

A meeting of the **CORPORATE GOVERNANCE PANEL** will be held in the **COUNCIL CHAMBER, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **WEDNESDAY, 10 DECEMBER 2008** at **6:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Panel held on 23rd September 2008.

**Miss H Ali
388006**

2. MEMBERS' INTERESTS

To receive from Members declarations as to personal and/or prejudicial interests and the nature of those interests in relation to any Agenda Item. Please see Notes 1 and 2 overleaf.

3. CALCULATION OF COUNCIL TAX BASE 2009/10 (Pages 5 - 8)

To consider a report by the Head of Customer Services recommending the Council Tax Base for 2009/10.

**Mrs J Barber
388150**

4. REVIEW OF THE RISK MANAGEMENT STRATEGY (Pages 9 - 28)

To receive a report by the Audit and Risk Manager on the annual review of the Risk Management Strategy.

**D Harwood
388115**

5. REVIEW OF THE ANTI-FRAUD AND CORRUPTION STRATEGY (Pages 29 - 40)

To note the outcome of the review of the Anti-Fraud and Corruption Strategy.

**D Harwood
388115**

6. WHISTLEBLOWING: ANNUAL REVIEW OF THE POLICY AND PROCEDURE (Pages 41 - 48)

To note the outcome of the annual review on whistleblowing.

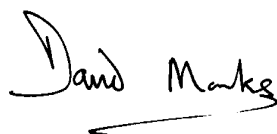
**D Harwood
388115**

7. FEEDBACK PROCEDURE (Pages 49 - 56)

To receive a report by the Head of Administration detailing the outcome of a review of the Council's complaints procedure.

**A Roberts
388004**

Dated this 28 day of November 2008



Chief Executive

Notes

1. *A personal interest exists where a decision on a matter would affect to a greater extent than other people in the District –*
 - (a) *the well-being, financial position, employment or business of the Councillor, their family or any person with whom they had a close association;*
 - (b) *a body employing those persons, any firm in which they are a partner and any company of which they are directors;*
 - (c) *any corporate body in which those persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or*
 - (d) *the Councillor's registerable financial and other interests.*
2. *A personal interest becomes a prejudicial interest where a member of the public (who has knowledge of the circumstances) would reasonably regard the Member's personal interest as being so significant that it is likely to prejudice the Councillor's judgement of the public interest.*

Please contact Miss H Ali, Democratic Services Officer, Tel No: 01480 388006 / e-mail: Habbiba.Ali@huntsdc.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the District Council's website – www.huntingdonshire.gov.uk (under Councils and Democracy).

If you would like a translation of Agenda/Minutes/Reports or would like a large text version or an audio version please contact the Democratic Services Manager and we will try to accommodate your needs.

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit and to make their way to the car park adjacent to the Methodist Church on the High Street (opposite Prima's Italian Restaurant).

Agenda Item 1

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the CORPORATE GOVERNANCE PANEL held in the Council Chamber, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 23 September 2008.

PRESENT: Councillor C J Stephens – Chairman.

Councillors M G Baker, P J Downes,
P M D Godfrey, J A Gray, T V Rogers and
L M Simpson.

IN ATTENDANCE: Mrs L Sandford and Mr P Winrow – Grant Thornton UK LLP.

17. MINUTES

The Minutes of the meeting of the Panel held on 24th June 2008 were approved as a correct record and signed by the Chairman.

18. MEMBERS' INTERESTS

No declarations were received.

19. HOUSING BENEFIT FRAUD INVESTIGATION ACTIVITY

Consideration was given to a report by the Head of Customer Services (a copy of which is appended in the Minute Book) summarising the activity of the Benefits Fraud Investigation Team over the previous three years.

In noting details of the activity undertaken by the Team over the 2005 to 2008 period, the Panel were encouraged to note the level of partnership working being undertaken by the Team with a range of agencies including the Department for Work and Pensions, HM Revenue and Customs, the Police Authority, the Customs and Borders Agency and the National Health Service.

Having recognised the level of performance achieved by the Benefits Fraud Investigation Team, the Panel

RESOLVED

- (a) that the contents of the report be noted; and
- (b) that future reports on the activity of the Benefits Fraud Investigation Team be submitted to the Panel.

20. INTERNAL AUDIT SERVICE ANNUAL REPORT

The Panel received a report by the Audit and Risk Manager (a copy of which is appended in the Minute Book) which contained his opinion on aspects of the Council's systems of internal control and which summarised the progress made against the 2007/08 Annual Audit

Plan and the performance standards achieved.

Members noted the Audit and Risk Manager's conclusions in relation to the level of assurance provided by those areas of the Council's internal control environment which had been the subject of evaluation by the Internal Audit Service. The Panel were encouraged to note the improvement that had been made in terms of the implementation of agreed audit actions and noted that the Chief Officer Management Team monitored outstanding audit actions on a quarterly basis.

RESOLVED

that the report and statement be noted.

21. RISK REGISTER

With the aid of a report by the Audit and Risk Manager (a copy of which is appended in the Minute Book) the Panel was acquainted with changes made to the Risk Register between the period 1st April to 31st August 2008 inclusive.

RESOLVED

that the contents of the report be noted.

22. RISK MANAGEMENT UPDATE

(The Chairman announced that he proposed to admit the following urgent Item in accordance with Section 100B (4) (d) of the Local Government Act 1972 given the need for the Panel to consider the report prior to considering the approval of the Council's Governance Statement.)

With the assistance of a report by the Audit and Risk Manager (a copy of which is appended in the Minute Book) the Panel was acquainted with progress made to embed risk management within the Council organisation. Members noted the work undertaken to improve the Council's current "Use of Resources" rating to level 3 against the risk management standard. Having acknowledged the role of the Risk Management Group in the work undertaken during the previous year, it was

RESOLVED

that the contents of the report be noted.

23. REVIEW OF THE EFFECTIVENESS OF THE CORPORATE GOVERNANCE PANEL

Pursuant to Minute No. 08/09, the Panel received a report by the Head of Financial Services (a copy of which is appended in the Minute Book) detailing the outcome of a review of the Panel's own effectiveness against CIPFA's best practice guidance for Audit Committees.

In noting details of a workshop that had been held for Panel Members in August 2008 and having drawn the Panel's attention to identified

areas for improvement, it was

RESOLVED

- (a) that the outcome of the review be noted; and
- (b) that the Action Plan prepared to address the areas for improvement be approved.

24. PROTOCOL BETWEEN THE LEADER AND CHIEF EXECUTIVE

Consideration was given to a report by the Head of Administration (a copy of which is appended in the Minute Book) proposing the adoption of a protocol for the relationship between the Leader of the Council and the Chief Executive.

The Panel were advised that the CIPFA/SOLACE publication on "Good Governance in Local Government" recommended the development of a protocol as good practice. Additionally, it was noted that the adoption of the protocol was an outstanding issue identified in the Council's Governance Statement.

The Head of Administration drew the Panels' attention to minor textural amendments that had been made to the protocol since its circulation and apprised Members with the comments that had been made on it by the Leader of the Council. Having sought further clarification on protocol 3.7 at a future meeting, the Panel

RESOLVED

that the protocol for the relationship between the Leader of the Council and the Chief Executive as now amended be approved.

25. GOVERNANCE STATEMENT

Consideration was given to a report by the Head of Policy and Strategic Services (a copy of which is appended in the Minute Book) on the outcome of the annual review of the Council's governance arrangements. In addition, the Chairman reminded the Panel that they had taken part in the annual review of governance arrangements which was the basis of updating the Annual Governance Statement. The Panel discussed the Governance Statement, which had been prepared on behalf of the Chief Executive and Leader of the Council, summarised the corporate governance work carried out in 2007/08 and identified matters to be addressed during 2008/09. The Panel noted that the Director of Commerce and Technology had endorsed the Statement in respect of the Council's system of internal control and having received similar assurances from the External Auditor, it was

RESOLVED

that the Governance Statement prepared by the Chief Executive, Leader of the Council and Director of Commerce and Technology on behalf of the Council for 2008/09 be endorsed and countersigned by the Chairman of the Panel.

26. APPROVAL FOR PUBLICATION OF THE 2007/08 ACCOUNTS

The Panel considered the draft accounts for the year 2007/08 (a copy of which is appended in the Minute Book). Having considered the Council's letter of representation, Members were informed by Mrs L Sandford that an unqualified opinion would be provided on the accounts.

Whereupon, it was

RESOLVED

- (a) that the letter of representation be approved and the Director of Commerce and Technology be authorised to sign it on behalf of the Council;
- (b) that the auditor's report be received and the appended Action Plan for dealing with the matters highlighted noted; and
- (c) that the revised set of accounts now submitted be approved for publication.

Chairman

CALCULATION OF COUNCIL TAX BASE 2009/2010 (Report by the Head of Customer Services)

1 INTRODUCTION

- 1.1** The Local Government Finance Act 1992 requires a Billing Authority (Huntingdonshire District Council) to calculate and approve a tax base for Council Tax purposes by 31 January in respect of the following financial year. The Local Authorities (Calculation of Tax Base) Regulations 1992 (as amended) contain the rules for making the necessary calculations.
- 1.2** The tax base calculation is designed to convert all existing properties and those due for completion before the end of the period into a Band D Equivalent. This is achieved by applying a prescribed weighting to the properties in each of the respective valuation bands.
- 1.3** The resulting figure, after taking into account relevant allowances, is called the Net Tax Base. Once agreed, this figure is divided into the Council's Net Expenditure due to be raised from Council Tax and the actual Council Tax Charge for a Band D property is then derived.

2 GENERAL PRINCIPLES OF THE CALCULATION

- 2.1** A tax base calculation for the whole of the District Council's area has been undertaken, using information held as at 6 November 2008. Added to this information are details of new properties likely to be completed and banded for Council Tax purposes during the period November 2008 to March 2010. Estimates have been made regarding the possible level of occupation of these new properties and the likely discounts that they may attract, and in particular it assumes that the discount awarded to both "second homes" and "long term empty properties" will be at the minimum level (i.e. 10% and 0% respectively). No allowance has been made for banding appeals/reductions as these simply can not be forecast nor for any significant change in policy with regards to discretionary discounts or exemptions under S13a of the Local Government Finance Act 1992 (as amended). The resulting calculation shows a Band D equivalent tax base of 58,398 properties.
- 2.2** When undertaking a tax base calculation, the resulting figure has to be reduced by a percentage which, in the District Council's opinion, represents the likely losses on collection during the financial year. A provision of 0.75% is required. When applying this 0.75% reduction to this calculation, a net tax base figure of 57,960 is achieved.
- 2.3** This compares with the current tax base of 57,785 and the growth is therefore 0.30%.

- 2.4 The legislation requires that the actual Tax Base Calculation is undertaken as at the 30 November. A revised calculation will have to be undertaken on that date and, if necessary, an amended report will be tabled at the Meeting.

3 RECOMMENDATIONS

- 3.1 It is recommended that the Corporate Governance Panel resolves as follows:-

- (a) that the report by the Head of Customer Services regarding the calculation of the District Council's tax base for the year 2009/2010 be approved; and
- (b) that pursuant to the Head of Customer Services' report and in accordance with the Local Authorities (Calculation of Tax Base) Regulations 1992 (as amended), the amounts calculated by the Huntingdonshire District Council as their net tax base for the whole District for the year 2009/2010 be 57,960 and shall be as listed below for each Parish of the District.

Abbotsley	188
Abbots Ripton	127
Alconbury	553
Alconbury Weston	282
Alwalton	123
Barham & Woolley	27
Bluntisham	729
Brampton	1795
Broughton & Molesworth	109
Broughton	83
Buckden	1148
Buckworth	50
Bury	603
Bythorn & Keyston	142
Catworth	142
Chesterton	58
Colne	339
Conington	73
Covington	42
Denton & Caldecote	24
Diddington	29
Earith	573
Easton	75
Ellington	237
Elton	294
Eynesbury Hardwicke	786
Farcet	580
Fenstanton	1205
Folksworth & Washingley	347
Glatton	129
Godmanchester	2280
Grafham	241
Great & Little Gidding	122
Great Gransden	454
Great Paxton	368

Great Staughton	317
Haddon	21
Hail Weston	236
Hamerton	40
Hemingford Abbots	327
Hemingford Grey	1150
Hilton	445
Holme	238
Holywell-cum-Needingworth	971
Houghton & Wyton	1178
Huntingdon	6790
Kimbolton & Stonely	592
Kings Ripton	76
Leighton Bromswold	80
Little Paxton	1144
Morborne	11
Offord Cluny	203
Offord d'Arcy	300
Old Hurst	94
Old Weston	86
Perry	265
Pidley-cum-Fenton	151
Ramsey	2858
St Ives	5681
St Neots	9178
St Neots Rural	118
Sawtry	1731
Sibson-cum-Stibbington	210
Somersham	1383
Southoe & Midloe	158
Spaldwick	226
Steeple Gidding	12
Stilton	780
Stow Longa	59
Tetworth	20
The Stukeleys	794
Tilbrook	108
Toseland	37
Upton & Coppingford	85
Upwood & The Raveleys	411
Warboys	1357
Waresley	125
Water Newton	42
Winwick	39
Wistow	215
Woodhurst	156
Woodwalton	84
Yaxley	2885
Yelling	136
	<u>57960</u>

Contact Officer: Julia Barber - Head of Customer Services
☎ 01480-388105

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REVIEW OF THE RISK MANAGEMENT STRATEGY (Report by the Audit & Risk Manager)

1. INTRODUCTION

- 1.1 The risk management strategy is required to be reviewed annually. The Council's approach to risk is continuing to evolve and consequently a number of changes are being proposed to the strategy to reflect this.
- 1.2 The Strategy was discussed by the risk management group at its November meeting and they proposed a number of minor amendments. These have been incorporated into the revised Strategy which is attached at Annex A.

2. PROPOSED AMENDMENTS

- 2.1 The main changes proposed are detailed below.

Page 2: Footnote 1 explains that a sub set to the standard risk management process is to be introduced for health and safety risks. These will be evaluated and measured against a 3 x 3 matrix in accordance with the requirements of the Health and Safety Executive. This matrix is highlighted within the standard 5 x 5 matrix on page 4

Page 4: Amendments to the approach to be taken with dealing with risk option forms.

Page 5: New text expanding on the approach to be taken with option forms and action plans.

Page 5: Cabinet, 1st bullet. Included to clarify the Cabinet's overall responsibility to ensure that corporate risks are identified and effectively managed.

Page 6: Clarification that the annual report from the Risk Management Group will be presented to this Panel to coincide with the annual governance review.

Page 12: Changes to the likelihood/frequency assessments for health and safety risks, to reflect the 3 x 3 scoring matrix.

Page 13: Changes to financial impact and health & safety narratives.

- 2.2 All the new text changes are highlighted in grey, omissions are double lined through.

3. RECOMMENDATION

- 3.1 It is recommended that the Panel accept the changes and the amended risk management strategy.

BACKGROUND INFORMATION

None.

Contact Office: David Harwood, Audit & Risk Manager ☎ 01480 388115

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Risk Management Strategy

Version06 – December 2008

Introduction

An effective risk management strategy will ~~ensure allow~~ the Council to ~~maximise~~ ~~maximises~~ its opportunities and manages those threats that may hinder the delivery of its priorities so that the opportunities for continuous improvement are maximised.

Risk therefore needs to be considered at all stages of the management process, from the setting of corporate priorities through to the delivery of the service to the customer. Risk management therefore becomes an integral element of the Council's corporate governance arrangements.

This risk management strategy aims to integrate risk management into the Council's culture and processes and raise awareness amongst all employees and members of the benefits and opportunities that the successful management of risk can bring.

Definitions

Risk is the chance or possibility of something happening that will have an adverse impact on the achievement of the Council's objectives.

Risk management is the identification, evaluation, control, monitoring and reporting of existing and emerging risks. It applies equally to the opportunities for taking risks as it does to avoiding risks or reducing losses. It is a key part of good management and not simply a compliance exercise.

Why is Risk Management important?

The Council provides a large range of services within an ever changing environment, so there is great potential for risks to arise. Effective risk management will enable the Council to:

- Maximise performance
- Minimise the need to divert funds from priority services
- Encourage creativity
- Minimise losses
- Ensure the Council's reputation is preserved and enhanced
- Reduce insurance premiums

The aim is to manage risk, rather than eliminate it. Too little attention to the control of risk will lead to unnecessary losses and poor performance, while an over zealous approach may stifle creativity and increase the cost of and/or impede service delivery. Successful risk management means getting the balance right.

Risk Policy Statement

Huntingdonshire District Council is committed to the effective management of risk. The Council's ability to deliver services and achieve its business objectives are constantly affected by risk, which the Council recognises as being both positive and negative.

The Council also recognises its legal, moral and fiduciary duties in taking informed decisions about how best to control and minimise the downside of risk, whilst still maximising opportunity and benefiting from positive risks.

The Council will ensure that Members and staff understand their responsibility to identify risks and their possible consequences.

The Risk Management Process.

Risk management is a continuous process that has five key elements:

- The systematic **identification** of risks to which the Council is exposed.
- The **evaluation** of those risks in terms of likelihood and severity.
- The **control** or **mitigation** of the risks, either by reducing the likelihood or severity of adverse events.
- The **arrangements** the Council needs to put into place to deal with the **consequences** of the threats manifesting themselves, e.g. insurance, levels of policy excesses, self-insurance, service recovery planning.
- The on-going **monitoring** and **reporting** of risk, to allow for intended actions to be achieved and losses minimised.

A standard risk management process will be used throughout the Council¹. This will ensure that risks are considered in the same fashion whether at a project, partnership, corporate or operational level.

Risks faced by the Council can be broadly grouped into two risk categories – corporate or operational.

Corporate Risks

- Political
- Economic
- Social
- Technological
- Legislative
- Environment
- Competitive
- Customer

Operational Risks

- Professional
- Legal
- Financial
- Physical
- Contractual
- Information
- Technology
- Environmental

Some risks fall across both categories, in particular those associated with partnerships, projects or cross-cutting service issues, and therefore can't be listed under one area.

Further examples of the risk areas are contained at [Appendix A](#).

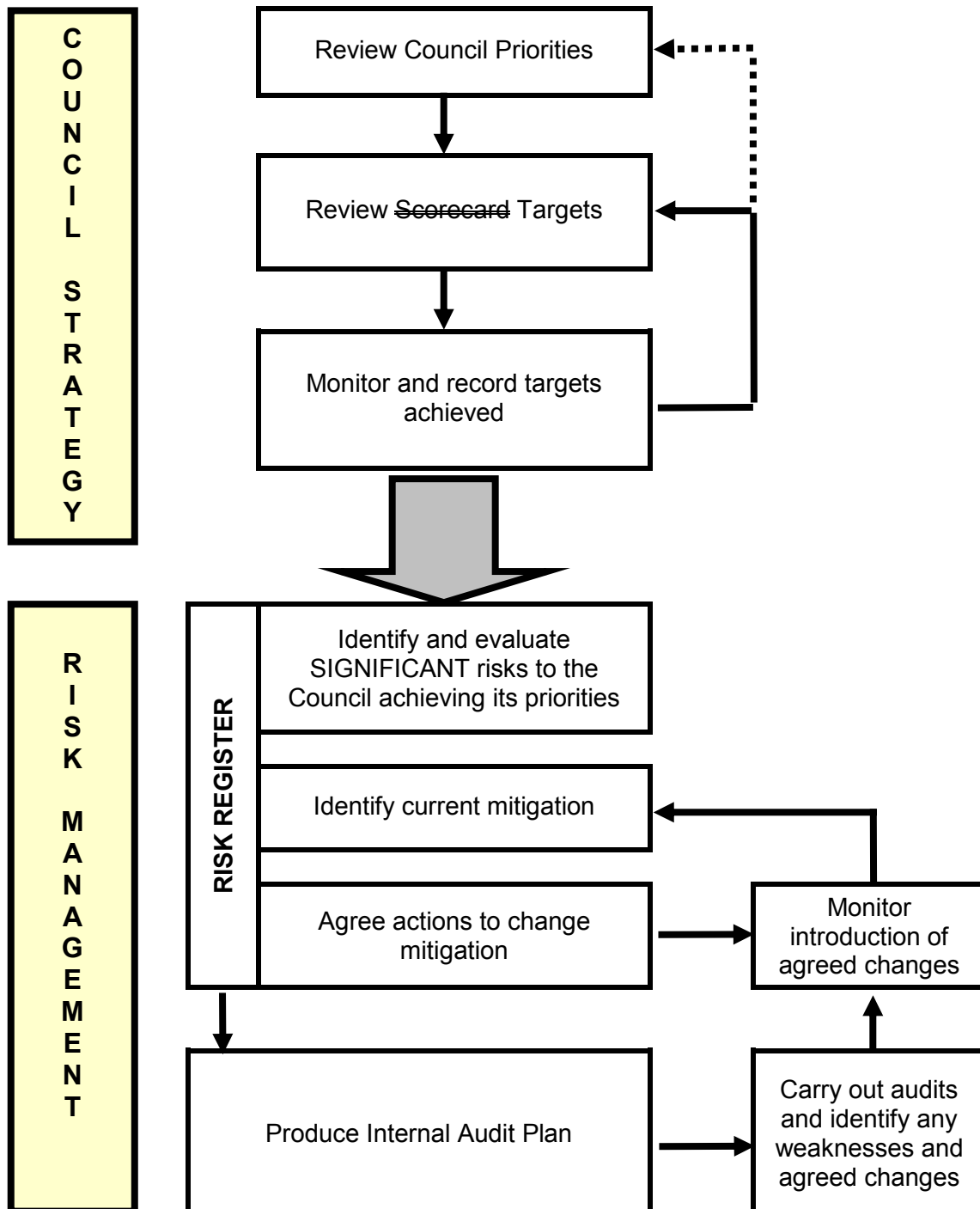
All levels of management should be concerned, to varying degrees, with risks in both categories. Corporate risks are likely to affect the medium to longer term priorities of the Council and require longer term planning to be addressed. Operational risks tend to have a more immediate impact and require to be treated in a shorter time frame.

¹ For operational reasons, health and safety risks shall be evaluated in accordance with the categories of injury prescribed by the Health and Safety Executive, as contained in Appendix B.

Developing and Integrating Risk Management

The identification and management of risks needs to be undertaken at all stages of the corporate and service planning process so as to ensure that the risk register contains the significant risks that will affect the Council achieving its priorities. All reports or proposals at officer or member level that deal with changes to services must, where material, refer to the impact of what is being considered on the Council's priorities and targets and be supported by an explicit consideration of the risks, both inherent and mitigated, to that impact being achieved.

The table below explains how risk management processes link into the Council's planning process.



Risk Assessment

Corporate Governance Panel approved a risk assessment model in March 2005. The risk assessment model is detailed in Appendix B.

The model requires potential risks to be evaluated against a set of pre-determined criteria for likelihood/frequency and impact. Individual risk levels can then be determined by plotting the risks onto a risk matrix. Health and Safety risks will be plotted against the smaller inset matrix.

Likelihood / Frequency	Almost Certain	5	Medium	High	Very High	Very High	Very High
	Likely	4	Medium	High	High	Very High	Very High
	Occasional	3	Low	Medium	High	High	Very High
	Unlikely	2	Low	Low	Medium	High	Very High
	Improbable	1	Low	Low	Medium	High	High
			1	2	3	4	5
			Trivial	Minor	Significant	Major	Critical
			Impact				

Following the plotting of a risk, a decision shall be taken as to how the risk is to be managed. This can be summarised as follows.

Level of Risk	Very High	High	Medium	Low
Level of Concern	Very concerned	Concerned	Uneasy	Content
Consequences	Disastrous impact	Severe impact	Detrimental impact on the day to day delivery of services	Relatively light impact
Risk Treatment	Manager to prepare and submit to the Audit & Risk Manager an <u>option form</u> within 4 weeks of risk identification, considering whether to avoid, reduce, transfer or accept the risk. Audit & Risk Manager to evaluate and challenge the option form and submit for approval to:			None The Council accepts the risk
	Cabinet	COMT	Director	
Prepare action plan and update Risk Register	Within 4 weeks	Within 8 weeks	Within 12 weeks	-----
	Within 6 weeks of the decision to treat the risk.			-----

Option Appraisals & Risk Treatment

Before a decision is made on the way the risk is to be treated, the Head of Service who owns the risk, shall carry out an option appraisal. The appraisal shall consider how to deal with the risk on the following basis:

- **Reduce** the risk by controlling the likelihood of the risk occurring or controlling the impact of the consequences if the risk does occur.
- **Avoid** the risk by not undertaking the activity that may trigger the risk.
- **Transfer** the risk either totally or in part e.g. through insurance.
- **Acceptance** of the risk. This option will only be accepted when the ability to take effective action against a risk is limited or the cost of taking action is disproportionate to the potential benefits gained.

The appraisal will consider cost, resources, time and the potential financial and non-financial benefits of each treatment option. Advice from specialist staff shall be taken where appropriate.

Ideally risk treatments should be self-funding. Where this is not the case there will need to be a prioritisation process to ensure that any funding is concentrated first on those items that will be most beneficial to the achievement of the Council's priorities.

- **Action Plans**

The results of the option appraisal shall be recorded by the appropriate Head of Service on a risk treatment option form ([Appendix C](#)) within 4 weeks of the risk having been recorded in the risk register. The form shall identify the risk, the current control environment, control actions to be introduced, the officer responsible and the timescales for implementation.

The option appraisal will be reviewed and challenged by the Audit & Risk Manager prior to its submission and consideration by the appropriate body (Cabinet, COMT, Director) who shall decide what further action, if any, is required to address the risk issue raised. The Head of Service shall update the risk register and put in place procedures to introduce the agreed actions.

Roles and Responsibilities

Everyone in the Council is involved in risk management and should be aware of their responsibilities in identifying and managing risk.

Council, Cabinet, Committees & Panels

- To ensure that risk management implications are considered when making decisions.

Cabinet

- To ensure that corporate risks are effectively managed in accordance with the risk management strategy.
- To appoint a risk management champion.
- To receive reports and decide upon the action to be taken for all mitigated risks that, should the risk materialise, have a "very high" disastrous impact on the Council, its reputation or business continuity.

Corporate Governance Panel

- To ensure that an effective risk management strategy is in place.
- To determine the Council's risk appetite
- To receive an annual progress report from the Risk Management Group timed to coincide with their annual governance review ~~COMT on the implementation of the risk management strategy~~
- To receive regular updates on ~~the risk register~~ risk management.
- To review the risk assessment model annually to ensure it continues to reflect the requirements of the Council.

Chief Officers' Management Team / Chief Officers

- To ensure effective risk management throughout the Council in accordance with the risk management strategy.
- To approve the terms of reference for the risk management group.
- To receive progress reports and an annual statement from the risk management group on the effectiveness of risk management.
- To ensure that Members are advised of the risk management implications of decisions.
- To take into account issues contained in the risk register and the risk management group's annual statement when preparing the annual corporate governance statement.
- To receive reports and decide upon the action to be taken for all mitigated risks that, would the risk materialise, have a severe impact on Council, its reputation or business continuity.
- To prioritise corporate risk treatments and all treatments requiring MTP funding.
- To prepare action plans that deal with the risk to be treated

Heads of Service

- Ensuring that effective procedures are in place to manage the risks affecting their services.
- Maintain a risk register that identifies and scores risks, updating it promptly with any perceived new risks or opportunities or failures of existing control measures.
- Ensure that risks relating to significant partnerships are identified and effectively managed, within the partnership and at service level.
- To prepare option appraisals for risks within their ownership.
- To report and discuss with their Director and, if required, initiate action on all mitigated risks that should the risk materialise, be detrimental to the day to day delivery of services.
- To provide a formal annual statement to the Corporate Governance Panel certifying that their risk register is up to date or highlighting any material risks that are not accurately recorded in the register.
- Balancing an acceptable level of operational risk against the achievement of service plans, project objectives and business opportunities.

Risk Management Group

- To oversee the risk management process throughout the Council in accordance with its terms of reference ([Appendix D](#)).

Internal Audit & Risk Management Section

- To develop the culture of risk management throughout the Council.

- To assist managers in identifying and analysing the risks that they encounter and the formation of action plans to address outstanding issues.
- To report as necessary to the Cabinet, Corporate Governance Panel or COMT on risk management issues. ~~registers/developments~~
- To identify best practice and consider its introduction within the Council.
- To provide advice and guidance on systems to mitigate risk.

Separate to the responsibilities listed above, the Audit & Risk Manager will also consider as part of his annual report to the Corporate Governance Panel:

- The robustness of the risk management process.
- The effectiveness of the internal controls for the mitigation of risk.

Health & Safety Advisor & Co-ordinators

- To review the health and safety risks identified by managers and consider if the controls recorded in the register are sufficient to mitigate the risk to the level stated.
- To assist managers by monitoring and reviewing the effectiveness of the control environment recorded in the risk register.
- To review accident reports and health and safety records and recommend improvements to procedures.

Employees

- To understand their responsibility to take reasonable care in carrying out their work such that risks are as far as reasonably possible minimised for the Council, colleagues, the public or themselves.
- To co-operate with management and colleagues in matters relating to the mitigation of risk.
- To inform their line-manager promptly of any risks they become aware of.

Categories of Risk

The risk categories² provide a framework for identifying and categorising a broad range of risks facing the Council and its services. Each category cannot be considered in isolation, as risks identified in one category may have consequences on activities within another.

Corporate Risks

Those risks that may be potentially damaging to the achievement of the Council's objectives.

Political

Associated with failure to deliver either local or central government policy, or to meet electoral commitments.

- Wrong strategic priorities
- Not meeting Government agenda
- Decisions based on incomplete or faulty information
- Too slow to innovate/modernise
- Unfulfilled promises to electorate
- Community planning oversights/errors

Economic

Affecting the ability of the Council to meet its financial commitments. These include internal budgetary pressures, inadequate insurance cover, external level economic changes (e.g. interest rates, inflation etc), or the consequences of proposed investment decisions.

- General /Regional economic problems
- High cost of capital
- Treasury risk
- Missed business and service opportunities

Social

Relating to the effects of changes in demographic, residential or socio-economic trends on the Council's ability to deliver its objectives.

- Failing to meet the needs of disadvantaged communities
- Impact of demographic change
- Failures in partnership working
- Problems in delivering life-long learning
- Crime and disorder

Technological

Associated with the capacity of the Council to deal with the pace / scale of technological change, or its ability to use technology to address changing demands. They may also include the consequences of internal technological failures on the Council's ability to deliver its objectives.

- Obsolescence of technology
- Hacking or corruption of data
- Breach of confidentiality
- Failure in communications

Legislative

Associated with current or potential changes in national or European law.

- Inadequate response to new legislation
- Intervention by regulatory bodies and inspectorates
- Judicial review
- Human Rights Act breaches

² Source: Accounts Commission for Scotland

Environment

Relating to the environmental consequences of progressing the Council's strategic objectives (e.g. in terms of energy, efficiency, pollution, recycling, landfill requirements, emissions, etc).

- Impact of Local Agenda 21 policies
- Noise, contamination & pollution
- Impact of planning and transportation policies

Competitive

Affecting the competitiveness of the service (in terms of cost or quality) and / or its ability to deliver Best Value.

- Takeover of services by governmental agencies
- Failure to show best value
- Failure of bids for government funds

Customer

Associated with failure to meet the current and changing needs and expectations of customers and citizens.

- Lack of appropriate consultation
- Bad public and media relations

Operational Risks

Those risks that managers and employees may encounter in the day-to-day provision of services.

Professional

Associated with the particular nature of each profession (e.g. Housing service concerns as to the welfare of homeless people).

- Inefficient/ineffective management processes
- Inability to implement change
- Lack of control over changes to service provision
- Inadequate consultation with service users
- Failure to communicate effectively with employees
- Lack of business continuity plan
- Non-achievement of Best Value
- Bad management of partnership working
- Failure to manage and retain service contracts
- Poor management of externally funded projects

Legal

Related to possible breaches of legislation.

- Not meeting statutory duties/deadlines
- Failure to comply with European directives on procurement of works, supplies and services
- Breach of confidentiality/Data Protection Act
- Failure to implement legislative change
- Misinterpretation of legislation
- Exposure to liability claims e.g. motor accidents, wrongful advice

Financial

Associated with financial planning and control and the adequacy of insurance arrangements.

- Failure of major project(s)
- Inefficient/ineffective processing of documents
- Missed opportunities for income/funding/grants
- Inadequate insurance cover
- Failure to prioritise, allocate appropriate budgets and monitor
- Inadequate control over expenditure
- Inadequate control over income

Physical

Related to fire, security, accident prevention and health and safety (e.g. hazards / risks associated with buildings, vehicles, plant and equipment, etc).

- Violence and Aggression
- Non compliance with health and safety legislation
- Injury caused by e.g. slips, trips, stress
- Loss of intangible assets
- Loss of physical assets from e.g. theft, fire, terrorism
- Damage to assets from e.g. vandalism, water damage
- Failure to maintain and upkeep land and property

Contractual

Associated with the failure of contractors to deliver services or products to the agreed cost and specification.

- Non-compliance with procurement policies
- Over reliance on key suppliers/contractors
- Failure of outsourced provider to deliver
- Failure to monitor contractor
- Poor selection of contractor
- Poor contract specification, deficiencies, errors
- Inadequate contract terms & conditions
- Quality issues

Information

Associated with making decisions based on information that is flawed in some way.

- Inadequate business processes
- Poor reporting lines/processes
- Accounting system failure
- Unreliable accounting records

Technology

Relating to reliance on operational equipment (e.g. IT systems or equipment and machinery).

- Failure of big technology-related project
- Crash of IT systems affecting service delivery
- Lack of disaster recovery plans
- Breach of security of networks and data
- Failure to comply with IT Security Policy
- Bad management of intranets and web sites

Environmental

Relating to pollution, noise or energy efficiency of ongoing service operation.

- Impact of Local Agenda 21 policies
- Crime and Disorder Act implications
- Incorrect storage/disposal of waste
- Noise, contamination and pollution
- Inefficient use of energy and water
- Damage caused by trees, tree roots, etc

Human Resources

Associated with staffing issues (e.g. recruitment / retention, sickness management, change management, stress related risk analysis).

- Capacity issues
- Over reliance on key officers
- Failure to recruit/retain qualified staff
- Lack of employee motivation/efficiency
- Failure to comply with employment law
- Poor recruitment & selection processes
- Lack of succession planning
- Lack of training

RISK ASSESSMENT MODEL

Likelihood / Frequency

		Alternatively this could be expressed as likely to happen within the next:
5 = Almost Certain	Will definitely occur, possibly frequently.	Month
4 = Likely	Is likely to occur, but not persistently.	Year
3 = Occasional	May occur only occasionally.	3 years
2 = Unlikely	Do not expect it to happen but it is possible.	10 years
1 = Improbable	Can't believe that this will ever happen, but it may occur in exceptional circumstances.	20 years

When considering Health & Safety related risks, the likelihood should be expressed as being likely to happen within the next:

5 = Almost Certain	Week	Further advice on assessing Health & Safety risks* can be obtained from the Health & Safety Advisor.
4 = Likely	6 months	
3 = Occasional	Year	
2 = Unlikely	5 years	
1 = Improbable	10 years	

4 = Likely	Monthly	Further advice on assessing Health & Safety risks* can be obtained from the Health & Safety Advisor.
3 = Occasional	Year	
2 = Unlikely	5 years	

Impact

Risks will be evaluated against the following scale. If a risk meets conditions for more than one category, a judgement will need to be made as to which level is the most appropriate. For example, if a particular health and safety risk was significant, could result in minor short-term adverse publicity in the local media but had only a trivial financial impact, it might still be categorised as significant.

- 1 = trivial** event or loss, which is likely to:
- cause minor disruption to service delivery on one or two consecutive days, not noticeable to customers
 - ~~affect the financial performance / outturn of one service in the current financial year by £10,000 or less~~

- increase the Council's net cost over the 5 year MTP period by £50,000 or less.
- be managed with no reporting in the local media
- ~~* be a Health & Safety concern that is resolved through current procedures and practices~~
- cause localised (one or two streets) environmental or social impact

2 = minor event or loss, which is likely to:

- cause minor, noticeable disruption to service delivery on one or two consecutive days
- ~~affect the financial performance / outturn of one service in the current financial year by more than £10,000 but less than £50,000.~~
- increase the Council's net cost over the 5 year MTP period by more than £50,000 but less than £100,000.
- result in minor short-term (up to a fortnight) adverse publicity in the local media
- * be a Health and Safety concern that results in an injury but little lost time (e.g. less than 3 days off work)
- have a short term effect on the environment i.e. noise, fumes, odour, dust emissions etc., but with no lasting detrimental impact

3 = significant event or loss, which is likely to:

- cause disruption for between one and four weeks to the delivery of a specific service which can be managed under normal circumstances
- affect service delivery in the longer term
- ~~affect financial performance / outturn in the current financial year or future financial years by £50,000 or more but less than £100,000.~~
- increase the Council's net cost over the 5 year MTP period by more than £100,000 but less than £250,000.
- result in significant adverse publicity in the national or local media
- * be a Health and Safety concern that results in ~~lost time or requires the H&S Executive to be notified~~ more than 3 days off work or is a major injury, dangerous occurrence or disease that is required to be reported to the H&S Executive in accordance with RIDDOR.
- has a short term local effect on the environment, or a social impact, that requires remedial action.

4 = major event or loss, which is likely to:

- have an immediate impact on the majority of services provided or a specific service within one area, so that it requires Director involvement.
- ~~affect financial performance / outturn in the current financial year or future financial year by £100,000 or more but less than £250,000.~~
- increase the Council's net cost over the 5 year MTP period by more than £250,000 but less than £500,000.
- raise concerns about the corporate governance of the authority and / or the achievement of the Corporate Plan
- cause sustained adverse publicity in the national media
- significantly affect the local reputation of the Council both in the long and short term
- * results in the fatality of an employee or any other person ~~customer or requires hospital treatment or requires the H&S Executive to be notified and operations stopped~~

- have a long term detrimental environmental or social impact e.g. chronic and / or significant discharge of pollutant

5 = critical event or loss, which is likely to:

- have an immediate impact on the Council's established routines and its ability to provide any services, and cause a total shutdown of operations.
- ~~affect financial performance / outturn in the current financial year or future financial years by £500,000 £250,000 or more and / or on future Council Tax levels~~
- increase the Council's net cost over the 5 year MTP period by more than £500,000.
- have an adverse impact on the national reputation of the Council both in the long and short term
- ~~* result in the fatality of an employee or customer and / or require immediate action to remedy a major Health and Safety concern for its workforce~~
- have a detrimental impact on the environment and the community in the long term e.g. catastrophic and / or extensive discharge of persistent hazardous pollutant

Risk Treatment Option Form

Risk Treatment – Action Plan				
Description of risk from register:	Risk ID No:	Current residual risk score: Likelihood x Impact		
Controls already in place as listed on the risk register:				
Are these controls operating effectively? Yes / No				
Risk Action Plan (All actions listed in priority order)				
Proposed actions to reduce risk using existing resources	New residual risk score ³			Extra resources required ⁴
	L	I		
a.				
b.				
c.				
Actions requiring additional resources				
1.				
2.				
3.				
4.				
Decision				
Agreed Option:	Implementation Date		Risk Owner	
Decision taken by:		on:		

³ **New Residual Risk Score:** after the action has been introduced

⁴ **Extra Resources:** only complete if extra resources will be required to allow the proposed action to be introduced e.g. financial costs and staff time

Appendix C

Remember, when considering treatment options that the Council's aim is to manage risk rather than eliminate it completely – successful risk management is about improving risk taking activities whilst minimising the frequency of the event occurring.

Issues that should be considered when making the risk treatment decision are listed below.

Administration	<p>Is the option easy to implement? Will the option be neglected because it is difficult to implement? Do staff have sufficient expertise to introduce the option?</p>
Continuity of effects	<p>Will the effects of the risk treatment option be long term/continuous or short term? If short term, when will further risk treatments be needed? Does the risk need to be treated at all as it will 'disappear' in the short term (e.g. a project it refers to will be completed or in the next three months)</p>
Cost effectiveness	<p><i>Costs need to be estimated accurately as it's the base against which cost effectiveness is measured.</i></p> <p>Can the cost of implementing further control be justified compared to the risk reduction benefits expected? What financial loss is to be expected if no action is taken? Could the same results be achieved at lower cost by other means?</p> <p>Will running costs go up or down? What capital investment will be needed? What other costs will there be?</p>
Benefits	<p>What will happen to service levels? What will happen to service quality? What additional benefits or risk reductions will occur in other areas? Can other controls in place be amended to deal with this risk? How will you evaluate this option to see if it is reducing the identified risk?</p>
Objectives	<p>Will reducing risk advance the Council's overall objectives? What will be the economic and social impacts? What will be the impact on the environment of leaving the risk as it is?</p>
Regulatory	<p>Complying with laws and regulations in not an option.</p> <p>Does the lack of treating the risk (or the current method of control) breach any laws or regulatory requirement? Is the treatment option proposed, including its cost, totally disproportionate to the risk?</p>
Risk creation	<p>What new risks will be created from introducing the option?</p>

CORPORATE GOVERNANCE PANEL

10 DECEMBER 2008

**REVIEW OF THE ANTI FRAUD & CORRUPTION STRATEGY
(Report by the Audit & Risk Manager)**

1. INTRODUCTION

- 1.1 This report details the outcome of the annual review of the Anti-Fraud and Corruption Strategy and outlines an approach to demonstrating that the Strategy is being complied with.

2. THE STRATEGY

- 2.1 The Strategy provides details of the Council's approach to the identification and mitigation of the risk of fraud and corruption. Having reviewed the Strategy a number of amendments are proposed. These are highlighted in the revised Strategy which is attached at Annex A.

3. SUPPORTING FRAMEWORK

- 3.1 As part of the review of the Strategy, consideration has been given to the expectations contained in the Use of Resources and two best practice publications, both called 'Managing the Risk of Fraud', issued by CIPFA and ALARM (Association of Local Authority Risk Managers).
- 3.2 These documents describe the actions that an effective organisation will have in place to counter fraud and corruption. It is therefore proposed that an Anti-Fraud and Corruption Framework be used as a check list to help the Panel confirm that the Strategy is being effectively implemented when the annual Corporate Governance Statement is produced. A copy of the proposed framework is attached at Annex B.
- 3.3 Completing the Framework and reporting on the results will be the responsibility of the Audit & Risk Manager. It is proposed that the Panel receive a report on this at its June meeting each year so that it can form part of the evidence for the Corporate Governance Statement in September.

4. RECOMMENDATION

- 4.1 It is recommended that the Panel:
- Adopt the changes proposed to the Anti-Fraud and Corruption Strategy; and
 - Endorse the process for an Anti-Fraud and Corruption Framework.

BACKGROUND INFORMATION

Audit Commission, Use of Resources, Key Lines of Enquiry 2008/09.
Managing the Risk of Fraud, CIPFA Better Governance
Managing the Risk of Fraud, ALARM

Contact Office: David Harwood, Audit & Risk Manager ☎ **01480 388115**

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HUNTINGDONSHIRE DISTRICT COUNCIL

Anti Fraud and Corruption Strategy

1. Introduction

- 1.1 Huntingdonshire District Council is determined that a culture of honesty, openness and accountability will always be promoted, and as such is wholly opposed to all forms of fraud, corruption or theft. The Council is committed to making sure that the risk of fraud, corruption and theft is reduced to a level that is proportionate to the resources required to achieve that reduction. The Council also recognises that all dishonest acts undermine the high standards of public service that it is aiming to achieve.
- 1.2 This Anti-Fraud and Corruption Strategy provides details of our approach to tackling fraud, corruption and theft. It gathers together, under the heading of one overall document, all of the Authority's policies and guidance that deal with this area.

2. Anti-Fraud and Corruption Statement

- 2.1 The Council is committed to the highest possible standards of honesty, openness and accountability. The Council will not tolerate any fraud, corruption or theft by Members, employees, consultants, contractors or service users. It will ensure that internal procedures are in place to deter and prevent the risk of fraud, corruption or theft, maintain clear and well publicised arrangements for receiving and investigating complaints.
- 2.2 The Council is committed to the highest possible standards of honesty, and will pursue appropriate action in all instances where fraud, corruption and theft are found.

3 Definitions

- 3.1 The Council defines fraud and corruption in the following way.

Fraud is defined as conduct where a person makes a false representation, deliberately fails to disclose information or abuses a position of trust, with the intention to make gain or cause a loss or the risk of a loss to another

Corruption covers the offering, giving, soliciting or acceptance of an inducement or rewards, which may influence the action of any person.

4 The Principles of Conduct

- 4.1 Each individual Member and employee is responsible for playing a part in ensuring that public confidence in the services provided by the Council is maintained. They will lead by example in ensuring compliance with all legal requirements, rules, procedures and practices, and conduct themselves in accordance with both the spirit and letter of their respective Codes of Conduct.

HUNTINGDONSHIRE DISTRICT COUNCIL

Anti Fraud and Corruption Strategy

5 Reducing the risk of fraud, corruption and theft

5.1 The Council has a number of procedures and rules to make sure that the risks associated with financial, administrative and organisational procedures are properly managed and controlled. The most important of these procedures and rules are the:

- Code of Financial Management
- Code of Procurement
- Code of Conduct for Members
- Code of Conduct for Employees
- Members' Planning Code of Good Practice
- Members' Licensing Code of Good Practice
- Staff Recruitment & Selection Process
- Risk Management Strategy

5.2 The Code of Financial Management makes it clear that Directors and Heads of Service are responsible for the prevention of fraud and corruption within the services and functions under their control. They are required to establish, maintain and document the systems of internal control and ensure that relevant employees or Members are familiar with such systems.

6. Disclosure, investigation and prosecution policies

6.1 The Anti-Fraud and Corruption Strategy shall be supported by specific policies or procedures that deal with the issues of disclosure, investigation and prosecution. These policies and procedures are:

- The Whistle-blowing Policy
- The Whistle-blowing Guidance
- Money Laundering Avoidance Policy
- The Housing & Council Tax Benefit Anti-Fraud Strategy
- The Housing & Council Tax Benefit Prosecution Policy
- The Disciplinary Procedures

In addition to the above, detailed guidance notes have been written to assist staff who are required to undertake specific investigations.

6.2 The policies and procedures aim to ensure that the Council's commitment to the prevention of fraud, corruption and theft:

- is clearly defined
- actively encourages and promotes the prevention and detection of fraud, corruption and theft
- identifies clear reporting lines for those having knowledge or suspicion of irregularity
- establishes uniform procedures for handling allegations, ensuring consistent treatment
- ensures fair treatment for those against whom allegations are made
- encourages individuals and organisations that come into contact with the Council in the course of their business, ~~to recognise the Council's Anti-Fraud and Corruption Strategy~~ joint working or partnerships, to recognise and where necessary, demonstrate appropriate mechanisms for the prevention and detection of fraud and corruption.

HUNTINGDONSHIRE DISTRICT COUNCIL**Anti Fraud and Corruption Strategy**

6.3 Irrespective of who is involved, all matters of significant fraud and corruption identified against the Council, where its investigation is not covered by another policy or procedure will be referred to the Police. Irrespective of the decision reached as to any criminal prosecution the Council shall, in the case of an employee or employees, apply the disciplinary procedure and where the allegation of an offence is proven, take appropriate disciplinary action against the employee(s) involved.

6.4 The Council will aim to recover from the perpetrators any losses that it sustains as a result of fraud and corruption.

7. Corrective Action

7.1 The Director of Commerce & Technology will be responsible for ensuring that lessons learnt from the investigation are evaluated and result in the strengthening of the systems involved. He/she shall also consider whether it would be of benefit to the Council to publicise the outcome of the investigation as a deterrent to other potential perpetrators.

8. Publicising the Strategy

8.1 The Council will publicise the Anti-Fraud and Corruption Strategy and supporting policies to all Members and employees.

8.2 Action will be taken to make the public and members of outside bodies aware of the Council's Anti-Fraud and Corruption Strategy.

8.3 Members and employees can obtain copies of the Codes and policies noted in this strategy from the Head of HR & Payroll Services, the Head of Revenue Services or the Audit & Risk Manager.

9. Monitoring

9.1 A Framework document will be prepared and completed to demonstrate how effectively this Strategy is being delivered.

10. Conclusion

10.1 The Council is committed to tackling fraud, corruption and theft whenever it happens and any allegations received will be responded to in an effective and organised manner, following the principles and procedures within this document.

10.2 To ensure they remain effective the S151 Officer and the Monitoring Officer will annually review this Strategy, propose any changes to the Corporate Governance Panel and update the supporting Framework.

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Anti Fraud & Corruption Framework

Specific Requirements	Date	Lead Officer	Evidence / Source Documents
Policy and Procedures			
Corporate Governance Panel undertakes an annual review of the Anti Fraud & Corruption Strategy and Whistleblowing Policy to ensure they remain relevant, up to date and cover key requirements, and amend when necessary.			
The documents are publicised and made available, and can be easily accessed by staff, members, partners, those contracting with the Council and the public.			
The Anti Fraud & Corruption Framework is updated at least annually.			
The Head of Customer Services undertakes an annual review of the Housing & Council Tax Benefit <ul style="list-style-type: none"> • Anti-Fraud Strategy and • Prosecution Policy. 			
On an annual basis, a review of activities that may be susceptible to money laundering shall be carried out and the Money Laundering Policy amended when necessary.			
Maintaining Awareness			
New employees are made aware of the Fraud & Corruption Strategy and Whistleblowing procedures.			
Fraud and corruption awareness training is provided for employees and members.			

Anti Fraud & Corruption Framework

Specific Requirements	Date	Lead Officer	Evidence / Source Documents
Reminders are issued periodically to employees about fraud/corruption/whistleblowing/money laundering.			
Demonstrate that Council staff, members, partners and contractors have confidence in the whistleblowing arrangements and are aware how to make a disclosure.			
Publicity is issued to inform residents that the Council is pro-active in identifying fraud.			
Managers who have key responsibilities for anti-fraud and corruption arrangements receive appropriate training and keep up to date with the latest developments, risks and initiatives.			
General guidance to staff shall be published via the intranet outlining their responsibilities with regard to money laundering, reporting arrangements and compliance with the Council's money laundering policy.			
Officers employed in services that are considered to be especially vulnerable to money laundering shall also receive training.			
Proactive Anti Fraud & Corruption Work			
There is a pro-active programme of counter fraud and corruption work which is adequately resourced, risk based and proportionate to the risk identified.			
Review of risk register entries highlighting fraud and corruption risks is undertaken on a regular basis. Mitigation to reduce fraud is proportionate to the risk.			

Anti Fraud & Corruption Framework

Specific Requirements	Date	Lead Officer	Evidence / Source Documents
Significant partnerships have anti-fraud and corruption arrangements in place.			
Documented procedures are in place for the notification of non-compliance with Council policies and procedures.			
Maintain, publicise and monitor confidential telephone reporting lines and other channels for whistleblowing and fraud reporting.			
The internet, application forms, license or contractual agreements contain an appropriate fair processing notification permitting data sharing for the prevention and detection of fraud and corruption.			
Appropriate arrangements for identifying and dealing with potential money laundering, are included in applicable contracts or similar agreements with external organisations.			
Internal audit prepare and maintain risk assessments that identify key systems that are susceptible to the likelihood of fraud and corruption (e.g. recruitment of staff). Reviews are undertaken on the controls operating in those systems.			
National Fraud Initiative (NFI)			
Data is provided to the NFI in accordance with published timetables.			

Anti Fraud & Corruption Framework

Specific Requirements	Date	Lead Officer	Evidence / Source Documents
NFI data matches are reviewed and follow-up work, proportionate to the risk identified, is undertaken.			
Investigations are carried out promptly. Improvements are made to systems to address any internal control weaknesses identified.			
Investigative Fraud Work			
Staff involved in investigative work are appropriately trained and maintain their skills by regular training and keep up to date with developments and legislation.			
Investigations are conducted in accordance with statutory requirements (PACE, RIPA etc).			
Investigate promptly potential cases of fraud and corruption, or pass to an appropriate external organisation (Police or DWP etc)			
Effective working arrangements are in place with other organisations (e.g. Police, DWP and HBMS). Intelligence is shared when appropriate.			
There is a policy which is applied in a consistent way, on the application of sanctions and recovering losses where fraud and corruption has been proven.			
Outcomes			

Anti Fraud & Corruption Framework

Specific Requirements	Date	Lead Officer	Evidence / Source Documents
Appropriate action is taken against those who successfully have committed, or attempted to commit, acts of fraud or corruption.			
Lessons learnt from fraud and corruption investigations are evaluated and result in the strengthening of the systems involved to reduce future opportunities.			
Action is taken to recover losses sustained, from the perpetrators of fraud and corruption (incl. use of criminal and civil law).			
Successful cases of proven fraud and corruption are publicised.			
<p>The Corporate Governance Panel receives (at least annually) reports on</p> <ul style="list-style-type: none"> • Housing Benefit Fraud investigations (including information in respect of prosecutions, administrative penalties and cautions and the active recovery of fraudulent overpayments) • Whistleblowing allegations received and outcomes • Other fraud and corruption investigations and outcomes 			
All frauds that exceed £10,000 are reported promptly to the external auditors on the appropriate form.			

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WHISTLEBLOWING: ANNUAL REVIEW OF THE POLICY & PROCEDURE

(Report by the Audit & Risk Manager)

1. INTRODUCTION

- 1.1 In response to the Public Interest Disclosure Act 1998 (PIDA), a whistleblowing policy and procedure was introduced in February 2000. It allows any employee, contractor or member of the public the opportunity to report, without fear of victimisation, a serious or sensitive concern (e.g. a potential fraud or corrupt act, any danger to health and safety or the mistreatment or abuse of any customers, particularly children).
- 1.2 The whistleblowing policy and guidance are reviewed annually to ensure they continue to be fit for purpose.

2. ANNUAL REVIEW

- 2.1 To mark 10 years of the PIDA, Public Concern At Work (a charity whose primary purpose is to ensure that genuine concerns about wrongdoing in the workplace are raised and dealt with constructively) and the BSI British Standards published a Code of Practice on Whistleblowing Arrangements.
- 2.2 The Code sets out good practice for the introduction, revision, operation and review of effective whistleblowing arrangements. A best practice checklist is included in the Code and this has been used as the basis of this review.
- 2.3 Whilst a small number of changes are being proposed to the guidance, no changes are proposed to the policy itself. The policy and guidance notes are attached at Annexes A and B with the proposed changes highlighted.
- 2.4 After reviewing the Code, changes have also been made to the whistleblowing intranet pages. The changes encourage employees to talk to their line manager about their concerns and reiterate the point that victimisation or harassment of any employee who raises a concern will not be tolerated. It has also been made clear that any employee who knowingly raises a concern maliciously will be dealt with in accordance with the Council's disciplinary procedures.

3. PUBLICITY AND MATTERS RAISED

- 3.1 Employees and customers have a number of ways to raise whistleblowing concerns. These include an internet form, a specific email address and dedicated 24 hour telephone. District Wide is used to publicise whistleblowing together with posters that are distributed both inside and outside the Council.

3.2 7 concerns have been received through the various whistleblowing reporting channels.

- 3 related to housing or council tax benefit claims
- 1 was concerning with a motor trader
- 1 was concerned with a housing matter
- 1 was concerned with the misuse of the internet from a public use computer
- 1 was referred to the County Council.

3 of the concerns were made anonymously.

3.3 All of the items reported referred to service delivery issues. None have questioned the honesty or integrity of Council staff. All the concerns have been reported to the relevant manager.

3.4 An equality impact assessment is due to be completed on the whistleblowing policy by March 2009. Any changes required to the policy following that assessment will be reported to the Panel.

4. RECOMMENDATION

4.1 It is recommended that the Panel

- note that the annual review has been undertaken; and
- agree to the changes to the guidance note.

BACKGROUND INFORMATION

Whistleblowing Policy & Procedure

Whistleblowing allegations received

PAS 1998:2008 Whistleblowing Arrangements Code of Practice

Contact Officer:

David Harwood, Audit & Risk Manager ☎ 01480 388115

Huntingdonshire District Council Whistleblowing Policy

Introduction

Huntingdonshire District Council recognises that those that it employs and provides services to are often in the best position to know when the interests of the public are being put at risk. They can act as an early warning system on matters of health and safety or help to uncover fraud and mismanagement.

The Council also recognises that these people may not wish to express their concerns for a number of reasons. They may think it is disloyal to do so or they may fear reprisals, or they may not expect any action to be taken, or they may not know the best way to proceed. They may therefore find it easier to ignore their own concerns, or to “blow the whistle” to someone outside the Council.

The Council wants to build an environment of trust and openness so that people are prepared to whistleblow knowing that their concern will be treated confidentially and investigated appropriately. This Policy has been prepared in response to the Public Interest Disclosure Act 1998 and has been formally adopted by the Corporate Governance Panel on behalf of the Council.

Policy Statement

The Council is committed to the highest possible standards of openness, probity and accountability and to dealing with all fraud and other forms of malpractice reported.

Any employee, contractor, member of the public or any other organisation with serious or sensitive concerns about any aspect of the Council’s work shall be encouraged to come forward and voice those concerns at an early stage without fear of victimisation, subsequent discrimination or disadvantage. These concerns may relate to issues that are occurring now, took place in the past, or are likely to happen in the future.

All concerns received will be treated in confidence, examined and investigated in accordance with this policy.

Concerns covered by the Policy

The policy is intended to deal with serious or sensitive concerns about wrongdoings in the following areas:-

- fraud and corruption
- any customers that we deal with, particularly children, being mistreated or abused
- unauthorised use of Council money
- an unlawful act
- any danger to health and safety
- damage to the environment
- discrimination of any kind
- the deliberate breaching of a Council policy or official code or regulation

This list is indicative, not exhaustive.

Implementing the Policy

The Council shall take appropriate action to publicise the policy so that all potential whistleblowers:

- feel confident that they are able to contact the Council and raise their concerns about Council practices
- realise that concerns should be raised about any employee, councillor, supplier or anyone who provides services to the public on the Council's behalf
- are aware of the different ways they can inform the Council of their concerns
- understand that concerns will be received in good faith and taken seriously
- are aware that anonymous concerns may not be investigated
- understand that they will receive a response to their concerns and are aware of how to pursue them further if they are not satisfied with the response
- are reassured that they will be protected from victimisation, subsequent discrimination or disadvantage

A guidance note shall be made available setting out the actions that will normally be taken when a concern is received.

Investigating Officer

All whistleblowing concerns received under this policy shall be reported immediately to the Audit & Risk Manager. He will be responsible for reviewing the concern, deciding upon the action to take, leading and directing investigations, preparing any subsequent reports and liaising with the person raising the concern.

Safeguards

The identity of the person raising the concern will remain confidential. If disclosure is required for any reason then this will be discussed with the person concerned.

The Council will not tolerate the harassment or victimisation (including informal pressures) of any person who has raised a concern. The Council's disciplinary procedures will be used against any employee who is found to be harassing or victimising the person raising the concern or who has disclosed the name of a whistleblower to any person other than the Audit & Risk Manager or a member of the Chief Officers' Management Team.

Whistleblowing Externally

Whilst the Council would like all concerns to be raised with it initially, it recognises that the Public Interest Disclosure Act 1998 allows for concerns to be made to "prescribed persons". The guidance note will provide information on external whistleblowing.

Concerns not covered by the policy

The Council wants all serious or sensitive concerns to be raised. Any concern that falls under another Council policy or procedure will be investigated in accordance with that policy, for example the grievance or complaints procedure. Concerns involving Councillors will be referred to the Council's Monitoring Officer.

Monitoring and Review

The Director of Central Services will be responsible for monitoring the implementation and effectiveness of the Policy and the guidance note. This will include an annual review, and an annual report to the Chief Officers' Management Team and the Corporate Governance Panel.

Huntingdonshire District Council Guidance for Whistleblowers

Introduction

This guidance explains how the Council will react when it receives a concern under its whistleblowing policy. You can read the Council's whistleblowing policy on its website or request a copy from the Director of Central Services. His telephone number is listed at the end of this note.

We realise that for some individuals it will take a great deal of courage to raise a concern. Please be assured that your concern will be treated in confidence at all times and that we will not tolerate the victimisation of anyone who reports an issue to us.

Concerns received will probably require different responses. This guidance is intended to provide you with an idea of the steps we will generally follow when a concern is received.

The guidance applies to all employees, suppliers, contractors and members of the public who wish to raise a serious or sensitive concern about a potential criminal offence, breach of the law, health and safety or environmental issue.

What you need to tell us

If you have a concern then please raise it with us sooner rather than later. We would much rather be told about a concern and investigate it, even if the investigation shows your concern was unfounded, than not know about the matter in the first place.

It is best if your concern is raised in writing and that you provide your name and some contact information. A telephone number is sufficient.

When you first raise your concern we will treat it in good faith and accept that it is true. You should however try and avoid making your concern anonymously. If your concern is justified, but made anonymously, we may still be unable to investigate it if we can't contact you to obtain further information. Please think carefully about remaining anonymous.

You need to tell us as much as you can about your concern. Please try and provide some background information and all the names, dates and places that are relevant. If you have any documentary evidence to support your concern then please tell us about that as well. The more information you are able to provide the easier it will be for us to investigate your concern.

If you are uneasy about putting your concern in writing then contact us using one of the methods below and ask for a meeting, which doesn't have to be at the Council's offices. If you wish you can bring other people to the meeting if that will reassure you.

It is important that whichever method you use to make your concern, you make it clear that you are raising the issue as a whistleblower. This gives you additional statutory rights.

How to contact us

There are a number of ways you can contact us.

Complete the electronic form that is available on the Council's web pages at <http://www.huntsdc.gov.uk/>. Type whistleblowing into the search engine or go to W on the A to Z listing, and then select whistleblowing

Send an email to whistleblower@huntsdc.gov.uk

Leave a message on the 24 hour telephone hotline, 01480 387080.

Write a letter, clearly marking the envelope Strictly Private & Confidential to:

Internal Audit & Risk Manager
Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon
PE29 3TN

No matter which method you use to contact us, all the information you provide will be treated in confidence.

Who will investigate your concern

All concerns are passed to the Council's Internal Audit & Risk Manager as soon as they are received. All electronic forms and emails together with the telephone hotline are accessible only by him. Post that is marked 'strictly private and confidential' will be passed unopened to him.

What we will do

Once you have told us of your concern the Internal Audit & Risk Manager will look into it to assess initially what action should be taken.

The initial assessment may involve an internal inquiry or a more formal investigation. Please be assured that the number of people who are made aware of the concern will be kept to a minimum.

If he believes that your concern is valid, but should not be classed as a whistleblowing concern, e.g. a potential breach of planning consent, then he may pass your concern to a member of staff in the relevant department to investigate. Your concern will be passed on anonymously, your details will remain confidential.

Depending on the outcome of the initial assessment we may decide that your concern is valid but that we have insufficient information to continue with the investigation. If this happens we will try and obtain further information to allow us to continue with the investigation. If this is not possible and no other option is available to us, we may request you to gather additional information on our behalf. You are under no obligation to do this however.

Once we have validated your concern and have sufficient information to continue, your concern will be investigated.

All meetings, decisions and actions taken in dealing with the concern will be recorded in writing.

Letting you know what we're doing

If you have provided contact information you will be told who is handling the matter, how you can contact them and whether your further assistance may be needed. If you request it, we will write to you summarising your concern and setting out how we propose to handle it.

When the investigation has been completed we will contact you again with as much detail about the investigation as we are able to provide. Please note that we may not be able to tell you the precise action we have taken, as this may infringe a duty of confidence owed by us to someone else.

What if we take no action

If after undertaking the initial assessment and speaking with you, we feel that we do not have sufficient information to undertake an investigation into your concern then we will tell you. If you are unhappy about this, you should contact the Chief Executive. He will decide if any further action needs to be taken.

Maintaining confidentiality

We will do our utmost to protect your identity. If it has to be disclosed to allow us to undertake disciplinary or other more serious action against any wrongdoer, then we will discuss this with you. In some circumstances, especially if the Police are involved, we may be legally obliged to disclose your identity without your consent. Again, we will discuss this with you.

If you feel that you are being harassed or victimised because you have raised a concern then you must let us know. We will take action to protect you as long as we believe that your concern was raised in good faith.

Who to report to externally

If you sincerely believe that, by raising your concern with us, you will be subject to victimisation or reprisals of whatever sort, or that evidence to support your concern will be destroyed, then you should raise the matter with an external organisation, known as a "prescribed person".

If you wish to take this course of action, but are unsure of what to do then please contact either the Internal Audit & Risk Manager or the Director of Central Services. They will be able to advise you on what you need to do, without asking for details of your concern. Alternatively you could contact the Audit Commission on their confidential public interest disclosure line 0845 052 2646.

When raising a concern externally remember to make it clear that you are raising the issue as a whistleblower. This gives you additional statutory rights.

Further information and advice

If you want further information or advice about whistleblowing then please contact either:

David Harwood, Internal Audit & Risk Manager ☎ 01480 388115
or
Ian Leatherbarrow, Director of Central Services ☎ 01480 388002

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**FEEDBACK PROCEDURE
(Report by Head of Administration)**

1. INTRODUCTION

- 1.1 The purpose of this report is to inform the Panel of the outcome of a review of the Council's complaints procedure.

2. BACKGROUND

- 2.1 The Council's existing complaints procedure has been in place for in excess of ten years. A number of factors have been driving a review of the procedure:

- an audit of the procedure resulted in several recommendations being made, which were intended to improve it;
- given the length of time the procedure has been in place it is now out of step with acknowledged best practice, and
- changes in the way the Council interacts with its customers and in its operating procedures generally mean that there is a need for alignment with new practices and to ensure there is widespread understanding of the procedure.

3. A NEW FEEDBACK PROCEDURE

- 3.1 In line with other local authorities, the procedure has been recast as a general feedback procedure, which encompasses suggestions, compliments and complaints. Guidance has been produced for officers on how the procedure will operate and a leaflet is to be made available containing information for customers on the various methods that are now available for them to pursue a complaint or provide the Council with other feedback. The guidance for officers, which is attached as an Appendix, describes the new process in detail.
- 3.2 As it forms the greater part of the Council's work, the main use of the new procedure will be to guide how the Council handles complaints and, in addition to the inclusion of sections on handling suggestions and compliments, a number of other important changes have been made to the complaints handling process.
- 3.3 The previous complaints procedure comprised three formal stages at which a complaint could be pursued. It is intended to reduce the number of stages in the procedure. This will be achieved by combining the stages at which a Director and the Chief Executive investigate a complaint. The general principle is that a chief officer who is independent of the department that is the subject of a complaint should carry out the investigation. This is in line with the Ombudsman's model procedure. It will also enable the Council to complete the complaints procedure more expeditiously. This is desirable generally and because, in cases involving the Ombudsman, the Council has a limited amount of time to complete its complaints procedure and submit its findings.
- 3.4 Making clear the time period in which complainants should notify the Council if they wish to take a complaint to the next level will enable the

Council to be more rigorous in determining when complaints have been closed and will assist in completing the procedure expeditiously. This is important in complaints involving the Local Government Ombudsman.

- 3.5 There is strong pressure from the internal improvement planning process for the Council to undertake formal monitoring of feedback received. It is intended to monitor feedback in two ways. Firstly, service departments will formally monitor the progress of complaints and review each one once it has been closed for possible changes / improvements to services. A monitoring form has been drafted for this purpose. Secondly, an initial Equality Impact Assessment of the procedure has identified that monitoring of complaints and complainants is an important contributory factor in enabling the Council to meet its general equalities duty and the specific terms of its Corporate Equality Policy. The intention is for a form to be sent to complainants once a complaint has been resolved seeking feedback on their experience of the procedure and the necessary equalities monitoring information.
- 3.6 The Corporate Governance Panel has previously adopted a Persistent and/or Vexatious Complainants Procedure. This is referred to in the new procedure. As it deals with exceptional cases it is not discussed in detail. It is only necessary to note that complainants will not be classed as persistent and/or vexatious until the complaints procedure has been exhausted.
- 3.7 The new procedure contains a section on remedies, which will be amended when the Government publishes guidance on this in 2009. Attention is drawn to the existing provisions in the Constitution for settlement of complaints by financial payment, which require prior consultation with the Chairman of the Corporate Governance Panel.
- 3.8 The Ombudsman's guidance on good practice states that councillors and leading officers should receive regular reports analysing complaints by, for example, number, subject and outcome. In this way trends can be identified together with lessons of general importance. At present the Corporate Governance Panel receives a report annually at its June meeting on the number of complaints received by department and on the complaints dealt with by the Ombudsman. It is suggested that this report should be developed to include greater analysis of the complaints that the Council receives.

4. RECOMMENDATION

It Panel is

RECOMMENDED

to endorse the revised procedure for handling customer feedback.

BACKGROUND INFORMATION

Huntingdonshire District Council Feedback Procedure

Contact Officer: A Roberts ☎ 01480 388004

Suggestions, Compliments and Complaints Procedure

Customer Feedback Policy

Internal Guidance

Suggestions, Compliments and Complaints Procedure

Our Customer Feedback Policy

1. INTRODUCTION

The District Council is committed to a constant review of and improvements to the delivery of the Council's services for all of our customers. We value customer feedback to help us maintain and improve our services. This note sets out the Council's Customer Feedback Policy for suggestions, compliments and complaints.

2. AIMS

All suggestions, compliments and complaints will be recorded to help us analyse feedback. Customers will be encouraged to provide feedback in person, in writing, by e-mail, by fax, by telephone or via the website. Customers will be advised of our response targets for responding to feedback.

3. PUBLICITY

Customers will be encouraged to provide feedback and information on how they can do this will be publicised:-

- In the Council's Customer Service Centre and customer service outlets, including leisure centres
- In libraries
- In Citizens Advice Bureaux
- On our website

4. DEFINITIONS

What is a suggestion?

A suggestion is made when a customer gives us feedback on how we can improve our delivery of a service or procedure.

What is a compliment?

A customer gives a compliment when he/she provides us with feedback about how well we deliver a service or how helpful an employee has been to them.

What is a complaint?

A complaint should not be defined too narrowly. It is an expression of dissatisfaction about the Council's action or lack of action or about the standard of a service, whether justified or not and whether the action or service was taken or provided by the Council itself or a person or body acting on behalf of the Council.

The definition could include any one of the following situations for our customers:-

- A delay in providing a service

- Failure to provide a service, achieve the Council's published service standards or fulfil statutory responsibilities
- A poor quality service or a mistake has been made
- An inappropriate service
- A service has been removed or withdrawn
- An inappropriate cost has been charged for a service
- An employee's behaviour causes upset
- A policy unreasonably disadvantages one or more members of the public
- Unfair or bias discrimination

Comments which are criticisms or disagreements with Council policies rather than the way they have been carried out should not be regarded as a complaint.

5. HOW TO DEAL WITH A SUGGESTION

- Details of the suggestion should be logged by the relevant service who should acknowledge receipt of the customer's comments within five working days.
- Head of Service/Activity Manager should consider the suggestion and send a response within 20 working days to:
 - thank the customer for taking an interest in our services; and
 - explain to the customer how we will implement their suggestion or explain why we are unable to do so.

6. HOW TO DEAL WITH A COMPLIMENT

- Details of the feedback should be logged by the relevant service who should acknowledge receipt of the customer's comments within five working days.
- Head of Service/Activity Manager will write to the team or employee to advise them of the compliment and thank them for providing a high quality service to the customer.

7. HOW TO DEAL WITH A COMPLAINT

The principles that underpin the complaints procedure are that:

- The customer is the most important person in any transaction and has a right to decent, agreed standards of service and care;
- Customers should have easy access to clear information;
- Both the customer and the Council should have a clear understanding of what is expected from each other;
- Systems of redress and compensation should be clearly explained and understood; and
- Services should learn from the complaints received and make sure that this learning influences delivery next time.

Initial Stage – Service Resolution

The employee or service provider who receives the complaint initially should make every effort to resolve the problem straight away. If a complainant remains dissatisfied, or feels that his/her problem has not been looked at properly, or not been fully understood they will often want someone else to investigate it further. In this situation, the customer should be informed that they can progress the complaint to the next stage.

A separate procedure exists for Call Centre employees and the complaint is covered by the Ops Service Alert system. In this case a Formal Complaint Service Request should be raised. The Call Centre has its own guide to dealing with complaints via the Customer Relationship Management system.

The identity of the person making a complaint should be made known only to those who need to consider the complaint; and should not be revealed to any other person or made public. Care should be taken to maintain confidentiality where particular circumstances demand it.

Formal Complaint Stage 1 – Service Investigation

If a customer says he/she wishes to make a formal complaint the employee should give the customer the options of:

- a. making the complaint in writing – send the customer the Council’s Suggestions, Compliments and Complaints feedback pack;
- b. submitting the complaint electronically via:
<https://applications.huntsdc.gov.uk/forms/complaints/complaints.htm>
- c. Making the complaint via fax; or
- d. taking details of the complaint in person or over the telephone.

If d. is chosen, employees should take down the following information:

- a. complainant’s details;
- b. complaint details;
- c. what action the customer has already taken;
- d. what resolution the customer is expecting; and
- e. in what form the customer would prefer the response.

In all cases the information should then be forwarded to the Central Services Manager in the Administration Division, who will initiate the formal complaints procedure.

Who?

This should be dealt with by a Head of Service or investigating officer nominated by the Head of Service in the service area that the complaint is within. Generally, it should be a senior manager who was not involved at the local resolution stage.

How?

- Acknowledge the complaint as soon as possible and in any event within five working days. Advise the complainant that unless there are exceptional circumstances, he/she will receive a written response within twenty working days.
- Complete a monitoring form (available from your Departmental Feedback Officer).
- Investigate the complaint, consider your response including any remedy and write to the complainant within the maximum of twenty working days. If after appropriate investigation you consider that the complaint is not justified inform the complaint accordingly. At this stage advise the complainant that he/she should write or contact the Chief Officer if they wish to pursue the complaint further.

- If you are unable to meet this timescale write to the complainant and tell them why, what action you are taking and when you expect to provide a substantive response.
- The complaint remains open for a period of 30 working days to make sure that the customer is satisfied with the response. Advise the complainant that they have 30 working days from receipt of the response to take the complaint to the next stage. Following this timescale the complaint will be closed.
- Pass the complete complaint log form to your Departmental Feedback Officer.

Formal Complaint Stage 2 – Chief Officer

Who?

This should be investigated by the Chief Executive or a Director who is independent of the service area to which the complaint relates.

How?

- Acknowledge the complaint within five working days and advise the complainant that, unless there are exceptional circumstances, he/she will receive a written response within twenty working days.
- Complete the monitoring form to record details of the third stage of investigation.
- Investigate and consider the response to the complainant including any remedy and write to the complainant, and tell them why, what action you are taking and when you expect to make a substantive response.
- Inform the customer that the complaint has been fully addressed through the Council's internal complaints procedure and will not be pursued further by the Council.
- Advise the customer of their right to complain to the Local Government Ombudsman or to obtain their own independent legal advice if they remain dissatisfied with our response.
- Pass the complaint monitoring form to the Departmental Feedback Officer.

8. LOCAL GOVERNMENT OMBUDSMAN

The Ombudsman will not usually investigate a complaint until the Council has had an opportunity to investigate and answer it first.

Complaints involving the Ombudsman will be dealt with by the Corporate Director on behalf of the Chief Executive. Any correspondence from the Ombudsman or concerning a complaint referred to the Ombudsman should be sent immediately to the Corporate Director.

9. PERSISTENT AND/OR VEXATIOUS COMPLAINANTS

We will respond sympathetically and patiently to the needs of all complainants, but sometimes we may be unable to do any more to assist them, or to resolve a real or perceived problem. If a complainant is persistently contacting the Council with regard to a complaint, long after the point where a conclusion can be reached to the complainants' satisfaction, you should refer to the Persistent and/or Vexatious Complaints Policy. The two stages of the complaints

procedure will need to have been completed before the Persistent and/or Vexatious Complaints Policy is invoked. Further advice should be sought from the Central Services Manager.

10. REMEDIES [TO BE AMENDED FOLLOWING PUBLICATION OF GOVERNMENT GUIDANCE IN 2009]

Where a complaint is found to be justified consideration needs to be given to an appropriate remedy to the complaint. We will try to take some practical action to put things right and will always, so far as possible, put the customer back to the position that he/she would have been in but for our mistake.

One or more of the following may need to be done to put things right:-

- Apologise to the customer
- Provide an explanation and information to the customer
- Provide a service desired by the customer
- Review customer information (leaflets, posters etc)
- Review of working procedures
- Request to review a policy
- Arrange training or guidance for employees
- Financial compensation in exceptional circumstances

11. DEPARTMENTAL FEEDBACK OFFICER

The Suggestions, Compliments and Complaints Procedure requires the designation in each Department of a Feedback Officer(s). They will need to make sure that all staff are aware of the procedure for dealing with feedback and that feedback forms are displayed in public areas.

The Departmental Feedback Officers' role will be to record all suggestions, compliments and complaints and ensure all information is passed on for corporate monitoring. For the purposes of monitoring referred to in Section 12, only those complaints that reach stage 2 of the complaints procedure will be regarded as formal complaints.

12. MONITORING

We will monitor trends and performance in our handling of customer feedback and produce reports to the Corporate Governance Panel on a quarterly basis.

13. SOFTWARE SYSTEM

The Council operates a corporate complaints management system. All action in relation to formal complaints should be entered on to the system. It is important that departments are rigorous in closing complaints that have run their course.