

# **BIRMINGHAM CITY COUNCIL**

## **AUDIT COMMITTEE**

**TUESDAY, 31 JANUARY 2023 AT 14:00 HOURS**  
**IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,**  
**BIRMINGHAM, B1 1BB**

## **A G E N D A**

### **1 NOTICE OF RECORDING/WEBCAST**

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site ([www.youtube.com/channel/UCT2kT7ZRPFCXq6\\_5dnVnYlw](http://www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

### **2 APOLOGIES**

To receive any apologies.

### **3 DECLARATIONS OF INTERESTS**

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via <http://bit.ly/3WtGQnN>. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

4 **EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC**

a) To consider whether any matter on the agenda contains exempt information within the meaning of Section 100I of the Local Government Act 1972, and where it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.

b) If so, to formally pass the following resolution:-

**RESOLVED** – That, in accordance with Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to information) (Variation order) 2006, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

**5 - 14**

5 **MINUTES - AUDIT COMMITTEE 22 NOVEMBER 2022**

To confirm and sign the minutes of the last meeting of the Committee held 22 November 2022.

**15 - 28**

6 **ASSURANCE SESSION – CABINET MEMBER SOCIAL JUSTICE, COMMUNITY, SAFETY & EQUALITIES PORTFOLIO - (PART 2)**

(40 minutes allocated) (1405 – 1445)

Verbal discussion

The Cabinet Member Social Justice, Community, Safety & Equalities, Director of HR and Organisation Development and Assistant Director Community Safety and Resilience.

7 **ASSURANCE SESSION – CABINET MEMBER HEALTH & SOCIAL CARE PORTFOLIO**

(40 minutes allocated) (1445 – 1525)

Verbal discussion

The Cabinet Member Health & Social Care and Director Adult Social Care

- 8     **EXTERNAL AUDITORS - AUDIT UPDATE 2020-2021 & 2021-2022**
- (10 minutes allocated) (1525 – 1535)
- Report of the External Auditors
- 29 - 36**     9     **RISK MANAGEMENT UPDATE**
- (5 minutes allocated) (1535 – 1540)
- Report of the Assistant Director Audit and Risk Management
- 37 - 56**     10     **PUBLIC SECTOR INTERNAL AUDIT STANDARDS – EXTERNAL QUALITY ASSESSMENT**
- (10 minutes allocated) (1540 – 1550)
- Report of the Assistant Director Audit and Risk Management
- 57 - 72**     11     **OMBUDSMAN PUBLIC INTEREST REPORT CONCERNING A COMPLAINT ABOUT ASSISTED WASTE COLLECTION COMPLAINTS**
- (10minutes allocated) (1550 – 1600)
- Report of the Director of the City Operations Directorate
- 73 - 90**     12     **OMBUDSMAN PUBLIC INTEREST REPORT CONCERNING A COMPLAINT ABOUT TEMPORARY ACCOMMODATION (HOMELESSNESS)**
- (10 minutes allocated) (1600 – 1610)
- Report of the Director of the City Housing Directorate
- 91 - 92**     13     **SCHEDULE OF OUTSTANDING MINUTES**
- Information for noting.
- 14     **DATE OF THE NEXT MEETING**
- The next meeting is scheduled to take place on Tuesday, 14 February 2023 at 1400 hours in Committee Room 6, Council House.
- 15     **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.
- 16     **AUTHORITY TO CHAIR AND OFFICERS**
- Chair to move:-

'In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

# BIRMINGHAM CITY COUNCIL

<b>AUDIT COMMITTEE</b> <b>22 NOVEMBER 2022</b>
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**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON  
TUESDAY, 22 NOVEMBER 2022 AT 1400 HOURS IN COMMITTEE  
ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB**

**PRESENT:-**

Councillor Fred Grindrod in the Chair;

Councillors Shabrana Hussain, Meirion Jenkins, Amar Khan, Miranda Perks, Shafique Shah and Paul Tilsley

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**NOTICE OF RECORDING/WEBCAST**

- 523 The Chair advised and the meeting noted that this meeting would be webcast for live or subsequent broadcast via the Council's You Tube site ([www.youtube.com/channel/UCT2kT7ZRPFCXq6\\_5dnVnYlw](http://www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

**The business of the meeting and all discussions in relation to individual reports was available for public inspection via the web-stream.**

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**APOLOGIES**

- 524 Apologies were submitted on behalf of Councillor Bruce Lines for his inability to attend the meeting.
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**DECLARATIONS OF INTEREST**

- 525 Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

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If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

At this juncture, Councillor Tilsley declared a non-pecuniary interest as the non-executive director for Birmingham Airport.

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**EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC**

The Chair informed he had been notified of only one item under this section.

- Item 5 - Private minutes - Audit Committee 18 October 2022 - (exempt paragraph 3)

Upon consideration, it was:

526

**RESOLVED**

That in accordance with Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to information) (Variation order) 2006, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

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**MINUTES – AUDIT COMMITTEE – 18 OCTOBER AND MATTERS ARISING**

The Chair checked with the Committee if there were any matters that Members would like to raise on the private minutes of 18 October 2022 that may affect the decision to be made or to ask for clarification on a point on the exempt minutes. If there were no issues, then the public and private minutes would be agreed as a full set.

The Committee raised no issues on the private set of minutes therefore agreed both the public and private minutes as a full set.

527

**RESOLVED**

That the public and private minutes of the last meeting, 18 October having been circulated, were agreed by the Committee.

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**ASSURANCE SESSION - CABINET MEMBER HOUSING & HOMELESSNESS PORTFOLIO**

The Cabinet Member for Housing & Homelessness attended the meeting accompanied by Paul Langford, Interim Director of Housing Management, Sajeela Naseer, Director of Regulation & Enforcement, Steve Wilson, Project Director - Asset Management (remotely) and Gary Messenger, Assistant Director of City Housing Service and Support (remotely).

The Cabinet Member for Housing & Homelessness gave an overview to the housing challenges Birmingham City Council were experiencing. These challenges had been addressed in the recent meetings of the Council and Overview and Scrutiny Committees.

The following challenges were noted:

- Lack of housing therefore there was an increase in the number of homelessness
- Increase number of families in temporary accommodation
- A need to invest in Birmingham's housing stock
- Improve the private rented sector
- Impact of cost of living
- Fire safety Investment had previously taken place in Birmingham's tower blocks therefore it was challenging to address some of the other issues within the portfolio.

Updates were provided on the Capital Investment and Repairs; Housing Management; Assessment of Applications; Temporary Accommodation; Housing Strategy and Modernisation; Exempt Pilot; Whole House Retrofit Business Case to fund pilot; Private Rented Sector (PRS) and non-compliance with statutory duties; HMO Audit; Proposed Selective Licensing Scheme and No PRS Strategy or Service Plan.

Members of the Committee commented and asked questions which the Cabinet Member Housing and Homelessness and Officers responded to.

Key points made:

- The Wates contract ended on 31 March 2022 due to underperformance. The demobilisation of a contract this size normally takes six months; however, this was achieved within three months.
- The Repairs, Maintenance re-procurement contract was due to take place in March 2024. The contract notification will be shared the first week in January, with the aim to conclude this in the summer/ autumn 2023.
- **Voids** – There were some empty properties performance challenges in the south of the city and work was taking place to improve this.

- **Supervision of the handover and Demobilisation of Wates** – A huge exercise took place in December to April to demobilise contract with 350 employees: transferring from Wates to Equans. Equans recruited another 35 employees to ensure supervision structures were in place. The performance had since improved on the repair's indicators. A letter was sent to customers and appointments were made to inform customers of the transfer of contracts.
- **Impact of the change of contract is minimised (to avoid delays and backlog)** – The period of transition from one contractor to the other took 3 months. The repairs service take approximately 250,000 repairs per year (approx. 1000 repairs per working day). The transition was very successful as the delivery of the works went to normal within 3 months. The performance indicators had moved from 'red' to 'green'. This resulted in a significant reduction in customer complaints. The Cabinet Member assured the Committee regular conversations around performance were taking place.
- Tenants would be provided with information via various forms around cost of living (energy efficiency), heating, portable heaters, safety etc. Letters were being sent to Housing Associations reminding them of their responsibilities. Communicating information to tenants was important.

At this juncture, the Chair reminded the members who joined the meeting that any declaration of interests around private rented sector in Birmingham should be made at the meeting. No further declarations were made by the Committee Members.

- **Selective Licensing Scheme (SLS)** - The proposed SLS had been submitted which had been agreed by the Department of Levelling Up, Housing and Communities. The SLS would commence on 5 June 2023. The service was in the process of recruiting staff and procuring a new licensing software system to assist in administration of the predicted 40-50,000 licences. Birmingham was not the only Local Authority to be given the Selective Licensing Scheme. 126 people would be recruited to support this scheme as this was a national initiative.
- **Housing Associations and Private Sector Leasing** – Communications would be channelled through avenues to ensure information was cascaded to all areas of housing. As there was less contact with Private Sector Leased properties, more consideration would be required for this area. Engagement was taking place with Tenants and third sector.
- **Staffing & recruitment for SLS** – Close work had started to take place with HR, Finance etc to ensure 126 staff were in place for 05 June 2023. Training would also be provided prior to the start date. Discussions were taking place around a Housing Recruitment Session.
- **Annual Home Visits** – Home visits would be taking place, with the view of increasing this over time.



The Chair thanked the Cabinet Member Housing and Homelessness and Officers for their attendance and asked the Committee to note the updates given.

Upon consideration, it was:

528

**RESOLVED:-**

That the Audit Committee:

- (i) Noted the presentation and updates received on the Cabinet Member for Housing and Homelessness Portfolio.

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**ASSURANCE SESSION - CABINET MEMBER SOCIAL JUSTICE, COMMUNITY, SAFETY & EQUALITIES PORTFOLIO**

The Cabinet Member for Social Justice, Community Safety & Equalities attended the meeting accompanied by Richard Brooks, Director of Strategy, Equality & Partnerships, Sajeela Naseer, Director of Regulation & Enforcement, Rebecca Hemsley, Assistant Director of People Operations (HR & Organisation Development) and Waqar Ahmed, Assistant Director Community Safety & Resilience.

(See document No.1)

A presentation was shared via the screen which gave an overview on Cost of Living Resource (CoL); CoL Commissioning Third Sector to provide Information, Advice and Guidance; Ukraine Response; External Partner Engagement - Tackling Inequality - The All Party Parliamentary Group for Levelling Up Birmingham; External Partner Engagement - Tackling Inequality - Levelling Up Strategy on a page; Bereavement Services Assurance; Registration Services Assurance; Mortuary Services Assurance; Coronial Service Assurance; Equalities within the Community; Community Cohesion and Birmingham Community Safety Partnership Governance 22/23.

Members of the Committee commented and asked questions which the Cabinet Member Social Justice, Community, Safety & Equalities and Officers responded to.

Key points made:

- **School Meals during the holidays** - Questions were raised around meals that would be provided children during the holidays and if this was for children who were entitled to free school meals. Further clarification would be provided by officers and shared with the Committee.

- **Ukraine Response Programme** – Questions were raised around the Ukraine guest having a license to occupy a room rather than a tenancy agreement. Also, Members requested for details around when a Ukrainian guest had to leave UK (due to certain circumstances), what would happen. i.e. would they automatically leave the country or require a court order? Further clarification would be provided by officers and shared with the Committee.

At this juncture, the Chair suggested HR (staff, training and recruitment) part of the portfolio discussion should be allowed sole focus and this had been a recurrent issue at the Committee. On this basis, the Chair invited the Cabinet Member Social Justice, Community, Safety & Equalities to attend the January meeting with the Director of HR to allow for an in-depth discussion. In addition, it was suggested Domestic Violence should also be covered at the second session to this portfolio.

- **Backlog of birth registrations** – 3000 birth registrations, with a 100 births per day. It was recognised there were issues registering births and deaths. Birmingham was the biggest registrar in UK with a very diverse community. This has its own challenges; however, focus would be given to recruiting more staff within this area.
- **Registration of urgent deaths - Funerals and burials during holiday period** – Muslims require burials to be undertaken quickly and had been allowed to bury within the same day or the next day. Burials could only happen if a green form was issued. Evening burials were now being introduced (until 6pm). In addition, weekend burials were taking place.

The Chair requested for officers to provide regular communications to elected Members to ensure they can share this information with residents.

The Chair invited the Cabinet Member Social Justice, Community, Safety & Equalities to the next meeting in January to cover the remainder of the portfolio.

The Chair thanked the Cabinet Member Social Justice, Community, Safety & Equalities and Officers for their attendance and asked the Committee to note the updates given.

Upon consideration, it was:

529

**RESOLVED:-**

That the Audit Committee:

- (i) Noted the presentation and updates received on the Cabinet Member for Social Justice, Community, Safety & Equalities Portfolio.
- (ii) Invited the Cabinet Member for Social Justice, Community, Safety & Equalities to the next meeting of the Committee in January.

- (iii) Agreed for officers to provide further details on the eligibility for the School meals during the holidays, details on the Ukraine Response Programme and the outstanding queries raised at the meeting.

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**BIRMINGHAM AUDIT – HALF YEAR UPDATE REPORT 2022/23**

The following report of the Assistant Director Audit and Risk Management was submitted: -

(See document No.2)

The Assistant Director, Audit & Risk Management, made introductory comments relating to the report.

Members of the Committee commented and asked questions which Assistant Director, Audit & Risk Management, responded to.

Upon consideration, it was:

530 **RESOLVED:-**

That the Audit Committee noted the level of audit work undertaken and assurances provided.

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**EXTERNAL AUDITORS PROGRESS REPORT**

The following report of the External Auditors was submitted: -

Jon Roberts, Grant Thornton provided a verbal update. The Committee were reminded that the 2021 accounts had been delayed pending a resolution on a national issue around infrastructure assets. The statutory instrument would be in place by 25 December 2022.

There was one element which was not under the statutory instrument or the CIPFA code amendment around 'useful economic lives.' The External Auditors felt there was still the need for work to take place, they were awaiting guidance from CIPFA.

The infrastructure resolution would cover the 2020-2021 and 2021- 2022 financial audit statement. Good progress was being made on the 2021-2022 Audit. The difficult technical issues encountered in the 2020-2021 audit had been resolved therefore the 2021-2022 accounts were now in a better position (property, plant and equipment evaluations). There were still some outstanding queries around PPE.

Other outstanding queries for Birmingham City Council were around the operating expenses testing and the creditors and completeness work.

The External Auditors would be keeping a close eye on Equal Pay and to see if this would need to be revisited.

Jon Roberts noted that the VFM audit work was now being led by the Interim Head of Financial Strategy in addition to other parts of the audit and highlighted the risk around capacity to support this work

The value for money work for Birmingham was taking place positively.

Upon consideration, it was:

531 **RESOLVED:-**

That the Audit Committee noted the verbal update from the External Auditors.

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### **TREASURY RISK MANAGEMENT ARRANGEMENTS**

The following report of the Report of the Director of Council Management was submitted: -

(See document No.3)

The Director of Council Management made introductory comments.

At 1558, Councillor Jenkins left the meeting.

The Interim Head of Financial Strategy provided a summary of the Treasury Risk Management Arrangements via a presentation.

Members of the Committee commented and asked questions which Interim Head of Financial Strategy responded to.

Upon consideration, it was:

532 **RESOLVED:-**

That the Audit Committee noted and considered the Council's treasury risk management arrangements as set out in the attached draft 2023/23 Treasury Management Policy, Strategy and Treasury Management Practices.

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### **LGSCO ADULTS SOCIAL CARE – OMBUDSMAN PUBLIC INTEREST REPORT CONCERNING A COMPLAINT ABOUT THE TOP UP FEE ARRANGEMENT**

The following report of the Report of the Director of Adults and Social Care Directorate was submitted: -

(See document No.4)

The Chair read an introductory statement regarding the Ombudsman public interest report.

Councillor Tilsley queried if the issue within Adult Social Care was now closed.

The Assistant Director for Adult Social Care confirmed the issue was closed off in 2019 when there was an Ombudsman ruling around the top up fees. Following this, the guidance and work with staff had been refreshed. The issue with the case preceded this date and went back to 2007. This was when records were kept in a paper format and were being destroyed. The electronic records came in place in 2011 and this issue had now been resolved.

The Chair noted there were recommendations listed within the report around the training of staff which would also be addressed in the Assurance Session with the Cabinet Member for Health & Social Care (Councillor Khan).

Upon consideration, it was:

533

**RESOLVED:-**

That the Audit Committee noted the Director of Adults and Social Care's response to the Local Government and Social Care Ombudsman's Recommendations.

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**SCHEDULE OF OUTSTANDING MINUTES**

The following Schedule of Outstanding Minutes was submitted:-

(See document No.5)

Updates were shared with the Committee and the discharged actions would be removed.

534

**RESOLVED:-**

That the Schedule of Outstanding minutes be noted.

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**DATE OF THE NEXT MEETING**

535

The next meeting is scheduled to take place on Tuesday, 31 January 2023 at 1400 hours in the Committee Room 6, Council House, Birmingham.

**OTHER URGENT BUSINESS**

- 536 The Chair noted that the Committee's Annual Report to City Council was to be presented to the Council Meeting in February 2023 (non-budget meeting). He intended that the report be emailed to all Members for comment, and he encouraged Members to engage with the process.
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**AUTHORITY TO CHAIRMAN AND OFFICERS**

- 537 **RESOLVED:-**

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

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The meeting ended at 1607 hours.

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CHAIR

# Audit Committee – 31 January 2023

Social Justice, Community Safety & Equalities Portfolio



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# Community Safety

## **Governance:**

- The Strategic Assessment for 2022 was signed off in March a new cross-agency strategic development group is in place to ensure effective and timely information sharing between partners.
- A new Governance Structure for the Birmingham Community Safety Partnership (BCSP) was agreed in September 2022 by the BCSP Board and all thematic groups within the BCSP have agreed priorities and are agreeing new work programmes.

## **Community Triggers:**

- The Council has introduced a new process to deal with community triggers and a new training package is being developed for independent chairs. The new process allows for a more aligned partnership response to dealing with ASB.

## **Domestic Homicide Reviews:**

- In consultation with BCSP partners and the WM OPCC the DHR process has been revised and an independent service has been commissioned to deliver learning events from closed DHR's
- A current review of capacity and resource is also being undertaken by the BCSP given an increase in the number of DHR's in Birmingham.

## **Serious Violence:**

- Birmingham serious violence profile has been produced in partnership with the WM Violence Reduction Partnership.
- As part of the new BSCP governance structure a Reducing Violence Thematic Board is in place chaired by WMP and are tasked with finalising plans and strategies in preparation for the Serious Violence Duty.



# Birmingham Community Safety Partnership Governance 22/23

Birmingham Community Safety Partnership Executive Board

Community Safety Operations Group



BCSP Strategic Thematic Groups

## Building Safer Neighborhoods

- Locality working
- Hate Crime
- Tension Monitoring
- Community Cohesion and Resilience
- Community Triggers
- PSPO's

## Protecting People from Harm

- DHRs
- VAWG – Stalking and harassment, FGM, Forced Marriage, Honour Based Abuse, CSE
- Domestic Abuse

## Tackling Violence

- SYV
- GANGS
- SOC – County Lines,
- Criminal exploitation

## Reducing Reoffending

- Reducing first-time entrants into the CJS
- Reducing Repeat Offending
- Reducing Repeat Victims

## Discharged Elsewhere – Interested Parties

Drugs, Mental Health, Missing, Neglect, Prevent



## Community Voice

- CS Ref Group
- CSP Board Representation

## Communications

- Internal
- External

Local Partnership Delivery Group

**LPDG Map**



Birmingham City Council

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Birmingham City Council

# Domestic Abuse

## Governance:

- The Domestic Abuse Act 2021 places new statutory duties on local authorities. Amongst these duties is the requirement to set up a Local Strategic Partnership Board. In Birmingham, a shadow board is now in operation. The Board is chaired by Councillor Cotton and includes key partners both internally from the Council and externally. The board includes the Police, Health service and Childrens Trust.
- The Board is responsible for overseeing the Domestic Abuse Prevention Strategy (2018+). It also supports implementation of the Domestic Abuse Act 2021 Part 4 Duty, which places a statutory duty on local authorities to provide support to victims and their children who reside in safe accommodation.

## Domestic Abuse Prevention Strategy

- The current strategy comes to an end in 2023. In partnership with key partners in the city, through a series of workshops, the current strategy is therefore being reviewed. This includes looking at progress against the action plan, and assessing the gaps and challenges.
- A new strategy will be then drafted based on the review. Currently desktop research is being completed, and a working group with operational representatives from key agencies is being established to develop the new partnership strategy. This will include a full consultation in 2023.

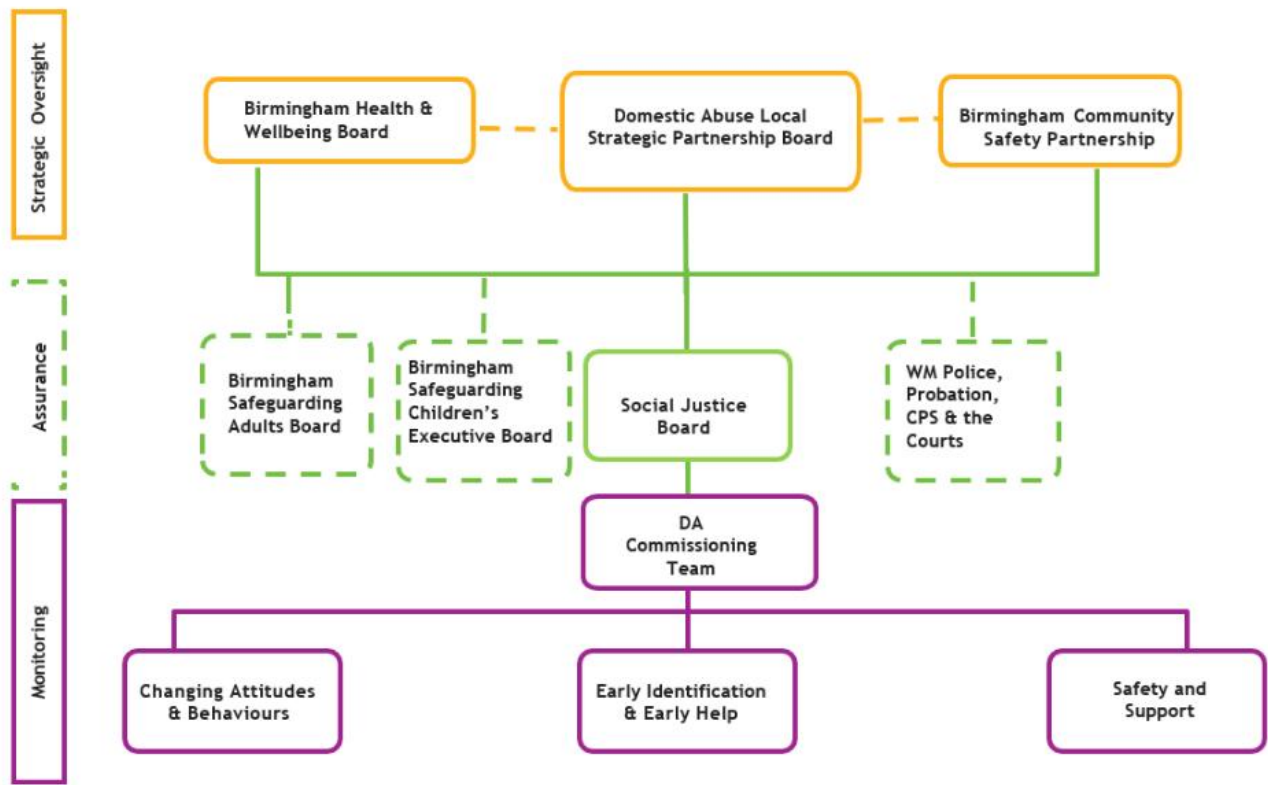
## Domestic Abuse Act, Part 4 duty:

- Progress against the Part 4 Duty is overseen by the Domestic Abuse Local Strategic Partnership Board, and reported to the national government steering group.

## Commissioning;

- In order to meet the Part 4 Duty, a number of organisations have received funding to provide support services. All providers are required to meet accredited quality standards for domestic abuse, such as Women's Aid, or Male Domestic Abuse Network Service Standards. They are also required to share safeguarding policy, prove relevant staff have a DBS, and sign up to the Adults and Children's Safeguarding Boards.

# Domestic Abuse Governance



# People Services Update January 2023



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# January update

- People Services' Priorities and Delivery Plan
- Everyone's Battle, Everyone's Business – Objective 5
- Workforce Transition - Workforce Savings
- Resourcing and Recruitment
- Interims and Consultants

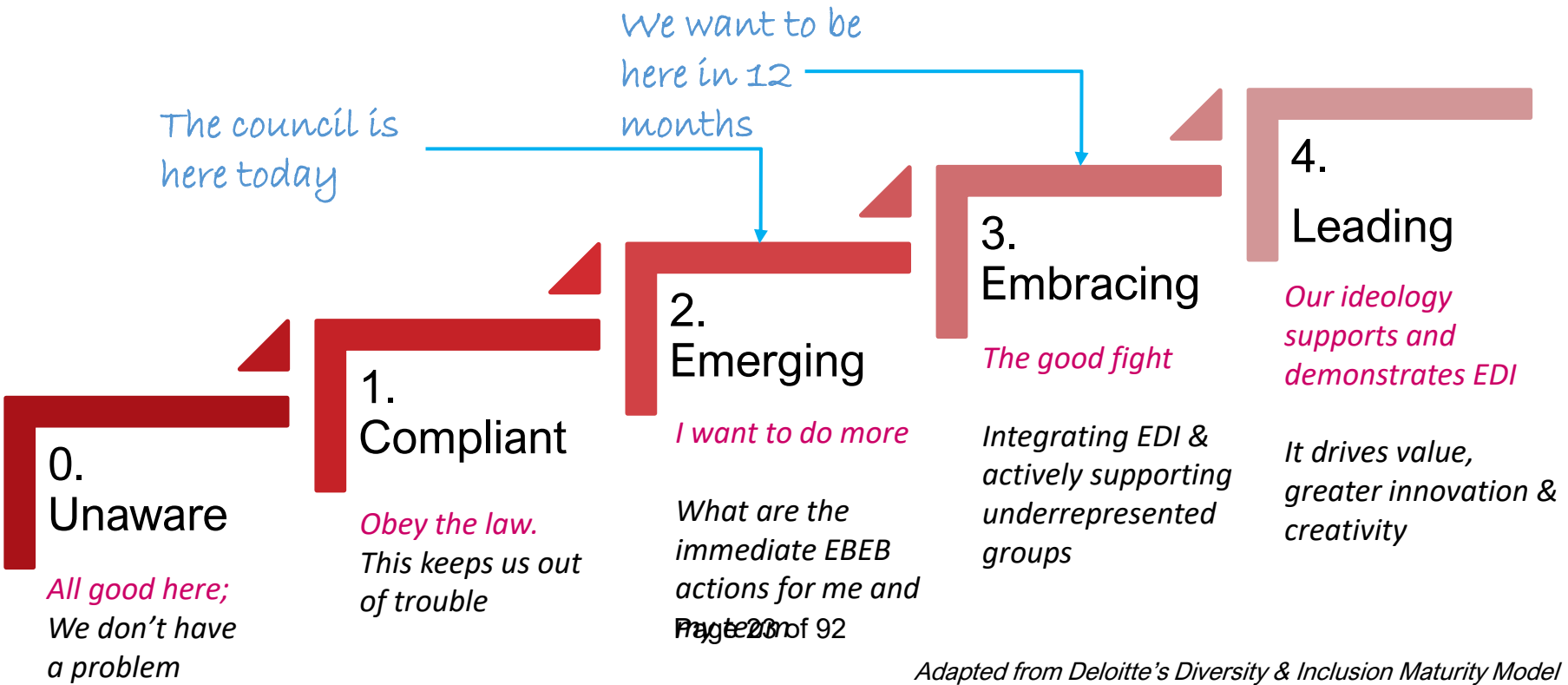
# People Services Priorities and Delivery Plan

## 1. People Services Priorities

- Delivery Plan with three clear strategic priorities developed
  - Oracle, EBEB and Permanent Pay Equity (Job Evaluation)
  - Underpinned by Fit for Purpose shorter term objectives, including Performance Management, Trade Union Relationship, Mutually Agreed Release Scheme, Recruitment, Talent Management & Early Careers, Review of Policies, Employee Relations Case Management and Data & Insight
- All People Services colleagues have developed individual objectives aligned to our priorities and are working on their Personal Development Plans
- The People Services TOM, EBEB (Workforce), Permanent Pay Equity (JE, Pay and Grading) and Workforce Transition (Savings) have all been established as Corporate Transformation Programmes, with Programme Boards, regular reporting into Fit for Future Governance Board and progress monitored on a monthly basis through the CPMO, CLT and Cabinet

# Everyone's Battle Everyone's Business – Objective 5

January 2023 – We have reprioritised our EBEB Plan to focus on our path to an inclusive culture:



# Our priorities

- In 2023 we want to focus on creating greater ethnicity and disability equity across the workforce by:
  - Developing and implementing a comprehensive Communications Plan – including an EBEB Hub
  - Developing and implementing ‘Inclusive Leader’ actions
  - Developing and implementing the Emerging Leaders Programmes for underrepresented black, Asian and minority ethnic colleagues
  - Achieve Disability Confident Employer Level 2 Status
  - Submitting the statutory Gender Pay Gap Reporting & Ethnicity Pay Gap Report with some high-level intersectionality insights

Awareness &  
Engagement

Data Insight

Policy & Process

Leaders  
walk the talk

Opportunity



# EBEB key updates – so far.....

- **Your diversity matters campaign:** 6 week campaign sponsored by Trade Unions & Staff Networks encouraging staff to share personal information. Depots visited to encourage frontline staff to disclose diversity data
- **Staff engagement:** over 1300 staff have attended “what is EBEB & why it matters” interactive briefings
- **Senior Recruitment Review & refresh** – includes new bank of interview questions, positive action shortlisting and balanced appointment panels check and challenge in place
- **CLT & ECLT trained on Unconscious Bias Recruitment.** Offer extended to members involved in hiring process.
- **CLT agreed to lead on specific actions:**
  - Strategic Director to own local check & challenge process for
  - senior recruitment (positive action)
  - EDI objectives – every director to set own and service EDI objective
  - Staff engagement – safe space listening circles & all staff events
- **Deep dive of apprenticeship programme completed** with plans being developed for improved early careers schemes
- **Partnering with staff networks** to deliver “career workshops”



# Workforce Transition

- Through effective management and deployment of our workforce, we're aiming to reduce costs in 2023/24 using a mutually agreed release scheme (MARS)
- MARS is designed for those who wish to leave to be able to do so with a small incentive
- No roles need to be made redundant but efficiencies will come through organisation design and strategic workforce planning

# Resourcing and Recruitment Priorities:

- Improving our advertising, particularly how our jobs reach a much wider diverse market.
- Hosting our own careers landing page in Oracle (May 23) which gives free access to larger job sites (e.g. Indeed, Google Jobs) and capture applications from a much wider pool of active candidates (Live April / May 23)
- Supporting our colleagues with use of LinkedIn to raise awareness of new vacancies throughout their wider networks.
- Process mapping and improving the JNC and wider recruitment process (on-going) and aligning with Oracle to improve the process to deliver a much smoother candidate journey
- Actively setting up the strategic resourcing team and Talent and Early Years functions, ensuring our resourcing, recruitment and talent priorities are refocused in 2023 in line with our People Services strategic and operational objectives
- Developing a workforce planning toolkit for People Partners to create Directorate People Plans that are workforce data led including resourcing challenges and succession planning.

# Review of Interims and Consultants

- People Plans are being produced in each directorate to highlight demographics, identify establishment / vacancies and innovative ways to fill roles through early careers schemes
- Currently there is a review of the Directorate Workforce Review Boards to progress the governance and authority to fill vacancies, including interims and consultants, recognising that assignments more than £100k at the outset, or following extension, must be approved by the portfolio holder
- Data and reporting on interim and consultancy spend has been delayed due to Oracle reporting capability and data quality however work is ongoing to progress this as soon as possible
- A recent Audit highlighted required improvements and these are being incorporated in to a full review of the process – being run as a Task and Finish Group within People Services, with support from Finance and Procurement

## BIRMINGHAM CITY COUNCIL

## PUBLIC REPORT

<b>Report to:</b>	<b>Audit Committee</b>
<b>Report of:</b>	<b>Assistant Director, Audit &amp; Risk Management</b>
<b>Date of Meeting:</b>	<b>31<sup>st</sup> January 2023</b>
<b>Subject:</b>	<b>Risk Management Update</b>
<b>Wards Affected:</b>	<b>All</b>

**1. Purpose of Report**

- 1.1 To update Members on the management of strategic risks and implementation of the Risk Management Framework.

**2. Recommendation**

Audit Committee Members:

- 2.1 Note the progress in implementing the Risk Management Framework and the assurance and oversight provided by the Council Leadership Team (CLT).
- 2.2 Review the strategic risks and assess whether further explanation / information is required from risk owners in order to satisfy itself that the Risk Management Framework has been consistently applied.

**3. Risk Management Framework**

- 3.1 The Risk Management Framework sets out the processes for identifying, categorising, monitoring, reporting and mitigating risk at all organisational levels.
- 3.2 The framework is implemented through a network of Directorate Risk Representatives. Risk representatives assist directorate management teams in producing and maintaining up-to-date risk registers and supporting action plans.
- 3.3 Strategic risks are reviewed and challenged through the Corporate Leadership Team.

#### 4. Strategic Risk Register

4.1 The Strategic Risk Register is reviewed on a monthly basis by the nominated directorate risk representatives and independently reviewed and challenged by CLT.

4.2 Since September 2022, when the Strategic Risk Register was last reported to Committee, the following key changes have occurred:

- SR3.4 – Counter Terrorism / emergency planning restated as two separate risks:
  - SR3.4a - Business Continuity - Failure to maintain critical services; and
  - SR3.4b - Business Continuity - Failure to respond to emergency / terrorism.

Both risks being allocated a residual likelihood and impact rating of medium / significant.

- SR4.1 – Loss of personal / sensitive data, residual risk reduced from a likelihood and impact rating of significant / medium to medium / medium.
- SR4.3 – Cyber attacks, residual risk reduced from a likelihood and impact rating of high / high to medium / significant.
- SR7.4 – Commonwealth Games delivery, closed and deleted.

4.3 The revised strategic risks have been plotted on a heat map within Appendix A and are summarised within Appendix B. The profile of the strategic risks, against each 'PESTLE' category is given below:

Residual Risk Exposure	Severe	Material	Tolerable	Total
SR1 - Political				
SR2 - Economical	1	1		2
SR3 - Social	1	3		4
SR4 - Technological	1	1		2
SR5 – Legal	4		1	5
SR6 - Environmental	3	1		4
SR7 - Cross Cutting	1	5		6
<b>totals</b>	<b>11</b>	<b>11</b>	<b>1</b>	<b>23</b>

4.4 Risk SR5.1 Inadequate Property Portfolio (including Health & Safety and Working conditions) remains with a High / High residual likelihood and impact score

4.5 Assurance on the management of these risks has been provided, or is scheduled on the Committee's work programme, via the Cabinet Member Assurance Sessions.

4.6 Risks are assigned weightings according to the definitions set out in the Strategic Risk Management Framework as follows:

**Measures of likelihood:**

Description	Example Detail Description
High	Almost certain, is expected to occur in most circumstances. Greater than 80% chance.
Significant	Likely, will probably occur in most circumstances. 50% - 80% chance.
Medium	Possible, might occur at some time. 20% - 50% chance.
Low	Unlikely, but could occur at some time. Less than 20% chance.

**Measures of impact:**

Description	Example Detail Description
High	Critical impact on the achievement of objectives and overall performance. Critical opportunity to innovate/improve performance missed/wasted. Huge impact on costs and/or reputation. Very difficult to recover from and possibly requiring a long-term recovery period.
Significant	Major impact on costs and objectives. Substantial opportunity to innovate/improve performance missed/wasted. Serious impact on output and/or quality and reputation. Medium to long term effect and expensive to recover from.
Medium	Waste of time and resources. Good opportunity to innovate/improve performance missed/wasted. Moderate impact on operational efficiency, output and quality. Medium term effect which may be expensive to recover from.
Low	Minor loss, delay, inconvenience or interruption. Opportunity to innovate/make minor improvements to performance missed/wasted. Short to medium term effect.

4.7 The strategic risk register is reviewed on a monthly basis by CLT to ensure robust oversight and that appropriate action is being taken.

**5. Directorate Risks**

5.1 Each Directorate maintains their own risk registers. These Directorate risk registers contain the operational risks facing the Council and are managed at a local level.

5.2 The top operational risks are being captured as part of the ongoing corporate business planning process and will be subject to a similar level of scrutiny as Strategic Risks. This will include reporting all significant operational risks to the Audit Committee.

**6. Role of the Audit Committee**

6.1 Members have a key role within the risk management and internal control processes.

6.2	<p>The Audit Committee terms of reference, sets out its responsibilities and in relation to risk management these are:</p> <ul style="list-style-type: none"> <li>• providing independent assurance to the Council on the effectiveness of the risk management framework and the associated control environment;</li> <li>• whether there is an appropriate culture of risk management and related control throughout the Council;</li> <li>• to review and advise the Executive on the embedding and maintenance of an effective system of corporate governance including internal control and risk management; and</li> <li>• to give an assurance to the Council that there is a sufficient and systematic review of the corporate governance, internal control and risk management arrangements within the Council.</li> </ul>
<b>7.</b>	<b>Legal and Resource Implications</b>
7.1	The work carried out is within approved budgets.
<b>8.</b>	<b>Equality Impact Assessment Issues</b>
8.1	Risk management forms an important part of the internal control framework within the Council.
8.2	The Council's risk management framework has been Equality Impact Assessed and was found to have no adverse impacts.
<b>9.</b>	<b>Compliance Issues</b>
9.1	Decisions are consistent with relevant Council Policies, Plans and Strategies.

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## Risk Heat Map, Changes September – January 2023

Strategic Risk Map – January 2023				
Likelihood	High			
	Significant	SR3.3 Equality representation across the workforce	SR7.6 Supply Chain Disruption	SR6.1 BCC to be net zero carbon SR6.2 aspiration City to be net zero carbon SR6.3 Climate resilient SR7.2 Rising pressure of demand in adults and children's
	Medium	SR2.6 Future Financial Resilience SR3.7 Public Health interventions SR4.1 Loss of personal/sensitive data SR7.3 Workforce Performance	SR3.4a Business Continuity - Failure to maintain critical services SR3.4b Business Continuity - Failure to respond to emergency / terrorism SR4.3 Cyber attacks SR6.4 Ability to address air pollution SR7.5 CWG Legacy Realisation	SR2.2 Homelessness & housing shortage SR5.6 Safeguarding Children SR5.4 Meeting social care requirements SR5.5 View of BCC by regulators SR7.1 Service Improvement
	Low	SR5.2 Approach to equalities - legislative	SR3.6 Preventing crime agenda	
Key	Impact			
	Low	Medium	Significant	High
	Severe			
	Material			
	Tolerable			

## Strategic Risk Register – Summary

<u>Risk No.</u>	<u>Risk</u>	<u>Risk Owner</u>	<u>Inherent Risk</u>	<u>Residual Risk</u>	<u>Target Risk</u>	<u>Direction of Travel</u>	<u>Action Status</u>				
							Red	Amber	Green	Not Rated	Total
SR2 Economic											
SR2.2	Homelessness and less affordable housing with rising housing requirements	Director – PPS & Director City Housing	Severe	Severe	Material	↔	0	6	1	0	7
SR2.6	Future Financial Resilience	Director Council Management	Severe	Material	Tolerable	↔	0	0	3	0	3
SR3 Social											
SR3.3	Equality representation	Director of People Services	Material	Material	Tolerable	↔	0	1	1	0	2
SR3.4a	Significant disruption to Council services (Business continuity) and failure to effectively maintain critical services	Chief Executive	Material	Material	Material	Restated	0	0	2	0	2
SR3.4b	Disruption to Council services (Business continuity) and failure to effectively manage and respond to emergency incidents, including acts of terrorism.	Chief Executive	Severe	Material	Material	Restated	0	1	0	0	1
SR3.6	Inability to effectively influence the preventing crime agenda	Director City Operations	Severe	Material	Tolerable	↔	0	2	3	0	5
SR3.7	Public Health approach to early interventions ineffective	Director of Public Health	Severe	Material	Tolerable	↔	0	4	0	0	4
SR4 Technological											
SR4.1	Loss of personal and sensitive data	Assistant Director for IT&D & CIO	Material	Material	Tolerable	↓	0	0	1	0	1
SR4.3	Risk of Cyber Attacks	Assistant Director for IT&D & CIO	Material	Material	Material	↓	0	0	3	0	3

## Appendix B

<u>Risk No.</u>	<u>Risk</u>	<u>Risk Owner</u>	<u>Inherent Risk</u>	<u>Residual Risk</u>	<u>Target Risk</u>	<u>Direction of Travel</u>	<u>Action Status</u>					Total
							Red	Amber	Green	Not Rated		
SR5 Legal												
SR5.1	Inadequate Property Portfolio (including Health & Safety and Working conditions)	CLT / Directorate Leads / Managers / Employees	Severe	Severe	Material	↔	0	6	2	0	8	
SR5.2	Ineffective approach to Equalities	Director Strategy, Equality and Partnerships	Severe	Tolerable	Tolerable	↔	1	1	1	0	3	
SR5.4	Inability to fully meet social care requirements	Director of Children and Families	Severe	Severe	Tolerable	↔	0	2	0	0	2	
SR5.5	View of BCC by Regulators	Directors of Children and Families and Adult Social Care	Severe	Severe	Tolerable	↔	0	6	1	0	7	
SR5.6	Safeguarding Children	Directors of Children and Families	Severe	Severe	Tolerable	↔	0	1	3	0	4	
SR6 Environmental												
SR6.1	Birmingham City Council to be net zero carbon by 2030	Director of Planning, Transport & Sustainability	Severe	Severe	Material	↔	0	0	0	4	4	
SR6.2	Council aspiration for the City to be net zero carbon by 2030	Director of Planning, Transport & Sustainability	Severe	Severe	Material	↔	0	4	0	0	4	
SR6.3	A climate resilient and adapted Council and city	Director of Planning, Transport & Sustainability	Severe	Severe	Material	↔	0	5	2	0	7	
SR6.4	Ability to address air pollution	Director of Planning, Transport & Connectivity	Material	Material	Material	↔	0	0	3	0	3	
SR7 Cross Cutting												
SR7.1	Service Improvement	Director of Council Management	Severe	Material	Tolerable	↔	0	3	1	0	4	

## Appendix B

<u>Risk No.</u>	<u>Risk</u>	<u>Risk Owner</u>	<u>Inherent Risk</u>	<u>Residual Risk</u>	<u>Target Risk</u>	<u>Direction of Travel</u>	<u>Action Status</u>				Total
							Red	Amber	Green	Not Rated	
SR7.2	Rising pressure of demand	Directors of Children and Families / Adult Social Care	Severe	Severe	Tolerable	↔	0	9	4	0	13
SR7.3B	Workforce Performance	Chief Executive	Material	Material	Tolerable	↔	0	0	8	0	8
SR7.5	Birmingham 2022 Commonwealth Games Legacy Realisation	Chief Executive	Material	Material	Tolerable	↔	1	2	2	0	5
SR7.6	Supply Chain Disruption	Director of Council Management	Severe	Material	Tolerable	↔	0	4	1	0	5

Residual Risk Direction of Travel Index	
↔	Risk Unchanged
↓	Risk Decreased
↑	Risk Increased

## BIRMINGHAM CITY COUNCIL

## PUBLIC REPORT

<b>Report to:</b>	<b>AUDIT COMMITTEE</b>
<b>Report of:</b>	<b>Assistant Director, Audit &amp; Risk Management</b>
<b>Date of Meeting:</b>	<b>31<sup>st</sup> January 2023</b>
<b>Subject:</b>	<b>Public Sector Internal Audit Standards – External Quality Assessment</b>
<b>Wards Affected:</b>	<b>All</b>

**1. PURPOSE OF REPORT**

- 1.1 To inform members of the results from the recent Public Sector Internal Audit Standards external quality assessment.

**2. RECOMMENDATIONS**

- 2.1 Members note the results of the external quality review completed by Manchester City Council on behalf of the Council together with the agreed improvement actions.

**3. BACKGROUND**

- 3.1 Under the Accounts and Audit Regulations the Council must maintain an effective system of internal audit to evaluate its risk management, control and governance processes. The requirements of an effective system of Internal Audit are laid out within the Public Sector Internal Audit Standards. The Standards, which became effective from 1<sup>st</sup> April 2013, set out the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF). The standards apply to Internal Audit in all parts of the public sector in the UK and are mandatory. They seek to secure 'a professional, independent and objective internal audit' that makes an effective contribution to governance arrangements. Guidance on the interpretation of the Standards is set out by the Chartered Institute of Public Finance and Accountancy (CIPFA) in its Local Government Application Note (LAGN) 2019.
- 3.2 The Standards require an external assessment of an organisation's internal audit function, which must be conducted at least once every five years by a qualified, independent reviewer from outside of the organisation. At their February 2021 meeting Members agreed the approach, i.e. a Core Cities peer review, together with the Terms of Reference for this external quality assessment.

- 3.3 The external quality review against the standards has been completed by Manchester City Council. Their report, together with agreed improvement plan, is attached in Appendix A.
- 3.4 Overall the review team found the self-assessment, evidence provided, and interviews with staff confirmed that Birmingham Audit **'conforms'** with the standards.
- 3.5 Compliance with the standards is considered to provide a strong platform on which our ambitions can be realised and a strategy and structure developed that enables the service to be even more proactive, risk focused, influential, and effective in supporting the assurance arrangements for the Council.
- 4. LEGAL AND RESOURCE IMPLICATIONS**
- 4.1 The Internal Audit service is undertaken in accordance with the requirements of section 151 of the Local Government Act and the requirements of the Accounts and Audit Regulations 2015. The work is carried out within the approved budget.
- 5. RISK MANAGEMENT & EQUALITY ANALYSIS ISSUES**
- 5.1 Risk Management is an important part of the internal control framework and an assessment of risk is a key factor in the determination of the internal audit plan.
- 5.2 Equality Analysis has been undertaken on all strategies, policies, functions and services used within Birmingham Audit.
- 6. COMPLIANCE ISSUES**
- 6.1 City Council policies, plans, and strategies have been complied with.

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### Report to Birmingham City Council:

Councillor Fred Grindrod, Chair of Audit Committee

Rebecca Hellard, Strategic Director of Council Management

Sarah Dunlavey, Assistant Director Audit & Risk Management

**From:** Tom Powell, Head of Audit and Risk Management and Richard Thomas, Deputy Head of Audit and Risk Management, Manchester City Council

**Date:** 22 December 2022

**Subject:** Birmingham City Council Internal Audit Peer Review 2022

### 1. Executive Summary

1.1 Birmingham Audit (BA) provides a range of assurance, investigation, and advisory services to the Council. The 2022/23 audit plan contains 4,416 days of planned activity and is based around five main cross cutting themes:

- Financial
- Business processes
- IT and information management
- Schools
- Investigations (reactive, proactive, awareness).

BA is led by an Assistant Director and a Principal Group Auditor. In addition to the Assistant Director and Principal Group Auditor there are 17.8 FTE roles in audit, 4 FTE roles in corporate fraud, and 10.32 FTE roles in application fraud and intelligence (predominately covering Social Housing and Council Tax fraud Investigations). The Service is well resourced but is currently attempting to fill a vacancy on the IT Audit Team. One audit post and all social housing Investigators are funded from the Housing Revenue Account.

1.2 The Public Sector Internal Audit Standards (PSIAS) apply to Internal Audit in all parts of the public sector in the UK and are mandatory. The Standards introduced a requirement for an external assessment of an organisation's internal audit function, which must be conducted at least once every five years by a qualified, independent reviewer from outside of the organisation.

1.3 Birmingham's previous external assessment against the PSIAS was performed by Bristol City Council in July 2016. In line with the agreed terms of reference a further independent review has been completed by Manchester City Council to validate current compliance.

- 1.4 The self-assessment against the standards was completed by the Principal Group Auditor, using the 'Checklist for Assessing Conformance with the PSIAS and Local Government Application Note (LGAN) published by the Chartered Institute of Public Finance and Accountancy (CIPFA).
- 1.5 Our review of a self-assessment provided by BA, evidence provided and interviews with staff confirmed that Birmingham Audit '**conforms**' with the standards. The Service meets the requirements of the Standards and exceeds the basic expectations in several areas, for example in the operation of an information management system that is accredited to ISO 27001 standards and is externally assessed on an annual basis. Interviews with a sample of stakeholders indicate that BA is valued; and makes a positive contribution to the systems of governance, risk management and internal control.
- 1.6 Birmingham is an ambitious Council and like all local authorities is facing a wide range of risks and issues as it seeks to deliver transformation and lead a post pandemic recovery for the City during a time of severe financial constraint. The Council sets high standards for all services and expects its core systems, frameworks, and governance arrangements to be best in class. There is an expectation from Council leadership that BA takes further steps to maximise its strategic impact; leading the implementation of a strengthened risk and assurance framework, and this presents an opportunity for the Service in developing its approach and strategy.
- 1.7 At the time of our conformance review, BA were revising the Council's risk management framework and starting to develop a revised assurance framework. The value and importance of this work and of the leadership role of BA in developing best practice risk and assurance monitoring and reporting was clear from stakeholder meetings and was reflected in recommendations to improve stakeholder engagement, strategic positioning and strengthen business partnering that were made in a *Total Impact Review* report commissioned from PricewaterhouseCoopers.
- 1.8 The PwC review focus aligns with good practice principles outlined in CIPFA's 2022 *Internal Audit – Untapped Potential* report. This report is useful in considering the effectiveness of internal audit and describes that an effective function should provide:
- good engagement with senior management and the audit committee, while maintaining independence and objectivity.
  - internal audit plans clearly aligned to the topics that are most important for the success of the organisation.
  - timely and meaningful assurance, communicated in a way that is understood by stakeholders.
  - the ability to challenge constructively and the ability to respond to emerging risks or issues and help management find solutions.



- the ability to respond to emerging risks or issues and changing priorities for the organisation.

1.9 BA is operating from a PSIAS compliant base, and we consider that this provides a strong platform from which these ambitions can be realised. Whilst beyond the agreed scope of the PSIAS review we consider that the PwC and CIPFA reports are a good foundation from which to develop a strategy and structure that can enable the service to be even more proactive, risk focused and influential in driving good governance and effective, added value assurance arrangements for the Council.

## **2.0 Background and Scope**

2.1 Internal Audit in the public sector in the United Kingdom is governed by the Public Sector Internal Audit Standards (PSIAS) which have been in place since 2013 (revised 2016 and 2017). The PSIAS require periodic self-assessments of compliance and an independent external assessment to be conducted at least once every five years as part of an ongoing quality assurance and improvement programme.

2.2 This report details the result of the recent external assessment that has been undertaken of Birmingham City Council's Internal Audit Service (BA). A full Terms of Reference outlining the scope of this review can be found at Appendix 1 of this report.

2.3 This peer review has been completed with the co-operation of staff at BA and our thanks is passed onto all those who contributed. Notably, Craig Price, Principal Group Auditor, spent considerable time compiling the self-assessment, providing supporting evidence and arranging interviews with a sample of members of the audit team and key stakeholders, including the Deputy Leader, Chair of the Audit Committee, Chief Executive and Strategic Director of Council Management.

2.4 The previous peer review by Bristol City Council in July 2016 concluded that Birmingham City Council's Internal Audit Service conformed to the requirements of the PSIAS. There were 184 areas within the Standards at that time and only a few partial conformances and non-conformances were identified which required further development. At this latest review management assessed the Service as compliant in all areas (now 115). Some of the aspects of the assessment are subjective and whilst there are a few areas where we might suggest partial conformation, we are nonetheless of the opinion that BA complies with the PSIAS.

2.5 The function has started to consider several initiatives that flow from the PwC Internal Audit Effectiveness – *Total Impact Review*. This review assumed PSIAS compliance and did not test conformity; the focus and intent was to capture and measure the holistic contribution of Internal Audit and identify key areas for development, through consultation with key stakeholders. The findings and resultant recommendations have been considered as context in

terms of our review and there is reference to some of these points in our recommendations in Section 4.

### **3.0 Detailed findings**

3.1 The mission of Internal Audit from the PSIAS is “to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight”. PSIAS sets out the definition, principles, ethics, and standards that internal audit are to comply with but allows for variation in how individual audit services do this.

3.2 Compliance with the PSIAS and LGAN provides the foundation for an effective internal audit service. We examined an extensive range of documents provided by BA covering all the requisite paperwork referenced in the ‘Checklist for Assessing Conformance with PSIAS and LGAN’. No significant discrepancies were found, and key documents were comprehensively written and recently reviewed. These include the BA Business Plan 2022/23; mid-year and end of year progress reports to Audit Committee; the Audit Charter; papers on strategic risk and the risk management framework; and policy, procedures, and responsibilities.

#### **Key Documents and Approvals**

3.3 The Audit Charter was reviewed in June 2022, and we were able to view recordings of Audit Committee and associated agendas to verify approval through the correct channels. The Audit Plan is presented to Audit Committee as is the Annual Report. The Annual Report in June included an assurance to Members over PSIAS compliance. We were able to cross reference the documents to the BA Quality Assurance and Improvement Plan (QAIP).

3.4 Examination of records kept regarding declaration of interests, statements of confidentiality and ethics confirmed these were compliant with PSIAS standards.

#### **Staffing**

3.5 Discussions with a selection of BA staff and examination of supporting training records confirmed a significant level of competency and professionalism across the team, ranging from subject matter experts in Counter Fraud, Data Analytics, Computer Audit and Children Services. Records of mandated corporate training and professional qualifications are kept. All staff interviewed were enthusiastic and committed to delivering the BA Business Plan and audits in their areas and each described a good working relationship with clients.

#### **Client Engagement**

3.6 BA operates a network of Audit Contact Officers who act as liaison points for client services and directorates. They coordinate client engagement on audit reviews and provide input and intelligence that contributes to audit planning.

We interviewed three of these officers who are contact points for Adult Social Care, City Housing, and IT/Digital. All were knowledgeable about their responsibilities regards BA and their role in progressing audits in a timely manner; from agreeing Audit Planning Memorandum (scopes) and timeframes through to final reports and agreeing recommendations. Workflow is managed through dedicated email boxes.

- 3.7 We found consistency in the operational approach as outlined in the overarching BA audit protocol document, stipulating that Directors must ensure systems and processes are in place within the service area to allow responses to be provided to audit reports; and for actions to be implemented in accordance with agreed (audit) timescales. Also referenced is the need for Directors and Senior Managers to co-operate fully and promptly with the audit process.
- 3.8 We found no evidence or suggestion that this protocol was failing in terms of IA plan management, however we did find variations in the way audit management information was being presented back to Directors and Council Leadership Team. This includes information pertaining to progress against plan and tracking outstanding recommendations. Whilst acknowledging the benefits of adapting reports in response to client specific requests, we recommend that consideration be given to standardise the reporting approach as this may be more efficient and effective.
- 3.9 BA obtain feedback from a process of stakeholder interviews and a director survey conducted by Internal Audit. These are positive processes that provide client insight and input to the audit process. At the last update these processes confirmed that:
- BA advice and guidance provided is trusted and valued;
  - strong and effective professional relationships have been established;
  - BA is seen as independent and objective;
  - BA respond to change and emerging risks;
  - recommendations are discussed, are practical and support improvement;
  - senior managers are consulted and able to feed into the annual audit plan; and
  - BA have a positive impact on the systems of governance, risk and internal control.
- 3.10 Feedback on behalf of Audit Committee was positive both in terms of the role of Internal Audit and the support that BA and the Assistant Director provide to the Chair and Committee Members. It was clear that there was a good understanding about remit and positive processes were used to engage on risk and control issues beyond audit reports, including a clear programme of regular support and challenge with Cabinet Members and Directors and on areas of risk such as equal pay, fraud, and complaints. The Audit Committee does not have independent members as recommended by CIPFA, but committee members benefit from advice provided by an Independent

Technical Advisor, who is apolitical and provides support on topics, technical issues and suggests questions for Committee Members.

- 3.11 Given the scale of the Council and associated BA plan it is critical that reports to Committee are focused and strike a good balance between summary and detailed information. We discussed this with the Chair and with officers and it was agreed this was an area that would benefit from ongoing review to assist Committee Members to focus on key risks and assurances. There was also a desire for assurance over how BA compares with other audit functions and how this might be used to help drive continuous improvement.

### **Audit Focus and Impact**

- 3.12 Feedback from senior clients was generally positive; they understand the role of BA within the organisation and the assurance and advice provided is trusted. Birmingham is a Council of great scale and complexity, and stakeholders noted the importance of audit in this as a force for positive change and organisational improvement.
- 3.13 The need for an embedded assurance framework was mentioned, as was the desire to translate messages from audit reports and counter fraud work into more understandable, corporate messages; helping leadership use this as a catalyst or stimulus for culture change. Feedback indicated that the volume of audit reports and the format and language used meant that the core messages and key themes from audit work were not always as clear as they might be. There was concern from some clients that they '*could not see the wood for the trees.*' It was recognised and accepted that whilst BA had a leadership role to drive improvement, they could not do this alone as this was part of an ongoing organisational change.
- 3.14 Some feedback was that BA was fraud and finance focused. It was clear that a focus on the core systems including finance was valued, but that this might be at the expense of other areas of assurance which might give the audit team a higher profile to assert influence at a strategic level. One opinion was that BA had evolved and was now more in tune with clients than in previous years with more focus on key risks rather than process compliance but should continue to get more involved, at an earlier stage in areas of high risk and larger transformational projects.
- 3.15 For example the 2022/23 Internal Audit plan as reported to CLT in February 2022 allocated 75% of the planned audit days to audits of the Main Financial Systems (705), Business Controls Assurance (1757) and Investigations (830). Much of this time appears to be predominantly focused on financial risk as opposed to being more evenly spread across other risk areas across the Council. The plan should reflect organisational risk and assurance needs and we recognise that financial management and financial systems have been key priorities for the Council in recent years. Whilst this balance may be right to reflect current risks and organisational needs, we do consider this balance needs to be reviewed and challenged as part of the planning process to ensure

that audit focus remains suitably broad and future focused to provide assurance in areas that matter most.

- 3.16 There was an aspiration that BA would provide more insight into future risks and challenges that the Council might face and provide proactive support in these areas. This was linked to comments about the need to improve the *risk literacy* across the Council, thereby creating more demand for audit expertise in risk identification, evaluation, and control.

### **PSIAS Compliance**

- 3.17 PSIAS consists of nineteen attribute standards (that describe the organisational characteristics of internal audit services) and thirty-three performance standards (that describe the nature of internal audit services and the criteria against which performance should be measured). These equate to 115 questions within the PSIAS self-assessment checklist.
- 3.18 The self-assessment completed by BA stated that the service conformed with all 115 questions. We do not consider this misstates the position of BA but there are some areas where we consider it might be more helpful and meaningful to describe as partially conforming, as they are areas that are under review or where planned enhancements are being made. We base this on our meetings and assessment, the findings of the Total Impact Report (PwC) and the BA business plan 2022/23 which positively outlines areas for further service improvement.
- 3.19 Areas we consider might be worthy of further focus are set out in our recommendations below but could include:
- Core Principles: Is insightful, proactive, and future-focused
  - Core Principles: Promotes organisational improvement
  - 1112 Impairment of objectivity – risk management
  - 2010 Planning – linking annual plan to risks, priorities and objectives
  - 2050 Coordination – of assurance sources in planning and reporting
  - 2060 Reporting – of outcomes of assurance activity
  - 2110 Governance – assessment of organisational ethics
  - 2120 Governance – assessment of risk management
  - 2500 Monitoring Progress
- 3.20 Some of the above link to conversations held with BA management and key stakeholders and align with the conclusions of the PwC review. Our work sought to avoid repeating the work of PwC although some degree of overlap was inevitable, and we note that recommendations to develop the outputs, outcomes and value-added contribution of the BA have already been included in the service Business Plan and are being progressed.
- 3.21 The Assistant Director of Audit and Risk Management is the designated Chief Audit Executive under the standards, reporting through to the Director of Council Management - Section 151 Officer. The Assistant Director has

unfettered access to, and is able to report in her own name, to the Chief Executive, Section 151 Officer, and Audit Committee. We therefore consider the objective of the standard; sufficient status and independence, to be satisfied.

### **Quality and Performance**

- 3.22 Quality review processes are well established and embedded into operational procedures. An established risk-based planning process is in place. This planning process will be linked to corporate plans as they are developed.
- 3.23 BA use an 'off the shelf' internal audit management software package to assist in managing the function and to track progress and performance in completion of reviews from the annual audit plan. We understand that elements of functionality and operational support have fallen below expected standards and a replacement is being sought.

## **4.0 Conclusion and Recommendations**

- 4.1 BA conforms with the PSIAS. The service has strong plans, systems, processes, and audit approach that are well established and support the delivery of a comprehensive, high-quality programme of assurance work. The service has positive relationships with clients and stakeholders and a team that is skilled and equipped to deliver a wide range of assurance, business intelligence, risk management and counter fraud activity.
- 4.2 The Service is well placed to develop further and has acknowledged areas for development, many of which flowed from a PwC Total Impact Review. This concluded that BA was a well-respected function, recognised as being experienced, professional and easy to deal with. The review findings and recommendations focused on the next phase of development of BA as a service focused on strategic issues, emerging challenges, and insight. This review and recommendations to support service development are captured in the BA service business plan.
- 4.3 Whilst our work has confirmed compliance with PSIAS there are some suggestions we have shared below that we hope will complement the BA development proposals. These are based on observations and discussions from our review and are intended for consideration within the Service and with stakeholders. The management response to each of these is included.

**Core Principles: Is insightful, proactive, and future-focused and promotes organisational improvement**

The Council has developed a documented process for developing the corporate assurance framework. This is a positive development and, in our opinion, offers BA opportunity to lead the process, strengthen the audit / business relationship, foster greater engagement with directors and senior managers and be at forefront of reporting on organisational wide assurance through a three lines of defence model. We note that this is reflected as a priority in the BA business plan and recommend this remains an area of focus and development for the Service.

**Agreed**

The current model of operating through a network of business partners / audit contacts has numerous and accepted benefits. We have discussed that this presents a risk of 'airgap' between the audit team and clients which could impact the quality of engagement, insight, and awareness of the audit team. We recommend that as part of the future operating model and stakeholder engagement planning that this risk be considered to ensure that key elements of the audit process including annual planning, periodic reporting and monitoring the implementation of recommendations continue to actively involve key clients.

*See also reporting below.*

**Agreed**

Tracking the implementation of recommendations is recognised as an area that requires strengthening across the organisation. The functionality is not well supported within the existing Audit Management System. We have identified the need for a solution which will allow management to track and update progress online through a single database. It is anticipated that this functionality can be provided in a replacement Audit Management System.

**1112 Impairment of objectivity – risk management**

**2120 Governance – assessment of risk management**

The SA confirms reviews of risk management as required under Standard 2120 would be undertaken by the Principal Group Auditor as the AD is operationally responsible for risk management. Whilst this does remove the AD from the review process and reduces the risk of conflict, there remains a risk in that the PGA reports to the AD and as such cannot be wholly independent. The same issue is faced by many audit services and in Manchester we had adopted the same approach as described by BA. In our opinion this does not truly enable independence, so we are exploring

options such as external review or peer review for audits of risk management. This may be something for BA to consider.

**Agreed**

An independent audit process will be established for future years.

**2010 Planning – linking annual plan to risks, priorities and objectives**

Periodic audit reports include links to strategic risks and Council priorities and the annual plan describes that the plan is based on Council risks, priorities, and objectives. We consider that this could be developed further to explain why particular blocks of work are included in the plan and how this links to the assessment of risk. For example, a large proportion (16%) of the plan 2022/23 relates to financial systems, 12% on schools and 5% of time is spent on data analysis. Whilst we understand through discussions that there is a rationale and basis for the investment of time in these areas, this is less clear from the report.

**Agreed**

A revised planning methodology has been established for 2022/23. The revised methodology attempts to establish clear linkages between Council priorities, risks, 1<sup>st</sup> and 2<sup>nd</sup> line controls, and sources of assurance. We will look to automate the process via the new Audit Management System.

**2050 Coordination – of assurance sources in planning and reporting**

As above, the Assurance Framework is a positive step in developing sources of assurance for audit purposes and for consideration by Council Management Team. Whilst acknowledging that the role of internal audit is to provide independent assurance there are substantial benefits for audit in driving and leading this process and drawing intelligence from the risk management process. This could impact on the roles and capacity especially of senior audit staff, but we consider it presents an opportunity for BA to position the service in leading the Council in an articulation of assurance sources and in the evaluation, insight, and communication of levels of assurance.

**Agreed**

We will continue to develop the assurance framework and the resources required to support its implementation.

**2060 Reporting – of outcomes of assurance activity**

Reports to CLT and Audit Committee (twice yearly) includes a summary of progress against the plan, a list of audits and opinions finalised in the period and a short summary of high-risk audits. Members of Audit Committee can request copies of finalised reports should they require more detail.



Stakeholders described a desire for assignment and periodic audit reporting to more clearly articulate key risks, issues and intelligence arising from audit work and other sources of assurance. This may include for example, benchmarking or undertaking comparisons with other Councils or public sector bodies, reporting on thematic issues arising from audit work or providing insight into sector developments. Some of this related to analysis of current issues but also to look forward to potential risks that the Council may face and to further align risk and assurance reporting. In our opinion this merits further discussion with CLT and Audit Committee.

**Agreed**

## **Appendix 1 – Terms of Reference**

### **1. Background Information**

PSIAS introduced in 2013 and most recently updated in 2017, the Public Sector Internal Audit Standards (PSIAS) promote robust governance and audit within public sector bodies and ensure that organisations and audit committees can be confident that their internal audit function is performing effectively. Together with the PSIAS, CIPFA's Local Government Application Note stands as 'proper practices' for local government and we are best placed to carry out the external assessment process required by the PSIAS.

#### **Core Principles for the Professional Practice of Internal Auditing**

- Demonstrates integrity.
- Demonstrates competence and due professional care.
- Is objective and free from undue influence (independent).
- Aligns with the strategies, objectives, and risks of the organisation.
- Is appropriately positioned and adequately resourced.
- Demonstrates quality and continuous improvement.
- Communicates effectively.
- Provides risk-based assurance.
- Is insightful, proactive, and future-focused.
- Promotes organisational improvement.

#### **Ethics**

- Integrity
- Objectivity
- Confidentiality
- Competency

#### **Attribute Standards**

- Have a clear purpose, authority, and responsibility
- Maintain independence and objectivity
- Apply proficiency and due professional care
- Maintain quality assurance and improvement

#### **Performance Standards must in place for**

- Managing the internal audit activity
- Nature of work
- Engagement planning
- Performing the engagement
- Communicating results
- Monitoring progress

- Communicating the acceptance of risks.

## **2. Assessment Team**

External reviewers should:

- Possess a recognised professional qualification
- Have appropriate experience of internal audit within the public sector / local government
- Have detailed knowledge of leading audit practices, and
- Have current knowledge of the Definition, the Code of Ethics, and International Standards.

## **3. Preparation**

The Head of Internal Audit or Chief Audit Executive should discuss the proposed format of the external peer assessment with their line manager (where relevant) or the Section 151 Officer (or equivalent), or Chief Executive prior to making recommendations to the Audit Committee regarding the nature of the assessment. The scope of the external assessment should have an appropriate sponsor, such as the Chair of the Audit Committee or Section 151 Officer. In this case the sponsor will be the Chair of the Audit Committee.

The Head of Internal Audit should report the results of their quality assurance improvement programme (ongoing activity, implementation progress following internal and external assessments) to key stakeholders. Such stakeholders should monitor the implementation of actions arising from internal and external assessments.

## **4. Purpose of Peer Review**

The purpose of the external assessment is to check conformance with accepted standards of practice and to help improve delivery of the audit service; establishing whether governance requirements relating to the provision of service are embedded. The assessment should be a supportive process that identifies opportunities for development and enhances the value of the audit service to the authority.

## **5. Proposed Approach**

Members of the Core Cities group have elected to adopt the internal self-assessment approach, validated by an external peer reviewer. The key benefit to this approach is cost. The Chartered Institute of Public Finance (CIPFA) offer a service to provide external assessments; a full quality assessment costing approximately £30k. The Chartered Institute of Internal Auditors (CIIA) offer a similar service at approximately £14K. They also provide validated assessment, like the model proposed by the Core Cities group, taking 5 day and costing £12.5k.

There are clear financial savings to members of the group by adopting a peer review approach, in addition to promoting collaborative working arrangements and sharing areas of best practice and innovation. Upon conclusion, the report provided will offer a true and fair judgement on whether Birmingham Audit (BA) **Conforms / Partially Conforms** or **Does Not Conform** with PSIAS.

## **6. Review Team**

The review of Birmingham Audit will be undertaken by Richard Thomas – Deputy Head of Audit and Risk, and Tom Powell – Head of Audit and Risk, both Manchester City Council.

Richard Thomas is qualified auditor – member of the IIA, and holds QIAL, qualification in internal audit leadership. He is accredited through the Institute of Information Security Professionals under the UK government's National Technical Authority for Information Assurance (CESG). In addition, he is part qualified management accountant (CIMA) and a Member of the Association of Accounting Technicians (AAT). Richard has over 25 years' experience working in Local Government internal audit, and within risk, corporate governance, and information security roles in the DWP and HMRC.

Tom Powell is a CIPFA qualified accountant with previous experience at Wigan Council and in the assurance and advisory practices of PricewaterhouseCoopers LLP. He has led the Manchester audit and risk management function for 12 years and is also the Head of Audit and Risk (via secondment) for Bolton Council. His role covers internal audit, counter fraud, risk management, business continuity, insurance, and safety. Tom is a member of the CIPFAs Governance and Assurance Forum, North West Institute of Internal Auditors Committee and is the Audit Committee Chair of a Multi Academy Trust with schools across the Greater Manchester and Merseyside.

## **7. Independence and Objectivity**

Prior to the assessments taking place all parties will agree the programme of peer reviews and an appropriate timetable, including the number of days required to undertake the reviews. The Core Cities Chief Internal Auditors Group has determined that Manchester City Council will undertake the review for Birmingham City Council.

It is important to ensure the independence of the auditor undertaking the peer assessment. There are no known or perceived conflicts of interest in Manchester City Council's Audit Team undertaking this review. Both Richard Thomas and Tom Powell have also confirmed no conflict exists at a personal level.

It should be acknowledged at the outset that all Core City Internal Audit services have some knowledge of each other.

## 8. Assessment Process / Timetable

A shared TEAM has been created to facilitate the sharing of key documents, to undertake a desk top review. A full listing of these documents will be made available, but includes the IA Charter, organisation structure charts, training and development records, IA plan and progress reports, Audit Committee agenda and minutes, Annual Report of Head of IA, PSIAS self-assessment, the QAIP, declarations of interest, code of conduct, risk management strategy / procedures, and reports produced for IA client directorates.

Interviews with key stakeholders and members of the IA team have been arranged, both face to face and over video conferencing, between 7<sup>th</sup> to 9<sup>th</sup> of September. The onsite visit is scheduled for the 7<sup>th</sup> September 2022. List of interviews proposed are outlined below.

Date	Name	Position	Method
7/9/22	Dave Mallard	Principal Auditor	F2F
	Louise Milner	Principal Computer Auditor	F2F
	Sarah Dunlavey	Assistant Director Audit and Risk Management	F2F
	Matt Evitts	Computer Auditor	F2F
	John Preston	Group Auditor – Corporate Fraud	F2F
	Mira Gola	Head of Business Improvement and Support – IA contact City Housing	F2F
	Sally Marlow	Risk Management Officer Adult Social Care – IA contact Adults	TEAMS
	Fiona Griffin	Intelligence Officer – Counter Fraud	TEAMS
	Councillor Fred Grindrod	Chair of the Audit Committee	TEAMS
8/9/22	Deborah Cadman	Chief Executive	TEAMS
	Peter Bishop	Director Digital and Customer Services	TEAMS
	Councillor Brigid Jones	Deputy Leader of the Council	TEAMS
9/9/22	Sue Tilley	Business Excellence Manager – IA contact IT & Digital	TEAMS
	Rebecca Hellard	Section 151 – Strategic Director of Council Management	TEAMS

The review will conclude with a detailed report providing an evaluation of the team's conformance with the Definition of Internal Auditing, the Code of Ethics, and the Standards. The report will highlight areas of partial conformance / non-conformance and include suggested actions for improvement, as appropriate.

Reporting will follow a phased process, as outlined:

- A. Discussion of the draft report with the Head of Internal Audit.
- B. Issue of draft final report and agreed actions to the Head of Internal Audit to confirm accuracy.

- C. Issue final report to the Head of Internal Audit, Chair of the Audit Committee, and Section 151 Officer.
- D. Head of Internal Audit / Sponsor to report outcomes to their Audit Committee, together with an action plan and proposed implementation date(s).

We aim to complete testing by 16<sup>th</sup> September and issue our draft report for agreeing factual accuracy by 23<sup>rd</sup> September, issuing the final report on or before **30<sup>th</sup> September 2022**.

## **Appendix 2 – List of documentation reviewed to support conformance**

1. Annual Report to Audit Committee dated 30<sup>th</sup> June 2022 (including reapproval of the Audit Charter)
2. Business Plan 2022/23 – June 2022
3. Structure Charts - current
4. Example CLT Assurance update reports.
5. Example declaration of interests / register
6. Example entities and risking process from Galileo AMS system
7. Audit Plan Approval – Audit Committee Report – March 2022
8. Risk Management Framework – June 2022
9. Code of Conduct – not dated
10. CLT Report incorporating 22/23 proposed Audit Plan – February 2022
11. Total Impact Review – PwC - July 2020
12. Audit Protocol – October 2021
13. Half Year Report – November 2021
14. Annual Fraud Report 2020/21 – October 2021
15. Example statement of confidentiality
16. ISO Manual - screen shot
17. Mandatory training Modules
18. Confirmation of e-learning completion
19. Training Strategy – not dated
20. Example appraisal form
21. Example APM – Audit Planning Memorandum
22. Half year report 2020/21 – November 2020
23. Annual Report 2020/21 – June 2021
24. Corporate Gifts and Hospitality - current
25. Example Job Description - current
26. Qualification breakdown – current
27. Pen Portraits for Management Team - current
28. Training Log - current
29. Quality Assurance Improvement Plan – QAIP -
30. PSIAS Peer Review Approach - Audit Committee Approval – February 2021
31. Previous PSIAS Peer Review Report – July 2016
32. PI Monitoring e-mail
33. Example Monthly Performance Summary – September 2022
34. Example Audit Evaluation Questionnaire – as above
35. Example Galileo Entity risk calculation – as above
36. Annual opinion calculation
37. Example list of final reports
38. Fraud Risk Assessment – Rationale and Approach – not dated
39. Proactive Fraud Plan – extract taken September 2022
40. Annual Fraud Report – 2020/21 – October 2022
41. Audit Committee - Effectiveness review – July 2020

42. Annual Audit Committee Chairs Report to Full Council – February 2022
43. Assurance Framework – 2021/22 – Not dated
44. Example Audit Report
45. Workforce Review Board – Business Case Approval – August 2022
46. Audit Committee Forward Plan – June 2022
47. Ethics Audit Report – June 2021
48. Information Governance- Data Loss Audit Report – May 2021
49. Accounts Payable – Vendor Changes Audit Report – September 2021
50. Audit Committee - Training supporting doc's – August 2022
51. IT & Digital - Recommendation Tracker
52. CLT report 11/07/22 requesting support for PSIAS review
53. Schedule of Outstanding Audit Committee Actions
54. Agenda / Minutes Adult Social Care Directorate – Risk and Audit Board
55. Tracking and compliance Evidence from Sue Tilley



## BIRMINGHAM CITY COUNCIL

## PUBLIC REPORT

**Report to: AUDIT COMMITTEE**

**Report of: Director of Street Scene, City Operations Directorate**

**Date of Meeting:**

**Subject: Ombudsman Public Interest Report concerning a complaint about assisted waste collection complaints**

**Wards Affected: All**

**1. Purpose of Report**

- a) In December 2006, the Audit Committee endorsed a framework for informing and involving Members of the Council when the Local Government and Social Care Ombudsman issues a report.
- b) The aim of this report is to inform members about the Ombudsman's report, issued on 10 November 2022, regarding 3 assisted waste collection complaints.
- c) As the Ombudsman has found fault causing injustice and have made recommendations to remedy the injustice caused, it should be considered by this Committee on behalf of the City Council.

**2. Recommendations**

**That the Audit Committee notes the Director of City Operation's response to the Local Government and Social Care Ombudsman's recommendations.**

### **3. Background Information**

- 3.1 A copy of the Local Government and Social Care Ombudsman's report dated 13 September 2022 is appended to this report. All Ombudsman reports are anonymous, so, whilst the events described are real, the names of those involved are not included.
- 3.2 The complainants are registered for assisted collections. The complainants all live in different areas of the city and their waste is collected by two different depots. The LGSCO have previously investigated complaints from all three complainants. The Council failed to demonstrate the action it was taking in response to the recommendations the LGSCO made were effective in resolving the issues identified. There remains evidence of significant systemic issues within the Council's waste department. These have been ongoing for several years. All these factors helped inform the LGSCO's decision to issue this report to further highlight the problems being experienced by these three complainants and many other residents in the city.
- 3.3 The essence of the complaint:
- The complainants are registered for assisted collections. They all complained the Council has repeatedly failed to correctly return their bins to the storage points after emptying them.

### **4. The Key Events**

#### **Mrs X's complaint**

- 4.1 Mrs X complained that the collection crews had routinely failed to return her bin and left her neighbours' bins blocking her drive after emptying them since October 2020. On one occasion Mrs X reports more than 20 bins were left in front of her gate. On another occasion she reported that only one of her three bins was among the many left in front of her gate, so having moved her neighbours' bins away from her property she then had to search for her own bins.
- 4.2 The LGSCO upheld Mrs X's complaint and highlighted their disappointment with the Council's failure to resolve an issue it had been aware of for over a year. The Council apologised to Mrs X and paid her £200 to recognise the frustration and difficulties the repeated failure to return her own and her neighbours' bins to their respective properties has caused. The Council had set up formal monitoring to ensure Mrs X and her neighbours' bins were returned correctly to the collection points for their respective properties. As there were further issues within the monitoring period, the LGSCO recommended the monitoring be extended for a further eight weeks.
- 4.3 During this extended period of monitoring there were further occasions when Mrs X and her neighbours' bins were not returned properly. The LGSCO asked the Council to extend the monitoring again for a further four week period. Unfortunately, there were further problems with Mrs X's bins not being returned

properly and her neighbours' bins being left in her driveway. The Council suggested the problem was getting worse and offered to extend the monitoring again.

- 4.4 The LGSCO registered a new complaint as although the Council has carried out the monitoring they recommended, this has not resolved the problem. Mrs X and her neighbours' bins are still not routinely returned to the correct positions.
- 4.5 The Council states the monitoring involved an Assistant Service Manager (ASM) attending the property on the scheduled collection day to check and verify crew compliance. It considers the only possible explanation for the repeated failure to return Mrs X and her neighbours' bins correctly is poor staff performance and a continued failure to adhere to clear management instructions. It states a service manager will now need to take a more proactive role in ensuring the bins are returned correctly. This may include taking further action against the crew concerned in line with the Council's procedures. Such action is a matter for the Council to consider and take. But it is extremely concerning that despite being aware active monitoring is being conducted, the crew continues to act in this way.

#### **Mrs Y's complaint**

- 4.6 As there is no space for Mrs Y to leave her bins at the front door, she has always left her bins on the side access to her property, next to the pavement. Mrs Y says the Council had routinely collected her bins from and returned them to this point without problem for years. She complained that since February 2021 the Council had failed to collect her bins, which meant they did not get emptied, and when they were collected, it did not return the bins to her property.
- 4.7 The LGSCO upheld Mrs Y's complaint. While it is more usual for the Council to collect and return bins to the front of a resident's property, the LGSCO expect it to have regard to the individual circumstances. The Council had previously completed Mrs Y's assisted collections with the bins stored to the side, rather than the front of her property for many years and the LGSCO recommended it continue to do so.
- 4.8 The Council apologised to Mrs Y and paid her £100 to recognise the frustration and difficulties the repeated failure to return her bins to her property as part of the assisted collection service has caused.
- 4.9 In addition, the Council agreed to monitor Mrs Y's collections for eight weeks to ensure the assisted collections were carried out properly and the bins were returned to the collection point at the side of her property. This monitoring took place between 31 March and 19 May 2022.
- 4.10 According to the Council's records Mrs Y's bins were collected, emptied, and returned to her property correctly on each scheduled collection. Again, the Council states the monitoring was carried out by an ASM visiting the road on the scheduled day to check and verify the bins had been emptied and returned to the agreed storage point.

- 4.11 Mrs Y is concerned about the accuracy of the Council's records. She complained her bins were not returned correctly on 2, 12 and 19 May 2022. Mrs Y has also reported further problems in June 2022 and questions whether the crews deliberately do not return her bins correctly as she has made a complaint. She says she has not seen anyone monitoring her collections or position of the bins and questions how the problem could continue if there was effective monitoring.

#### **Ms Z's complaint**

- 4.12 In 2021 the LGSCO upheld Ms Z's complaint about repeated failures to return her bin to the front of her property with the pod correctly inserted and the lid closed. The Council apologised and agreed to arrange formal monitoring of Ms Z's collections between August and November 2021 to try and resolve the problem.
- 4.13 Ms Z complained that despite the monitoring the collection service had not improved. She has made further formal complaints to the Council and each time the Council confirmed her complaint had been passed to the depot manager who would remind the collection crews of their obligations. The Council also arranged a further period of monitoring from January to April 2022. In addition, in January 2022 the Council agreed to provide Ms Z with an assisted collection service.
- 4.14 This did not resolve the problems and Ms Z has continued to complain about failings in the assisted collection service. She is disappointed the Council sends her the same standard responses and gives the same assurances the crew will be spoken to and service will improve, but nothing changes. Ms Z does not consider it sufficient to apologise for the ongoing failings without addressing the problem. She asserts there are no repercussions for the collection crew members as the Council does not take the complaint seriously.
- 4.15 Ms Z is also concerned about the dismissive remarks made about her complaints in the Council's internal communication with the depot. When asked by the Council to speak to the crews and ensure the service improved, an officer from the depot responded:

*"With everything that is going on in the world with death and slavery and starvation, they are bothered about a lid being left open, it is pathetic, I will put a note in the pigeon hole"*

- 4.16 The Council's response to the LGSCO enquiries states there is no definitive explanation for the ongoing failure other than what appears to be poor crew performance. It states the officer's comments in the internal communication were "off the cuff" personal comments and do not represent the Council's policy. The Council suggests it is likely the officer believed their comments would only be seen internally and apologises for the remark and any distress caused to Ms Z.

- 4.17 The Council states it reactivated monitoring in May 2022 and will be in close contact with a depot service manager to check the progress. The Council also states this latest monitoring will endeavour to resolve the issue more successfully than the previous.

**5.The Ombudsman’s Findings; Report issued – Upheld: Maladministration and injustice under Section 31(2) of the Local Government Act 1974**

- 5.1 The LGSCO is extremely disappointed that despite extensive periods of monitoring and assurances the service would improve the Council is still not routinely returning Mrs X, Mrs Y or Ms Z’s bins in line with its assisted collection service. In the circumstances it is not surprising the complainants all perceive they are being targeted by the collection crews and that the failure to return their bins correctly is a deliberate act.
- 5.2 The LGSCO are concerned that these issues affect not only Mrs X, Mrs Y and Ms Z, but are indicative of the service being provided to many residents registered for assisted collections across the city. The LGSCO’s last report on failings in the Council’s waste collection service also concerned a failure to return bins to the designated storage points and a delay in resolving issues of staff performance. The LGSCO have received assurances that issues within the service would be robustly tackled, but the problems persist.
- 5.3 The LGSCO state it is clear that monitoring in its current format has been ineffective in identifying and resolving the issues and that more needs to be done to improve the service. It is not sufficient to simply record failings in service and extend monitoring. There are also concerns about the accuracy of the Council’s records, particularly as monitoring visits can take place after the complainants’ neighbours have returned their bins for them.
- 5.4 The LGSCO are concerned that collection crews appear to continue to ignore instructions despite knowing they are being monitored. This suggests either the instructions from service managers were not effectively conveyed or explicit enough. Or more worryingly, that collection crews are not concerned about what, if any, the consequences of disregarding these instructions would be. In either case, the LGSCO would expect the Council to take action to ensure it retains the ability to control the provision of its waste collection service.
- 5.5 As the Council has acknowledged there are issues of poor staff performance, the LGSCO would expect the Council to actively seek to raise performance standards. It is not an adequate response for the Council to simply blame its staff. The senior management team of the Council is ultimately responsible for the leadership and motivation of its employees and for the culture it creates. As such, the continued failure to address public concerns effectively is as much a matter of corporate leadership as it is of day-to-day service delivery.
- 5.6 Having identified fault the LGSCO must consider whether this has caused an injustice to the complainants. All of the complainants have experienced further frustration and disappointment with the ongoing failure to return their bins and the Council’s inability to resolve the problem.

## **6. The Ombudsman's Recommendations**

6.1 To remedy the injustice caused by the faults identified, the Council has agreed to complete the following:

- apologise to each of the complainants for the ongoing failings in service;
- pay Mrs X £200 to recognise the frustration and difficulties the fault identified above has caused her;
- pay Mrs Y £200 to recognise the frustration and difficulties the fault identified above has caused her;
- pay Ms Z £200 to recognise the frustration and difficulties the fault identified above has caused her;
- review its waste collection monitoring arrangements to ensure they are robust and effective in identifying and resolving any problems and in improving service levels. This review and its findings should be reported directly to the Chief Executive and Leader of the Council and should be considered by the most appropriate committee of elected members; and
- produce an action plan to identify ways of improving its staff performance. This should include a timeframe for any action. This action plan should be reported directly to the Chief Executive and Leader of the Council and should be considered by the most appropriate committee of elected members.

## **7. The Council's View**

7.1 The Council accepted the Ombudsman's recommendations at the draft report stage.

7.2 The Council has subsequently carried out the following actions:

- The crews on the collection rounds will be maintained and not changed.
- Training has taken place with each crew member going through the importance of the service we provide.
- The vehicles used on these routes will be fitted with on board route maps containing information on assisted collections this started to be completed by January 2023
- The vehicles used will have 360 cameras so footage of the collections can be reviewed on a regular basis.
- The crews performance will be reviewed in the training room using the data collected following collections.
- The management team will receive monitoring training.
- The management team will be shadowed to ensure monitoring is carried out correctly.
- The roads identified will be monitored through the enquiry system to ensure no repeat issues are raised this is in place with weekly reviews.
- The Principal Operations Manager will ensure all these actions are completed and report to Senior Managers in the weekly operations meeting.

## **8. Legal and Resource Implications**

The agreed payments will be made from an appropriate budget.

## **9. Risk Management & Equality Impact Assessment Issues**

- 9.1 If the Service does not improve there will be an increase in Ombudsman's cases resulting in a loss in confidence in the City Council.

## **10. Compliance Issues**

- 10.1 All missed collections are reviewed on a daily and weekly basis. Ombudsman cases are now being reviewed through Business Support to highlight any issues directly to the Service.

## **11. Recommendations**

That the Audit Committee notes the actions being taken in response to the Local Government and Social Care Ombudsman's report.

**Contact officer:** Dawanna Campbell, Acting Assistant Practice Manager, Legal and Governance

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**Darren Share, Director of Street Scene, City Operations Directorate**

**e-mail address:** [Darren.share@birmingham.gov.uk](mailto:Darren.share@birmingham.gov.uk)





## **Report by the Local Government and Social Care Ombudsman**

### **Investigation into a complaint about Birmingham City Council**

**(reference numbers: 22 001 880; 22 002 457 and  
21 015 723)**

**13 September 2022**

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## The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

### Key to names used

Mrs X	The complainant
Mrs Y	The complainant
Ms Z	The complainant

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## Report summary

### Refuse and recycling

The complainants are registered for assisted collections. They all complained the Council has repeatedly failed to correctly return their bins to the storage points after emptying them. We have previously investigated complaints from all three complainants. The Council failed to demonstrate the action it was taking in response to the recommendations we made was effective in resolving the issues identified. There remains evidence of significant systemic issues within the Council's waste department. These have been ongoing for several years. All these factors helped inform our decision to issue this report to further highlight the problems being experienced by these three complainants and many other residents in the city.

### Finding

Fault found causing injustice and recommendations made.

### Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

To remedy the injustice caused by the faults identified in this report, we recommend the Council should:

- apologise to each of the complainants for the ongoing failings in service;
- pay Mrs X £200 to recognise the frustration and difficulties the fault identified has caused her;
- pay Mrs Y £200 to recognise the frustration and difficulties the fault identified has caused her;
- pay Ms Z £200 to recognise the frustration and difficulties the fault identified has caused her;
- review its waste collection monitoring arrangements to ensure they are robust and effective in identifying and resolving any problems and in improving service levels. This review and its findings should be reported directly to the Chief Executive and Leader of the Council and should be considered by the most appropriate committee of elected members; and
- produce an action plan to identify ways of improving its staff performance. This should include a timeframe for any action. This action plan should be reported directly to the Chief Executive and Leader of the Council and should be considered by the most appropriate committee of elected members.

The Council has accepted our recommendations to remedy these complaints.

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## **The complaint**

1. The complainants are registered for assisted collections. They all complained the Council has repeatedly failed to correctly return their bins to the storage points after emptying them.

## **Legal and administrative background**

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)

## **How we considered this complaint**

3. We produced this report after examining relevant documents and speaking with the complainants.
4. We gave the complainants and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

## **What we found**

### **Refuse and recycling collections**

5. Councils have a duty under the Environmental Protection Act 1990 to collect household waste and recycling from properties in its area. The Council's service specification sets out its arrangements for collecting recycling and refuse. This states that residents are required to place their wheelie bins out for collection on the pavement at the edge of their property nearest to the road, unless there is a designated collection and return point. Wheelie bins must not be left in the middle of a pavement (where they cause an obstruction to pedestrians) or at the kerbside of the pavement (where they may cause an obstruction to people getting out of parked cars).
6. The service specification also states that once wheelie bins have been emptied the Council will return them to the point from where they were collected.
7. The Council provides an assisted collection service for people who are unable to move their bins and boxes due to a disability or age. The Council should collect the bins from the storage point and return them to the same point.

### **What happened here**

8. This is the second time Mrs X, Mrs Y and Ms Z have complained to us about failings in the waste collection service. We upheld each of their complaints and made recommendations to improve the service, but the issues have continued. The complainants all live in different areas of the city and their waste is collected by two different depots.

### **Mrs X's complaint**

9. Mrs X complained that the collection crews had routinely failed to return her bin and left her neighbours' bins blocking her drive after emptying them since October 2020. On one occasion Mrs X reports more than 20 bins were left in front

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of her gate. On another occasion she reported that only one of her three bins was among the many left in front of her gate, so having moved her neighbours' bins away from her property she then had to search for her own bins.

10. We upheld Mrs X's complaint and highlighted our disappointment with the Council's failure to resolve an issue it had been aware of for over a year. The Council apologised to Mrs X and paid her £200 to recognise the frustration and difficulties the repeated failure to return her own and her neighbours' bins to their respective properties has caused. The Council had set up formal monitoring to ensure Mrs X and her neighbours' bins were returned correctly to the collection points for their respective properties. As there were further issues within the monitoring period, we recommended the monitoring be extended for a further eight weeks.
11. During this extended period of monitoring there were further occasions when Mrs X and her neighbours' bins were not returned properly. We asked the Council to extend the monitoring again for a further four week period. Unfortunately, there were further problems with Mrs X's bins not being returned properly and her neighbours' bins being left in her driveway. The Council suggested the problem was getting worse and offered to extend the monitoring again.
12. We registered a new complaint as although the Council has carried out the monitoring we recommended, this has not resolved the problem. Mrs X and her neighbours' bins are still not routinely returned to the correct positions.
13. Mrs X says she has seen officers visit her street to monitor collections and notes they take different approaches. One of the officers will return her bins to her property when the crews have failed to do so. But another officer remained in his vehicle and did not move the bins the collection crew had left in front of her driveway.
14. When Mrs X recently spoke to the collection crew about the bins left blocking her drive she says the crew were rude and accused her of lying and always moaning. Mrs X says the crew members refused to move the bins as it was not their job to return them to their respective properties and denied being told not to leave the bins in front of her driveway.
15. The Council states the monitoring involved an Assistant Service Manager (ASM) attending the property on the scheduled collection day to check and verify crew compliance. It considers the only possible explanation for the repeated failure to return Mrs X and her neighbours' bins correctly is poor staff performance and a continued failure to adhere to clear management instructions. It states a service manager will now need to take a more proactive role in ensuring the bins are returned correctly. This may include taking further action against the crew concerned in line with the Council's procedures. Such action is a matter for the Council to consider and take. But it is extremely concerning that despite being aware active monitoring is being conducted, the crew continues to act in this way.

### **Mrs Y's complaint**

16. As there is no space for Mrs Y to leave her bins at the front door, she has always left her bins on the side access to her property, next to the pavement. Mrs Y says the Council had routinely collected her bins from and returned them to this point without problem for years. She complained that since February 2021 the Council had failed to collect her bins, which meant they did not get emptied, and when they were collected, it did not return the bins to her property.

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17. We upheld Mrs Y's complaint. While it is more usual for the Council to collect and return bins to the front of a resident's property, we expect it to have regard to the individual circumstances. The Council had previously completed Mrs Y's assisted collections with the bins stored to the side, rather than the front of her property for many years and we recommended it continue to do so.
  18. The Council apologised to Mrs Y and paid her £100 to recognise the frustration and difficulties the repeated failure to return her bins to her property as part of the assisted collection service has caused.
  19. In addition, the Council agreed to monitor Mrs Y's collections for eight weeks to ensure the assisted collections were carried out properly and the bins were returned to the collection point at the side of her property. This monitoring took place between 31 March and 19 May 2022.
  20. According to the Council's records Mrs Y's bins were collected, emptied, and returned to her property correctly on each scheduled collection. The Council states the monitoring was carried out by an ASM visiting the road on the scheduled day to check and verify the bins had been emptied and returned to the agreed storage point. It states the crews now understand and accept Mrs Y's preference to present her bins at the side of the property and for them to be put back there once empty. It considers the problem resolved.
  21. Mrs Y is concerned about the accuracy of the Council's records. She complained her bins were not returned correctly on 2, 12 and 19 May 2022. Mrs Y has also reported further problems in June 2022 and questions whether the crews deliberately do not return her bins correctly as she has made a complaint. She says she has not seen anyone monitoring her collections or position of the bins and questions how the problem could continue if there was effective monitoring.

### **Ms Z's complaint**

22. In 2021 we upheld Ms Z's complaint about repeated failures to return her bin to the front of her property with the pod correctly inserted and the lid closed. The Council apologised and agreed to arrange formal monitoring of Ms Z's collections between August and November 2021 to try and resolve the problem.
23. Ms Z complained that despite the monitoring the collection service had not improved. She has made further formal complaints to the Council and each time the Council confirmed her complaint had been passed to the depot manager who would remind the collection crews of their obligations. The Council also arranged a further period of monitoring from January to April 2022. In addition, in January 2022 the Council agreed to provide Ms Z with an assisted collection service.
24. This did not resolve the problems and Ms Z has continued to complain about failings in the assisted collection service. She is disappointed the Council sends her the same standard responses and gives the same assurances the crew will be spoken to and service will improve, but nothing changes. Ms Z does not consider it sufficient to apologise for the ongoing failings without addressing the problem. She asserts there are no repercussions for the collection crew members as the Council does not take the complaint seriously.
25. Ms Z is also concerned about the dismissive remarks made about her complaints in the Council's internal communication with the depot. When asked by the Council to speak to the crews and ensure the service improved, an officer from the depot responded:

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*“With everything that is going on in the world with death and slavery and starvation, they are bothered about a lid being left open, it is pathetic, I will put a note in the pigeon hole”*

26. The Council’s response to our enquiries states there is no definitive explanation for the ongoing failure other than what appears to be poor crew performance. It states the officer’s comments in the internal communication were “off the cuff” personal comments and do not represent the Council’s policy. The Council suggests it is likely the officer believed their comments would only be seen internally and apologises for the remark and any distress caused to Ms Z.
27. It states it reactivated monitoring in May 2022 and will be in close contact with a depot service manager to check the progress. The Council states this latest monitoring will endeavour to resolve the issue more successfully than the previous.

## Conclusions

28. It is extremely disappointing that despite extensive periods of monitoring and assurances the service would improve the Council is still not routinely returning Mrs X, Mrs Y or Ms Z’s bins in line with its assisted collection service. In the circumstances it is not surprising the complainants all perceive they are being targeted by the collection crews and that the failure to return their bins correctly is a deliberate act.
29. We are however concerned that these issues affect not only Mrs X, Mrs Y and Ms Z, but are indicative of the service being provided to many residents registered for assisted collections across the city. Our [last report](#) on failings in the Council’s waste collection service also concerned a failure to return bins to the designated storage points and a delay in resolving issues of staff performance. We have received assurances that issues within the service would be robustly tackled, but the problems persist.
30. It is clear that monitoring in its current format has been ineffective in identifying and resolving the issues and that more needs to be done to improve the service. It is not sufficient to simply record failings in service and extend monitoring. There are also concerns about the accuracy of the Council’s records, particularly as monitoring visits can take place after the complainants’ neighbours have returned their bins for them.
31. It is concerning that collection crews appear to continue to ignore instructions despite knowing they are being monitored. This suggests either the instructions from service managers were not effectively conveyed or explicit enough. Or more worryingly, that collection crews are not concerned about what, if any, the consequences of disregarding these instructions would be. In either case, we would expect the Council to take action to ensure it retains the ability to control the provision of its waste collection service.
32. Given the Council’s acknowledgement there are issues of poor staff performance, we would expect the Council to actively seek to raise performance standards. It is not an adequate response for the Council to simply blame its staff. The senior management team of the Council is ultimately responsible for the leadership and motivation of its employees and for the culture it creates. As such, the continued failure to address public concerns effectively is as much a matter of corporate leadership as it is of day-to-day service delivery.

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33. Having identified fault we must consider whether this has caused an injustice to the complainants. All of the complainants have experienced further frustration and disappointment with the ongoing failure to return their bins and the Council's inability to resolve the problem.

## **Recommendations**

To remedy the injustice caused by the faults identified above, we recommend the Council should:

- apologise to each of the complainants for the ongoing failings in service;
  - pay Mrs X £200 to recognise the frustration and difficulties the fault identified above has caused her;
  - pay Mrs Y £200 to recognise the frustration and difficulties the fault identified above has caused her;
  - pay Ms Z £200 to recognise the frustration and difficulties the fault identified above has caused her;
  - review its waste collection monitoring arrangements to ensure they are robust and effective in identifying and resolving any problems and in improving service levels. This review and its findings should be reported directly to the Chief Executive and Leader of the Council and should be considered by the most appropriate committee of elected members; and
  - produce an action plan to identify ways of improving its staff performance. This should include a timeframe for any action. This action plan should be reported directly to the Chief Executive and Leader of the Council and should be considered by the most appropriate committee of elected members.
34. The Council has accepted our recommendations to remedy these complaints.
35. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

## **Decision**

36. The Council's repeated failure to return Mrs X, Mrs Y and Ms Z's bins to their collection points as part of the assisted collection service is fault. This fault has caused Mrs X, Mrs Y and Ms Z an injustice.



## BIRMINGHAM CITY COUNCIL

## PUBLIC REPORT

**Report to: AUDIT COMMITTEE**

**Report of: Director of the City Housing Directorate**

**Date of Meeting:**

**Subject: Ombudsman Public Interest Report concerning a complaint about Temporary Accommodation (Homelessness).**

**Wards Affected: All**

**1. Purpose of Report**

- a) In December 2006, the Audit Committee endorsed a framework for informing and involving Members of the Council when the Local Government and Social Care Ombudsman issues a report.
- b) The aim of this report is to inform members about the Ombudsman's report, issued on 24 November 2022, regarding a Temporary Accommodation (Homelessness) Complaint.
- c) As the Ombudsman has found fault causing injustice and have made recommendations to remedy the injustice caused, it should be considered by this Committee on behalf of the City Council.

**2. Recommendations**

**That the Audit Committee notes the Director of City Housing's response to the Local Government and Social Care Ombudsman's recommendations.**

### **3. Background Information**

3.1 A copy of the Local Government and Social Care Ombudsman's report dated 13 October 2022 is appended to this report. All Ombudsman reports are anonymous, so, whilst the events described are real, the names of those involved are not included.

3.2 The essence of the complaint:

Mr X complained that he and his family have been in unsuitable temporary accommodation since 2008. He says the Council has failed to move the family to suitable accommodation despite:

- knowing since 2008 the accommodation was unsuitable; and
- accepting the accommodation was unsuitable in September 2021.

Mr X has a disability which affects his mobility, and the property does not meet his needs. He cannot access his home safely and with dignity.

3.3 Mr X complained about matters since 2008. The LGSCO have not exercised discretion to consider matters this far back. This is because the significant passage of time means records are not complete enough to make sound findings.

3.4 The LGSCO have exercised discretion to consider matters since 2014. Mr X was complaining regularly to the Council about his temporary accommodation from this time and the Council failed to treat these as review requests. The injustice Mr X complains about is ongoing. Given his circumstances, the LGSCO are satisfied Mr X could not have complained to them sooner. The passage of time has not affected the LGSCO's ability to conduct a sound investigation because the Council's records are complete enough to make findings on its actions since 2014.

### **4. The Key Events**

4.1 The Council accepted that Mr X and his family were homeless in 2008. The Council provided temporary accommodation. Mr X and his family have lived in the same temporary accommodation since 2008.

4.2 The property has a step up to the front door. It has a bath and no shower. It has not been adapted to make it more accessible to disabled people.

4.3 Mr X has a physical health condition which affects his mobility. In July 2014, the Council's records show that Mr X was by then a "full time wheelchair user". It awarded him extra points on its housing register to reflect this and "the fact [the] property [is] unsuitable".

4.4 In a letter to Mr X the Council said it would make "one more attempt to find alternative accommodation". Since 2014 the Council has not made an offer of alternative temporary accommodation.

- 4.5 The Council's records from 2016 include a form from its consideration of Mr X's case at a 'Senior Officer Panel'. This form says that Mr X "has been living in TA for 8 years. He requires a property which has a number of adaptations. His current TA is unsuitable for his needs".
- 4.6 In 2017, the Council put Mr X on its "Planned Move List" for households who need alternative temporary accommodation.
- 4.7 Mr X asked the Council to review the suitability of his accommodation under s202 in October 2020. The Council responded in September 2021. It said that it accepted the accommodation was unsuitable.

**5.The Ombudsman's Findings; *Report issued – Upheld: Maladministration and injustice under Section 31(2) of the Local Government Act 1974.***

**Temporary accommodation**

- 5.1 Mr X's condition worsened over time. By July 2014, the records show that Mr X was a full-time wheelchair user.
- 5.2 The evidence shows the Council accepted Mr X's temporary accommodation was unsuitable in 2014. It agreed to make him a further offer of temporary accommodation. It did not do so. The law is clear that accommodation provided to discharge the main homelessness duty must be suitable. The Council's failure to provide suitable alternative accommodation at any point since 2014 was fault.
- 5.3 As a result, Mr X has lived in accommodation which does not meet his needs for eight years. He has described the impact on him and his family of not being able to safely enter the property. Mr X says he has fallen often and that his wife must drag him inside, including when she was pregnant. In addition to the physical harm this causes, it also denies Mr X the dignity of being able to access his home safely. This is a significant injustice to Mr X.
- 5.4 The bathroom in the property is not adapted for a wheelchair user. There are grab rails and a bath seat in place to help Mr X bathe. However, Mr X relies on his wife to help him transfer from his wheelchair to the bath seat. This puts both Mr X and his wife at risk of harm and denies Mr X the ability to maintain his personal hygiene independently. This is an injustice to Mr X.
- 5.5 The Council says Mr X has refused offers of accommodation that would be more suitable for him. However, the Council agreed in 2014 to make Mr X a further offer of suitable temporary accommodation and it has not done so. Since 2014 the Council has made four offers of permanent accommodation to Mr X. The records show the Council accepted none of these were suitable for him and withdrew the offers. We do not, therefore, find that Mr X has failed to accept suitable offers which would have ended the injustice sooner.

**Review requests**

- 5.6 Despite appearing to accept in 2014 and 2016 that the accommodation was unsuitable, the Council failed to treat Mr X's complaints as statutory review requests. This was fault.
- 5.7 When the Council did accept a review request in October 2020, it took the Council 11 months to reach a decision. This is a delay of nine months and was fault.
- 5.8 In response to the LGSCO enquiries, the Council said it has 392 outstanding requests for a review of a homelessness decision. It takes the Council on average 109 days to deal with a review. This is almost twice the statutory timescale of 56 days.
- 5.9 In response to a previous complaint to the Ombudsman, the Council said it was trying to address this backlog by:
- providing training to enable more officers to carry out reviews;
  - seeking to temporarily appoint more staff.
- 5.10 Despite this commitment, the Council is still taking too long to decide on statutory reviews. This is fault and may have caused injustice to others who have not complained.

## **6. The Ombudsman's Recommendations**

- 6.1 Where fault by the Council has caused injustice the LGSCO may recommend a remedy. The LGSCO Guidance on Remedies suggests a payment of between £150 and £350 a month for time spent in unsuitable accommodation, depending on the injustice caused.
- 6.2 Mr X has a health condition which means he has needed to use a wheelchair almost full-time since 2014. The minimum he should expect from suitable accommodation is to be able to safely enter the property. That he cannot do so has put him at risk of physical harm. It has also affected other members of his family, who have to help pull him into the property and help him to return to his wheelchair. Mr X cannot safely access the bathing facilities in his home without physical support. This has increased Mr X's reliance on support from his immediate family and his support network and avoidably limited his independence. For these reasons, the LGSO consider the injustice to Mr X warrants a payment at the higher end of the scale.
- 6.3 Therefore, to remedy the injustice to Mr X the Council has agreed to:
- apologise to Mr X in writing;
  - pay Mr X £300 for each month he spent in unsuitable temporary accommodation from July 2014 until the Council ended its duty in October 2022. This is 99 months and £29,700;
  - pay Mr X a further £300 a month until the Council either makes an offer of suitable alternative accommodation or otherwise ends its duty to Mr X,

should the ongoing suitability review find the current offer to be unsuitable.

6.4 The Council should liaise with Mr X and his representative to attempt to agree a method of payment which does not impact on entitlement to any welfare benefits or otherwise disadvantage the family.

6.5 The Council will also take the following action to improve its services:

- remind relevant staff that a complaint claiming temporary accommodation is unsuitable should result in a decision which sets out the attendant statutory review rights;
- remind relevant staff that any extension to the deadline for responding to statutory reviews should be agreed in writing and any delay communicated quickly;
- ensure communication at the start of the review process makes it clear the applicant can appeal to the county court on a point of law if the Council fails to meet the statutory deadline. Amend any template letters or emails as needed.

## **7. The Council's View**

7.1 The Council accepted the Ombudsman's recommendations at the draft report stage.

7.2 The Council has subsequently carried out the following actions:

- The Council wrote to Mr X on the 21 December 2022 providing a written apology for the failings described in the public interest report of the 22 October 2022.
- The Council contacted Mr X with regards to the award payment recommended in the public interest report. Mr X responded to advise he is still consulting with his solicitor to explore how to receive the compensation award without having an impact on his welfare benefits. The Council are yet to make the payment and are still awaiting further instructions from Mr X and his solicitor on the arrangement for the compensation award release.
- Mr X has been offered accommodation at Oscott Gardens. The first offer at Oscott Gardens was made on the 22 July 2022. This offer was withdrawn further to a statutory review which concluded in October 2022 that this the offer was not suitable. A second offer of accommodation was made at Oscott Gardens on the 3 October 2022. This offer was not accepted; and a court appeal was registered on the 19 December 2022 against the Council's decision.

- The Council's complaint process has been updated to reflect the recommendations of the public interest report. A communication to staff on the provision of information to complainants' on statutory review rights was circulated to staff teams that deal with initial complaints under the Council's stage 1 and stage 2 complaints process. This staff communication states that in responding to a complaint on the unsuitability of temporary accommodation, response information to the complainant is to include information on statutory review rights.
- The Council's review process has also been updated to reflect the recommendations of the public interest report. The Service's internal Review Procedure Guidance document providing procedural guidance to Review Officers describes the process on obtaining a review extension and includes guidance detailing that any extension to the deadline for responding to statutory review should be agreed in writing and any delay to the review process should be communicated to the applicant swiftly.

## **8. Legal and Resource Implications**

The agreed payments will be made from an appropriate budget.

## **9. Risk Management & Equality Impact Assessment Issues**

- 9.1 The main risk to the Council would be further representations from the Ombudsman and Legal representatives on behalf of households in unsuitable accommodation. This could result in both a financial and reputational cost to the Authority.

In order to address and respond to similar future complaints, The Housing Solutions and Support Service have taken the following actions:

- i. A comprehensive review is underway into all households in temporary accommodation, particularly those who have been there for a long period of time or where internal or statutory reviews have identified that the accommodation is either statutory unsuitable or where the household would benefit from moving to accommodation of a different type, in a different area, with specific facilities to meet individual needs of the household etc.
- ii. The Complex Case team are actively working with "long-stayers" in temporary accommodation in order to identify blockages that prevent them from moving on from their temporary accommodation such as an inability to join the housing register, inactivity in bidding for suitable properties, or assistance with medical or mobility needs which the Council may be able to address within the current accommodation rather than moving the household to another unit of temporary accommodation (installation of aids/adaptations, provision of additional unit(s) to accommodate medical equipment).

- iii. The temporary accommodation team has recruited a number of support/move-on officers to work with households in temporary accommodation irrespective of the length of stay, to ensure that these households are registered with Birmingham Choice in order to place bids for suitable properties and, where applicants have been unable to register due to their circumstances rendering them unable to join the housing register (historical tenancy-related debt, language issues, inability to engage with the process), to ensure that these households are provided with support and assistance to enable them to successfully apply to the housing register and to commence bidding for suitable permanent accommodation. For those households where a successful application has been made but there are no bids being placed, these officers will engage with households to ensure that they are either bidding realistically and regularly for properties or are assisted with bidding where they are unable to do so themselves.
- iv. Where due to the household's circumstances (family size, need to be accommodated in a particular area) cannot realistically be met via an offer of Council accommodation, households are being referred to the Accommodation Finding Team for assistance in obtaining accommodation in the private rented sector, where larger properties in higher-demand areas of the city are more readily available. For these households, assistance is provided in terms of rent in advance etc to ensure that they are able to transition into permanent accommodation.
- v. The temporary accommodation team is not working closely with the Allocations Team to identify households with particular housing needs and to offer direct matches where appropriate to up-coming void properties which meet their needs, rather than relying on applicants to actively bid for these properties when advertised.
- vi. The service will shortly be implementing a revised Temporary Accommodation Placement Policy which will prioritise households in temporary accommodation in terms of their need to move and ensure that those where the need is most urgent are prioritised for alternative properties as soon as they become available. This policy is currently awaiting final legal sign-off.
- vii. The service is currently revising internal procedures to ensure that when a complaint is received in future, this is visible to all relevant teams and potential financial and reputational risks are highlighted from the outset in order that households needing alternative accommodation can be fast-tracked either to a permanent offer via the housing register if achievable or alternatively for a move to more suitable temporary accommodation.

- viii. The service has reviewed its internal procedure for addressing complaints from legal representatives before LGO involvement to ensure that we are able to offer swift and comparable financial recompense where necessary, in line with the LGO's published remedies, to acknowledge time spent in unsuitable accommodation and any hardship caused. These households will then be case-managed through the appropriate processes detailed above to ensure that their housing needs are met in their current accommodation (if possible) or a move to alternative temporary or permanent accommodation is expedited.
- ix. The current case management systems are being revised to ensure that in future cases are not dealt with in isolation. When similar complaints are received in future, they will be separately logged in order that they can be managed and monitored by all relevant teams across the service, ensuring that all housing options are being explored at the earliest opportunity to resolve the complaint.

## **10. Compliance Issues**

10.1 The Council has taken the following steps with regards to the recommendations made by the Ombudsman:

- i. The service has agreed to pay the recommended compensation to recognise the errors made in this case.
- ii. The service will continue to pay the recommended monthly amount until suitable accommodation is found.
- iii. A review has been undertaken of all relevant decision letters to ensure that customers are aware of their statutory review rights in relation to temporary accommodation provided to them both when the accommodation transitions from accommodation provided under s188 of the Housing Act 1996 to accommodation provided under s193 (HA 1996) where the statutory right is triggered. Also, when offers are made where the s193 (HA 1996) duty is already in place to confirm that the temporary accommodation is statutorily reviewable from the date of offer for a period of 21 days as per the relevant legislation. As part of the recent service redesign a suite of letters was commissioned from an external provider and the provider has made the necessary changes to comply with the recommendations. The service will also consider non-statutory review requests where the accommodation is not provided under s193 or where a review is received outside of the legislative timescale.
- iv. The review procedures have been updated. As part of the service redesign, the review function was moved from a small team to a service-wide model, ensuring that numerous officers across the service are able to carry out reviews, having had the necessary legislative, procedural and process training. The number of officers



able to carry out reviews has, as a result, risen from 2 to over 60. This will ensure that reviews can be dealt with in accordance with the legislative timescales where possible, although 100% compliance cannot be guaranteed due to the nature and complexity of some reviews. At the same time as this change, the way in which reviews are reported on and monitored has been changed to a live Power BI system, enabling managers and staff to have greater oversight of the progress of current reviews, and highlighting those reviews where the statutory timescale has been breached. This will ensure that management have real-time information on the status of reviews and are able to monitor performance and compliance accordingly.

- v. Review template acknowledgement letters have been updated as required to confirm that applicants have the right to appeal to the county court in default if a decision on their review is not reached within the statutory timescale, which is also confirmed for customers' reference in the letter. The letter further explains that if the Council cannot comply with this deadline for reasons beyond their control, an extension will be mutually agreed with the customer and their representatives before the expiry date, in line with the Code of Guidance.

## **11. Recommendations**

That the Audit Committee notes the actions being taken in response to the Local Government and Social Care Ombudsman's report.

**Contact officer:**            **Dawanna Campbell, Acting Assistant Practice Manger, Legal and Governance**

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## **Report by the Local Government and Social Care Ombudsman**

### **Investigation into a complaint about Birmingham City Council (reference number: 21 015 013)**

**13 October 2022**

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## The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mr X            The complainant

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## Report summary

### Housing - homelessness

Mr X complained that he and his family have been in unsuitable temporary accommodation since 2008.

### Finding

Fault found causing injustice and recommendations made.

### Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

To remedy the injustice to Mr X the Council has agreed to:

- apologise to Mr X in writing;
- pay Mr X £300 for each month he spent in unsuitable temporary accommodation from July 2014 until the Council ended its duty in October 2022. This is 99 months and £29,700;
- pay Mr X a further £300 a month until the Council either makes an offer of suitable alternative accommodation or otherwise ends its duty to Mr X, should the ongoing suitability review find the current offer to be unsuitable.

The Council should liaise with Mr X and his representative to attempt to agree a method of payment which does not impact on entitlement to any welfare benefits or otherwise disadvantage the family.

The Council will also take the following action to improve its services:

- remind relevant staff that a complaint claiming temporary accommodation is unsuitable should result in a decision which sets out the attendant statutory review rights;
- remind relevant staff that any extension to the deadline for responding to statutory reviews should be agreed in writing and any delay communicated quickly;
- ensure communication at the start of the review process makes it clear the applicant can appeal to the county court on a point of law if the Council fails to meet the statutory deadline. Amend any template letters or emails as needed.

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## The complaint

1. Mr X complained that he and his family have been in unsuitable temporary accommodation since 2008. He says the Council has failed to move the family to suitable accommodation despite:
  - knowing since 2008 the accommodation was unsuitable; and
  - accepting the accommodation was unsuitable in September 2021.
2. Mr X has a disability which affects his mobility and the property does not meet his needs. He cannot access his home safely and with dignity.

## Legal and administrative background

### The Ombudsman's role

3. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (**Local Government Act 1974, sections 26(1) and 26A(1), as amended**)
4. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. (**Local Government Act 1974, sections 26B and 34D, as amended**)

### Temporary accommodation

5. Temporary accommodation (TA) is accommodation provided to homeless applicants as part of a council's main homelessness duty.
6. The law says councils must ensure all accommodation provided to homeless applicants is suitable for the needs of the applicant and members of their household. (**Housing Act 1996, section 206 and Homelessness Code of Guidance 17.2**)
7. The duty to provide suitable accommodation is immediate, non-deferable, and unqualified. **Elkundi, R (On the Application Of) v Birmingham City Council [2022] EWCA Civ 601**
8. Councils must assess whether accommodation is suitable for each household individually. Whether accommodation is suitable will depend on the relevant needs and circumstances of the homeless person and their household. (**Homelessness Code of Guidance 17.4 & 17.9**)
9. Certain decisions councils make about homelessness carry a statutory right of review. The review decision then carries a right of appeal to court on a point of law. Homeless applicants have a right to review the suitability of temporary accommodation provided under the main homelessness duty. (**Housing Act 1996, s202**)
10. Homeless applicants must seek a review within 21 days of the decision. However, applicants can ask a council to reconsider its decision about the suitability of temporary accommodation at any time. This might be necessary, for example, if there is a change in the applicant's circumstances. This new decision is open to review under s202, with a new 21 day timescale. **R(B) v Redbridge LBC [2019] EWHC 250 (Admin)**

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11. Councils must complete the review within eight weeks of receiving the review request. This period can be extended but only if the applicant agrees in writing. (*Housing Act 1996, sections 202 and 204*)

## **How we considered this report**

12. We considered the complaint and the information Mr X's representative provided.
13. We made written enquiries of the Council and considered its response along with relevant law and guidance.
14. We referred to the Ombudsman's Guidance on Remedies, also available on our website.
15. We gave the complainant and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

## **Findings**

### **What happened**

16. The Council accepted that Mr X and his family were homeless in 2008. The Council provided temporary accommodation. Mr X and his family have lived in the same temporary accommodation since 2008.
17. The property has a step up to the front door. It has a bath and no shower. It has not been adapted to make it more accessible to disabled people.
18. Mr X has a physical health condition which affects his mobility. In July 2014, the Council's records show that Mr X was by then a "full time wheelchair user". It awarded him extra points on its housing register to reflect this and "the fact [the] property [is] unsuitable".
19. In a letter to Mr X the Council said it would make "one more attempt to find alternative accommodation". Since 2014 the Council has not made an offer of alternative temporary accommodation.
20. The Council's records from 2016 include a form from its consideration of Mr X's case at a 'Senior Officer Panel'. This form says that Mr X "has been living in TA for 8 years. He requires a property which has a number of adaptations. His current TA is unsuitable for his needs".
21. In 2017, the Council put Mr X on its "Planned Move List" for households who need alternative temporary accommodation.
22. Mr X asked the Council to review the suitability of his accommodation under s202 in October 2020. The Council responded in September 2021. It said that it accepted the accommodation was unsuitable.

### **Analysis**

23. Mr X complained about matters since 2008. We have not exercised discretion to consider matters this far back. This is because the significant passage of time means records are not complete enough to make sound findings.
24. We have exercised discretion to consider matters since 2014. Mr X was complaining regularly to the Council about his temporary accommodation from this time and the Council failed to treat these as review requests. The injustice Mr X complains about is ongoing. Given his circumstances, we are satisfied Mr X could not have complained to us sooner. The passage of time has not affected

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our ability to conduct a sound investigation because the Council's records are complete enough to make findings on its actions since 2014.

### **Temporary accommodation**

25. Mr X's condition worsened over time. By July 2014, the records show that Mr X was a full-time wheelchair user.
26. The evidence shows the Council accepted Mr X's temporary accommodation was unsuitable in 2014. It agreed to make him a further offer of temporary accommodation. It did not do so. The law is clear that accommodation provided to discharge the main homelessness duty must be suitable. The Council's failure to provide suitable alternative accommodation at any point since 2014 was fault.
27. As a result, Mr X has lived in accommodation which does not meet his needs for eight years. He has described the impact on him and his family of not being able to safely enter the property. Mr X says he has fallen often and that his wife must drag him inside, including when she was pregnant. In addition to the physical harm this causes, it also denies Mr X the dignity of being able to access his home safely. This is a significant injustice to Mr X.
28. The bathroom in the property is not adapted for a wheelchair user. There are grab rails and a bath seat in place to help Mr X bathe. However, Mr X relies on his wife to help him transfer from his wheelchair to the bath seat. This puts both Mr X and his wife at risk of harm and denies Mr X the ability to maintain his personal hygiene independently. This is an injustice to Mr X.
29. The Council says Mr X has refused offers of accommodation that would be more suitable for him. However, the Council agreed in 2014 to make Mr X a further offer of suitable temporary accommodation and it has not done so. Since 2014 the Council has made four offers of permanent accommodation to Mr X. The records show the Council accepted none of these were suitable for him and withdrew the offers. We do not, therefore, find that Mr X has failed to accept suitable offers which would have ended the injustice sooner.

### **Review requests**

30. Despite appearing to accept in 2014 and 2016 that the accommodation was unsuitable, the Council failed to treat Mr X's complaints as statutory review requests. This was fault.
31. When the Council did accept a review request in October 2020, it took the Council 11 months to reach a decision. This is a delay of nine months and was fault.
32. In response to our enquiries, the Council said it has 392 outstanding requests for a review of a homelessness decision. It takes the Council on average 109 days to deal with a review. This is almost twice the statutory timescale of 56 days.
33. In response to a previous complaint to the Ombudsman, the Council said it was trying to address this backlog by:
  - providing training to enable more officers to carry out reviews;
  - seeking to temporarily appoint more staff.
34. Despite this commitment, the Council is still taking too long to decide on statutory reviews. This is fault and may have caused injustice to others who have not complained.



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## Conclusions

35. We find fault with the Council for:
- failing to provide Mr X and his family with suitable temporary accommodation since July 2014;
  - failing to review the suitability of Mr X's accommodation despite his complaints;
  - delay completing a suitability review in 2020;
  - delay issuing decisions on statutory homelessness reviews.
36. These faults caused Mr X injustice and may have caused injustice to others who have not complained.

## Recommendations

37. Where fault by the Council has caused injustice we may recommend a remedy. Our Guidance on Remedies suggests a payment of between £150 and £350 a month for time spent in unsuitable accommodation, depending on the injustice caused.
38. Mr X has a health condition which means he has needed to use a wheelchair almost full-time since 2014. The minimum he should expect from suitable accommodation is to be able to safely enter the property. That he cannot do so has put him at risk of physical harm. It has also affected other members of his family, who have to help pull him into the property and help him to return to his wheelchair. Mr X cannot safely access the bathing facilities in his home without physical support. This has increased Mr X's reliance on support from his immediate family and his support network and avoidably limited his independence. For these reasons, we consider the injustice to Mr X warrants a payment at the higher end of the scale.
39. Therefore, to remedy the injustice to Mr X the Council has agreed to:
- apologise to Mr X in writing;
  - pay Mr X £300 for each month he spent in unsuitable temporary accommodation from July 2014 until the Council ended its duty in October 2022. This is 99 months and £29,700;
  - pay Mr X a further £300 a month until the Council either makes an offer of suitable alternative accommodation or otherwise ends its duty to Mr X, should the ongoing suitability review find the current offer to be unsuitable.
- The Council should liaise with Mr X and his representative to attempt to agree a method of payment which does not impact on entitlement to any welfare benefits or otherwise disadvantage the family.
40. The Council will also take the following action to improve its services:
- remind relevant staff that a complaint claiming temporary accommodation is unsuitable should result in a decision which sets out the attendant statutory review rights;
  - remind relevant staff that any extension to the deadline for responding to statutory reviews should be agreed in writing and any delay communicated quickly;

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- ensure communication at the start of the review process makes it clear the applicant can appeal to the county court on a point of law if the Council fails to meet the statutory deadline. Amend any template letters or emails as needed.
41. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

## **Decision**

42. We have completed our investigation. There is fault by the Council. The action we have recommended is a suitable remedy for the injustice caused.



MINUTE NO./DATE	SUBJECT MATTER	COMMENTS
	(iv) Agreed for a briefing note to be shared on the uptake of the annual training across the Council, non-compliance and risks associated with the roles of an elected member (in particular to Audit Committee).	Janie Berry Information circulated to Committee Members on 22/11/2022. <b>Completed &amp; discharged</b>
529 22/11/2022	<p><b><u>ASSURANCE SESSION - CABINET MEMBER SOCIAL JUSTICE, COMMUNITY, SAFETY &amp; EQUALITIES PORTFOLIO</u></b></p> <p><b><u>Additional actions:</u></b></p> <p>That the Audit Committee:</p> <p>(ii) Invited the Cabinet Member for Social Justice, Community, Safety &amp; Equalities to the next meeting of the Committee in January.</p> <p>(iii) Agreed for officers to provide further details on the eligibility for the School meals during the holidays, details on the Ukraine Response Programme and the outstanding queries raised at the meeting.</p>	<p>Councillor Cotton, Darren Hockaday and Waqar Ahmed attending 31 January 2023 meeting.</p> <p>Richard Brooks Director - Strategy, Equality &amp; Partnerships to respond</p>