaints (Social Care Complaints and Representations for Children, Young People and Others) *Department of Education & Skills* (2006)

3 Compliments received

3.1 There were **46** compliments received this year. This figure compares with 101 compliments received in 2013/14 and 72 compliments during 2012/13.

Children & Family Service	No. of Compliments 2014/15
First Response	0
Family Resilience	10
Children in Need (North) including Junior CATCH	8
Children in Need (South) including Family Assessment Service and CATCH	2
Children's Care Management Including Aftercare, Children with Disabilities and Children in Care	17
Children's Care Services including First Steps, Fostering and Permanence	9
Quality Standards & Performance	0
Total	46

3.2 It is disappointing to see that compliments have declined by approx. 55% of the number received in the previous year. The Business Unit have been reminded that staff need to record these comments in one place, however it is possible that these comments are being recorded in other places such as at team meetings or on the hospitality register. The Business Unit should continue to ensure all social work teams are aware of the need to report and record any compliments they receive. Due to the nature of the work that Social Care staff are involved in, it is particularly rewarding when positive feedback is received.

3.3 In previous years, Social Care have consistently received more compliments than complaints. In general compliments tend to be about particular individuals who go above and beyond the call of duty by displaying a recognised degree of professionalism and dedication. Some have been regarding instances where it is felt that an individual child has benefited from the service provided or where the quality of work has been recognised by a senior manager or another agency.

3.4 Compliments received directly from children & young people are unfortunately minimal so are greatly received when they are; examples:

“The best thing that has happened to me this year was coming to this foster placement (my 5th placement) and being told by my social worker that I can stay with them until I’m 18. Which means I won’t have to move placement ever again!”

Other examples:

Compliment from a local school about the Family Resilience Service

“A Social Worker working with a school has been very proactive and extremely effective in the impact that she has had. She has blended persistence with strong relationships and has created trust with families who have refused or failed to engage with other agencies”.

Compliment from a foster carer

“I wanted to thank you and your team for the support given and the incredible professionalism shown by the Social Workers who have been involved in this case. They have been truly amazing in being sounding boards during a rather difficult period for all concerned”.

4 Complaints received

- 4.1 There were **62** formal complaints managed through Stage 1 of the Statutory Complaints procedure during this year. This figure compares with 61 in 2013/14 and 92 in 2012/13. These numbers have remained relatively consistent with the previous year. However there has been a slight increase in the number of contacts received by the Complaints Team.
- 4.2 Whilst this paper does not seek to report on Corporate Complaints or General Enquiries, it is worth highlighting some figures for information and comparison. During 2014/15 there were 62 contacts made to the Complaints Team that were categorised as General Enquiries which either did not fall within the scope of the statutory procedure or were instances where customers did not wish to raise a formal complaint. The majority of these contacts were regarding lack of communication or where there was a need for immediate attention or clarification thus being satisfied with early intervention by Children’s Services and no need to escalate into a formal complaint.
- 4.3 Examples:
- *A Young Person wanting an immediate update on the details of where her next accommodation would be*
 - *A father requesting an update on his child’s welfare as unable to get through to the Social Worker*
- 4.4 In addition there were 21 Corporate Complaints during the same period relating to Children’s Services. While these complaints are still directed towards Children’s Service they usually relate to a non statutory function or are instances where the complaint is not relating to a specific child.

4.5 The table below gives a breakdown of statutory complaints by service area.

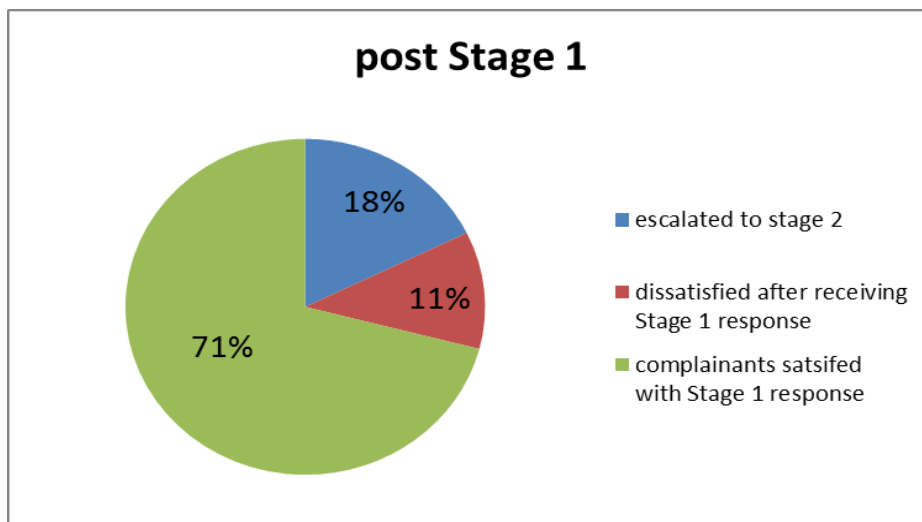
Please note that this does not include Family Resilience which are now dealt with separately under the non-statutory corporate complaints procedure.

Service Area	No. of Complaints 2014/15
First Response	17
Child in Need (North) (includes Junior CATCH)	10
Child in Need (South) (includes Family Assessment Service and CATCH)	6
Children's Care Management (includes Aftercare, Children With Disabilities and Children in Care)	20
Children's Care Services (includes Fostering and Permanence Team)	8
Quality, Standards & Performance	1
Total	62

There are no particular themes being identified in relation to where the complaints are directed. The complaints were quite evenly split between the First Response Service, Child in Need (North & South) and Children in Care services. However this is not uncommon as these teams provide the majority of the services.

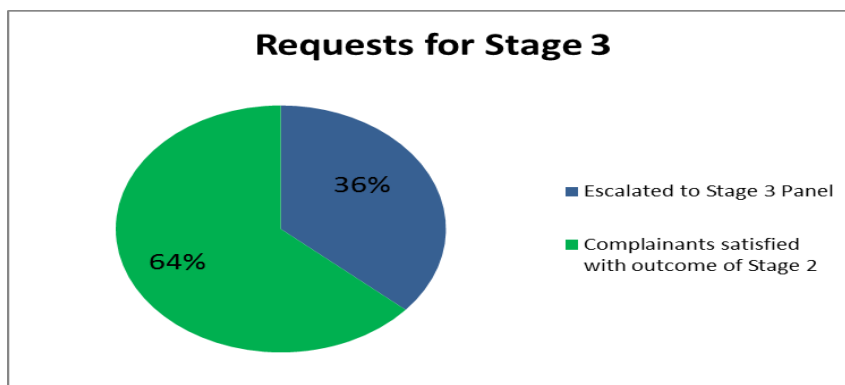
- 4.6 **Stage 2** - There is an expectation placed upon Children's Services that the majority of complaints considered at Stage 1 will be resolved locally at the point of service delivery. Where this cannot be achieved it may become necessary for the complaint to be considered at Stage 2.
- 4.7 There were 11 complaints managed through Stage 2 of the Children and Young People's Social Care complaints procedure this year compared with 10 in 2013/14 and 12 in 2012/13. The nature of Children and Young People's Social Care work inevitably attracts some complex complaints, which can be difficult to resolve.
- 4.8 It should be worth noting that in addition to the 11 complaints managed through Stage 2 process, there were a further 7 complainants who made contact with the Complaints Team expressing dissatisfaction with the outcome of their Stage 1 response. In all but 2 of these cases, a meeting was held with the Complainant, Manager from Children's Social Care and a Complaints Officer which successfully resulted in a mutually agreeable resolution and saw the request to escalate the complaint being withdrawn.

4.9 Given the relatively small numbers of complaints received in at Stage 1 during this year, we can see from these figures that 29% of these complainants were dissatisfied in some way with the outcome of their Stage 1 response and required further intervention; with 18% of them requesting and eventually receiving an independent investigation into their complaint.



4.10 The reasons for complainants expressing dissatisfaction and requiring further intervention can vary. Primarily this has been due the complainant suggesting that the Stage 1 response which did not adequately address the issues of complaint and/or where they were left feeling as though the complaint was not being taken seriously. However, it is also fair to say that there have been occasions where escalation was inevitable irrespective of the effort put in at Stage 1.

4.11 **Stage 3** – There were 4 Stage 3 Review Panel hearings convened during this period, which mirrored the figures of 2013/14 and slightly less in 2012/13 where there were only 3.



4.12 Following the outcome of the independent Stage 2 investigation, at least 64% of complainants took no further action at all. However, as discussed above, 36% of complainants remained dissatisfied and requested a further review at a Stage 3 panel despite their complaints being upheld or partially upheld. There was no particular cause which can identify why, despite an independent investigation, the

complainant chose to escalate the matter further. However, an analysis of those Panels held last year identified that in at least 3 of the cases, these were instances where complainants would simply not accept an outcome and were intent on escalation to the highest possible stage; which is unfortunate.

4.13 It is recognised from above, that the Local Authority could better engage the complainant at an earlier stage by taking the opportunity to provide a more thorough response, which should include sharing information, where appropriate, on how the Council will be learning from the complaint. This would provide the complainant with an appreciation that they are being heard and lessons are being learned.

5 Issues raised in complaints

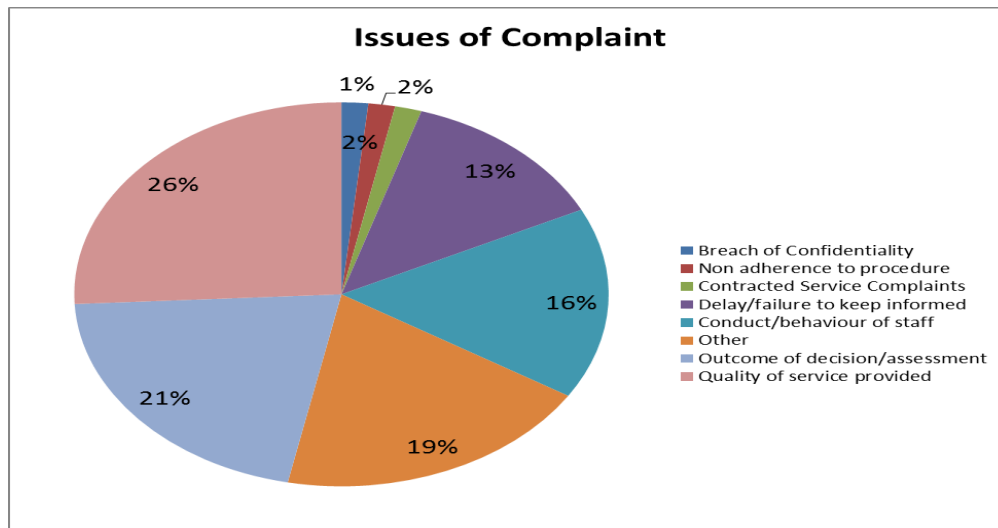
5.1 Children & Young People and their representatives are primarily telling us that they are dissatisfied with the poor levels of communication from Children’s Services. This includes (but not exclusive to),

- not having telephone calls and/or emails responded to,
- Referrals not being actioned in a timely fashion and/or timescales not adhered to
- Reports are not being completed on time thus enabling families to comment on their content before important meetings such as Child Protection Conferences.
- Quality of assessments and reports is below an acceptable standard
- Poor communication and information sharing between the different services.
- Families are not being informed about next steps and
- Failure to adequately explain what expectations Social Care may have of them.

One of the key aims of the Hearing the Customer’s View complaints process is to identify areas where services can be improved. To this end, where there are any lessons to be learned from Stage 1, local managers assimilate these and make any necessary changes to services.

5.2 The issues arising out of complaints were categorised as follows:

Issue	Number of complaints
Breach of Confidentiality	1
Non adherence to procedure	1
Conduct/behaviour of staff	10
Delay/failure to keep informed	8
Other	12
Outcome of decision/assessment	13
Quality of service provided	16
Contracted Service Complaints	1
Total	62



5.3 These classifications are based upon the complaint as described at Stage 1. The system used for recording complaints does not have the option of entering multiple categories. In the event that more than one issue may arise in any given complaint it is then recorded using the most significant presenting issue.

5.4 As can be seen from the above figures, the majority of complaints were regarding the quality of service provided (26%) and disagreements or dissatisfaction with the outcome of decisions / assessments (21%) the issues of complaint are fairly evenly spread amongst the next three categories (13-19%).

The issues of complaint are:

5.5 *Outcome of decision/assessment* –The highest volume of complaints received were recorded in this category. Again this category is relatively broad in description but encompasses issues such as

- Parent dissatisfied with the reduction in DP payments
- Request by young person to remain in foster placement beyond 18th birthday
- Dissatisfaction with the decision to move children into adoptive placement within a short timeframe.
- Father challenging the decision taken to change the child’s Social Worker
- Various complaints made by a Mother dissatisfied with the outcome of an assessment which rendered her child not in need of services.

Quality of service – generally this category of complaint is about the quality of reports or assessments written.

Complaints about conduct/behaviour of staff – often when a parent / family member is aggrieved by something which they deem is not being done in their child’s best interest they will label the complaint as being one about the individual Social Worker’s conduct or behaviour which is resulting in the wronged actions. In fact, whilst this is usually the perception, often this category is used for e.g. requests for changes in Social Worker, words said by the Worker that may have caused offence

or was taken out of context. This may also include where the Social Worker has failed to communicate effectively.

6 Categories of Complainant

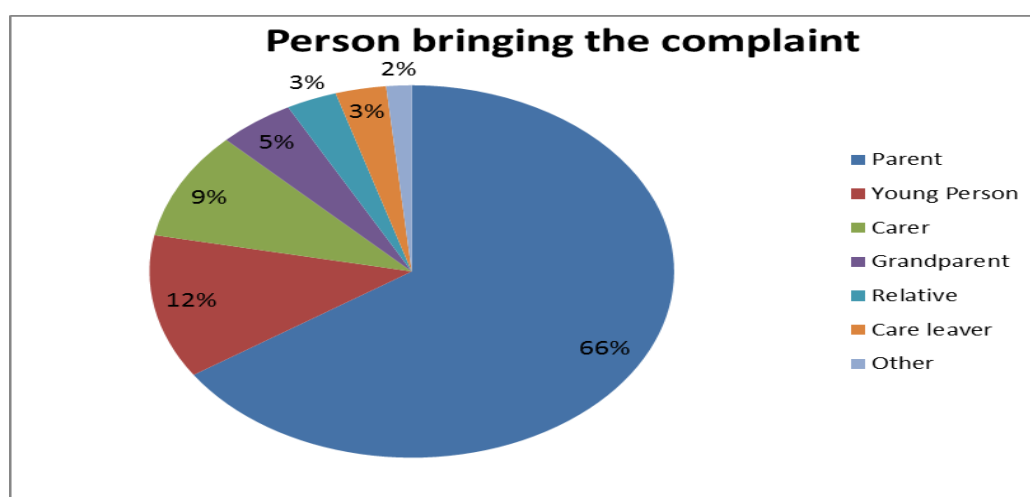
6.1 Children’s Services received 5142 referrals via First Response throughout 2014/15. 677 children were subject to a Child Protection Plan during this period (323 as at 31/03/15) and 590 children were considered to be Looked After Children, (436 as at 31/03/15). 6588 children were considered to be a Child in Need (593 with a disability), 2711 as at 31/03/15 and were therefore in receipt of services.

40% (25) of the overall complaints received during this period were regarding Looked after Children. In addition, there were 17 General Enquiries about Looked after Children during this period. If we consider that approx. 7% of children who were looked after by the Local Authority had cause to raise a complaint or raise concern.

6.2 However, only 8 of these complaints were brought by the Young People themselves – 4 with the assistance of an Advocate (NYAS).

6.3 It was identified that the complainants fell into the following categories

Representative	Number of complaints
Carer	6
Grandparent	3
Parent	42
Relative	2
Care leaver	2
Young Person	8
Other	1



6.4 The highest category of complainants were brought by parents (66%) as would be expected. This has also been the case in previous years. The rationale for the Regulations is to ensure that Local Authorities have an appropriate mechanism in place for Children and Young People (C&YP) to raise any concerns they might have and receive a response quickly and effectively. It is suggested that one reason for the low number (8 complaints) received directly from C&YP is that they feel able to go directly to their allocated worker to have the matter resolved locally without the need to instigate a complaint. However this view should be balanced with some caution that instead there are some C&YP who do not feel able or confident enough in escalating the matter via a complaints process.

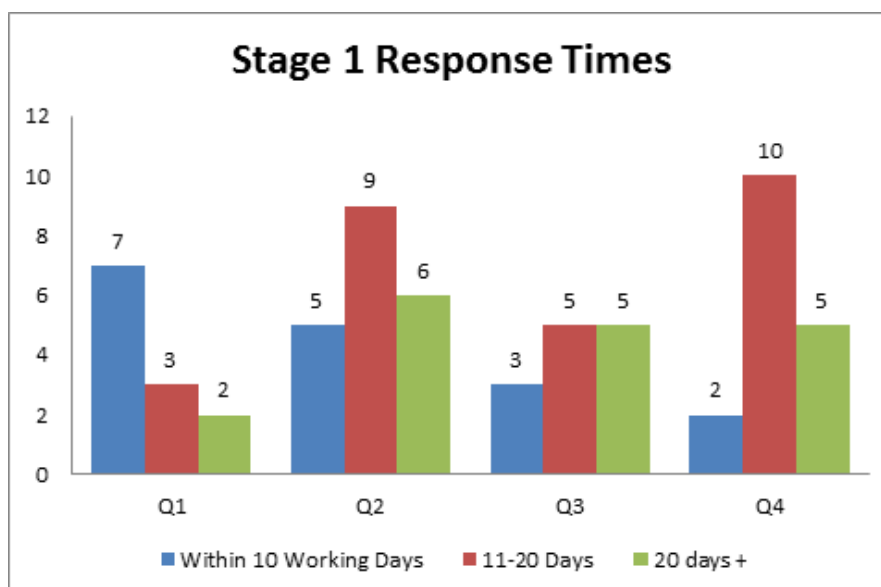
7 Timescales for replying to complaints (total number of complaints closed this period is 61)

Timescale	Percentage of total
Within 10 working days	27%
11-20 working days	44%
20 days plus	29%
Average time to reply	17 days

7.1 The timescale for responding to a Stage 1 complaint is 10 working days, although this can be extended to 20 working days if the matter is deemed complex or in exceptional circumstances. 27% of complaints were responded to within 10 working days. 71% were responded to within 20 working days. We are working hard to try to meet timescales and Children’s Services are aware of the importance of responding within the legislated 10 working days. However, as the aim is to fully investigate complaints at Stage 1 this can sometimes mean that we exceed the timescale to ensure a comprehensive response; being mindful of keeping the complainant fully informed of any delays.

7.2 The Statutory Complaints Officer manages this process and one of the main tasks is to ensure that complaints are escalated where appropriate or where a complaint is approaching its 10 or 20 day deadline. In addition, CYP services have an Officer in place who acts as a conduit, working closely with managers responsible for drafting responses. Again this is to help move through the process to ensure deadlines are met but is also there to provide support and assistance where possible to ensure a good quality and consistent response is sent to the complainant.

7.3 Unfortunately, we have seen a decline in response timescales. 71% of all complaints being answered within 20 working days as opposed to the previous year where at least 90% were responded to. This has seen our average time increase from 12.5 days to 17 days for this period. During this period there has been a high turnover in the senior management team which could have impacted upon the timeliness of responses.



7.4 It is not known whether there were any particular reasons for the decline in response timescales however, competing workload pressures including staff absences were some of the reasons to attribute to this.

8. Local Government Ombudsman

8.1 The Local Government Ombudsman (LGO) is an independent organisation authorised to investigate complaints where the Council's own investigation has not resolved the issues raised.

The LGO assessed 2 complaints for Children & Families during the period in question. This compared with 6 in the previous year. The decisions were as follows:

Detailed investigations carried out	Upheld	1
	Not Upheld	0
Outside of Jurisdiction		1

The local authority accepted the recommendations of the LGO in relation to both complaints they had reviewed.

9 Use of Independent Persons for Children's Act complaints

9.1 Under the regulations, complaints involving children require the use of an Independent Person (IP) who is not employed by the Local Authority. They work with independent Investigating Officers in investigations of Stage 2 complaints to ensure that investigations have been conducted in a full, fair and effective way.

9.2 As members of the North West London Complaints Managers' Group, the Statutory Complaints Officers have access to a pool of investigators from which we obtain Investigating Officers and Independent Persons to undertake Stage 2 investigations.

10 Use of advocates for Children's Act complaints

- 10.1 In accordance with national guidance, Buckinghamshire County Council has made arrangements for the provision of advocacy services for children and young people who wish to make representations under the relevant sections of the Children Act 1989. During the reporting period the County Council had a contract with NYAS for the provision of advocacy services for children in care.
- 10.2 The advocacy service must ensure that independent advocates provide appropriate help to children and young people, taking into account their age, means of communication, language, sex, race, religion, sexual orientation, health or disability.
- 10.3 The advocates provided by NYAS are volunteers who have received the appropriate training in working with children and young people. They are from a variety of backgrounds and care is taken in achieving a good match between advocate and child to take into account the needs of the child.
- 10.4 NYAS were contracted to provide advocacy for children in care. There is a limited need for advocacy for children in need which is considered on a case by case basis.
- 10.5 During this period 4 complaints were recorded from Young Persons who were supported by an Advocate from NYAS. All of these complaints were resolved locally at Stage 1.

11 Closed complaints

The outcomes of Stage 1 complaints closed during the period are as follows:

Complaints	Outcome
Upheld	19 (31%)
Partly upheld	15 (24%)
Not upheld	21 (34%)
Withdrawn	5 (8%)
No comment made	2 (3%)
Total	62

- 11.1 It can be understood from the figures above that the majority of complaints were either upheld or partially upheld. Contrast this with the previous year when only 12% were upheld

Despite the rise in complaints that were either upheld or partially upheld at Stage 1 this did not see a decline in the number of those escalating to Stage 2. It is worth noting that of the 11 Stage 1 complaints that escalated to Stage 2, all but one finding remained the same.

12 Diversity monitoring of complainants

Gender of complainant	
Male	19
Female	20

Ethnic Group of complainant	Number of complaints
White British	28
White Irish	
Any other white background	4
Asian/Asian British	
Bangladeshi	
Indian	
Pakistani	
Black or Black British	
African	1
Caribbean	1
Any other Black background	
Chinese	
Mixed White and Asian	2
Mixed White and Black African	
Mixed White and Black Caribbean	
Any other Mixed background	
Any other ethnic group	1
Ethnic group not specified	25

Sexual orientation of complainant	Number of complaints
Heterosexual	2
Bisexual	
Gay Man	
Lesbian	
Not stated or no response	60

Age of complainant	Number of complaints
Under 10	19
10 – 15	8
16 – 17	6
18 – 25	4
26 – 40	1
41-59	1
60 – 64	

65 – 74	
Not stated or no response	31

Religion of complainant	Number of complaints
Buddhist	
Christian	10
Hindu	
Muslim	2
No Religion/Belief	13
Not stated or no response	37

Disability of complainant	Number of complaints
Hearing impediment	
Mental Health Service User	
Learning Disability	4
Physical or mobility impairment	1
Visual impairment	
Other	
No disability	32
Not stated or no response	25

12.1 Local Authorities are required to report on the age, gender, disability, sexual orientation and ethnicity of complainants rather than clients who are the subjects of complaints. The purpose of collecting information relating to diversity is to help identify any difficulties for certain groups in accessing information. From 1st April 2009 a Complaints Monitoring Form has been sent to all complainants requesting information about age, gender, sexual orientation, religion or belief, ethnicity and disability. Unfortunately, the majority of complainants choose not to return these forms².

13 MP letters

13.1 37 MP letters were received during the period covered by this report. A number of these had already been received as formal complaints. Policy suggests that responses should be sent within 10 working days. 24.3% were sent within 10 days. Average time = 26 days

14 Recommendations & Learning

14.1 Since April 2013, Children's Services have tasked an Officer from within the Quality Standards & Performance (QSP) team with overseeing any recommendations made and ensuring that there is due consideration given by the relevant services. There is also now a system in place whereby the QSP Officer will report back to the Complaints Team with an updated matrix within 3 months of the complaint closing with details of what recommendations may have been put in place and what learning has been shared within the service.

² Where information is available on ICS, this has been used here

14.2 Local Authorities are required to monitor their performance and learn from their complaints and where possible ensure that this can be used to feed into service improvement. There have been a few examples of where learning has been cascaded within the service but this has not been consistently approached. However, the Improvement Plan written in response to the Ofsted report of August 2014 focused efforts on identifying service improvement.

Examples of learning:

- **Accurate data recording:** Children's Services have been reminded of the importance of accurate case recording on children's files. The impact of this is that inaccurate information will not appropriately reflect the child's journey and the reasons for key decisions being taken. Data Protection training has been delivered and remains available on an ongoing basis to all Children Service staff.

In addition, there is evidence in the Improvement Plan (Work stream 2) to review current training and support arrangements for ICS to ensure all current and new staff are trained on how to use the system effectively.

- **Training:** A natural recommendation that arises in cases which escalate beyond Stage 1 is in relation to staff training on complaint handling. It is evident from the percentage of Stage 1 complaints that have escalated to Stage 2, that there is a need for improvement in the way in which Stage 1 complaints are handled. At the time of writing this report (July 2015) a Complaints Social Worker is now in post providing additional assistance to the Team Managers to ensure a robust investigation is undertaken. We will monitor to see whether this sees a reduction in escalations arising over the coming year.

It has already been suggested that the quality of Stage 1 responses might not be where it should be. Therefore, in addition, Children's Services have commissioned external training for Autumn 2015. The Service Director has instructed all Consultant Social Work Managers / Team Managers to attend.

- **Communication:** This underpins most of the complaints that we receive. This occurs in a number of guises; from dissatisfaction with telephone calls not being responded to, parents not being informed on developments in their children's case, delays in assessments and timeliness of reports being written. In the majority of cases, the cause for breakdown in communication was attributed to capacity issues and high work load and competing priorities. It is evident³ from work undertaken during the past few months that Children's Services have invested in ensuring there is a sufficient, stable and suitably qualified workforce who are competent to deliver high-quality services to children and their families. To effect better communication, the Business Unit have recently circulated a 'telephony policy' to all social care staff reminding social workers to provide their direct contact details (including mobile number)

³ <http://www.buckscc.gov.uk/media/3137790/Improvement-Plan-for-Ofsted-April-Update.pdf>

to families and to ensure appropriate diverts are put in place if they are intending to be unavailable or absent. It is hoped that this will improve communication and ensure calls go through to the right person for a quicker response.

Example of lesson learned

We have recently dealt with a complaint from a parent who complained about the uncertainty of not knowing what to expect from Social Care when they became involved with her family. She was left anxious about what to expect and left in the dark for months without knowing what assessments might be undertaken and what the next steps would be.

The complainant made the suggestion that First Response should give out a leaflet to families explaining what to expect and explain the types of assessments that could come out as a result of their enquiries. Children's Services have taken this recommendation on board and now have a leaflet to share with families to manage expectations.

- 14.3 To support frontline staff the Statutory Complaints Officer has, throughout the year undertaken training to provide an introduction into what constitutes a complaint. To equip Social Workers and support staff with the knowledge and understanding of the statutory process, what's involved and what they should do if they receive a complaint.

15 Conclusion & Future plans

- 15.1 The increased pressures that face Children's Services has meant that there are competing priorities when it comes to focusing on complaints. This can make the work of the Complaint's team somewhat challenging and resolution much more difficult. Whilst there was a rise in the number of contacts made to the complaints team requiring some form of intervention, we did not see a rise in the actual number of complaints received. It is hoped that recommendations identified as part of the Improvement Plan will continue service improvement which will cascade across the service and lead to an emphasis being placed on providing quality responses and enhanced customer service, if we are to reduce the amount that escalate unnecessarily.
- 15.2 We will be exploring alternative ways of conducting Stage 2 investigations in addition to making enquiries about whether Alternative Dispute Resolution will be an option for resolution.
- 15.3 We will continue to offer training to Social Workers and support staff on how to recognise and handle complaints.
- 15.4 As a result of Future Shape, the Complaints Team are now part of the Communications Team. We will work in synergy to look at our publicity and methods of informing Children & Young people on how they can access the complaints procedure. This will include working closer with NYAS and other contracted services.

15.5 During the next year we will continue to work with Children's Service to help them identify trends and put in place a strategy for learning across the whole service.

16 Recommendation

The Committee is asked to note the contents of this report.

Background Papers

None

Regulatory and Audit Committee

Title:	Adults Social Care Complaints Procedure, Making Experiences Count
Date:	18 th November 2015
Author:	Amy Castielli
Contact officer:	Amy Castielli
Electoral divisions affected:	All

Summary: This annual report of the Adults and Family Wellbeing Social Care Statutory Complaints Procedure, Making Experiences Count, covers the period between 1st April 2014 and 31st March 2015. The report provides information on complaints managed through the Statutory Adult Social Care complaints procedure.

Recommendation: Members should note the content of the report.

Adults and Family Wellbeing Social Care Making Experiences Count-Annual Report 2014/2015

1. Background

1.1 In April 2009 changes were made to the legislative framework regarding Health and Social Care Complaints. Guidance was issued at the time which focused on good customer care and the client experience, including a simple, consistent approach to complaints across services which were person centred. The Council is required to operate a separate statutory complaints and representations procedure, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations'). Any complaint which does not fall under these requirements will be considered under the Council's corporate complaints process.

1.2 Buckinghamshire County Council is required under statutory regulations to report annually to the relevant Council Committee on Adult Social Care complaints.

2. Introduction

2.1 This annual report covers the period 1st April 2014 to 31st March 2015 and concerns the Adult Social Care statutory complaint procedure.

2.2 This report deals with complaints which fall within the scope of the Adult Social Care complaints legislation; it does not address complaints which are proper to the Corporate Complaints Procedure including complaints made by members of the public, who are not service users or their representatives, concerning Adult Social Care.

2.3 Enquiries from Members of Parliament are separately recorded and do not form part of the complaint process, but for transparency these have been included in the report.

2.4 The procedures are publicised in a leaflet about complaints, 'Listening, Responding, Improving', which is given to all service users. It is also available online.

3. Complaints Procedure

3.1 The Statutory Adult Social Care complaints procedure is a one stage process. There is an expectation under both the legislation and by the Local Government Ombudsman that complaints will be locally resolved within reasonable time limits. Under the legislation, it is recognised that a final response should be issued within a six month period unless there is an exceptional reason why this cannot be achieved.

3.2 The 2009 regulations introduced a 'Responsible Person' role, which oversees and is responsible for ensuring compliance with the arrangements made under the regulations; particularly in relation to ensuring remedial action is undertaken as a result of a complaint. The regulations assign responsibility for the oversight of complaints to the Chief Executive. During 2014/15 the functions of the role were delegated by the Cabinet Member for Health and Wellbeing to the Service Director, Service Provision for Adult Social Care. The day to day management of complaints is undertaken by the Statutory Complaints Officer and overseen by the Customer Complaints Team Manager.

3.3 In May 2013 a revised internal process for managing Adult Social Care complaints was put into practice. The new process encourages personal contact with the customer to clarify the complaint and to agree mutually agreeable plans for consideration of the complaint and to gain resolution of the complaint within locally agreed timescales. An internal timescale of 28 calendar days was put in place with recognition that there would be exceptional occasions where this timescale could not be met. Legislatively the timescale for responding to complaints regarding Adult Social Care is six months.

3.4 The Local Government Ombudsman (LGO) is an independent organisation authorised to investigate complaints where the Council's own investigation has not resolved the issues raised. The customer may approach the Local Government Ombudsman at any time. The Local Government Ombudsman's policy is to allow the local authority to consider the complaint first and they will refer the complaint back to us unless there are exceptional reasons for not doing so.

4. Compliments

4.1 All service areas continue to attract compliments and unless the Complaints and Information Team are alerted to compliments, they are unable to be centrally recorded. Overall there were 61 compliments recorded during 2014/15. This figure compares with 54 in 2013/14 and 24 in 2012/13.

4.2 The majority of compliments we received were feedback following a training course that the Strategic Commissioning & Improvements Team held. It is a shame that we did not receive more compliments from our service users.

4.3 This year we have received a higher amount of compliments than in previous years and also from a wider area of teams across Adult Social Care. This demonstrates that as a service they are becoming more aware of the importance of recording positive feedback; however we must ensure that all compliments are recognised by staff and

reported to the Complaints Team to allow us to record accurate data and give a balanced view.

4.4 Although we received more compliments during this year, it is difficult to be sure we have received notification of all compliments received. There is still a need to raise awareness to record compliments centrally. Due to the small number received, it is difficult to draw any meaningful analysis from the data.

Team	Amount
Care Assessment (ASC Service Provision, Adults Physical Disability)	1
Care Assessment (ASC Service Provision, Older People aged 65+)	7
Care Assessment (Hospital Team) (ASC Service Provision, Older People aged 65+)	5
Day Care (ASC Service Provision, Adults Physical Disability)	1
Direct Payments (Finance) (ASC Service Provision (Support), Finance)	2
Domiciliary Care (ASC Service Provision, Older People aged 65+)	1
Emergency Duty Team (ASC Service Provision (Support), Communications)	1
In-Touch (ASC Service Provision (Support), Communications)	15
Residential (ASC Service Provision, Older People aged 65+)	3
Respite (ASC Service Provision, Older People aged 65+)	1
Strategic Commissioning & Improvements (ASC Commissioning & Service Improvement)	24
TOTAL	61

4.5 The following is part of a compliment received by a Business Manager within Adult Social Care relating to a social worker (names have been redacted).

- *Hope you and your family had a happy Christmas, and I hope you have a very happy new year. I just wanted to thank you again for all you did for Mum. Social Services aren't always appreciated - but you did a fantastic job. She wouldn't have been able to go home without your help, and the rest of her life would have been very different. She was happy and content at home. In her last few days we were able to sit with her and talk to her, even though she was heavily sedated and sleeping, and we could stay there as long as we wanted, and whenever we wanted - we couldn't have done that at the Care Home! Thank you again best wishes for 2015*

5 Complaints Received

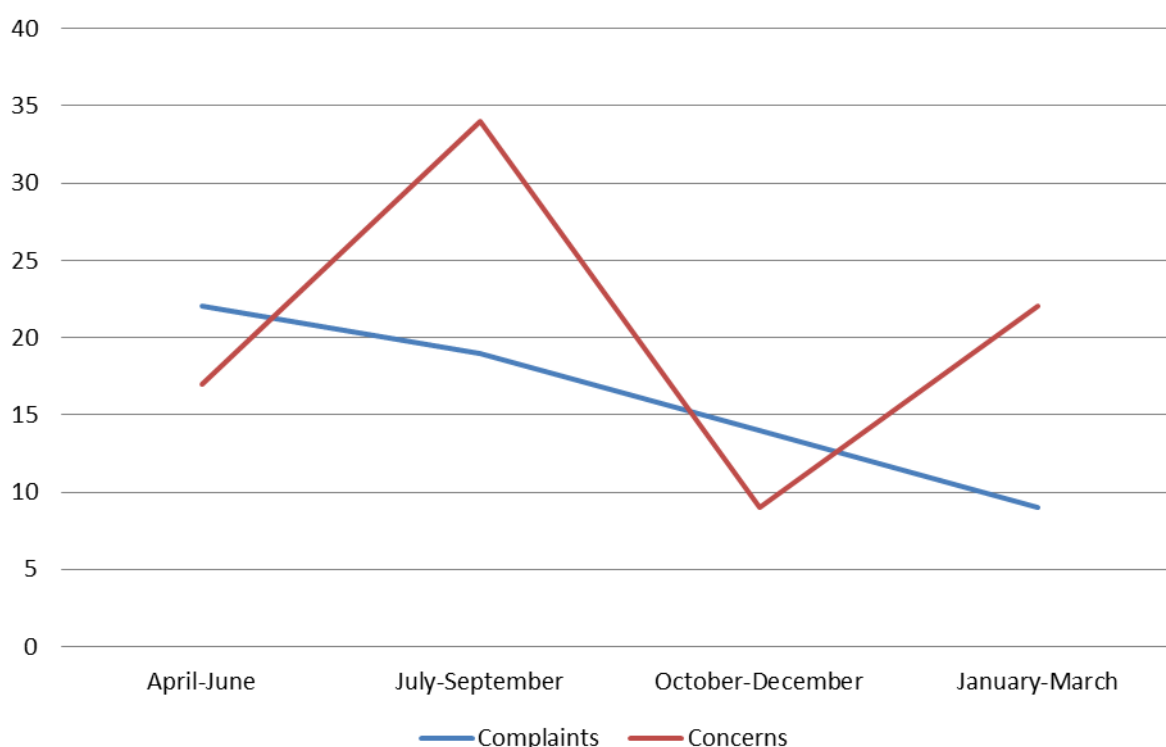
5.1 There were 68 formal complaints investigated in 2014/15; the corresponding figure for previous years is 101 in 2013/14 and 108 in 2012/13. We believe this reduction in

complaints is due to the heightened awareness and knowledge across the service of the complaints process and also the importance of first time resolution.

5.2 Multiple contacts by the same client, for example, where follow up questions are asked by customers relating to a complaint response, have been classed as one contact.

5.3 Adult Social Care carried out 12,357 assessments (inclusive of assessments and reassessments) and they received 29,907 contacts in the year 2014/15. Of the recorded number of clients with whom contact was made during 2014/15, 0.005417% contacted the Complaints Team dissatisfied with the service they were receiving, however only 0.002274 pursued their complaint through the statutory complaints procedure.

Number of Complaints received Quarterly



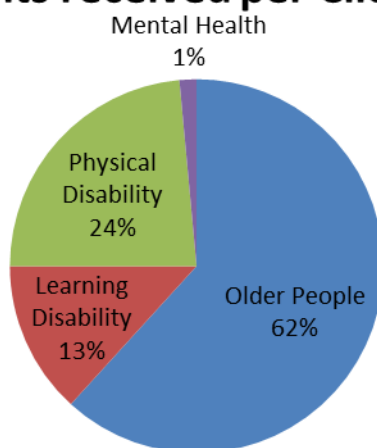
5.4 In addition to the number of complaints investigated through the complaints procedure this year, a further 94 contacts were received by the Complaints and Information Team. These issues were resolved to the satisfaction of our customers within a 48 hour period and have been classified as concerns in line with the regulations. Most of these concerns were regarding issues with communication or delays which were immediately rectified between the Complaints Team and the Adult Social Care service. This information highlights the importance of early intervention in the management of concerns and the importance of direct communication with our customers in the pursuit of local resolution. Without a focus on early intervention, any of these contacts may well have led to a formal complaint resulting in increased workload for both Adult Social Care and the Complaints Team.

5.5 Overall there were 162 contacts made by customers to the Complaints Team which is an increase on the amount from 2013/14, during which we received 56 contacts. The figures would suggest that during 2014/15 a greater emphasis has been put on

resolving complaints locally. There was however a notable decrease in the number of complaints received during the latter part of the year. An increase in the amount of complaints being resolved through early, timely resolution may have resulted in some complaint information not reaching the Statutory Complaints Officer. It is important that all complaints or concerns are recorded centrally to gain an accurate picture of what our customers are contacting us about.

5.6 It is also important to note that even though the complaint figures are considerably lower than last year, the number of overall contacts is similar to those received during 2013/14. Further proof that we are improving on early intervention is shown in the 58% of concerns resolved during this year compared with 33% last year.

Complaints received per Client Group

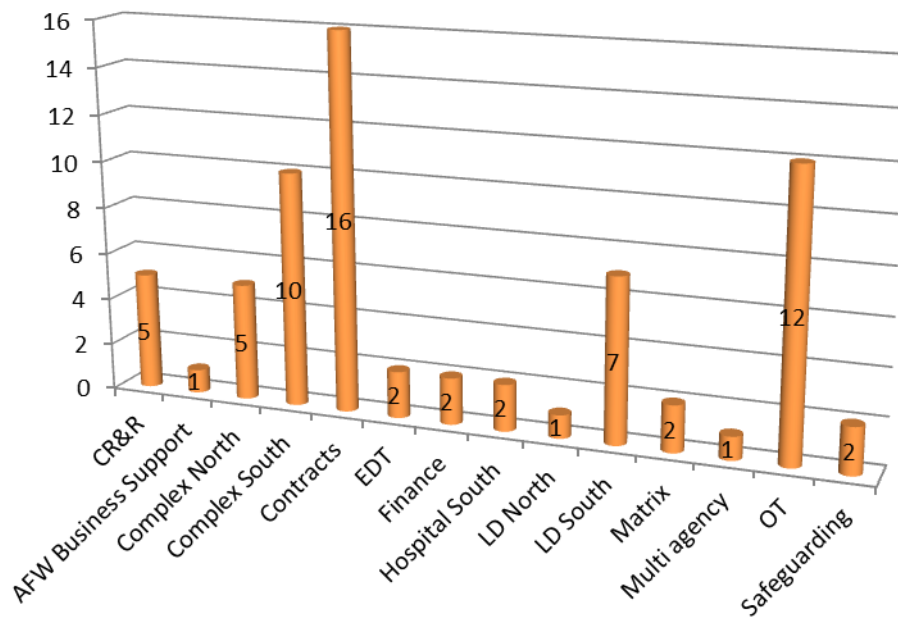


5.7 The pie chart above shows the amount of complaints received by client group during this period. The majority of complaints concerned our 'older person' client group and were, for the most part, raised by representatives on behalf of the client.

5.8 It is important to note that the figures shown above are the number of our customers whom felt the need to complain. Below details how many clients are in each group and gives us a true comparison of how many clients made formal complaints about their service.

Client Group	Amount of clients	Complaints
Learning Disability	879	9
Mental Health	439	1
Physical Disability	732	16
Older People	5276	42

Complaints received by team



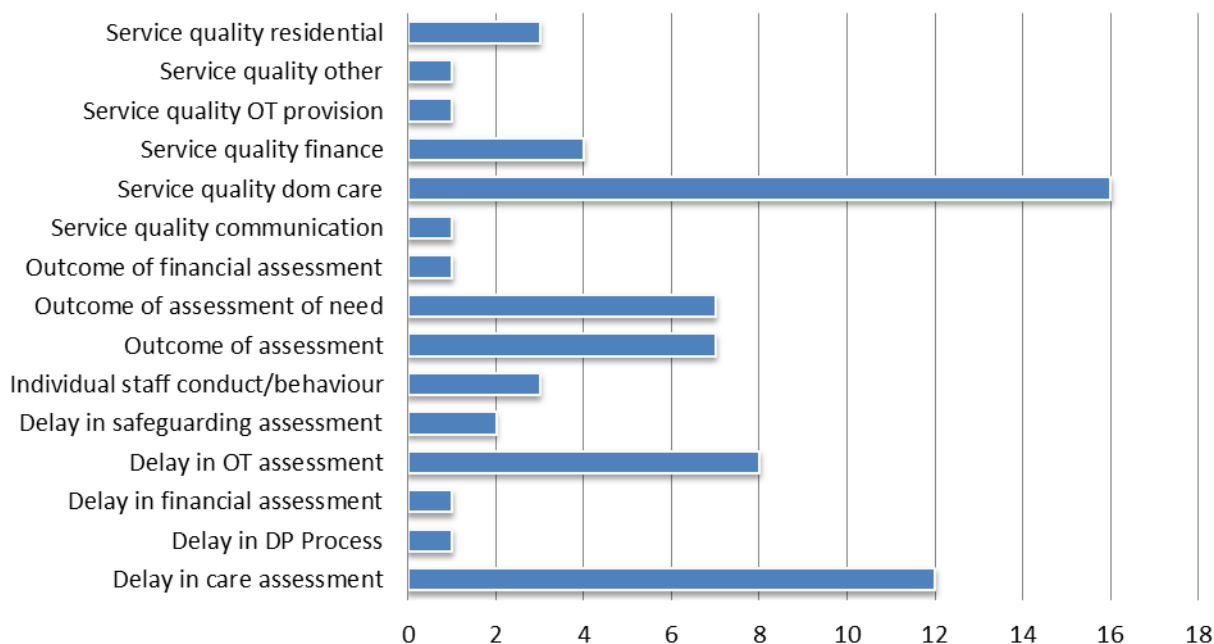
5.9 The graph above shows that the Contracts Team received the highest number of complaints over the past year. 88% of these complaints were either upheld in full or in part following investigation. These complaints were usually related to the timeliness of carers and the service they provided when attending to service users. The Occupational Therapy Team (OT) also received a substantial amount of complaints, mostly relating to the length of time service users were waiting for an assessment or because they were challenging the outcome of an assessment. 66% of this team's complaints were upheld. The Complex South Team also received a high number of complaints over the year and as a result of these investigations, 60% were upheld or partially upheld.

5.10 With the implementation of the Future Shape Programme and the likelihood of more commissioned services and wider commissioning powers under The Care Act 2014, it is important to note that Buckinghamshire County Council is accountable for any service provider delivering statutory social care functions on their behalf. In addition, the customer has a right to our consideration of their complaint through the statutory complaints procedures and legal regulations should they choose not to engage directly with the provider. During the coming year we are planning to introduce new processes to provide a more holistic view of complaints - including those received directly by providers - through the implementation of a new complaints recording system and reporting.

5.11 Our internal process encourages teams to make immediate contact with the customer once we are in receipt of their complaint. Dealing with concerns in this way can lead to early resolution and the avoidance of putting a customer through a lengthy complaints process. This is proven by the 94 contacts that did not progress to a complaint. Even though the OT Team received 12 complaints across the year, our figures show that 60% of their concerns were rectified through this opportunity to speak with the customer early on.

6 Complaints Analysis

Complaints by Issue Nature



6.1 There were a number of notable complaint issues that arose regarding our Adult Social Care services in 2014/15, as highlighted in the table above.

The delivery of care to clients within the home led to a number of complaints this year. The complaints concerned a variety of issues from missed or late calls, to staff attitude and failings to provide the necessary support. Representations were also brought to our team which were to dispute paying for a service which they did not receive or if they did receive the service, the customer did not feel it was delivered to an acceptable standard. In some circumstances, customers had already pursued a complaint with the provider through their own complaints procedures, however remained unhappy with their response and therefore contacted our team to request that their concerns were addressed through the Statutory Adult Social Care complaints process. Other complaints were made to our team because the customer did not wish to engage directly with the provider. Depending on the outcome of their complaint, a time and trouble payment has at times been offered to clients as a goodwill gesture. As a result of these complaints we encourage the Contracts Team to monitor their providers more closely.

6.2 Our domiciliary care services are provided by external companies commissioned to deliver care on our behalf. It is important to note that our responsibilities as a social care provider are not discharged by the commissioning of our services and the local authority remains the responsible body. However, with closer monitoring of our contracts and a new focus on collecting data on contracted complaints within the Contract Management Application we hope this additional knowledge and insight will highlight areas for improvement and lead to a reduction in complaints for 2015/16 for the Contracts Team.

An example of a Contracts complaint is detailed below.

- *One relative of a client reported that the care plan was not being met as she had to repeatedly chase the provider because the Carer had not been turning up for scheduled calls. This then meant that when the Carers did arrive they would be considerably late and affect the client's daily routine. When challenged, the agency confirmed they were short on resource; however they were recruiting additional staff to prevent incidents like this recurring*

6.3 Another high proportion of our complaints were in relation to care assessments. It is particularly difficult to identify any single factor which contributed to complaints in this area, because the care assessment process is case specific to each client's needs. There were however, a notable amount of complaints challenging the decision and outcome of care assessments. Examples include where the care identified for the client was challenged because they did not feel it would not meet the client's needs. On occasions family members contacted us because they were unhappy that they had not been involved in the assessment process. They were concerned that without their input the outcome of the assessment would not be accurate and would not fully reflect the needs of the client.

6.4 The demand for Occupational Therapy assessments has significantly grown in the last year; and this demand, when combined with reduced staffing levels has resulted in an increase in the waiting time for assessment. At its peak the waiting list had in excess of 900 people on it; an unprecedented number. As a result of the increased waiting list and waiting time we received complaints and concerns from referred clients and also their families.

Measures have been put in place now that have resulted in the waiting list dramatically reducing in size over the last four months and which now provide clients with an assessment within a more acceptable timeframe. There has been a focus on recruiting Occupational Therapists and Assistance Occupational Therapists to ensure the team have sufficient resource to keep in line with the demand. In addition, the team have also reviewed their processes and made changes to increase their efficiency

6.5 There were two complaints regarding our Safeguarding Vulnerable Adults Service throughout the year. Both complaints concerned safeguarding investigations exceeding the 28 day guidelines as well as the lack of communication with the client.

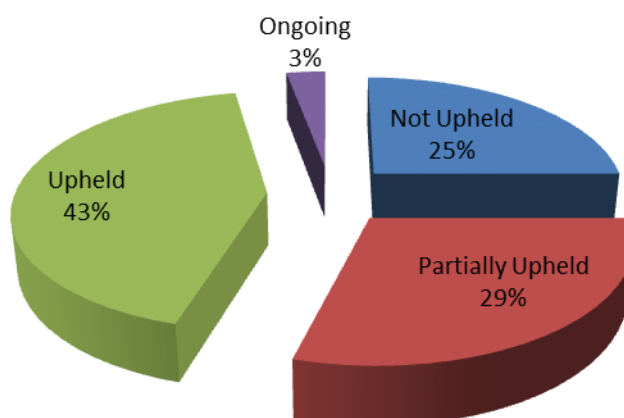
Changes made within the Safeguarding Adults Team such as the Multi-Agency Safeguarding Hub and a new safeguarding procedure have led to vast improvements in the service delivery and a marked reduction in complaints.

- *In March 2013 one of our service users sustained an injury following an incident whilst on an overnight respite stay. A safeguarding investigation was initiated but the case was not progressed for a significant period of time. No outcome had been reached by March 2014 and the service user's parents, understandably frustrated, contacted the Complaints Team for more information. As a result of this complaint, a new worker was allocated to undertake the safeguarding investigation and the customers were issued with the findings of the report. The parents received a time and trouble payment for their experience and were also invited to attend a focus group whose brief was to suggest improvements to our safeguarding experience.*

Below is a list of important factors that need to be considered for the year ahead.

- ✓ There were occasions where during the assessment process we should have found appropriate ways to include a client's support network before decisions were taken regarding care provision. Inviting family members into the process would have improved communication and improved their customer journey. We have a duty to ensure we share data appropriately and to act in accordance with client's wishes but from time to time the lack of inclusion of a client's support network appears to have been as a result of pressure within the service as opposed to the client directly refusing the presence of their carers/family. With the introduction of the Care Act, assessments should also focus on carers in their own right which should lead to a more holistic care process.
- ✓ During 2014/15 a number of complaints we received were due to a lack of misunderstanding of how the Adult Social Care packages are implemented. It is imperative that expectations are managed and clients are given a clear explanation of how the process works.
- ✓ In addition, customers have contacted our team because there has been no understanding that Domiciliary Care providers are contracted on behalf of Buckinghamshire County Council. This means that when a service is cancelled directly with the provider we (BCC) have still invoiced them for care they did not receive.
- ✓ It is important to ensure that appropriate measures are in place to cover staff absence and to ensure that work is reallocated where necessary.
- ✓ On receipt of further correspondence after a complaint response has been sent it is important that Adult Social Care contact the Statutory Complaints Officer for advice on how to proceed. This will ensure we are presented with the best opportunity to resolve their complaint within the six month legislative timescale and that we have a full audit trail should the complaint be referred to the Local Government Ombudsman.

Complaint Outcomes

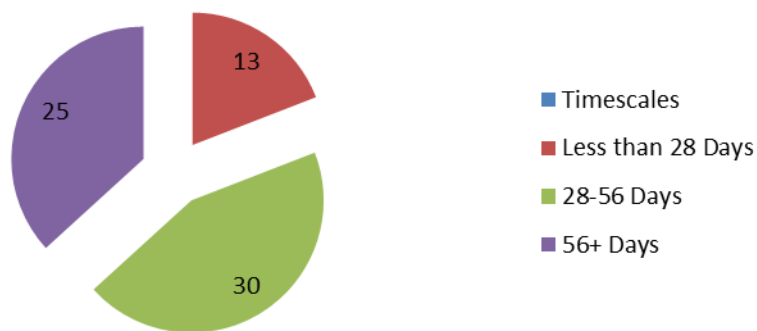


6.6 As demonstrated by the pie chart above, the majority of all complaints received were upheld or partially upheld in some regard by the Adult Social Care service. As an authority there has been a historic tendency to reflect on this with a degree of negativity. When a complaint is upheld it is recognition that the customer

experience was not as it should have been, in full or in part, and could have been improved in some way. Learning as a result of complaints should be a more valuable way to measure the effectiveness of the services provided to our customers than looking at statistics alone. As an authority we should expect and welcome complaints as it is a valuable way for our customers to speak to us but we should never become complacent and ensure the same complaint is not repeated.

7. Timescales for responding to complaints

Timescales for responding to complaints



7.1 During 2014/15, the average response time for managing Adult Social Care complaints was 54.25 days. This is an increase on the time taken in 2013/14 which was 49.43, and is still in excess of our internal 28 day timescale. It is however important to note that the Statutory Adult Social Care Complaints procedure is a one stage process and this is still within the legislative timeframe for us to respond to customers.

7.2 In November 2014 a decision was made for Adult Social Care to invoke their business continuity plan due to a lack of resources. There were vacancies and a number of long term absences which lead to the service operating at approx. 63% capacity. These arrangements remained until March 2015 when they were stood down. Taking this into consideration this would have had an affect on the timeliness in which complaints were responded to.

8. Equalities Information

8.1 Local Authorities are asked to provide summary information in the annual report on statistical data about the age, gender, disability, sexual orientation and ethnicity of service users. Please see Appendix 1 for the statistical table referring to this.

9. Enquiries from Member of Parliament

9.1 Enquiries from Members of Parliament are not recorded as complaints. A number of clients and their families choose to write to Members of Parliament rather than pursue a formal complaint. During 2014/15 there were 61 enquiries from Members of Parliament recorded by the Complaints and Information Team.

10. Local Government Ombudsman

In 2014/15 the Local Government Ombudsman carried out 3 detailed investigations which related to Adult Social Care. For an additional 2 complaints, she made an early decision not to investigate the matter further. Of the complaints that were considered; 2 were not upheld and 1 was upheld.

It was identified that several contacts were premature complaints and therefore the customers were advised to bring their concerns to us directly, to allow us to consider the complaint through our own complaints procedure.

Of the cases considered, the following were notable issues;

- One case found no fault on the part of the local authority and this complaint related to delays in us completing a re-assessment of a client's needs. The Local Government Ombudsman thought it unfortunate that we had not been able to complete an assessment in a suitable timeframe; however it was evident that even though we may have been responsible for a small part of the time taken, the most significant delays occurred due to matters outside of our control.
- One complaint was upheld and this involved one of our care agency's failing to provide a service user with the appropriate care she required. As a result of the Local Government Ombudsman's findings, we agreed to apologise for our failings for not addressing the question of whether carers were leaving the mother with drinks each day and also to consider the lessons to be learned from this complaint.

11. Review of past year and future plans

11.1 Over the last 12 months, the Complaints Team have worked hard to implement a governance strategy with Adult Social Care which was introduced on 1st June 2015. This new strategy will provide additional formal reporting on learning outcomes. It has been agreed that those responsible for investigating the complaints will provide regular feedback to the Complaints team on actions taken following complaints. In next year's report we aim to provide a detailed commentary on what learning has been identified and richer examples of how Adult Social Care have learned from complaints to prevent recurrences.

11.2 Enquiries received by Members of Parliament and Councillors are now managed within the Complaints Team. This allows us to minimise the risks involved in the provision of responses which fall out of the same considerations that would be made when dealing with complaints.

11.3 During 2015/16 we hope to look at ways of strengthening the existing internal process for the management of Adult Social Care complaints and will consider the implementation of a framework for triaging complaints based on risk. This will lead to greater personalisation in complaint handling and a 'horses for courses approach' to customer service.

11.4 Training sessions have continued with the frontline staff within Adult Social Care across the year and we will be holding monthly training sessions over the next year

which we hope that all staff members will attend. Our intention is to improve complaint recognition and we would also like to improve communication between customers and staff which should help resolve concerns before they become formal complaints.

11.5 In addition, we are looking at providing training on complaint investigation and responses and hope to come up with a delivery plan shortly.

11.6 We will be looking at alternative arrangements for conducting independent complaint investigations as well as alternative dispute resolution options.

11.7 Buckinghamshire County Council is part of the North West London Complaints Managers (NWLCM) Group which uses a pool of Independent Officers. In practice, the team commission these officers in respect of Adult Social Care Complaints when it is felt the risk of the complaint is significant. Over the coming year, the Centralised Complaints Team will be looking at ways to improve the quality and costs of independent investigations in conjunction with our colleagues in the NWLCM. We will also be looking at alternative options for independent investigations outside of the pool as there is no legal duty for Adult Social Care to conduct independent investigations. There will be considerations made in respect of sourcing alternative companies, arrangements with other local authorities or in-house investigations by another Business Unit.

11.8 The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. During previous periods of restructure and change, Adult Social Care has seen increased activity in complaints, notably in 2011/12. It is likely that the Care Act reforms will impact on the number of complaints received throughout the next few years as the impact of the changes are recognised by the Council and as residents begin to test their entitlement to services through arenas outside of costly legal redress. Not only is an increase in numbers likely, but the nature of the complaints may change as both service users and social care teams begin to understand the impact of the reforms. The Complaints Team will continue to work with the CHASC Business Unit and the wider organisation to support effective local resolution and to drive forward learning as a result of those issues presenting in concerns and complaints. The increased entitlement to advocacy will impact complaint management significantly and it is imperative that we continue our work towards ensuring there are no barriers in hearing our most vulnerable residents. There is also the possibility that Part 2 of the Care Act will introduce an appeals system by which service users can appeal an array of decisions made in respect of their care with an element of independent review. We believe this will have significant cost implications if it is introduced next year in the form proposed and we are currently awaiting the Department of Health's response to the consultation on this matter.

12. Recommendations and Management Actions

12.1 To provide thorough responses and quality investigations.

12.2 To ensure staff members within your team attend the complaints training courses on an annual basis.

12.3 We will continue to train staff on how to recognise complaints, how to conduct complaint investigations and how to provide appropriate responses. This will lead to a consistent standard of customer service across Adult Social Care.

12.4 We will be considering the impact of The Care Act and how the implementation of an appeals process may affect complaint numbers and the Adult Social Care service.

Appendix 1

	No of Complaints				
	Older People	Physical & Sensory Disabilities	Learning Disabilities	Other ¹	Total
No. of complaints	42	15	10	1	68
Male	19	6	9	1	35
Female	23	9	1		33
White British	34	11	9	1	53
Any other White background	3	1			2
Indian (Asian or Asian British)	1				2
Pakistani (Asian or Asian British)		1			1
Other (Asian or Asian British)	2				2
Caribbean (Black or Black British)					
African (Black or Black British)					
Other (Black or Black British)					
Chinese					
Mixed White and Asian					
Mixed White and Black Caribbean					
Mixed White and Black African					
Gypsy/Roma	1				
Other ethnic group					
Not Stated	1	2	1		4

Commissioning and Service Improvement, Mental Health, Communications and finance. The figures may not correspond to complaints received figures as this data may not have been available in every case.

For context, approximately 62% of all known adult social care service users in 2013/2014 were female and 38% were male. This compares to 49% and 51% respectively for complaints received.

Approximately 84% of known service users considered themselves to be White British which is comparative to 78% of our customers during the same period. 3% of customers were white other compared to approximately 5% of known service users.

Approximately 7% of our customers classified themselves as being of Asian ethnicity whereas approximately 4% of known service users described themselves as being of Asian ethnicity. 7% of service users were of other known ethnicities compared to 1% of our customers.

Regulatory and Audit Committee

Title:	Enforcement of The Children and Young Persons (Protection from Tobacco) Act 1991
Date:	18 th November 2015
Author:	Amanda Poole, Trading Standards Manager
Contact officer:	Amanda Poole /01296 388770 / amanda.poole@bucksand.surreytradingstandardscc.gov.uk
Electoral divisions affected:	All

Summary

A statutory requirement to consider enforcement activity to prevent underage sales of cigarettes and nicotine delivery systems in the period April 2016 to March 2017

Recommendation

To note and agree the report as a reflection of activity over the financial year 2014 – 2015 and agree the programme of enforcement activities to be undertaken in 2016 – 2017 as detailed below:

The work on tobacco issues which will focus on the Public Health strategy of addressing the “big issues” to improve the health and wellbeing of residents will include:

- **Continue to participate in and actively assist the Public Health Agenda with its projects and initiatives that fit within our enforcement activities outlined below and develop Trading Standards initiatives where they are felt necessary.**
- **Establishing the prevalence of sales of illegal tobacco (both counterfeit and non-paid duty) and intervening appropriately with regulatory partners to reduce this**
- **Use local, regional and national intelligence to ensure we target our resources appropriately.**
- **Promote the use of the Challenge 25 Training Pack to help prevent under-age sales by local retailers**



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- **Ensure that revised statutory warning notices are displayed in premises where tobacco is sold and advise traders about both current and new legislative requirements the legislation.**
- **Ensure that the restrictions of both price marking and visual display requirements of tobacco products in retail premises are adhered to.**
- **Continue to upgrade intelligence data from all viable sources, and where appropriate explore alternative means of detecting sales (other than by test purchases) to enable appropriate enforcement action to be taken against traders who sell to children. The Better Regulation Delivery Office Code of Practice for Regulatory Delivery on Age Restricted Products and Services to be followed. [Note: when Trading Standards previously conducted test purchases, established procedure was to covertly film the sale. This was done for both evidential purposes and Health and Safety reasons. The Regulation of Investigatory Powers Act 2000 covers all covert surveillance operations carried out by local authorities including Trading Standards. Recent Code of Practice changes require authorisation on a case by case basis from our local Magistrates. Their need to balance effective evidence gathering against the ever present risk of ‘collateral intrusion’ (i.e unintentionally capturing non relevant third party personal data on film) means that Magistrates are now less likely to give approval in circumstances when we have insufficient intelligence to satisfy the updated guidelines.]**
- **Should we discover persistent sales of tobacco to under 18’s (2 or more occasions within a two year period) we will consider using powers contained in Section 143 of the Criminal Justice and Immigration Act 2008 to make a complaint to a Magistrate for an order either to prohibit tobacco sales from the premises or prohibit a specific person from selling tobacco products. This order is for a period of up to 12 months.**

Resource implications

There are no extra resource implications if the recommendations are agreed as they can be delivered from within current anticipated resources.

Legal implications

There are no legal implications associated with this decision.

Local Member implications

Data and intelligence collected by the Service over the last twelve months continues to indicate that no particular geographical areas within the County present particular cause for concern. Should this change to particular issues in a local area, the local Members will be advised appropriately.

Other implications/issues

The Children and Young Person's (Protection from tobacco) Act 1991 requires this authority at least once in every period of twelve months, to consider the extent to which it is appropriate to carry out enforcement action to ensure that the provisions of the Children and Young Persons 1933 Act, are effected. This seeks to prohibit the sale of cigarettes and associated items to persons under the age of 18. This duty relates to tobacco enforcement only.

The continued rise in retail sale and use of electronic cigarettes [known as nicotine inhaling devices] has meant the Children and Family Act 2014 has been amended to include two new important provisions (brought in by regulations): The Nicotine Inhaling Products (Age of Sales and Proxy Purchasing) Regulations 2015 make it a criminal offence for an adult to buy these items on behalf of a minor and also for a retailer to sell these items to a minor. An unlimited fine is available to the courts and Trading Standards are responsible for enforcement.

Two other important regulations to protect children against the harmful effects of tobacco have been introduced:

1. The Smoke Free (Private Vehicles) Regulations 2015 – these regulations seek to make all vehicles a smoke free environment when carrying children. They will be enforced both by police and local authority regulatory officers who may issue warnings or give fixed penalty notices or submit the matter to be heard in court. These regulations apply only in England from 1st October 2015.

2. Plain packaging: the Standardised Packaging of Tobacco Products Regulations 2015 are set to come into force on 20th May 2016. Research shows that younger people are now more likely to start smoking than older people and that it is harder for them to stop the earlier the habit is begun. Currently, the smoking habit begins around the age of 14 (with girls in the majority.) As the tobacco industry is known to use enticing packaging as a life style type choice to encourage this early habit, these forthcoming plain packaging regulations are hoped to prove a powerful remedy for this insidious commercial tactic.

The Trading Standards service has been active in forging stronger links with local communities. It has been developing a training programme for local young volunteers to help us help their communities. This assistance to us includes information on levels of peer group smoking, any known rogue retailers and levels of proxy purchasing. Equally valuable has been our volunteers' intelligence gathered across the county on the level of small shops' compliance with the new laws on displaying tobacco products and their prices. This was as a result of the change in law from 6th April 2015.

Links with local communities also include local authority fora, neighbourhood policing units and Trading Standards volunteers. Such links have proved useful in gathering intelligence to respond effectively to local issues and in the case of the Trading Standards volunteers to participate in the services response to the demands of new legislation.

The combination of young persons' specific tobacco-use education and (albeit resource-limited) effective enforcement continues as Trading Standards' main approach to help reduce the number of young people who start smoking. The proposed activities contained in this report aim to support his goal.

Tobacco use among young people is considered as risk-taking behaviour (by themselves as much as anyone else) and may be seen therefore as gateway-behaviour for other risk taking activities. These would include experimenting with alcohol and new psychoactive substances (NPS), when this is combined with carrying offensive weapons and misuse of fireworks the resulting anti social behaviour adversely affects how safe people feel in their own communities.

The programme for the financial year 2014/2015 was as follows:-

i Use all complaints to provide intelligence to target resources correctly.

Following guidance contained in 'challenge 25 training pack' combined with in-shop training, retail premises continue to improve their own precautionary procedures. This increasing diligence has seen the level of complaints received by this service concerning underage sale of cigarettes (including sales of illegal tobacco products) fall to be around 2 per month on average. Such intelligence is analysed and added to our database for intelligence led work.

ii Ensuring statutory warning notices are displayed in premises where tobacco is sold and advising traders about the legislation

This statutory notice is required to be displayed in a prominent position in all retail premises where tobacco products are sold. Making use of external funding, this Service was able to inspect and observe over 50 premises across the county. These retail premises were assessed for compliance with Tobacco Advertising and Promotion (and Display of Prices) Regulations 2010. The majority of the observational visits were done by our own Trading Standards volunteers after having received instructions and guidance from Trading Standards officers. This partnership enabled valuable work for both local communities and retailers to continue and expand, in spite of the continued pressure on the authority's limited resources. Such work done by volunteers was able to assist them in their own Duke of Edinburgh Award portfolio. Encouragingly, a high level of compliance with these regulations was found at majority of retailers.

iv. Where appropriate, issue to trader's Challenge 25 Training Pack to help avoid age restricted sales.

Retail premises rely on accurate up to date information and subsequent training/experience to be compliant with laws. Accordingly Trading Standards continues to provide the above training pack wherever a need is identified or a request is made.

v. Explore alternative means of detecting sales other than by test purchases, particularly where it is apparent sellers know the purchasers concerned.

Surveillance exercises with police and police community support officers at premises thought to be selling to local underage persons are an available strategy. However, as these exercises are highly resource intensive, and the new restrictions of RIPA 2000 bear heavily, these are increasingly considered a 'last resort'. The police do have a duty to confiscate tobacco from under age persons which in combination with other activities might well contribute in the drive to reduce underage tobacco use.

vi Continue to participate in those new projects and initiatives that fit within our enforcement activities outlined above together with our own initiatives where they are felt necessary.

Awareness-raising activities concerning tobacco misuse and potential dangers were again conducted across the County throughout the financial year. Trading Standards has trialled seminars at various locations to help young people develop for themselves strategies to combat the tobacco industries' glamorous portrayal of smoking. An illustration of this work was seen on 8/04/2015 in High Wycombe Youth Space where young people spent the day developing proposals for a television advertisement to show the harmful effects of smoking. Later in May, officers attended various exhibitions across the country to promote smoking reduction strategies.

This service seeks to further the work done with public health colleagues to deliver the current public health outcomes where they include use of tobacco.

The 'Buckinghamshire Alliance for Action on Smoking' and has produced a further plan for a Tobacco Free Buckinghamshire. This Service will assist in the delivery of this plan.

Feedback from consultation, Local Area Forums and Local Member views (if relevant)

There has been no local consultation.

Background Papers:

Children and Young Persons (Protection from Tobacco) Act 1991

Better Regulation Delivery Office Code of Practice for Regulatory Delivery on Age Restricted Products and Services

Health Act 2006

The Tobacco Products (Manufacture, Presentation and Sale) (Safety) (Amendment) Regulations 2007

Criminal Justice and Immigration Act 2008

Health Act 2009

Regulation of Investigatory Act 2000 Revised Codes of Practice

The Children and Family Act 2014

The Nicotine Inhaling Products (Age of Sale and Proxy purchasing) Regulations 2015/895

The Smoke Free (Private Vehicles) Regulations 2015

Standardised Packaging of Tobacco Products regulations 2015

The Tobacco Advertising and Promotion (Display)(England) Regulations 2010

Trading Standards Service Statistics

Health Lives, healthy people: a tobacco control plan for England [9 March 2011]

Buckinghamshire Health and Wellbeing Strategy 2013-16

(Copies may be obtained from Contact Officer.)

Regulatory and Audit Committee

Title: Regulation of Investigatory Powers Act 2000

Date: Wednesday 18 November 2015

Author: Sarah Ashmead, Monitoring Officer

Contact officer: Linda Forsythe, Deputy Monitoring Officer

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The purpose of the paper is to report the Council's revised arrangements for exercising its powers under the Regulation of Investigatory Powers Act 2000

Recommendation

The Committee is asked to note the arrangements for authorising surveillance activity under the Regulation of Investigatory Powers Act 2000 (RIPA), and to agree to receive quarterly reports of authorisations and an annual review of all RIPA activity and the Council's Covert Surveillance Policy and Procedure.

Background

The County Council has a number of functions to undertake which involve the enforcement of laws and regulation and officers may need to conduct investigations and where appropriate take legal proceedings. In exceptional circumstances, the Council has the power to make use of covert surveillance and similar activities.

The Regulation of Investigatory Powers Act 2000 (RIPA) and the Codes of Practice issued under section 71 of that Act regulates the way in which the County Council conducts surveillance for the purposes of law enforcement. The fundamental requirement of RIPA is that when the Council considers undertaking directed surveillance or using a covert human intelligence source it must only do so if: a) the activity has been authorised by an officer with appropriate powers, and b) the relevant criteria are satisfied.

The County Council's RIPA procedures and activity are subject to inspection by the Office of the Chief Surveillance Commissioner.



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Authorisation Arrangements

The Council has recently reviewed its authorisation arrangements in the light of updated guidance from the Chief Surveillance Commissioner. The Code of Practice (December 2014) provides that the Senior Responsible Officer (SRO) for RIPA within a local authority should be a member of the corporate leadership team and should be responsible for ensuring that all authorising officers (Designated Persons - DPs) are of an appropriate standard.

From 1 April 2015, the SRO appointed for the Council is the Director of Strategy & Policy & Monitoring Officer who has in turn appointed Phil Dart (Service Director Communities) and Linda Forsythe (Assistant Director Buckinghamshire Law Plus and Deputy Monitoring Officer) to be the DPs for the Council. The DPs are responsible for granting RIPA authorisations.

Since March 2015 it has been a requirement that DPs must be independent from operations and investigations when granting authorisations or giving notices in relation to investigations in which they are directly involved. The Council meets this operational independence stipulation since the two DPs work in separate areas (one in communities/trading standards and one in legal services).

Any authorisations by the DPs are subject to stringent requirements laid down in the 2000 Act and the Codes of Practice including necessity on statutory grounds and proportionality in all the circumstances. The SRO and DPs have registered with the National Anti-Fraud Network (NAFN) which is a membership, not for profit organisation open to any publicly funded organisation. NAFN provides best practice advice and acts as the hub for the collection of RIPA data.

Use of the Regulation of Investigatory Powers Act 2000 (RIPA)

In the light of the Council's review of its arrangements and the Codes of Practice, it is recommended that the Director of Strategy & Policy should produce quarterly reports of authorisations and an annual review of all RIPA activity and the Council's Covert Surveillance Policy and Procedure and that this should be reported to the Regulatory and Audit committee. The review should include the results of any external inspection by the Office of Surveillance Commissioners. The first annual report would be available in July 2016 and quarterly report in February 2016.

Background Papers

Report of the Chief Surveillance Commissioner 2014-15 <https://osc.independent.gov.uk/wp-content/uploads/2015/06/OSC-Annual-Report-2014-15-web-accessible-version.pdf>.

Regulatory and Audit Committee

Title:	Risk Management Group Update
Date:	Wednesday 18 November 2015
Author:	Maggie Gibb – Business Assurance Officer
Contact officer:	Maggie Gibb – 01296 387327
Local members affected:	None

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

1. The Risk Management Group (RMG) met on 2 November 2015. The meeting was attended by:
 - Richard Scott (Chairman)
 - David Martin (Member of Regulatory and Audit Committee)
 - Ian Dyson (Chief Internal Auditor)
 - Sarah Ashmead (Monitoring Officer)
 - Maggie Gibb (Business Assurance Manager)
 - Richard Schmidt (Head of Strategic Finance (Deputy S151 Officer))
 - Nichola Beagle (Member Services Officer)
2. Simon Rose (Interim Director of Education) and Paul Shanley (Contract Manager) attend the meeting to discuss Buckinghamshire Learning Trust (BLT).

Ian Dyson provided the RMG with a brief background to the BLT and the reason for the inclusion on the agenda. The Regulatory & Audit Committee (R&A) had received the BCC internal audit report in September 2015 and following lengthy discussion the Committee Members had asked for a detailed Action Plan to be devised to deal with issues, which was to be brought back to the R&A meeting on 18 November 2015. The RMG had been asked to consider the risk management arrangements in place for the BLT agreement as this had been identified as a weakness.

The Interim Director of Education presented the Improvement Plan which he has written in response to the Internal Audit report and other governance issues. The RMG then



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specifically focussed on the risk management processes in place to support the management of the BLT agreement. The Chairman advised that on the current overarching risk register it was not clear that there were any risks associated with BLT at present, and therefore no assurance that BLT was being monitored correctly. It was agreed that the risk register needed a complete review and a number of potential risks were discussed for inclusion.

The Chief Auditor confirmed that BCC required positive assurance going forward that the risk register was being monitored effectively regarding BLT.

3. The Business Assurance Manager presented the One Council Board (OCB) Strategic Risk Register which was discussed in detail. The risk register is monitored by OCB on a quarterly basis, and the Business Assurance Manager also meets with the Chief Executive, Managing Directors and Directors of Assurance and Strategy and Policy on an individual basis to discuss the current strategic risks.
4. The Terms of Reference and the Forward Plan for the RMG were discussed and suggested amendments agreed.

Recommendation

That Members note the report.

Background Papers

Risk Management Group Terms of Reference
Risk Management Group Forward Plan (15/16 and 16/17)

Regulatory and Audit Committee

Title:	Revised Terms of Reference of RMG for sign off
Date:	Wednesday 18 November 2015
Author:	Maggie Gibb – Business Assurance Manager
Contact officer:	Maggie Gibb – 01296 387327
Local members affected:	None

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The Terms of Reference for the Risk Management Group has been reviewed and updated for consideration by the Regulatory and Audit Committee

Recommendation

Approval

Supporting information to include the following if a decision is being requested:

The Terms of Reference for the Risk Management was reviewed at the meeting held on 2 November 2015. Minor changes were suggested as follows:

1. Update of job titles to bring the document in line with the Council's new structure;
2. To include that meetings are to be held no more than four weeks ahead of the Regulatory and Audit Committee meeting.

There are no resource or legal implications as a result of the amendments.



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Risk Management Group - Terms of Reference

Membership

The Risk Management Group shall comprise of:-

Three members of the Regulatory & Audit Committee, one of whom shall be the Chairman of the Committee. There will also be three named members of the Regulatory & Audit Committee who will deputise as required. There must be a minimum of two members from the Regulatory & Audit Committee present for the Group to meet.

The Director of Assurance (S151 Officer), Director of Strategy and Policy (Monitoring Officer), Chief Internal Auditor, Business Assurance Manager, or their representatives shall attend the Group meetings.

Members of the Group and their deputies should have suitable background and knowledge to be able to address satisfactorily the complex issues under consideration and should receive adequate training in the principles of audit, risk and control.

All members of the Regulatory & Audit Committee are invited to attend Risk Management Group Meetings as observers.

Member Services will provide a clerking service for the Group

Role

The Risk Management Group shall:

1. act as an informal working group of the Regulatory & Audit Committee to support the Committee in fulfilling its responsibility to “provide independent assurance on the adequacy of the Council’s risk management framework and the associated control environment” (Part 3d of the Constitution);
2. routinely undertake a programme of work as defined by the Regulatory & Audit Committee, including:
 - Cyclical review of service and key project risk registers to consider consistency in application of risk identification/recording, scoring, and mitigation.
 - Review of significant new and emerging service risks.
 - Monitor the effectiveness of the escalation process informing One Council Board (OCB) and the Corporate Risk Register.
 - Monitor the implementation of action plans to mitigate risks to acceptable levels
3. consider any issues arising in detail as requested by the Regulatory & Audit Committee;

Reporting

The Business Assurance Manager will report to the Regulatory and Audit Committee on matters identified by the Group following consultation with the Chairman and members of the Group.

The Business Assurance Manager will on behalf of the Group report any significant issues on the Risk Management process to OCB when required.

Meeting

The Group shall meet a minimum of three times per annum no more than four weeks in advance of the Regulatory and Audit Committee.

The Group may invite any officer or member of the Council to attend its meetings to discuss a particular issue and may invite any representative of an external body or organisation as appropriate.

Confidentiality

The Group will meet in private to allow full and frank consideration of risk and control issues.

All matters discussed and papers submitted for the meetings including minutes of the previous meeting **must be treated as confidential**. Papers will be circulated in advance to all members of the Regulatory & Audit Committee for information whether attending the Group or not.

Where any other member wishes to inspect any document considered by the Group and believes that s/he has a 'need to know' as a County Councillor, the procedure in the Council's Constitution, (item 4 Rules of Procedure, section (f) Committee Standing Orders, item 11 Inspection of Documents) shall apply.

Updated November 2015

Review Date November 2016

Officer Responsible Maggie Gibb – Business Assurance Manager

Background Papers

None

Date of meeting	Items	Reports to Nichola Beagle	Agenda Circulation Date	Briefing meeting date
03 Feb 2016 09.00-11.00 Mezz Rm 3	<ul style="list-style-type: none"> • Effectiveness of Debt Management Strategy (Matt Strevens) • Update report on Academies, BLT, SEN and AMEY Contract (TBC) • Report on Data Protection E-Learning (Ian Dyson) • Report on Mandatory Training across the organisation (Ian Dyson) • BLT Update - Action plan to session - (David Johnston/ Zahir Mohammed/ Sarah Ashmead) • Internal Audit Progress Report and Action Tracker (Ian Dyson) • Treasury Management Strategy (Julie Edwards) • Risk Management Group (Maggie Gibb) • Forward Plan (standing item) 	21 Jan	26 Jan	28 Jan 2016 9-10am (Rm 1 First Floor)
27 April 2016 09.00-11.00 Mezz Rm 1	<ul style="list-style-type: none"> • Contract Standing Orders - Exemptions/Breaches (Tricia Hook) • Whistleblowing Policy - incidents and effectiveness)TBC) 	15 April	19 April	21 April 2016 10-11am (Rm 2 First Floor)
25 May 2016 09.00-11.00 Mezz Rm 2	<ul style="list-style-type: none"> • Statement of Accounts 	13 May	17 May	19 May 2016 11-12pm (Rm 2 First Floor)
27 July 2016 09.00-11.00 Mezz Rm 1	<ul style="list-style-type: none"> • Audit of Accounts 	15 July	19 July	27 July 2016 10-11am (Rm 1 first floor)
09 Nov 2016 09.00-11.00 Mezz Rm 1		27 Oct	01 Nov	03 Nov 2016 10-11am (Rm 2 first floor)

