

REPORT TITLE: GOVERNANCE QUARTERLY UPDATE - Q3 2021/22

8 MARCH 2022

REPORT OF CABINET MEMBER: CLLR NEIL CUTLER – DEPUTY LEADER AND
CABINET MEMBER FOR FINANCE AND SERVICE QUALITY

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WARD(S): ALL

PURPOSE

To provide members of the Audit and Governance Committee with a summary overview of the key issues in respect of governance arising during the third quarter of the 2021/22 financial year.

RECOMMENDATIONS:

1. That the Audit and Governance Committee notes the content of the report, the progress against the internal audit management actions and raises any issues with the cabinet member.
2. That the Audit and Governance Committee notes the outcome of the Homes England audit and the successful completion of the Valley new build scheme.

IMPLICATIONS:

1 COUNCIL PLAN OUTCOME

- 1.1 This summary document supports the council to be open and transparent by reporting the effectiveness of its governance framework and highlighting areas of weakness or issues of concern.

2 FINANCIAL IMPLICATIONS

- 2.1 There are no financial implications.

3 LEGAL AND PROCUREMENT IMPLICATIONS

- 3.1 There are no legal or procurement implications arising from the content of this report.

4 WORKFORCE IMPLICATIONS

- 4.1 None

5 PROPERTY AND ASSET IMPLICATIONS

- 5.1 None

6 CONSULTATION AND COMMUNICATION

- 6.1 Consultation on the content of the report has been undertaken with the Deputy Leader and Cabinet Member for Finance and Service Quality and members of the Executive Leadership Board (ELB).

7 ENVIRONMENTAL CONSIDERATIONS

- 7.1 None

8 EQUALITY IMPACT ASSESSEMENT

- 8.1 None arising from the content of the report, although officers will need to consider the council's Public Sector Equality Duty and if required complete an Equality Impact Assessment on any specific recommendations or future decisions to be made. This report is not making any decisions and is for noting and raising issues only.

9 DATA PROTECTION IMPACT ASSESSMENT

- 9.1 None required

10 RISK MANAGEMENT

- 10.1 This report presents a summary update on how the council is performing against the governance processes and procedures that are in place and set

out in the Risk Management Policy 2021/22 and Local Code of Corporate Governance. Independent assurance provided by the council's internal and external auditors evidence where there are weaknesses in the council's governance arrangements and are highlighted in this report.

11 SUPPORTING INFORMATION:

- 11.1 This report sets out the summary information in respect of the third quarter of the 2021/22 financial year concerning governance.

Annual Governance Statement

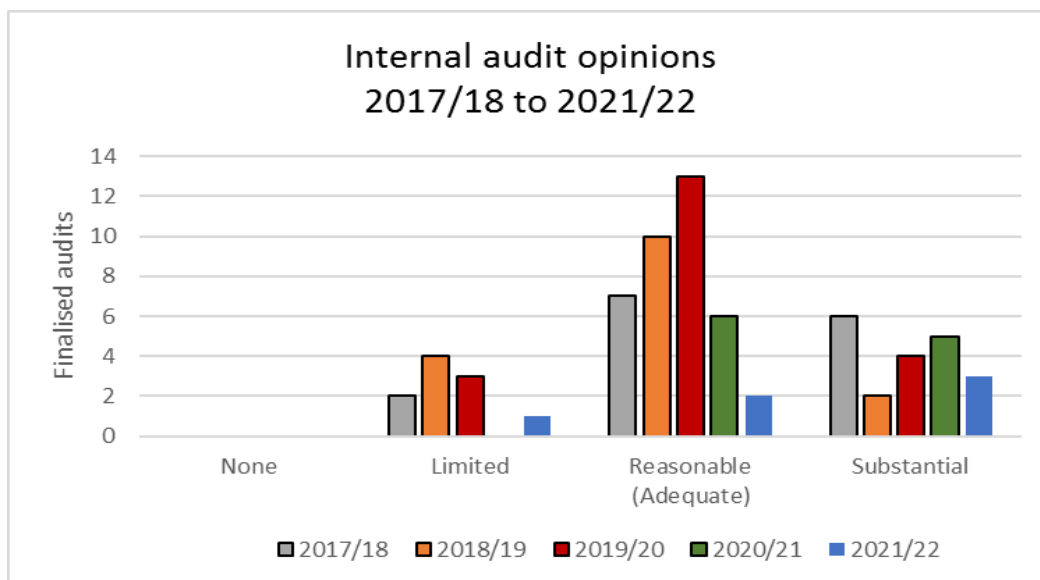
- 11.2 Progress against the actions included in the 2020/21 Annual Governance Statement is included in appendix 1 to this report.

Declarations of gifts and hospitality

- 11.3 During the period of 1 October 2021 to 31 December 2021, the following declarations of gifts and hospitality were made by officers in accordance with the policy:
- 19 October 2021: Glass of soft drink
 - 22 December 2021: Christmas card and two branded ballpoint pens
 - 22 December 2021: Tin of Christmas biscuits
- 11.4 Members regularly update their register of interest forms and during the period of 1 October 2021 to 31 December 2021 the following declarations of gifts or hospitality over the value of £50 were recorded in accordance with the policy:
- 18 October 2021: Picture & donation to Trinity Winchester approximate value of £100
 - 18 December 2021: Theatre show and refreshments, approximate value of £75

12 INTERNAL AUDIT ASSURANCE REPORTS

- 12.1 The graph below shows the assurance levels of the completed internal audits that were included in the audit plans in the years 2017/18 to the current year; 2021/22.



- 12.2 There have been no published audit reports that concluded with a 'no assurance' opinion.
- 12.3 Since the last Audit and Governance Committee meeting on 16 December 2021 there has been three internal audit report finalised and issued:
- Land Charges 2021/22 (Substantial Assurance)
 - Disabled Facilities Grants 2021/22 (Limited Assurance)
 - Expenses 2021/22 (Substantial Assurance)

Internal Audit Management Tracking

- 12.4 Progress against the management actions included in the internal audit reports (since May 2016) are regularly reviewed by managers and Executive Leadership Board (ELB).
- 12.5 A summary table showing the status of these actions is reported on a quarterly basis. These management actions are kept under regular review to assess where actions might become superseded or obsolete due to external or internal factors.
- 12.6 The outbreak of the COVID-19 pandemic has had an impact on staff capacity with a number of staff actively supporting the council's response during the previous two years, some at times almost exclusively. For these reasons there has been some slippage in the completion due date of a number of audit actions.
- 12.7 To assist member's understanding an additional narrative is included in the table to provide a brief explanation of the progress being made against the overdue audit actions and the reasons for the delay in completion, including

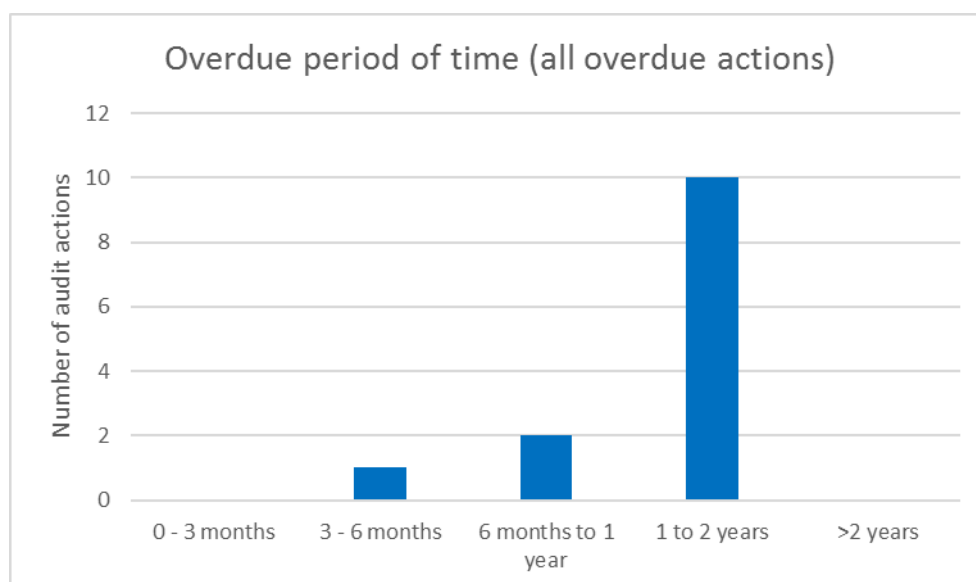
where the delay is caused by reduced staff capacity owing to the response to the COVID-19 pandemic.

- 12.8 There are currently 13 overdue audit actions with only one being high priority. Eight actions that were reported as overdue at the last meeting of the committee in December have now been completed.

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Management Actions ('High Priority')					LOW	MEDIUM	HIGH
				Reported	Not Accepted	Pending	Cleared	Overdue			
Partnerships 19/20	09/09/20	SDR	Limited	12 (2)	0 (0)	0 (0)	7 (2)	5 (0)			
<p>Progress update: Five overdue actions remain and these are being progressed by the Corporate Head of Economy and Community. Following a briefing to senior managers in November, work is ongoing with the support of partner lead officers including to understand who our partnerships are, how they are governed, the value they provide and the benefits they bring to the council and the communities of the Winchester district.</p> <p>The creation of a partnership performance reporting framework aligned to the Council Plan priorities and update of the partnership register including an annual assessment as to continued benefit / appropriateness will be reviewed at the end of the 2021/22 financial year.</p>									5		
Building Control	24/09/20	SDR	Reasonable	10 (0)	0 (0)	2 (0)	7 (0)	1 (0)			
<p>Progress update: One overdue outstanding action relating to carrying out a survey relating to KPI 06 owing to reduced management staffing within Building Control Team. Revised deadline for completion is end of April 2022.</p>									1		
Health and Safety 20/21	22/10/20	SDR	Reasonable	17 (4)	0 (0)	0 (0)	12 (3)	5 (1)			
<p>Progress update: The new Health and Safety Advisor commenced in post on 21 October and a further six actions, including one of the high priority actions have been completed since the last meeting this committee. Further information is given in paragraph 12.12 below</p>									4	1	

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Management Actions ('High Priority')					LOW	MEDIUM	HIGH
				Reported	Not Accepted	Pending	Cleared	Overdue			
WCC Gas Safety 2020/21	08/10/20	SDR	Substantial	2 (0)	0 (0)	0 (0)	1 (0)	1 (0)			
Progress update: Currently one overdue outstanding action which is to review roles and responsibilities in the Gas Safety Policy. Owing to pressures last year in respect of adjusting gas safety services for tenants in line with government COVID-19 safety rules and resulting impact on staff capacity the document has not be finalised but will be completed and in place by the end of March 2022.									1		
Contract Management	26/05/21	SDR	Reasonable	6 (0)	0 (0)	2 (0)	3 (0)	1 (0)			
Progress update: The overdue action relates to supporting managers of medium risk contracts to review compliance with the contract management framework. The exercise of asking manager to undertake a self-assessment has begun. A staggered approach has been adopted to ensure this can be supported within current reduced resources in the Procurement team (there is 1 vacant post being advertised).										1	

- 12.9 Of the 13 overdue actions as at 31 January 2022, there were no actions that are overdue by three months or less.
- 12.10 A total of five of the overdue actions relate to the Health and Safety audit including the one high priority action for which an update is provided at paragraph 12.11 of this report.
- 12.11 Following completion of the overdue action relating to the Hampshire Cultural Trust, which was advised at the last meeting of the committee, there are no actions overdue by two years or more.



Health & Safety

- 12.12 Work has continued since the last meeting of the committee and six more of the actions included in the Health and Safety internal audit have now been completed.
- 12.13 Most significantly, the review of the Corporate Health and Safety Policy has been completed and the revised policy signed off by the Chief Executive.
- 12.14 Further progress achieved during the last quarter is as follows:
- Completed the setting up and holding of health and safety group meetings, with the first meeting held in December 2021 and a follow up in February. Dates have now been scheduled for future quarterly meetings.
 - Risk assessment training for risk assessors was held in December and January and the review and updating of all risk assessments (the outstanding 'high' priority action) is progressing well with completion anticipated by the end of March 2022.

- Completed an update of the Health & Safety Management Action Plan which was presented to the Health & Safety Group in February and will be updated quarterly in the future and presented to Executive Leadership Board (ELB) and the Health & Safety Group.

Business Continuity

- 12.15 In line with the agreed business continuity work programme for 2022, preparation has begun for the annual review and update of business continuity plans which will take place during the first quarter of 2022/23.
- 12.16 As part of the review a desktop exercise will be held to test the robustness of each of the plans and ensure that the plans remain fit for purpose. Training will be offered to staff who are named in business continuity plans to ensure they are aware of their role and responsibility.
- 12.17 A report summarising the work of the review will be presented to Executive Leadership Board (ELB) in the summer.

Homes England Compliance Audit 2021/22

- 12.18 The council was selected by Homes England to have The Valley new build scheme audited by an independent body appointed by Homes England. The purpose of the Compliance Audit exercise is to carry out a comprehensive review of a sample of Homes England funded schemes to confirm that grant recipients have met all of Homes England's funding conditions and contractual requirements and have properly exercised their responsibilities as set out in the Capital Funding Guide which was part of ensuring the requirements and conditions of their £6m grant funding were complied with.
- 12.19 The final grade was recorded as "Green – meets requirements". The judgement summary was "*On review of the evidence provided, the outcome of the audit has shown the provider has complied with all the programme requirements and guidance. A GREEN grade has been assigned and no breaches were identified.*"
- 12.20 The final part of the Homes England Audit requires that the outcome is reported at the earliest opportunity to the grant recipient's relevant committee and the report recorded on the Homes England Information Management System (IMS).

Risk Management

- 12.21 The council's Risk Management Policy 2021/22 sets out a timetable for this committee to review the policy and corporate risks (section 11 of the Risk Management Policy).
- 12.22 In accordance with the timetable work has been done over the last quarter to review and update the Risk Management Policy and appended Corporate Risk Register. This committee is asked to review Cabinet Report CAB3338 prior to the report being presented to Cabinet on 9 March 2022.

Code of Conduct Complaints

- 12.23 The Audit and Governance Committee has two sub-committees including the Standards Sub-Committee, whose purpose is to consider investigation reports, in respect of Code of Conduct Complaints, that have been referred to it by the Monitoring Officer.
- 12.24 Appendix 3 provides brief details of the Code of Conduct complaints that have been received and where the assessment (or investigation) into the complaint has concluded, a brief update on the outcome.

BACKGROUND DOCUMENTS:-**Previous Committee Reports:-**

AG060 Governance Quarterly update Q2 2021/22, 16 December 2021

Other Background Documents:-

None

APPENDICES:

Appendix 1 – Annual Governance Statement 2020/21 – progress update

Appendix 2 – Internal Audit Progress Report

Appendix 3 – Code of Conduct complaints

Annual Governance Statement 2020/21 – Action Plan update – January 2022

No.	Issue	Actions	Progress Update	Lead Officer	Target Date	Current Status
1.	Partnership working – the need to ensure that the council maintains effective partnership working	Review partnerships to ensure all required documents are in place and up to date	Initial partnership register is complete. Second stage review of documentation due by December 2021.	Corporate Head of Engagement	September 2020	RED
		Annual report covering the performance of key partnerships scheduled to be considered at The Scrutiny Committee.	An overall report on partnerships is being prepared and will be completed by end March 2022.	Corporate Head of Engagement	September 2020	RED
		Complete Partnership Working Guide for Managers	Partnership Working Guide for managers has been produced and presented to ELB for approval and is now signed off.	Corporate Head of Engagement	September 2020	COMPLETE
3.	Equality Impact Assessments (EqIA) reviewing the current arrangements in place to enable the council to meet the requirements of the Equalities Act 2010	Review and update current EqIA policy, guidance and templates and brief out to staff ensuring that the council meets the requirements of the Equalities Act 2010	Refreshed EqIA policy presented to ELB on 10 November alongside action plan and template. The updated Policy was considered by this Committee on 16 December 2021 before being adopted by cabinet on 25 January 2022. Plans are now being made for officer and member training to take	Service Lead – Legal	30 September 2021	COMPLETE

No.	Issue	Actions	Progress Update	Lead Officer	Target Date	Current Status
			place during March			

Internal Audit Progress Report 2021/22

25 February 2022

Winchester City Council



**Southern Internal
Audit Partnership**

Assurance through excellence
and innovation

Contents:

1.	Role of Internal Audit	3
2.	Purpose of report	4
3.	Performance dashboard	5
4.	Analysis of 'Live' audit reviews	6
5.	Executive summaries 'Limited' and 'No' assurance opinions	7-8
6.	Planning and resourcing	8
7.	Rolling work programme	9-10
Annex 1	Adjustments to the plan	11
Annex 2	Pre 2020-21 Audit Opinion Definitions	12

1. Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:

‘Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.’

The standards for ‘proper practices’ are laid down in the Public Sector Internal Audit Standards [the Standards – updated 2017].

The role of internal audit is best summarised through its definition within the Standards, as an:

‘Independent, objective assurance and consulting activity designed to add value and improve an organisations’ operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes’.

Winchester City Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council’s response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisations’ objectives.

2. Purpose of report

In accordance with proper internal audit practices (Public Sector Internal Audit Standards), and the Internal Audit Charter the Chief Internal Auditor is required to provide a written status report to 'Senior Management' and 'the Board', summarising:

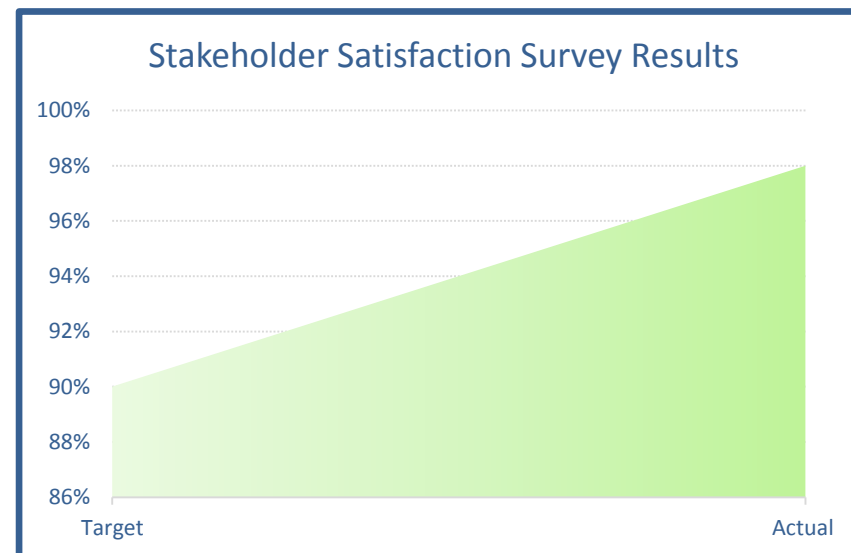
- The status of 'live' internal audit reports;
- an update on progress against the annual audit plan;
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact on the Chief Internal Auditor's annual opinion.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management, control and governance designed to support the achievement of management objectives of the service area under review. The assurance opinions are categorised as follows:

Substantial	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

** Some reports listed within this progress report (pre 2020-21 audit plan) refer to categorisations used by SIAP prior to the adoption of the CIPFA standard definitions, reference is provided at Annex 2.*

3. Performance dashboard



Compliance with Public Sector Internal Audit Standards

An External Quality Assessment of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2020. The report concluded:

'The mandatory elements of the International Professional Practices Framework (IPPF) include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles.

It is our view that the Southern Internal Audit Partnership conforms to all 64 of these principles.

We have also reviewed SIAP conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN).

We are pleased to report that SIAP conform with all relevant, associated elements.'

4. Analysis of 'Live' audit reviews

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Total Management Action(s)	Not Yet Due	Complete	Overdue		
							L	M	H
Hampshire Cultural Trust *	May 16	SDP	Limited **	3	0	3			
Working in Partnership	Sep 20	SDR	Limited **	12	0	7		5	
Building Control	Sep 20	SDR	Reasonable	10	2	7		1	
Housing Asset Management – Gas Safety	Oct 20	SDS	Substantial	2	0	1	1		
Health and Safety	Oct 20	SDP	Reasonable	17	0	12		4	1
Capital Programme and Monitoring	Feb 21	SDS	Reasonable	4	1	3			
Contract Management	May 21	SDR	Reasonable	6	0	5		1	
ICT Business Continuity and Disaster Recovery Planning *	Jul 21	SDR	Reasonable	4	0	4			
Disabled Facilities Grants	Dec 21	SDS	Limited	16	6	10			
Overtime and Expenses *	Jan 22	SDS	Substantial	2	0	2			
Total							1	11	1


* Denotes audits where all actions have been completed since the last progress report.

** The reports listed (pre 2020-21 audit plan) refer to categorisations used by SIAP prior to the adoption of the CIPFA standard definitions, reference is provided at Annex 2.

Audit Sponsor (Director)	
Chief Executive	CX
Strategic Director - Resources	SDR

Strategic Director - Services	SDS
Strategic Director – Place	SDP

5. Executive Summaries of reports published concluding a ‘Limited’ or ‘No’ assurance opinion

Disabled Facilities Grants		
Audit Sponsor	Assurance opinion	Management Actions
Strategic Director – Services; and Corporate Head of Housing	 Limited	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: green; color: white; padding: 5px; text-align: center;">Low 0</div> <div style="background-color: yellow; padding: 5px; text-align: center;">Medium 3</div> <div style="background-color: red; color: white; padding: 5px; text-align: center;">High 13</div> </div>

Summary of key observations:

A Disabled Facilities Grant (DFG) Policy and operational procedures are available electronically and are easily accessible to all staff. They include statutory requirements and clearly define roles, responsibilities and segregation of duties. However, discussion and observations made during the audit confirmed that they are overdue for review and updating and do not match all current practices.

Case information is stored on Uniform, a DFG spreadsheet and a property file, which is created for each case. The audit confirmed that all cases tested are supported by an Occupational Therapist referral; evidence of ownership of the property and agreement to works being completed on properties; and checks carried out to ensure any previous work completed for the client or on the applicants’ property was considered prior to grant approval, in line with the DFG policy. However, the audit has also found numerous examples across several cases, where documentation to support the application, subsequent DFG award and completion of works are missing or incomplete.

Regular and final inspections should be carried out by the case officer or Occupational Therapist depending on the type of work, to assess progress, discuss or resolve any practical matters or agree unforeseen works. It was confirmed that if these inspections take

place, they are not documented. The DFG policy states, as part of the quality and performance checks, that a customer service questionnaire should be sent out. However, these are not being sent to customers. There are also no other tools in place for performance monitoring.

The Council holds a list of approved contractors and specialist agents capable of completing DFG works. The DFG Policy states that the Council should offer an invitation to tender for any potential contractors on a 2 yearly basis. However, it was confirmed that the latest invitation to tender is overdue.

Issues have also been identified with amending purchase orders with contractors for additional agreed works, invoicing for client contributions and with the monitoring and reconciliation of grant income and expenditure against the finance system.

A specific risk assessment had been set up and circulated following Covid-19 restrictions, however the completion of it by staff is not monitored and the current expectation regarding its completion has not been formally communicated.

6. Planning & Resourcing

The internal audit plan for 2021-22 was approved by the Council's Management Team and the Audit and Governance Committee in March 2021. There are no further proposed changes to the plan since the adjustments reported and agreed in December 2021 (AG060).

7. Rolling Work Programme

Audit Review	Sponsor	Scoping	Audit Outline	Fieldwork	Draft Report	Final Report	Assurance Opinion	Comment
Carry Forward – Included within 2020-21 annual report and opinion								
Information Governance – Records Management	SDR	✓	✓	✓	May 21		Limited	
2021-22								
Strategic / Governance Reviews								
Strategic Planning and Performance Management	SDR	✓	✓	✓	Sep 21	Oct 21	Substantial	
Programme & Project Management	SDR	✓	✓	✓	Feb 22			
Economic Development – High Streets Priority Plan	SDS	✓	✓	✓				
Risk Management	SDR	✓	✓	✓	Aug 21	Sep 21	Reasonable	
Winchester Sport and Leisure Park and Meadowside Leisure Centre - Contract Management	SDP	✓	✓	✓				
Fraud Framework - NFI	SDR	n/a	n/a	✓	n/a	n/a		On-going
Human Resources – Employee Wellbeing	SDR	✓	✓	✓				
Core Financial Systems								
NNDR	SDS	✓	✓	✓				
Overtime and Expenses	SDS	✓	✓	✓	Oct 21	Jan 22	Substantial	
Information Technology								
Cyber Security	SDR	✓	✓	✓	Oct 21			

Audit Review	Sponsor	Scoping	Audit Outline	Fieldwork	Draft Report	Final Report	Assurance Opinion	Comment
ICT Business Continuity and Disaster Recovery Planning	SDR	✓	✓	✓	Jun 21	Jul 21	Reasonable	
Incident and Problem Management	SDR	✓	✓	✓	Nov 21			
User Lifecycle & Access Management	SDR	✓	✓	✓				
Asset Management	SDR	✓	✓					
Service / Operational Reviews								
Housing - Leaseholder Management	SDS	✓	✓	✓				
Disabled Facilities Grants	SDS	✓	✓	✓	Nov 21	Dec 21	Limited	
Land Registry / Charges	SDS	✓	✓	✓	Dec 21	Jan 21	Substantial	
Certification Audits								
Bus Service Operator Grant	SDS	✓	n/a	✓	n/a	✓	n/a	Grant certification.
Mayor's Charity Account	SDS	✓	n/a	✓	n/a	✓	n/a	Certification audit.

Annex 1 - Adjustments to the plan

Audit reviews added to the plan (included in rolling work programme above)	Comment
None	

Audit reviews removed from the plan (excluded from rolling work programme)	Comment
Working in Partnership *	Postpone the audit until all management actions identified during the review finalised in September 2020 have been implemented and become embedded.
Energy Management / Climate Emergency / Green Agenda *	Defer the review at the request of the Council to relieve pressure on officers / pending further progress with the Carbon Neutrality plan.
Asset Management (Corporate Estate) *	Defer the review at the request of the Council to relieve pressure on officers / pending further progress with the Carbon Neutrality plan.
Information Governance *	Defer the review at the request of the Council to relieve pressure on officers / pending implementation of actions to address the issues identified in the 2020-21 Information Governance – Records Management (Limited Assurance) review. 2019-20 Information Governance – FOI concluded with an ‘Adequate Assurance’ Opinion with all management actions completed.
Open spaces *	Defer the review at the request of the Council to relieve pressure on officers.

* Agreed December 2021

Annex 2 - Assurance opinions and definitions used by SIAP prior to adoption of the CIPFA standard definitions

As from April 2020 CIPFA guidance recommends a standard set of assurance opinions and supporting definitions for internal audit service providers across the public sector.

To ensure SIAP continue to conform to the best practice principles, the standard definitions were adopted for our 2020-21 work and moving forwards.

There remain some residual reviews detailed within Section 4 of this report that refer to SIAPs former assurance ratings which are detail below.

Substantial	A sound framework of internal control is in place and operating effectively. No risks to the achievement of system objectives have been identified
Adequate	Basically a sound framework of internal control with opportunities to improve controls and / or compliance with the control framework. No significant risks to the achievement of system objectives have been identified
Limited	Significant weakness identified in the framework of internal control and / or compliance with the control framework which could place the achievement of system objectives at risk
No	Fundamental weaknesses identified in the framework of internal control or the framework is ineffective or absent with significant risk to the achievement of system objectives.

Code of conduct complaints

A. Code of Conduct Complaints received by office of the Monitoring Officer since previous meeting of Audit & Governance Committee and update of those previously reported - as at **28 February 2022**.

Date contact first made with Monitoring Officer	Complaint against district or parish/town councillor	Details
30 September 2020	District Councillor	Complaint received 30 September 2020 though insufficient information to progress initially. Resolved and progressed/investigated. Hearing being arranged - complainant unable to attend due to personal circumstances.
5 October 2020	Parish Councillors	Complaint withdrawn and resubmitted 5 October 2020 – further, extensive complaints received over several months. Investigation report been through Maxwellisation stage and now at final for issue. Next step release to Parish Council.
5 November 2020	District Councillors	Withdrawn
11 February 2021	District Councillors	Recommendation received from Independent Person – to complete report.
25 March 2021	Parish Councillor	Resolved
13 August 2021	District Councillor	Withdrawn
8 September 2021	Parish Councillor	Under review by Monitoring Officer (previously heard by Standards Sub-Committee).
		Under assessment by Monitoring

Date contact first made with Monitoring Officer	Complaint against district or parish/town councillor	Details
8 November 2021	Entire Parish Council	Office (Independent Person advice received).
13 November 2021	Parish Councillor	Under assessment by Monitoring Office. (Independent Person advice received).
24 January 2022	City Councillor	Under assessment by Monitoring Office.
28 January 2022	Parish Councillors	Under assessment by Monitoring Office.
1 February 2022	City/Parish Councillors	Under assessment by Monitoring Office.
18 February 2022	Parish Councillor	Under assessment by Monitoring Office.

B. Issues raised and discussed with the office of the Monitoring Officer since the previous meeting of Audit & Governance Committee - as at 28 February 2022.

	Number of issues raised	Comments
City Councillors	5 issues raised by email or phone	2 have led to receipt of complaint to date.
Parish/Town Councillors	6 issues raised by email or phone	1 have led to receipt of complaint to date.