

# Agenda

Contact Officer: Becky Binstead, Democratic Services Officer

Tel: 07546 764774

E-mail: [becky.binstead@southandvale.gov.uk](mailto:becky.binstead@southandvale.gov.uk)

Date: 23 June 2025

Website: [www.southoxon.gov.uk](http://www.southoxon.gov.uk) [www.whitehorsedc.gov.uk](http://www.whitehorsedc.gov.uk)

## A MEETING OF THE

# Joint Audit and Governance Committee

**WILL BE HELD ON TUESDAY 01 JULY 2025 AT 6.30PM  
MEETING ROOM 1, ABBEY HOUSE, ABBEY CLOSE, ABINGDON, OX14 3JE**

You can watch this meeting on the [council's YouTube channel](#).

### Members of the Committee:

South Oxfordshire District Council  
Mocky Khan (Co-Chair)  
David Bretherton  
Peter Dragonetti  
Andrew Tinsley

Vale of White Horse District Council  
Mike Pighills (Co-Chair)  
Paul Barrow  
Judy Roberts  
Andrew Skinner

### Substitute Councillors

South Oxfordshire District Council  
James Barlow  
Tim Bearder  
Katherine Ketas-Rohan  
Axel Macdonald  
Denise Macdonald  
James Norman  
Jo Robb  
David Turner

Vale of White Horse District Council  
Andy Cooke  
Eric de la Harpe  
Amos Duveen  
Jenny Hannaby

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## **1. Chair's announcements**

To receive any announcements from the chair, and general housekeeping matters.

## **2. Apologies for absence**

To record apologies for absence and the attendance of substitute members.

## **3. Minutes (to follow)**

To adopt and sign as a correct record the Joint Audit and Governance Committee minutes of the meeting held on 07 April 2025.

## **4. Declarations of interest**

To receive declarations of disclosable pecuniary interests, other registrable interests and non-registrable interests or any conflicts of interest in respect of items on the agenda for this meeting.

## **5. Urgent business**

To receive notification of any matters which the chair determines should be considered as urgent business and the special circumstances which have made the matters urgent.

## **6. Public participation**

To receive any statements from members of the public that have registered to speak on planning applications which are being presented to this committee meeting.

## **7. Internal audit annual report 2025/25 (Pages 5 – 11)**

To receive the report from the Internal Audit and Risk Manager.

The Public Sector Internal Audit Standards (PSIAS) require the chief audit executive to provide an annual internal audit opinion and report that can be used by the organisation to inform its governance statement. This report provides that opinion for South Oxfordshire District Council (South) and Vale of White Horse District Council (Vale).

### **Recommendation:**

Members are asked to consider the annual internal audit opinion report.

## 8. Internal audit update report Q1 2025/26 (Pages 12 – 30)

To receive the report from the Internal Audit and Risk Manager.

The purpose of the report is to summarise the outcomes of recent internal audit activity at both councils for the committee to review. The committee is asked to monitor progress of management actions to ensure actions are completed correctly in the timescales originally offered by management, and that controls are managing risk more effectively.

### **Recommendation:**

That members review the results of recent internal audit work and monitor progress of management actions.

## 9. Annual Review of Complaints 2024/25 (Pages 31 – 92)

To receive the report of the Head of Corporate Services.

The purpose of this report is to provide a review of formal complaints the councils received during 2024-25 which were considered under the corporate complaints' procedure. This report is one mechanism by which our complaints-handling processes are scrutinised and staff responding to formal complaints are held to account in accordance with current good practice.

### **Recommendation:**

That the committee notes:

- (a) the formal complaints received in 2024-25 and the councils' performance in responding to complaints against timescales set out in our Corporate Complaints Policy and Procedure, as shown in Appendix 1
- (b) the complaints received by the Local Government and Social Care Ombudsman relating to the councils in 2024-25, as shown in Appendix 2
- (c) the councils' self-assessment as required by the Housing Ombudsman code of practice, as shown in Appendix 3
- (d) the revised Managing Vexatious and Unreasonable Customer Behaviour Policy as set out in Appendix 4
- (e) the new Remedies and Compensation Policy as set out in Appendix 5

## **10. Annual Report on the Councillors' Code of Conduct Complaints for 2024-25 (Pages 93 – 97)**

To receive the report from the Head of Legal and Democratic.

This report provides a summary of the complaints determined in the current municipal year which were made against district and parish councillors for alleged breaches of the Code of Conduct.

### **Recommendation:**

To note the annual report on the councillors' Code of Conduct for the 2024-25 municipal year.

## **11. Work Programme (Pages 98 – 103)**

To note the committee's work programme.

## **12. Exclusion of the public**

To consider whether to exclude members of the press and public from the meeting for the following items of business under Section 12A of the Local Government Act 1972 as amended on the grounds that:

- (i) It is likely that there will be disclosure of exempt information as defined in paragraph 3 of Schedule 12A, and
- (ii) the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

## **13. Quarterly Corporate Risk Review (Page 104)**

To receive the report of the Head of Finance.

## **14. Confidential Minutes (to follow)**

To adopt and sign as a correct record the Joint Audit and Governance Committee confidential minutes of the meeting held on 07 April 2025.

Nick Bennet,  
Head of Legal and Democratic

# Joint Audit and Governance Committee



Report of Internal Audit and Risk Manager

Author: Victoria Dorman-Smith

Mobile: 07766 780835

E-mail: [victoria.dorman-smith@southandvale.gov.uk](mailto:victoria.dorman-smith@southandvale.gov.uk)

South cabinet member responsible:

Councillor Pieter-Paul Barker

Tel: 01235 422422

E-mail: [pieter-paul.barker@southoxon.gov.uk](mailto:pieter-paul.barker@southoxon.gov.uk)

To: Joint Audit and Governance Committee

DATE: 1<sup>st</sup> July 2025

Vale cabinet member responsible:

Councillor Mark Coleman

Telephone: 07483 224436

E-mail: [mark.coleman@southandvale.gov.uk](mailto:mark.coleman@southandvale.gov.uk)

To: Joint Audit and Governance Committee

DATE: 1<sup>st</sup> July 2025

## Internal audit annual report 2024/25

### Recommendation

**Members are asked to consider the annual internal audit opinion and report**

Implications (further detail within the report)	Financial	Legal	Climate and Ecological	Equality and diversity
	No	No	No	No
Signing off officer				

### Purpose of Report

1. The Public Sector Internal Audit Standards (PSIAS) require the chief audit executive to provide an annual internal audit opinion and report that can be used by the organisation to inform its governance statement. This report provides that opinion for South Oxfordshire District Council (South) and Vale of White Horse District Council (Vale).
2. The contact officer is Victoria Dorman-Smith, Internal Audit and Risk Manager for South and Vale, email [victoria.dorman-smith@southandvale.gov.uk](mailto:victoria.dorman-smith@southandvale.gov.uk).

## Strategic Objectives

3. Delivery of an effective internal audit function will support the councils in meeting their strategic objectives.

## Why an Overall Opinion is Required

4. The Public Sector Internal Audit Standards (PSIAS) (Standard 2450) states:

### Public sector requirement

The chief audit executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The annual report must also include a statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme.

Extracted from 'Public Sector Internal Audit Standards Updated March 2017 – 2450 Overall Opinions'.

5. Standard 2450 also states that the overall opinion must be supported by sufficient, reliable, relevant, and useful information, and will include:
  - the scope including the period to which the opinion pertains.
  - scope limitations.
  - consideration of all related projects including the reliance on other assurance providers.
  - a summary of the information that supports the opinion.
  - the risk or control framework or other criteria used as a basis for the overall opinion.
  - the overall opinion, judgment or conclusion reached.
  - the reasons for an unfavourable overall opinion must be stated.

## How an Overall Opinion is Formed

6. Internal audit's risk-based plan must consider the requirement to produce an annual internal audit opinion. Accordingly, the internal audit plan must incorporate sufficient work to enable the internal audit and risk manager to give an opinion on the overall adequacy and effectiveness of South and Vale's framework of governance, risk management and control. Internal audit must therefore have sufficient resources to deliver the plan.

## Quality Assurance and Improvement Programme

7. A quality assurance and improvement programme is designed to enable an evaluation of the internal audit activity's conformance with the Definition of Internal Auditing and the Standards and an evaluation of whether internal auditors apply the Code of Ethics. The programme also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement. PSIAS states:

### Public sector requirement

The results of the quality and assurance programme and progress against any improvement plans must be reported in the annual report.

Extracted from 'Public Sector Internal Audit Standards Updated March 2017 - 1320 Reporting on the Quality Assurance and Improvement Programme'.

## Overall Opinion 2024/25

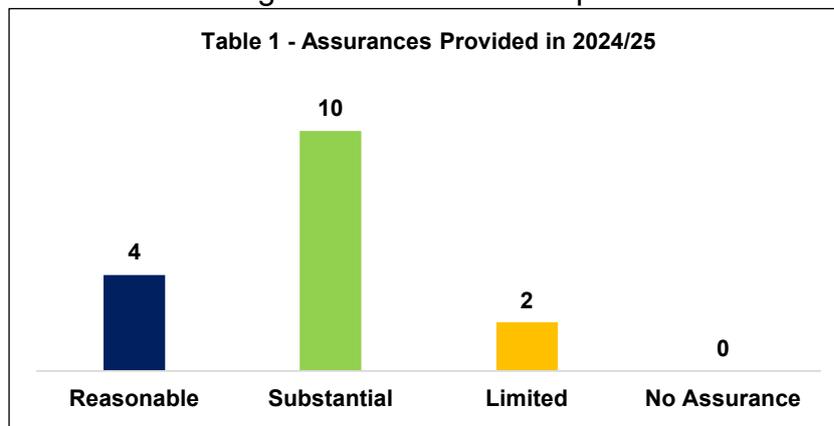
8. Based on the work undertaken during the year, the internal audit and risk manager has reached the overall opinion that there is a satisfactory system of governance, risk, internal control. Findings indicate that overall, arrangements are satisfactory, although some enhancements have been recommended. In forming this opinion, the internal audit and risk manager has considered the following:
- The level of coverage provided by internal audit work was considered adequate to support the opinion.
  - The 2024/25 internal audit plan, approved by Joint Audit and Governance Committee (JAGC), was informed by internal audit's own assessment of risk in addition to consultation with the senior management team, to ensure it aligned to key risks and objectives of South and Vale.
  - The changing risk environment within the councils has been considered during the year.
  - Discussions at monthly statutory officer meetings.
  - Work has been planned and performed to obtain sufficient information and explanation to give reasonable assurance that South and Vale control environments are operating effectively.
  - Internal audit independence and objectivity has not been subject to any impairment in fact or appearance; nor has the scope of our work been restricted in any way.
  - A risk management framework exists that informs the internal audit plan.
  - Insight gained from internal audit interactions with the senior management team and JAGC.
  - The number of audits that have resulted in a "limited" assurance rating (two audits). To reach the overall opinion, the findings of audits at draft report stage have been considered (two audits).
  - The degree to which recommended actions have been implemented to address concerns over risk and control weaknesses within the councils.
  - Although some audits were not deemed as "assurance audits" (i.e., advisory work) this work is included in the assessment of the governance, risk, and control framework.
9. The South and Vale internal audit plan is a 12-month plan, with a formal mid-year reassessment, although in practice the plan remains responsive to the changing risks and priorities of the councils throughout the year. The annual opinion is based on internal audit work completed in the 12 months from 1 April 2024 to 31 March 2025. The outcomes of this work start on page 4 of this report.
10. The opinion is provided on the understanding that:
- The opinion does not imply that internal audit has reviewed all risks, controls, and governance arrangements at South and Vale. The opinion is substantially derived from risk-based internal audit work and as such, it is only one component that is considered when producing the South and Vale annual governance statements.
  - No system of control can provide absolute assurance against material misstatement or loss, nor can internal audit give absolute assurance.
  - Implementation of agreed actions is essential if the benefits of the control improvements detailed in each individual audit report are to be realised.
11. Overall, management is making sufficient progress with the implementation of actions to address the risks and weaknesses that internal audit has identified. In total 151 joint management actions to improve controls and procedures within the councils were

made in 2024/25. Of the 151, 22 (15%) were priority 1, 99 (66%) were priority 2, and 30 (20%) were priority 3. As of 18<sup>th</sup> June 2025, there are 203 open actions (3 2019/20, 8 2021/22, 35 2022/23, 46 2023/24, and 111 2024/25). Of the 203 open actions, 25 (12%) are priority 1, 126 (62%) are priority 2, and 52 (26%) are priority 3. For the areas where there are aged open actions, the internal audit and risk manager regularly reviews the status with action owners to ensure remediation actions are in progress. Management actions are reported to JAGC quarterly for monitoring. We also have a formal escalation process, which we can enforce should this be required.

## Information to Support the Overall Opinion

### Audit Coverage and Performance Against Plan

12. Table 1 below summarises the assurances provided from the internal audit coverage in 2024/25. These assurance ratings inform the annual opinion.



13. The control environment within the key financial systems has improved since 2022/23, as shown in table 2. In 2024/25, all key financial audits received either a substantial or reasonable assurance rating. No limited ratings were issued in either the current or previous years.

Table 2 - Key Financial Assurance Ratings

No.	Audit	Assurance Ratings		
		2022/23	2023/24	2024/25
1	HB&CTRS	Substantial	Substantial	Substantial
2	Treasury Management	Substantial	Substantial	Substantial
3	Accounts Payable	Satisfactory	Substantial	Substantial
4	Accounts Receivable*	Satisfactory	Substantial	Substantial
5	General Ledger*	Satisfactory	Substantial	Substantial
6	NNDR	Satisfactory	Substantial	Substantial
7	Council Tax	Satisfactory	Reasonable	Substantial
8	Payroll	Substantial	Reasonable	Reasonable
9	Capital Mgt & Accounting	Satisfactory	Not Performed	Not Performed

\*Fieldwork complete/draft report issued. Where overall assurance ratings are quoted, they are subject to change.

14. Table 3 summarises the 2024/25 internal audit plan and outcomes, including audits in progress (either fieldwork or draft report stage) and progress of recommendations raised:

Table 3 - Assurances Provided in 2024/25

No.	Audit	Review Type	Status	Overall Assurance	Management Actions			
					Total	Priority 1	Priority 2	Priority 3
<b>Key Financial Audits</b>								
1	HBCTRS	Key Financial	Completed	Substantial	4	0	1	3
2	Payroll	Key Financial	Completed	Reasonable	10	1	5	4
3	Treasury Management	Key Financial	Completed	Substantial	0	0	0	0
4	Accounts Payable	Key Financial	Completed	Substantial	0	0	0	0
5	Accounts Receivable*	Key Financial	Draft Out	Substantial	2	0	2	0
6	Council Tax	Key Financial	Completed	Substantial	1	0	1	0
7	General Ledger*	Key Financial	Completed	Substantial	4	0	2	2
8	NNDR	Key Financial	Completed	Substantial	2	0	0	2
<b>Development &amp; Corporate Landlord</b>								
9	Contract Management	Audit	Deferred	N/A	0	0	0	0
10	Salix Grant Funding	Audit	Completed	Reasonable	8	0	8	0
11	UKSPF and REPF Government Returns	Advisory	Completed	N/A	0	0	0	0
12	Waste Depot	Advisory	As needed	N/A	0	0	0	0
<b>Planning</b>								
13	Development Management	Audit	Completed	Substantial	2	0	1	1
14	Building Control	Audit	Completed	Limited	14	2	7	5
15	Biodiversity Net Gain Government Returns	Advisory	As needed	N/A	0	0	0	0
<b>Housing &amp; Environment</b>								
16	Disabled Facility Grants	Audit	Completed	Substantial	4	0	3	1
17	Waste - Open Book Contract Management	Advisory	Deferred	N/A	0	0	0	0
18	Housing Compliance	Audit	Completed	Limited	11	4	7	0
<b>Finance</b>								
19	Capital Projects	Audit	Completed	Reasonable	6	2	4	0
20	S106 Developer Contributions	Audit	Completed	Reasonable	9	0	2	7
<b>Corporate Services and Partnerships</b>								
21	5Cs Contract Exit - IT Programme**	Audit	Completed	N/A*	0	0	0	0
<b>Policy &amp; Programmes</b>								
22	Migration Programme	Audit	Draft Out	Substantial	0	0	0	0
23	Idox Implementation	Advisory	Deferred	N/A	0	0	0	0
24	Transformation Programme Board	Advisory	As needed	N/A	0	0	0	0
<b>Communities</b>								
25	Arts Centres Action Plan Performance	Advisory	Deferred	N/A	0	0	0	0
<b>Totals</b>					<b>77</b>	<b>9</b>	<b>43</b>	<b>25</b>

\*Fieldwork complete/draft report issued. Where overall assurance ratings are quoted, they are subject to change.

\*\*Overall assurance rating and management actions to be reported in the 5Cs Exit audit due to be performed in Q2 2025/26

## Other Work

15. In addition to the planned internal audit work, the team have provided support in several other areas including review and/or signoff of UKSPF and REPF government returns, investigations, and attendance at programme boards. We work closely with our risk management, health and safety, and supplier relationship management officers, and the internal audit and risk manager attends monthly meetings of statutory officers. Internally, we have refreshed the scope and frequency of the key financial audits, and we are supporting the risk management team in developing a South and Vale assurance map and maintaining the annual governance statement.

## Performance Measures

16. The performance of internal audit is measured against several indicators. The outturn for 2024/25 is as follows:

Performance Targets	2024/25 performance
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<b>PT1</b> To issue 90% of final audit reports within 5 working days of receipt of management comments.	88% of audits met this target
<b>PT2</b> To complete the audit fieldwork and issue draft reports on 100% of key financial audits.	100% of audits met this target
<b>PT3</b> To complete the audit fieldwork and issue draft reports on 80% of operational audits.	100% of audits met this target

17. **Performance targets:** as of 18<sup>th</sup> June 2025, the accounts receivable audit has been issued in draft, awaiting management responses. The internal audit team have successfully achieved two out of the three performance targets in 2024/25. There was a delay in issuing the final reports for two operational audits (Capital Projects, S106 Developer Contributions) due to additional time needed to finalise management actions and officer sickness, which meant we failed to meet PT1. However, we completed all nine operational audits, which exceeds our target of 80% completion.
18. **Feedback:** to assist in monitoring and improving the quality and value of service provided, feedback forms are sent to auditees on all engagements. The feedback form contains 12 questions regarding the internal audit service provided and asks auditees to score each on a scale of 1 to 5 (1=very poor, 2=poor, 3=satisfactory, 4=good, 5=very good). Feedback received by the internal audit and risk manager is discussed with the team, and where necessary, process improvements are implemented. Responses to our feedback form has been very low this year: of the 16 feedback forms sent to auditees, only one completed feedback form was returned. In 2025/26 we will explore options to improve accessibility of the form.
19. **Quality assurance:** there is ongoing monitoring of performance and quality of internal audit work, and all work undergoes our internal review process.

## Quality Assurance and Improvement Programme

20. **External assessments:** the PSIAS state that external assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. The internal audit and risk manager will investigate independent assessor options in 2025/26.
21. **Internal assessments:** per the PSIAS internal assessments must include ongoing monitoring of the performance of the internal audit activity. In recent year, the internal audit function has seen positive development in some key areas, including more efficient auditing of key financial systems, working closely with the head of legal and democratic services and the risk management function (second line of assurance). There are several improvement areas which are underway, namely: assurance map, recommendations database, key financial scorecard, and internal audit team training and development.
22. **Conformance with PSIAS:** the internal audit function conforms to the Public Sector Internal Audit Standards (2017). There is no non-conformance to the PSIAS Code of Ethics and Standards to be highlighted for inclusion in the annual governance statement for 2024/25.

## Financial Implications

23. The internal plan 2024/25 can be delivered from within the approved 2024/25 budget, therefore there are no financial implications attached to this report.

## **Legal Implications**

24. There are no legal implications from this report.

## **Climate and ecological impact implications**

25. This report is for information only and therefore there are no climate and ecological implications.

## **Equalities implications**

26. This report is for information only and therefore there are no equalities implications.

## **Risks**

27. Identification of risk is an integral part of all our internal audit work.

## **Conclusion**

28. This report provides the internal audit and risk manager's annual opinion on the organisation.

# Joint Audit and Governance Committee



Report of Internal Audit and Risk Manager

Author: Victoria Dorman-Smith

Telephone: 01235 422430

E-mail: [victoria.dorman-smith@southandvale.gov.uk](mailto:victoria.dorman-smith@southandvale.gov.uk)

South cabinet member responsible:

Councillor Pieter-Paul Barker

Tel: 01235 422422

E-mail: [pieter-paul.barker@southoxon.gov.uk](mailto:pieter-paul.barker@southoxon.gov.uk)

To: Joint Audit and Governance Committee

DATE: 1<sup>st</sup> July 2025

Vale cabinet member responsible:

Councillor Mark Coleman

Telephone: 07483 224436

E-mail: [mark.coleman@southandvale.gov.uk](mailto:mark.coleman@southandvale.gov.uk)

To: Joint Audit and Governance Committee

DATE: 1<sup>st</sup> July 2025

## Internal audit update report Q1 2025/26

### Recommendation

That members review the results of recent internal audit work and monitor progress of management actions.

Implications (further detail within the report)	Financial	Legal	Climate and Ecological	Equality and diversity
	No	No	No	No
Signing off officer	N/A	N/A	N/A	N/A

### Purpose of Report

1. The purpose of this report is to summarise the outcomes of recent internal audit activity at both councils for the committee to review.
2. The committee is asked to monitor progress of management actions to ensure actions are completed correctly in the timescales originally offered by management, and that controls are managing risk more effectively.

- The contact officer for this report is Victoria Dorman-Smith, Internal Audit and Risk Manager for South Oxfordshire District Council (South) and Vale of White Horse District Council (Vale), email [victoria.dorman-smith@southandvale.gov.uk](mailto:victoria.dorman-smith@southandvale.gov.uk).

## Strategic Objectives

- Delivery of an effective internal audit function will support the councils in meeting their strategic objectives.

## Background

- Internal audit is an independent assurance function that primarily provides an objective opinion on the degree to which the internal control environment supports and promotes the achievements of council objectives. It assists the councils by evaluating the adequacy of governance, risk management, and controls. After each audit, internal audit has a duty to report to management its findings on the control environment and risk exposure and recommend changes for improvements where applicable. Managers are responsible for considering audit reports and taking the appropriate action to address control weaknesses.
- The Public Sector Internal Audit Standards (PSIAS) state that the head of internal audit should prepare a risk-based audit plan, which should outline the assignments to be carried out and the resource requirements to deliver the plan, for audit committee approval. The Joint Audit and Governance Committee (JAGC) approved the 2024/25 internal audit plan on 15<sup>th</sup> April 2024. The PSIAS also states that the head of internal audit must periodically report on performance relative to the plan.
- Overall assurance given by internal audit indicate the following:

Overall assurance definitions	
<b>Substantial</b>	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.
<b>Reasonable</b>	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.
<b>Limited</b>	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.
<b>No Assurance</b>	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.

- In addition to providing overall assurance, it is important that management know how important the required action is to their service. Each action has been given a priority rating at service level with the following definitions:

Categorisation of actions	
<b>Priority 1</b>	Findings that are fundamental to the integrity of the service's business processes and require the immediate attention of management.

<b>Priority 2</b>	Important findings that need to be resolved by management.
<b>Priority 3</b>	Finding that requires attention.

## Progress against the internal audit plan

9. Progress against the 2024/25 internal audit plan is summarised in **appendix 1**. The following four audits were completed in quarter one (**appendix 3**):

No.	Audit	Overall Assurance	Management Actions				Not Agreed
			Total	Priority 1	Priority 2	Priority 3	
<b>Operational Audits</b>							
1	Building Control 24/25	Limited	14	2	7	5	0
2	Council Tax 24/25	Substantial	1	0	1	0	0
3	Development Management 24/25	Substantial	2	0	1	1	0
4	Accounts Payable 24/25	Substantial	0	0	0	0	0
<b>Totals</b>			<b>17</b>	<b>2</b>	<b>9</b>	<b>6</b>	<b>0</b>

10. Progress against the 2025/26 internal audit plan is summarised in **appendix 2**. Five operational audits were started in Q1 and are in progress.

## Management actions follow up

11. In line with the PSIAS, the chief audit executive (in these councils the internal audit and risk manager) must establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action. Responsibility to resolve issues and manage agreed actions lies with management.

12. The total number of open actions as of 18<sup>th</sup> June 2025 is 203 (25 priority 1, 126 priority 2, and 52 priority 3). We raised 41 new actions, and 49 actions were implemented. Overall, we received a 72% response rate from action owners.

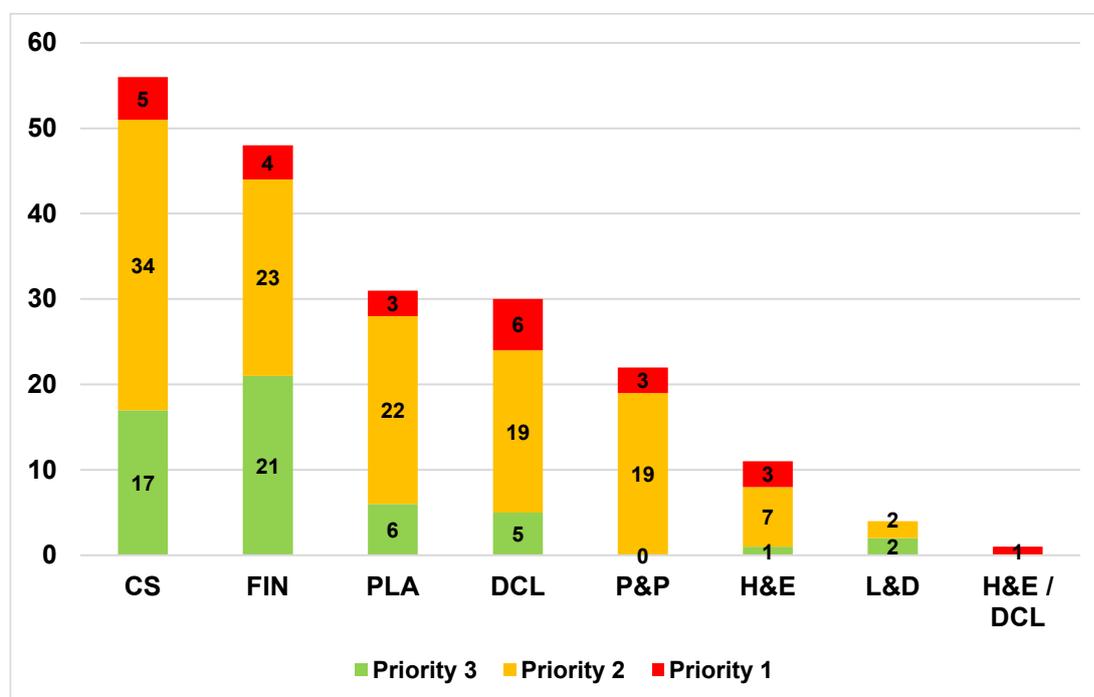
13. Analysis of quarter one 2025/26 follow up activity is summarised below:

Audit year	Total actions	Q1 follow up activity				Open actions July 2025
		New Actions	Implemented	No Longer Applicable	Not Implemented	
2019/20	210	0	2	0	3	3
2020/21	133	0	0	0	0	0
2021/22	135	0	2	0	8	8
2022/23	256	0	9	0	35	35
2023/24	136	0	13	0	46	46
2024/25	151	41	23	0	111	111
<b>Totals</b>	<b>1021</b>	<b>41</b>	<b>49</b>	<b>0</b>	<b>203</b>	<b>203</b>

14. Analysis of open actions by year and status is summarised below:

Open actions July 2025		Not Implemented* (Past Due)				Not Implemented (Not Yet Due)			
Audit Year	No.	Priority 1	Priority 2	Priority 3	Total	Priority 1	Priority 2	Priority 3	Total
2019/20	3	0	2	1	3	0	0	0	0
2020/21	0	No open actions			0	No open actions			0
2021/22	8	0	7	1	8	0	0	0	0
2022/23	35	7	9	19	35	0	0	0	0
2023/24	46	2	23	8	33	0	9	4	13
2024/25	111	13	13	6	32	3	63	13	79
<b>Totals</b>	<b>203</b>	<b>22</b>	<b>54</b>	<b>35</b>	<b>111</b>	<b>3</b>	<b>72</b>	<b>17</b>	<b>92</b>

15. **Open actions by service:** Analysis of open actions by service is summarised below. Corporate Services (CS) and Finance (FIN) have the highest number of open actions. Most actions within Corporate Services are in relation to HR and payroll topics. Within Finance, open actions primarily relate to key financial and risk management.



## Financial Implications

16. The internal audit plan can be delivered from within the approved 2024/25 budget, therefore there are no financial implications attached to this report.

## Legal Implications

17. There are no legal implications from this report.

## Climate and ecological impact implications

18. This report is for information only and therefore there are no climate and ecological implications.

## Equalities implications

19. This report is for information only and therefore there are no equalities implications.

## **Risks**

20. Identification of risk is an integral part of all our internal audit work.

## **Conclusion**

21. This report provides a summary of outcomes of recent internal audit work.

## **Attached**

**Appendix 1** – Progress against the internal audit plan 2024/25

**Appendix 2** – Progress against the internal audit plan 2025/26

**Appendix 3** – Completed audit reports quarter one 2025/26

# APPENDIX 1

## Progress against the internal audit plan 2024/25

No.	Audit	Review Type	Status	Comments	Overall Assurance	Management Actions			
						Total	Priority 1	Priority 2	Priority 3
<b>Key Financial Audits</b>									
1	HBCTRS	Key Financial	Completed		Substantial	4	0	1	3
2	Payroll	Key Financial	Completed		Reasonable	10	1	5	4
3	Treasury Management	Key Financial	Completed		Substantial	0	0	0	0
4	Accounts Payable	Key Financial	Completed		Substantial	0	0	0	0
5	Accounts Receivable*	Key Financial	Draft Out		Substantial	2	0	2	0
6	Council Tax	Key Financial	Completed		Substantial	1	0	1	0
7	General Ledger*	Key Financial	Draft Out		Substantial	4	0	2	2
8	NNDR	Key Financial	Completed		Substantial	2	0	0	2
<b>Development &amp; Corporate Landlord</b>									
9	Contract Management	Audit	Deferred	Pending outcome of external consultant review of contract mgt	N/A	0	0	0	0
10	Salix Grant Funding	Audit	Completed		Reasonable	8	0	8	0
11	UKSPF and REPF Government Returns	Advisory	Completed	Latest UKSPF government return audited in April.	N/A	0	0	0	0
12	Waste Depot	Advisory	As needed		N/A	0	0	0	0
<b>Planning</b>									
13	Development Management	Audit	Completed		Substantial	2	0	1	1
14	Building Control	Audit	Completed		Limited	14	2	7	5
15	Biodiversity Net Gain Government Returns	Advisory	As needed		N/A	0	0	0	0
<b>Housing &amp; Environment</b>									
16	Disabled Facility Grants	Audit	Completed		Substantial	4	0	3	1
17	Waste - Open Book Contract Management	Advisory	Deferred	To be included in the Contract Management 25/26 audit.	N/A	0	0	0	0
18	Housing Compliance	Audit	Completed		Limited	11	4	7	0
<b>Finance</b>									
19	Capital Projects	Audit	Completed		Reasonable	6	2	4	0
20	S106 Developer Contributions	Audit	Completed		Reasonable	9	0	2	7
<b>Corporate Services and Partnerships</b>									
21	5Cs Contract Exit - IT Programme**	Audit	Completed		N/A	0	0	0	0
<b>Policy &amp; Programmes</b>									
22	Migration Programme	Audit	Draft Out		Substantial	0	0	0	0
23	Idox Implementation	Advisory	Deferred	Alternative supplier to replace Ocella is being sought.	N/A	0	0	0	0
24	Transformation Programme Board	Advisory	As needed		N/A	0	0	0	0
<b>Communities</b>									
25	Arts Centres Action Plan Performance	Advisory	Deferred	To be included in the Site Visit 25/26 audit.	N/A	0	0	0	0
<b>Totals</b>						<b>77</b>	<b>9</b>	<b>43</b>	<b>25</b>

\*Draft report issued, overall assurance ratings and management actions are subject to change

\*\*Overall assurance rating and management actions to be reported in the 5Cs Exit audit due to be performed in Q2 2025/26

# APPENDIX 2

## Progress against the internal audit plan 2025/26

No.	Audit	Review Type	Status	Comments	Overall Assurance	Management Actions			
						Total	Priority 1	Priority 2	Priority 3
<b>Key Financial Audits</b>									
1	Financial Scorecard	Key Financial	Not Started						
2	Payroll	Key Financial	Not Started						
<b>Development &amp; Corporate Landlord</b>									
3	Corporate Landlord Model	Audit	Not Started						
4	Community Centres	Advisory	Not Started						
5	Engineering Services	Audit	Not Started						
6	H&S Risk Assessments	Audit	In Progress						
7	Toilets	Audit	Not Started						
8	UKSPF and REPF Government Returns	Advisory	Not Started						
<b>Planning</b>									
9	Biodiversity Net Gain (BNG)	Audit	Not Started						
<b>Housing &amp; Environment</b>									
10	Garden Waste Permit Scheme	Audit	Not Started						
11	Housing Allocations	Audit	Not Started						
<b>Legal &amp; Democratic</b>									
12	Anti-fraud & Corruption Policy	Advisory	In Progress						
<b>Finance</b>									
13	CIL Income	Audit	Not Started						
14	Supplier Relationship Management	Audit	Not Started						
15	Council Fees & Charges	Audit	In Progress						
<b>Corporate Services</b>									
16	Cyber Security	Audit	Not Started						
17	5Cs Exit	Audit	Not Started						
18	Travel & Subsistence	Audit	Not Started						
<b>Policy &amp; Programmes</b>									
19	Neighbourhood Planning	Audit	Not Started						
<b>Communities</b>									
20	Active Communities	Advisory	In Progress						
<b>Other</b>									
21	Housing Landlord	Audit	Not Started						
22	Ocella Replacement	Audit	Not Started						
23	Site Visit	Audit	In Progress						
<b>Totals</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Internal Audit Report

## Building Control 2024/25

Draft report: 13 May 2025

Final report: 28 May 2025

Last audited: November 2016 (Limited assurance)

**Audit Objective** To ensure appropriate arrangements are in place to manage building control services in line with regulatory standards.

Assurance Opinion		Number of Actions				
		Priority	Joint	South	Vale	Reference
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.	Priority 1	2	-	-	1 & 13
		Priority 2	7	-	-	2 to 6, 9 & 10
		Priority 3	5	-	-	7, 8, 11, 12 & 14
		<b>Total</b>	<b>14</b>	<b>-</b>	<b>-</b>	<b>Appendix 1</b>

### Key Risks Reviewed

- Policies, procedures, and guidance is not in place resulting in non-compliance to regulations and reputational damage.
- Building control systems and records are not maintained, therefore not conforming to regulatory standards resulting in reputational damage.
- Enforcement procedures are not in place, resulting in a breach of regulations.
- Health and safety practices fail to maintain officer safety.
- Building Safety Regulator reporting requirements are not met.

The audit scope included:

Objective	Audit Scope
1 Policies, procedures, and guidance	<ul style="list-style-type: none"> <li>• Appropriate policies, procedures, and governance is in place to ensure compliance with relevant legislation.</li> </ul>
2 Records management	<ul style="list-style-type: none"> <li>• Building control systems and records are maintained in line with regulations.</li> </ul>
3 Enforcement and complaints	<ul style="list-style-type: none"> <li>• Enforcement procedures are in place and appropriate to adhere with regulations.</li> </ul>
4 Health and Safety and Risk Management	<ul style="list-style-type: none"> <li>• Health and safety arrangements are adequate to maintain officer safety.</li> </ul>
5 Performance reporting	<ul style="list-style-type: none"> <li>• Statutory reporting is met in line with Building Safety Regulator requirements.</li> </ul>

## Background Information

- South Oxfordshire District Council and Vale of White Horse District Council provide a statutory joint Local Authority Building Control Service, named in title as SouthVale Building Control.
- On June 28, 2022, the Building Safety Act 2022 received royal assent, bringing about the biggest change to building safety in 40 years. The Building Safety Regulator (BSR), established as part of the Health and Safety Executive, was set up under the Building Safety Act 2022 to regulate higher-risk buildings, raise safety standards of all buildings and help professionals in design, construction, and building control, to improve their competence. The Building Control process is a legal requirement that exists to ensure that new homes or extensions are safe, well-built and energy efficient.
- A new set of rules referred to as Operational Standards Rules (OSRs) were introduced in April 2024 (updated September 2024). To support the OSRs an additional set of Monitoring Arrangements (OSMs) was introduced at the same time. OSRs apply to building control functions delivered by local authorities and registered building control approvers (RBCAs). Local authorities and RBCAs must comply with the OSRs and must report on six key performance indicators (KPIs), from April 2025. The reportable data and KPIs are intended to identify if Building Control Bodies (BCBs) are operating efficiently and effectively, resources are appropriately targeted and are delivering their purpose to ensure duty holders comply with the Building Regulations 2010.
- Local Authorities must now have an industry recognised Quality Management System (QMS) in place to meet the requirements of the OSRs. SouthVale Building Control has adopted the Local Authority Building Control (LABC) Quality Management System (QMS) and associated policies in its entirety, from June 2024. Annual audits undertaken by the Building Control Team are required to be submitted to the LABC Standards Team to monitor conformance to QMS requirements.
- The Local Authority Building Control Team can also be audited separately by the LABC Standards Team, BSI, and will over a 5year rolling programme, be audited by the BSR. The BSR has powers to sanction Building Control Bodies who are in contravention of the OSRs and take action against those who fail to fulfil the requirements of the OSRs.
- Under The Building Safety Act 2022, the BSR must establish and maintain a register of building inspectors and publish a code of conduct for registered building inspectors (RBI). Local authorities must apply all 'Operational Standards Rules' and officers/contractors must adhere to the 'Code of Conduct for Registered Building Inspectors' (CoC), as published by the BSR.
- The role of building control is now primarily regulatory, placing greater emphasis on ensuring that projects align with the Building Act and Regulations. This shift means a stronger focus on safety and adherence to the rules, ensuring that everyone involved in construction meets their responsibilities. Contravening building regulations is a criminal offence, which can result in significant fines and, in serious cases, custodial sentences. The local authority building control is responsible for applying various Acts of Parliament and Statute Laws and enforcing the Building Regulations.
- A local authority has a general duty and statutory function to enforce the building regulations in its area and will seek to do so by informal means wherever possible. If informal enforcement does not achieve controlled works that are compliant with the relevant requirements of the regulations, the local authority has multiple formal enforcement powers which it may use in appropriate cases. Under The Public Health Act 1961 and under Section 77 and 78 of The Building Act 1984, local authorities also have a statutory duty for dangerous structures to ensure that: all structures within the district that are considered dangerous are made safe within the shortest period possible.
- Building control applications are managed through the Council's planning system, Ocella. Payments linked to building control services are received through the Council's Pay360 system, via a link published on both South and Vale websites. A full planning system migration to a new provider is planned for September 2025.

Key Findings		
Objective	Key Findings	
1	Policies, procedures, and guidance	<ul style="list-style-type: none"> <li>One contractor had not informed the regulator to update the Register of Building Inspectors (RBI) following employment at the council, and evidence of qualifications attained was not on file (now complete). Individual Personal Development Plans (PDPs) and evidence of CPD achieved by RBIs was available and is retained on the service drive for all but two contractors.</li> <li>There are no Class 3 trained inspectors for building categories G (no height limit) and H (higher-risk-buildings) employed by SouthVale. Although the need for inspection of building categories G and H is limited (i.e. minimal requests within the districts), the councils are required to maintain suitable provisions to provide a full statutory service.</li> <li>Annual review of fees and charges was conducted in line with the Constitution for the Planning Service (incl. building control) in January 2024. In February 2024, the agreed fees and charges were approved as part of budget setting process by Scrutiny. From 1 April 2025, Fees and Charges for 2025/26 are available on both South and Vale websites, in line with neighbouring authorities.</li> <li>As part of the LABC QMS, there are numerous policies and procedures in place that have been adopted fully and in their entirety by the SouthVale Building Control team. The team also have internal Standard Operating Procedures (SOPs) providing guidance on operational tasks and duties. Three procedural records were highlighted as overdue review during the team's QMS internal audit undertaken in November 2024 and remain outstanding.</li> </ul>
2	Records management	<ul style="list-style-type: none"> <li>Outdated contact information is published within the joint SouthVale Building Control Service Privacy Notice, and our testing found records held more than the declared data retention period.</li> <li>Checks against submitted plans were not always evidenced at registration to validate accuracy in fees, data fields within Ocella were not consistently populated in line with the internal SOP, and evidence of commencement notification is not routinely retained on case files.</li> <li>Photos to support inspections are not regularly obtained and where present were not date/time marked or geo-tagged (an OSR requirement). Due to a system issue, automated site inspection reports were not evidenced as being issued to applicants in December 2024 and January 2025. Inspector notes and observations were recorded on Ocella and subsequent reports issued in line with expectation.</li> <li>The Code of conduct (CoC) for RBIs advises the requirements for communicating terms of engagement with applicants and clients. Review of standard SouthVale registration letters identified these requirements are not currently being met.</li> <li>We found two applications recorded in Ocella as having outstanding payment of fees despite payments being received in Pay360 and Unit 4. A regular reconciliation of registration records and systems is not currently performed.</li> <li>A Refund Procedure provides suitable checks, approvals, and segregation of duties; however, evidence to support confirmation of processing was not consistently retained on file, as required by the procedure.</li> <li>Policies and procedures are not in place to support the appointment of specialist contractors/consultees. Currently, these are assessed on a case-by-case basis and are not standardised.</li> <li>Four contractors/specialist suppliers are routinely used for building control works and there are no contracts or procurement management plans (PMP) in place. Expenditure for each supplier is below the £25k threshold for full procurement; however, the frequency and number of appointments may warrant creation of a PMP. No conflicts of interest were declared within the team.</li> </ul>
3	Enforcement and complaints	<ul style="list-style-type: none"> <li>Local authorities may issue Compliance and Stop Notices where building regulations have been breached. A total of three section 36 compliance notices (removal of works) and one section 35 stop notice (prosecution) had been recorded within team records. One Section 36 notice was recorded as no further action due to being outside of action limits (time lapsed).</li> <li>In addition to Compliance and Stop Notices, building control contraventions are recorded in Ocella. These may be the result of non-compliant building works identified through inspections, or, as the result of building works instigated without the required building control approvals. We identified contraventions registered in excess of the two-year threshold limit for prosecution that remain open/ongoing.</li> </ul>

Key Findings	
Objective	Key Findings
3 Enforcement and complaints	<ul style="list-style-type: none"> <li>The Dangerous Structures Procedure states that where remedial works are required, officers must log a file note on Ocella to review ongoing progress (max. 90 days). We identified open/ongoing records with no evidence of progress within the 90-day target.</li> <li>Management checks were historically completed on dangerous structures and contraventions to monitor progress; however, checks have since lapsed (last completed September 2024 for dangerous structures and November 2024 for contraventions).</li> <li>The joint corporate complaints policy meets the OSR complaint handling requirements (i.e. published, accessible, clear, up to date). We reviewed the latest Building Control complaints data and found that it complies with OSM handling and reporting requirements.</li> </ul>
4 Health and Safety and Risk Management	<ul style="list-style-type: none"> <li>Per the Code of Conduct (CoC) for Registered Building Inspectors, officers must maintain up-to-date knowledge of council health, safety, and wellbeing policies. The H&amp;S team are undertaking a H&amp;S policy review programme across the organisation that aims to review, align, and simplify council policies and H&amp;S codes. At this time, officer training on these new codes has not been provided and is planned to be completed once all codes have been approved and published.</li> <li>The H&amp;S team advised it would be beneficial to have dynamic risk assessments in place for smaller (domestic) and larger (developer) site visits (accessing scaffold/excavations etc) and are happy to work alongside the team to achieve this.</li> <li>From reviewing LoneAlert data we noted some regular lone workers with low or no system usage. We also noted from PPE inventory checks that some officers are awaiting PPE which is required to undertake their duties safely.</li> <li>The CoC sets out the standards of professional conduct and practice expected of RBIs. It states you must only undertake work for which you (where relevant as a self-employed contractor) or your employer is suitably insured. We established that the Building Control service is insured under each council's Professional Negligence Insurance Policy, with current policies valid until 30 September 2025.</li> <li>The SouthVale Building Control Service has adopted the LABC QMS. Part of this framework includes a Risk Treatment Plan and policy that outlines the principles and guidelines to manage and mitigate risks associated with Building Control functions and activities. The initial risk treatment plan has identified seven risk consequences (threats), whereas the Planning service risk register includes only one Building Control risk. The risks identified on the Risk Treatment Plan need to be added to the service risk register to ensuring adequate oversight and management of these risks.</li> </ul>
Performance reporting	<ul style="list-style-type: none"> <li>The first quarterly return (Q4 2024) was submitted to the BSR by the OSM deadline of 30 April 2025. There is currently no performance related data reported internally to senior management or members.</li> <li>In line with the LABC QMS, the team must complete an annual internal self-assessment audit for each authority to maintain the requirements of ISO 9001:2015. This was last completed in November 2024 (delayed submission) and is due again in July 2025.</li> <li>The audits identified a total of 53 joint actions, (33 non-conformances and 20 opportunities for improvement), the audit conclusions are the same for both authorities. A formal management action plan is not in place to review and monitor progress against the audit report, its findings, and any associated risks. 41 actions are past due and 12 are due by 30 June 2025.</li> <li>In July 2022, LABC conducted a Consultative Financial Review for the SouthVale Building Control Service. This included a desktop review of financial arrangements and compliance with the Building (Local Authority Charges) Regulations 2010 (Charges Regulations) and adherence to the local authority - building control accounting guidance issued by the Chartered Institute of Public Finance and Accountancy - (CIPFA guide).</li> <li>The report highlights several aspects of financial management that do not accord with regulation and guidance and makes recommendations for consideration. A total of eight recommendations were made, of which, one has been resolved. Per the LABC Business Case - Supplementary Report, there is a recommendation to 'review aspects of the financial management of the service – as outlined in the review undertaken by LABC in 2022'.</li> <li>SouthVale Building Services will be subject to an external LABC QMS ISO 9001 audit in November 2025.</li> </ul>

# Internal Audit Report

## Council Tax 2024/25

Draft report: 2 May 2025

Final report: 3 June 2025

Last audited: March 2024 (Reasonable)

**Audit Objective** To provide assurance on the effectiveness of council tax processes and controls at South and Vale.

Assurance Opinion		Number of Actions				
		Priority	Joint	South	Vale	Ref
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.	Priority 1		-	-	-
		Priority 2	1	-	1	1 to 2
		Priority 3	-	-	-	
		<b>Total</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>Appx 1</b>

### Key Risks Reviewed

- Lack of valuation checks, resulting in incorrect council tax bandings being applied to properties.
- Discounts and exemptions are not reviewed, resulting in undetected fraudulent claims.
- Liability is not established, resulting in incorrect recovery action and reputational damage.
- New and amended properties are not promptly identified and monitored, resulting in non-billing of properties and loss of income.
- Debt recovery arrangements are not monitored, and recovery action is not taken.

### Open actions (from previous audits)

The council tax 2023/24 audit recommended two management actions, of which one action in relation to review of historic circumstance codes has not been implemented and remains open.  
The council tax 2022/23 audit recommended five management actions, of which three actions in relation to review of suspense accounts, debt recovery process, exhausted recovery status have not been implemented and remain open.  
We will continue to monitor and report progress of open actions to the Joint Audit and Governance Committee (JAGC) every quarter.

The audit scope included:

Objective	Audit Scope
1 Valuation records	Valuation records are appropriately maintained, reconciled, and reported in a timely manner.
2 Liability and discounts	Liability is correctly determined, with discounts appropriately managed in accordance with agreed processes and legislation.
3 Exemptions	Exemptions are appropriately documented and managed in accordance with legislation and agreed procedures.
4 Billing	Billing is correct and issued in accordance with legislation and billing suppressions are appropriately utilised and monitored.
5 Payments, credits, refunds, and suspense	Payments, credits, refunds, and suspense transactions are appropriately managed, and collection rates monitored and accurately reported.
6 Recovery, enforcement, and write-offs	Recovery, enforcement, and write-offs are undertaken in accordance with agreed procedures and legislation and recovery suppressions are used appropriately and monitored.

Key Findings	
Objective	Key Findings
1	Valuation records <ul style="list-style-type: none"> <li>The Valuation Office Agency (VOA) provides bi-weekly valuation schedules to Capita containing new properties and amendments to existing properties. We reviewed a sample of valuation records and actions per the VOA schedules were accurately made within two working days in the One Revenues and Benefits System.</li> <li>We reviewed the quarterly full valuation reconciliation and confirmed that the number of properties on VOA list reconciles to our system.</li> </ul>
2	Liability and discounts <ul style="list-style-type: none"> <li>During April to October 2024 there were 55,651 (21,942 South and 23,677 Vale) changes to council tax liability, and we found them to be actioned timely, formally supported, and updated on the system.</li> <li>Discounts and exemptions are available to residents, including single person discount, empty properties, and reduction for disabilities. As of November 2024, there were 45,842 (22,858 South and 22,984 Vale) liabilities with discounts applied. Our review confirmed that application forms and supporting documentation were available and discounts were correctly calculated.</li> <li>The 5CP service specification requires Capita to review claims for discount, disregards, reliefs and exemptions at least annually to identify any changes in circumstances. Capita use credit reference agency data to apply a risk scoring metric to accounts in receipt of Single Person Discount (SPD) and perform reviews across three risk bandings (High, Low and No risk), as directed by the Revenues and Benefits Manager.</li> <li>The latest SPD review was conducted by Capita in 2023/24. The next SPD review exercise has been approved to take place in 2025/26.</li> </ul>
3	Exemptions <ul style="list-style-type: none"> <li>Council taxpayers can apply for property exemptions for both unoccupied and occupied properties. The 5CP service delivery plan states that Capita are required to physically inspect all unoccupied and substantially unfurnished properties to confirm their status within three months of first being notified and within a six-monthly work cycle thereafter; and undertake a rolling review of all properties that are the subject of discount and exemption applications, ensuring that each property is reviewed at least annually.</li> <li>Occupied properties are reviewed through a mailshot requesting that the council taxpayer signs to confirm if there are no changes or provides details of changes. Reviews and inspections for certain occupied properties are not required, i.e., diplomatic, or armed forces' residents.</li> <li>The sample of exemptions we reviewed were correctly applied to the account, had supporting documentation and timely inspections were undertaken.</li> <li>Annual reviews for Student (Class N) properties were reviewed between November 2024 and January 2025 in line with the Capita review schedule.</li> <li>Annual reviews for Deceased (Class F – over 12 months) exemptions is due to be undertaken in the next month. Report data shows that there are 715 (373 South and 342 Vale) Class F exemptions, of which 191 (102 South and 89 Vale) are eligible for review. The oldest exemptions being granted in 2012 for South and 2017 for Vale.</li> </ul>
4	Billing <ul style="list-style-type: none"> <li>Council tax bills can be suppressed using diary or circumstance codes. Capita has council tax procedures for circumstance codes, which state that circumstance codes are not used to suppress recovery and diary codes are to be used instead.</li> <li>We reviewed a sample of aged circumstance codes (i.e. over 12 months) and found two open accounts where the code was still live. From this, we determined that regular review and actioning of aged circumstance codes is not regularly undertaken. This finding was also noted in our 2023/24 audit and an action was raised to conduct a review of historic circumstance codes to ensure holds on accounts are followed up and to use diary codes to suppress recovery, which remains open. Capita's Revenues Manager confirmed that the team will be reminded to use diary codes. Additionally, suppression code lists will be worked through to identify historical or new ones that require action.</li> </ul>

Key Findings	
Objective	Key Findings
4 Billing	<ul style="list-style-type: none"> <li>As of January 2025, a total of 2,099 (1,634 South and 456 Vale) accounts had circumstance codes applied, of which, 1,544 South and 367 Vale have been in place for at least 12 months. The oldest accounts with recovery suppressed dated November 2007 for South and June 2011 for Vale. An exercise to review historic codes will continue this year to remove these where appropriate.</li> <li>The overall level of circumstance codes in 2024/25 is lower than 2023/24. For 2024/25 South, there has been a decrease of 1,762 codes older than 12 months in use, along with a reduction of 788 in the number of codes added within the past 12 months. In Vale, the total number of codes older than 12 months is 367, which is 11 more than in 2023/24. However, only 98 new codes were added in the last 12 months, marking a decrease of 310.</li> </ul>
5 Payments, credits, refunds, and suspense	<ul style="list-style-type: none"> <li>Capita undertake daily cash and electronic card payment reconciliations between Pay360 and One Revenues and Benefits systems. From review of 2024/25 cash balancing to date (October 2024), we are satisfied that report values were accurately declared through sample testing.</li> <li>Weekly refund batches were reviewed for five weeks over the period 14 May 2024 to 18 October 2024. Our testing shows a total of 674 (273 South and 401 Vale) refunds were processed for payment, totalling £276,774 (£113,821 South and £162,953 Vale). No issues were noted.</li> <li>Refund batch checks usually completed by the council's revenues and benefits team were not completed on three (37.5%) weeks reviewed. Evidence was presented for the approval of refund. For the weeks identified, refunds were signed-off for processing without secondary client checks being undertaken. For the weeks identified, refunds were signed-off for processing without secondary client checks being undertaken. Further audit sample testing validated ten refunds had been processed correctly.</li> <li>Capita provides monthly performance statistics to the Revenues and Benefits team. The cumulative collection rate to February 2025 for South is 96.15% (0.11% behind last year) and Vale is at 96.09% (0.21% behind last year)</li> </ul>
6 Recovery, enforcement, and write-offs	<ul style="list-style-type: none"> <li>We reviewed the debt recovery actions on a sample of accounts in arrears and found that the Debt Recovery Strategy and recovery timetable was followed; however, one case had obtained an attachment of benefits in August 2022, but this had not been collected resulting in potential loss to the council.</li> <li>From our review and analysis of council tax arrears, as of 31 December 2024 South total debt is £13,254,890, of which £4,231,363 relates to 2019/20 and earlier. For Vale, total debt is £11,800,181, of which £3,469,975 relates to 2019/20 and earlier. As these debts are aged over six years, the likelihood of recovery is low. Time and costs will be used trying to recover money from these debts. These should be considered for write off in 2025/26. Additionally, removal will improve the financial statements. This was raised as a management action in 2022/23 and write offs have occurred during 2024/25 .</li> <li>During the year 90 debts with a value of £130,739 for South and 64 with a value of £69,698 for Vale were written off. This was up to August 2024.</li> <li>As of 31 December 2024, there are 3,204 (1,682 South and 1,522 Vale) accounts coded as pending write-offs on the One Revenues and Benefits system totalling £1,783,673 (£979,865 South and £803,808 Vale). Debts are only written off once the recovery process is exhausted.</li> </ul>

# Internal Audit Report

## Development Management 2024/25

Draft report: 1 May 2025

Final report: 4 June 2025

Previous audit: August 2019 (Satisfactory Assurance)

<b>Audit Objective</b>	The development management process undertaken efficiently and is in line with both the councils' local plans and the Town and Country Regulations 2012, with any planning complaints dealt with appropriately.
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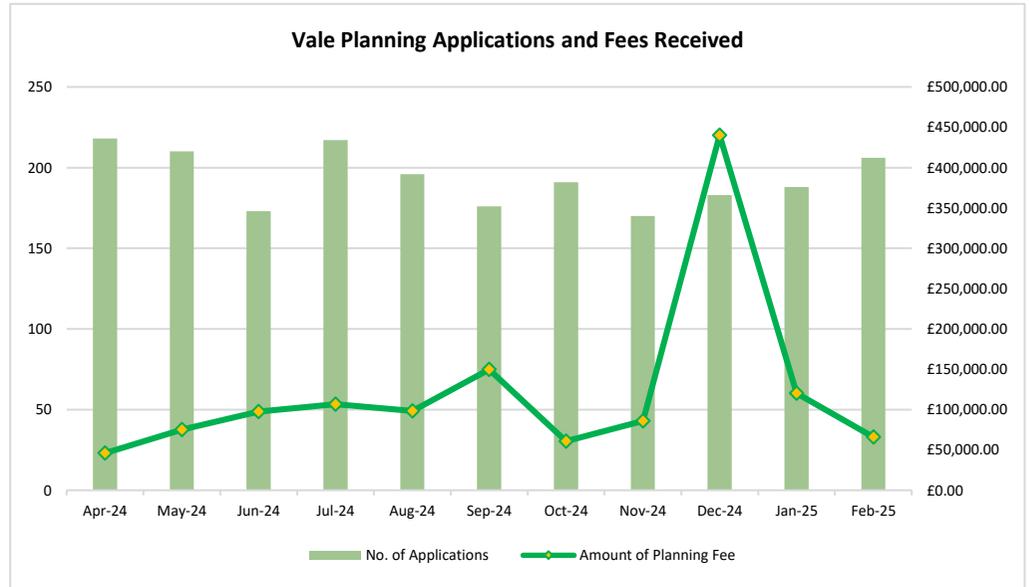
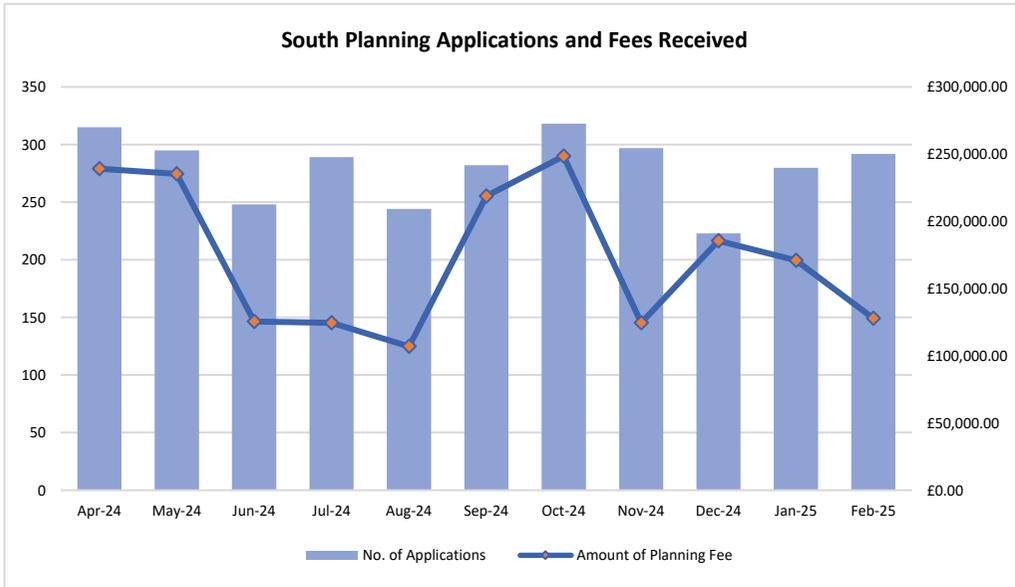
Assurance Opinion		Number of Actions					Key Risks Reviewed
<b>Substantial</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	<b>Priority</b>	<b>Joint</b>	<b>South</b>	<b>Vale</b>	<b>Reference</b>	<ul style="list-style-type: none"> <li>The councils' failure to make an appropriate decision could result in financial loss as an appeal could be lost.</li> <li>Failure to review planning applications could cause incorrect decisions being made resulting in reputational damage to the councils.</li> <li>Failure to make planning decisions in line with the agreed local plan can result in breach of legislation.</li> <li>Not investigating planning enforcement cases in line with policy could result in officers making incorrect decisions.</li> </ul>
		Priority 1	-	-	-	-	
		Priority 2	1	-	-	2	
		Priority 3	1	-	-	1	
		<b>Total</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>Appendix 1</b>	

The audit scope included:

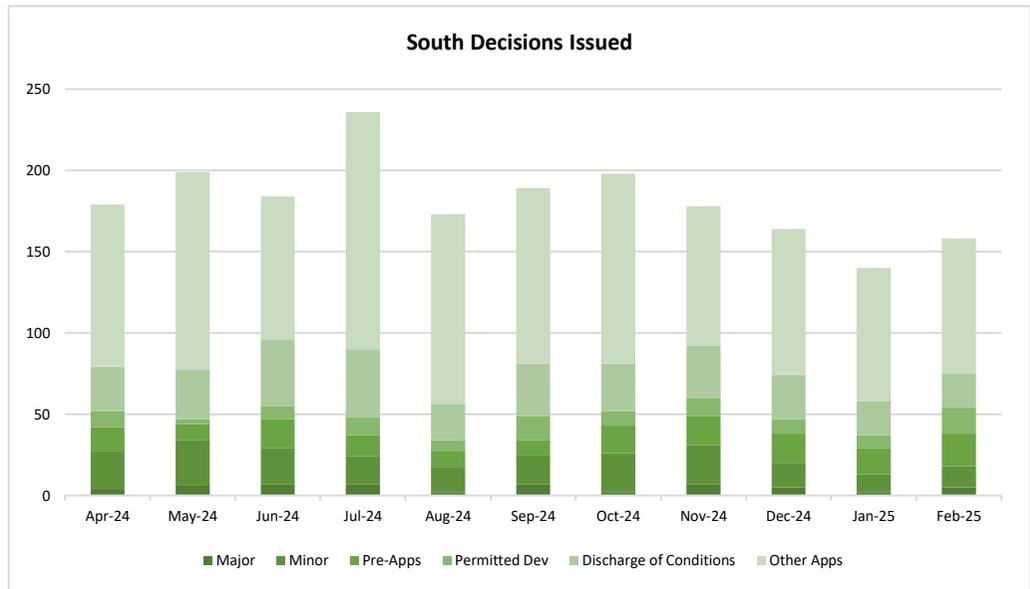
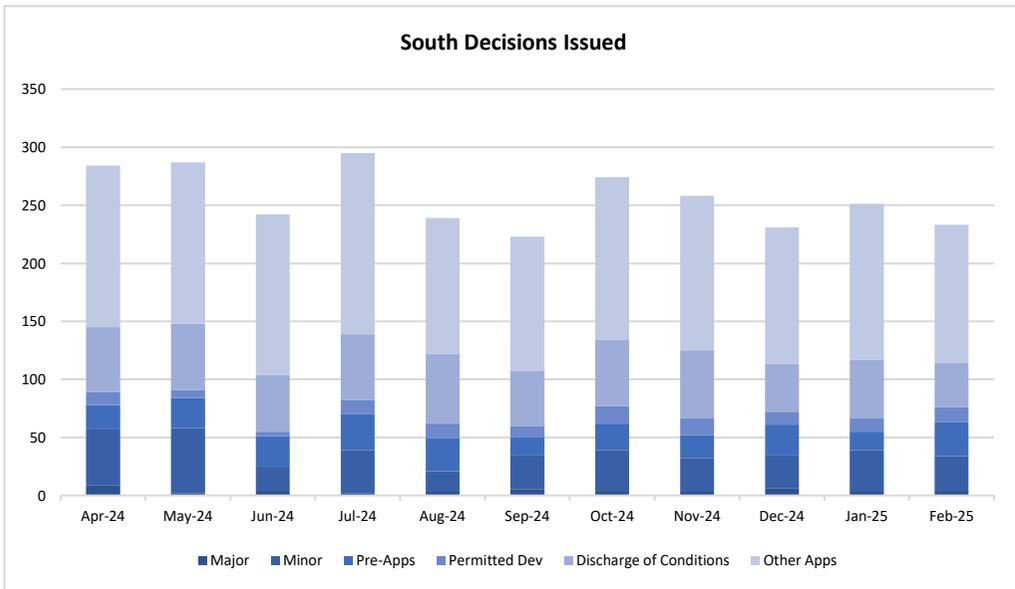
Objective	Audit Scope
1 Local plan	<ul style="list-style-type: none"> <li>A local plan is developed and meets the requirements of the national planning policy framework.</li> </ul>
2 Pre-application enquiries	<ul style="list-style-type: none"> <li>The pre-application enquiries (PE) system used to record and process planning enquires: <ul style="list-style-type: none"> <li>has policies and procedures in place to ensure that it is administered correctly.</li> <li>has adequate audit tracking facilities built in to identify responsible officers/authors.</li> <li>has PE performance indicators clearly identified.</li> <li>assists officers in assigning and managing PE's appropriately and in a timely manner.</li> </ul> </li> </ul>
3 Planning applications and decision making	<ul style="list-style-type: none"> <li>Planning applications are reviewed, and decisions are made in a timely manner.</li> <li>Decisions, conditions and obligations are appropriately made and approved.</li> </ul>
4 Planning enforcement	<ul style="list-style-type: none"> <li>Planning enforcement cases are appropriately managed and investigated in line with policy.</li> </ul>

**Executive Summary**

The number of planning applications and fees South and Vale received in 2024/25 to February 2025 is illustrated in the charts below:



The number of planning decisions South and Vale made in 2024/25 to February 2025 is illustrated as follows:



Key Findings	
Objective	Audit Scope
1	Local plan
2	Pre-application enquiries
3	Planning applications and decision making
4	Planning enforcement

- Each council has a current local plan in place, which were appropriately approved by the planning inspectorate and at their Councils meeting. The local plans are available to residents and contractors via council websites.
- Currently the councils have, in draft, a joint local plan 2041, which was submitted to the planning inspectorate on 9 December 2024. From review, we are satisfied with the development of the local plan process.

- Pre-application advice guidance, and the 2024/25 fees and charges are available to the public via the councils' websites.
- We reviewed a sample of pre-application advice and found:
  - payments are appropriately received, in line with the pre-application planning and discrepancy charges for the level of service that is requested and provided.
  - the pre-application advice is appropriately allocated to a planning officer.

- Planning and development guidance and the latest (2024/25) planning fees are available to the public on South and Vale websites.
- South and Vale planning fees are in line with the Town & Country Planning Regulations.
- We reviewed a sample of planning applications, which confirmed the following:
  - applicants paid the correct planning fee amount.
  - applicants appropriately submitted all required information, supporting their application.
  - applications were approved or rejected at the appropriate level.
  - segregation of duties is in place between the officer reviewing that application and the officer approving the decision.
- Both weekly and monthly performance dashboards are maintained and performance targets are being met.
- PS1 and PS2 returns gather data on planning applications and are used to monitor planning policies, performance, and decisions. The councils submit the returns to the Ministry of Housing Communities and Local Government. As of March 2025, the latest return was submitted in January 2025 for quarter three.

- Council websites provide sufficient details to residents on reporting a possible planning breach and the investigation process.
- We benchmarked South and Vale planning enforcement statements against four neighbouring councils and confirmed that sufficient information is included in our statement. We did, however, note that the enforcement statement is outdated, and the document has no version control.
- Standard operating procedures (SOPs) are sufficiently detailed, covering all aspects of the planning enforcement process.
- We checked a sample of closed enforcements and confirmed that the proper processes were undertaken in line with the enforcement statement. However, several closed enforcements were not completed within the required six weeks.
- Per the planning system, Ocella, we noted delays with the complaints moving from triage to being allocated to a planning enforcement officer with the longest delay being 72 working days at South and 70 working days at Vale.
- South and Vale enforcement registers are available to the public on council websites, which is a requirement of the Town and Country Planning Act 1990.

# Internal Audit Report

## Accounts Payable 2024/25

Draft report: 6 June 2025

Final report: 13 June 2025

Last audited: February 2024 (Substantial assurance opinion)

<b>Audit Objective</b>	To ensure that the accounts payable process is compliant with councils' policy and procedures, and robust controls are in place for prompt payment of invoices and prevention of duplicate payments.
------------------------	--

Assurance Opinion		Number of Actions				Key Risks Reviewed	
<b>Substantial</b>	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.	Priority	Joint	South	Vale	Reference	<ul style="list-style-type: none"> <li>Lack of formal guidance for officers, resulting in inconsistencies, errors, and lack of accountability.</li> <li>Lack of controls resulting in duplicate or irregular payments to suppliers with potential financial loss.</li> <li>Invoices and payment vouchers are not paid and processed promptly, resulting in negative relationships with suppliers.</li> <li>Lack of adequate segregation of duties resulting in the potential for fraudulent activity.</li> </ul>
		Priority 1	-	-	-	-	
		Priority 2	-	-	-	-	
		Priority 3	-	-	-	-	
		<b>Total</b>	-	-	-	-	

<b>Open actions (from previous audits)</b>	One Priority 3 action remains open from the 2022/23 accounts payable audit, in relation to a tidy up of Unit4 cost centres. Open actions are monitored and reported to the Joint Audit and Governance Committee (JAGC) quarterly.
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The audit scope included:

Objective	Audit Scope
1 Key system controls and policies	<ul style="list-style-type: none"> <li>Review and test operating effectiveness of system controls.</li> <li>Procedural notes/documentation are in place and regularly reviewed.</li> </ul>
2 Invoice and payment voucher processing	<ul style="list-style-type: none"> <li>Invoices put on hold are promptly reviewed and paid.</li> <li>Invoices are received and promptly processed in a controlled manner and supported by appropriate documentation.</li> <li>VAT is appropriately allocated for applicable creditor payments.</li> <li>Payment vouchers (refunds) are processed, authorised, and actioned.</li> <li>Service teams have procedural notes/documentation in place to support officers raise invoices and purchase orders.</li> <li>Credit notes are controlled and approved.</li> </ul>
3 Duplicate suppliers and payments	<ul style="list-style-type: none"> <li>Controls to prevent duplicate suppliers and payments are working effectively.</li> </ul>
4 BACS payment transactions	<ul style="list-style-type: none"> <li>BACS payments are strictly controlled, appropriately authorised, and correctly paid</li> </ul>

Key Findings	
Objective	Key Findings
1	<p>Key system controls and policies</p> <ul style="list-style-type: none"> <li>The council's financial procedure rules, updated in August 2024, form part of the Constitution and list the officers who can approve financial documents in the accounts payable process.</li> <li>Officers can find guidance, procedures, and templates about their roles in accounts payable on Jarvis (from 1 June available on Our Space).</li> <li>The Exchequer team has its own working procedures that are kept up to date and reviewed regularly.</li> <li>Accounts payable templates are in place, and Jarvis shows these templates are available to all officers.</li> </ul>
2	<p>Invoice and payment voucher processing</p> <ul style="list-style-type: none"> <li>Data for the 2024/25 year was run to confirm that accounts payable invoices are paid within the agreed 30-day period, achieving 95% for South and 93% for Vale.</li> <li>Sample testing showed that requisitions and invoices are properly approved, and goods are receipted in Unit4.</li> <li>Parked invoices are monitored on a monthly basis.</li> <li>Controls are in place to ensure that parked or held invoices by service areas remain on hold only for a limited and reasonable time.</li> <li>Credit notes are issued and approved in compliance with the established policy.</li> </ul>
3	<p>Duplicate suppliers and payments</p> <ul style="list-style-type: none"> <li>A summary of the set up of suppliers is as follows:</li> <li>New supplier forms must be fully completed using the current version, signed by both the supplier and the Service Team, and include insurance documents. <ul style="list-style-type: none"> <li>Checks performed to confirm all required details and signatures are provided, that the supplier is not already set up on Unit4, and any incomplete or duplicate forms are returned to the Service Team.</li> <li>Approved requests are moved to the relevant folder in the mailbox. A designated officer sets up the supplier in Unit4 following technical guidance.</li> <li>A second Exchequer officer checks the supplier setup in Unit4 for accuracy.</li> <li>Screenshots from the latest National Fraud Initiative (NFI) exercise were investigated and appropriately dealt with by the Exchequer Team Leader. Duplicate accounts were either removed or justified based on their circumstances.</li> </ul> </li> <li>Sample testing of five potential duplicates per council was conducted and confirmed that these were not true duplicates, demonstrating that effective controls are in place to minimize this risk.</li> <li>Invoices are registered individually and entered onto Unit4 using a combination of manual review/input of data entered by the specialised software, Rossum ai invoice system. The software will not let duplicate invoice numbers be registered against the same supplier account number, the Rossum ai invoice system also picks up part of the text.</li> <li>No changes have been observed in the procedures for managing duplicate payments since October 2023. Testing confirmed that payments with identical values were not duplicates.</li> </ul>
4	<p>BACS payment transactions</p> <ul style="list-style-type: none"> <li>A review of a payment run confirmed that sufficient checks and approvals are completed before a BACs payment is released.</li> </ul>

# Joint Audit and Governance Committee



<p>Report of Head of Corporate Services</p> <p>Author: Sally Truman</p> <p>Telephone: 07717271893</p> <p>Textphone: 18001 07717271893</p> <p>E-mail: sally.truman@southandvale.gov.uk</p>	
<p>Cabinet member responsible: Leigh Rawlins</p> <p>Tel: 01189 722565</p> <p>E-mail: Leigh.Rawlins@southoxon.gov.uk</p>	<p>Cabinet member responsible: Neil Fawcett</p> <p>Tel: 07810 482376</p> <p>E-mail: Neil.Fawcett@whitehorsedc.gov.uk</p>
<p>To: Joint Audit and Governance Committee</p> <p>DATE: 1 July 2025</p>	

## Annual Complaints Report 2024-2025

### Recommendations:

That the committee notes:

- (a) the formal complaints received in 2024-25 and the councils' performance in responding to complaints against timescales set out in our Corporate Complaints Policy and Procedure, as shown in **Appendix 1**
- (b) the complaints received by the Local Government and Social Care Ombudsman relating to the councils in 2024-25, as shown in **Appendix 2**
- (c) the councils' self-assessment as required by the Housing Ombudsman code of practice, as shown in **Appendix 3**
- (d) the revised Managing Vexatious and Unreasonable Customer Behaviour Policy as set out in **Appendix 4**
- (e) the new Remedies and Compensation Policy as set out in **Appendix 5**

<b>Implications</b>	<b>Financial</b>	<b>Legal</b>	<b>Climate and Ecological</b>	<b>Equality and diversity</b>
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<b>(further detail within the report)</b>	No	Yes	No	No
<b>Signing off officer</b>		<b>Nick Bennett</b>		<b>Mark Minion</b>

## Purpose of Report

1. The purpose of this report is to provide a review of formal complaints the councils received during 2024-25 which were considered under the corporate complaints' procedure. This report is one mechanism by which our complaints-handling processes are scrutinised and staff responding to formal complaints are held to account in accordance with current good practice.
2. The report provides the Committee with an update on actions completed and underway in response to the new complaints handling codes published last year by the Local Government and Social Care Ombudsman (LGSCO) and the Housing Ombudsman (HO). Each year the councils must complete a self-assessment against the HO Code, and this is included for information.
3. Following our adoption of the new Codes amendments were made to the councils' Corporate Complaints Policy and Procedure – and we continue to keep this under review. We have updated our Managing Vexatious and Unreasonable Customer Behaviour Policy. We have also introduced a new policy and guidance for staff on remedies and compensation awards resulting from upheld complaints.

## Strategic Objectives

4. This report sets out how the councils respond to and are adapting their complaints handling processes to ensure that we continue to do so in line with best practice on complaints handling. It therefore underpins all the councils' respective Council Plan objectives and principles; and makes a specific contribution to *Working openly, transparently, responsibly, and in partnership* (Vale) and *Participation, accessibility and accountability* (South).

## Background

5. In early 2024, both the LGSCO and the HO published new Codes of Practice in relation to handling of formal complaints. The HO code is a statutory code meaning that the councils, as social landlords, must comply with its provisions. The LGSCO code is discretionary, however it sets out current good practice on complaint handling and the councils adopted it as such.

## Complaints and Compliments in 2024-25

6. The number of complaints received by each council during 2024-25 is set out below, with further detail included at **Appendix 1**.

### *South Oxfordshire District Council (SODC)*

7. During 2024/25, SODC received 99 stage one complaints, which is an increase of 35 (55%) on the previous year. The noticeable difference is the increase in stage one complaints received by Finance from 26 in 2023-24 to 56 in 2024-25. The number of complaints referred to stage two has decreased by 6 to 14 during 2024-25.

### *Vale of White Horse District Council (VWHDC)*

8. VWHDC has seen a rise in complaints at each stage in 2024-25, with 99 registered at stage one compared to 75 in 2023-24 (an increase of 32 percent). The noticeable difference is the increase in complaints received by Finance from 34 in 2023-24 to 50 in 2024-25; 18 complaints were referred to stage two, which is an increase of four on the previous year.

### *Compliments*

9. We have introduced a facility on our websites for residents to provide comments and compliments should they wish to do so. This enables us to record compliments received council-wide and provide balance in reporting of customer feedback. Where compliments have been received and recorded via the online form or the Customer Service Centre during 2024-25 these are included at **Appendix 1**.

### *Developments in reporting*

10. Staff are currently testing a new complaints module, which is an add-on to our corporate Customer Relationship Management (CRM) system. As well as improving the management of formal complaints this should also provide us with data to develop our reporting further, including tracking actions and summarising learning from complaints, it is expected that this information can be included in next year's report.

## **Complaints referred to the Ombudsman**

11. The LGSCO received 6 complaints relating to SODC, which is a decrease of 2 on the previous year. During 2024-25 the LGSCO made 5 decisions relating to SODC - none of these complaints were upheld. The Ombudsman either closed all after initial enquiries, did not uphold the complaint or referred the complaint back to the council for local resolution.

For VWHDC a total of 13 complaints were received by the Ombudsman, this is an increase of 10 from the previous year. During 2024-25 the LGSCO made 8 decisions relating to VWHDC. The Ombudsman closed 5 complaints, referred 2 back for local resolution and upheld 1 complaint.

During 2024-25 the HO did not receive any complaints for either council in relation to their landlord services.

Summary information on LGSCO complaints is attached at **Appendix 2**. The annual Ombudsman letters are published on the LGSCO's website at: [lgo.org.uk](http://lgo.org.uk).

## **The HO Self-assessment 2024/25**

12. As the councils are now social landlords, we are required to complete an annual self-assessment of how our complaints handling complies with the HO Code. This must be submitted to the HO and published on our websites by 30 September each year. Our completed self-assessment is attached for information at **Appendix 3**. It shows that we are compliant with the Code. Two further actions are underway to improve our complaint handling: a training module for all staff is being developed for the councils' new HR training system, and our new complaints module is scheduled to launch on 1 July.

## **New/revised policies**

13. To respond to the changes required in the HO and LGSCO codes we carried out a full review of our Complaints Policy in 2024 and have continued to make minor revisions throughout the year as we develop our understanding of best-practice complaint handling. The current policy is published on our websites at:  
<https://www.southandvale.gov.uk/app/uploads/sites/2/2024/10/Corporate-Complaints-Policy-Sept.2024.pdf> or  
<https://www.southandvale.gov.uk/app/uploads/sites/3/2024/10/Corporate-Complaints-Policy-Sept.2024.pdf>
14. We have also revised our Managing Vexatious and Unreasonable Complainant Policy (attached at **Appendix 4**) and have taken the opportunity to widen the focus of this policy to cover all customers and not just those who choose to make a complaint. This is to fill a gap in our policy framework relating to visitors to Abbey House or other council buildings, whose ongoing behaviour is abusive, threatening, offensive or otherwise unacceptable. It now gives us a clear framework to address this behaviour.
15. The LGSCO and HO both expect councils to have a clear framework on remedies offered and compensation paid as a consequence of formal complaints being upheld. The new Policy and Guidance (attached at **Appendix 5**) is based upon the HO and LGSCO's own compensation policies and provides guidance on what levels of compensation could be both appropriate and reasonable based upon the level of service failure experienced or the impact of that failure on the complainant. The councils award very few compensation payments and generally these are low value; the new policy will ensure that rules are applied equitably to any claims across all services.

## **Financial Implications**

16. There are no additional financial implications arising directly from this report. Where considered appropriate, and given the specific circumstances surrounding a formal complaint, a head of service may authorise a compensation payment to the complainant; and the new Policy on this provides a framework for such considerations.

## **Legal Implications**

17. This report sets out actions taken to comply with the HO and LGSCO codes, including a report of complaints received and performance against statutory targets as required by the codes. It is therefore managing the risk of challenge from the Ombudsman or findings against the councils in relation to the way we handle complaints.

## **Climate and ecological impact implications**

18. This report is provided for information only and has no climate and ecological impact implications.

## **Equalities implications**

19. This report is for information only and therefore there are no equalities implications.

## **Risks**

20. It is important that the councils have robust and efficient complaints handling processes in place to ensure that members of the public receive clear and fair responses to their queries and concerns; and to have oversight and review of the process. This provides transparency for customers and manages reputational risk. Good complaint handling means that we can resolve potential service failures early and prevents matters from escalating further and therefore helps prevent claims against the councils.

## **Conclusion**

21. This report sets out a review of formal complaints received during 2024-25. The Committee is asked to review the complaints received, and our response times. Committee is also asked to comment on the self-assessment carried out in line with the requirements of the HO (**Appendix 3**), and on the revised/new policies included at **Appendices 4 and 5**.

## **Background Papers**

LGSCO, Complaint Handling Code  
HO Service, Complaint Handling Code

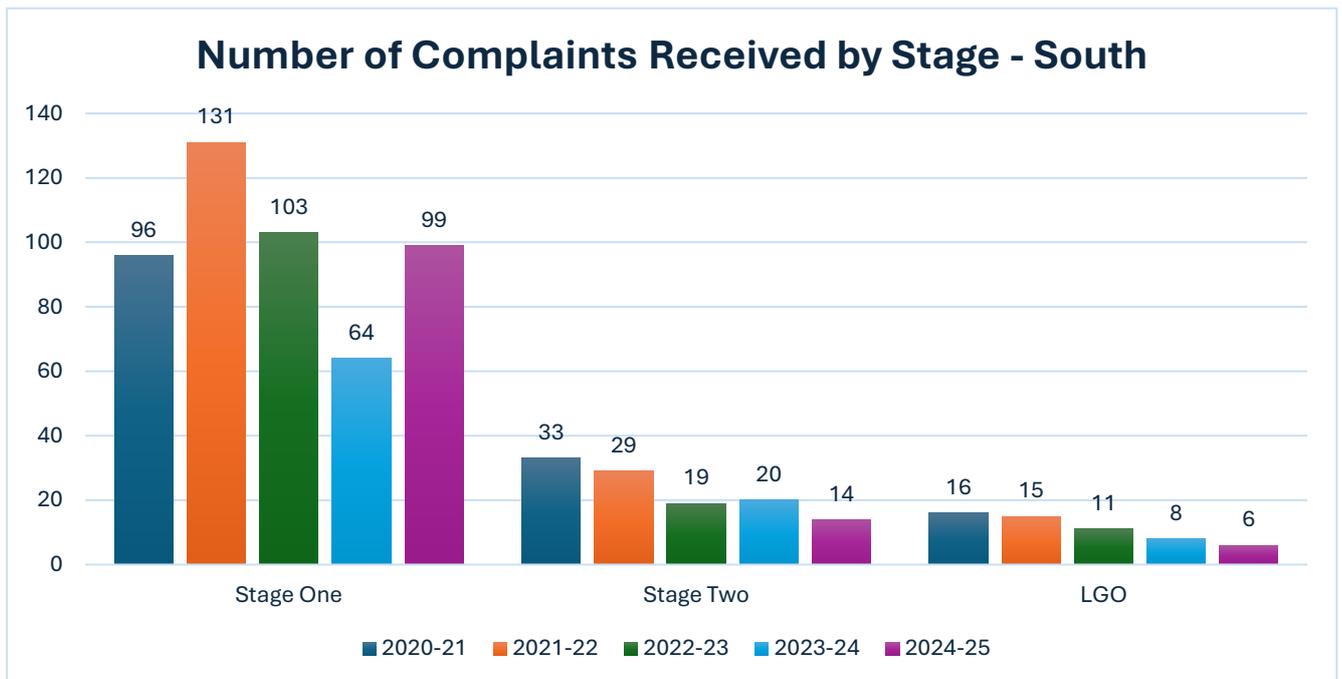
# Appendix 1

## Complaints and Compliments 2024-25

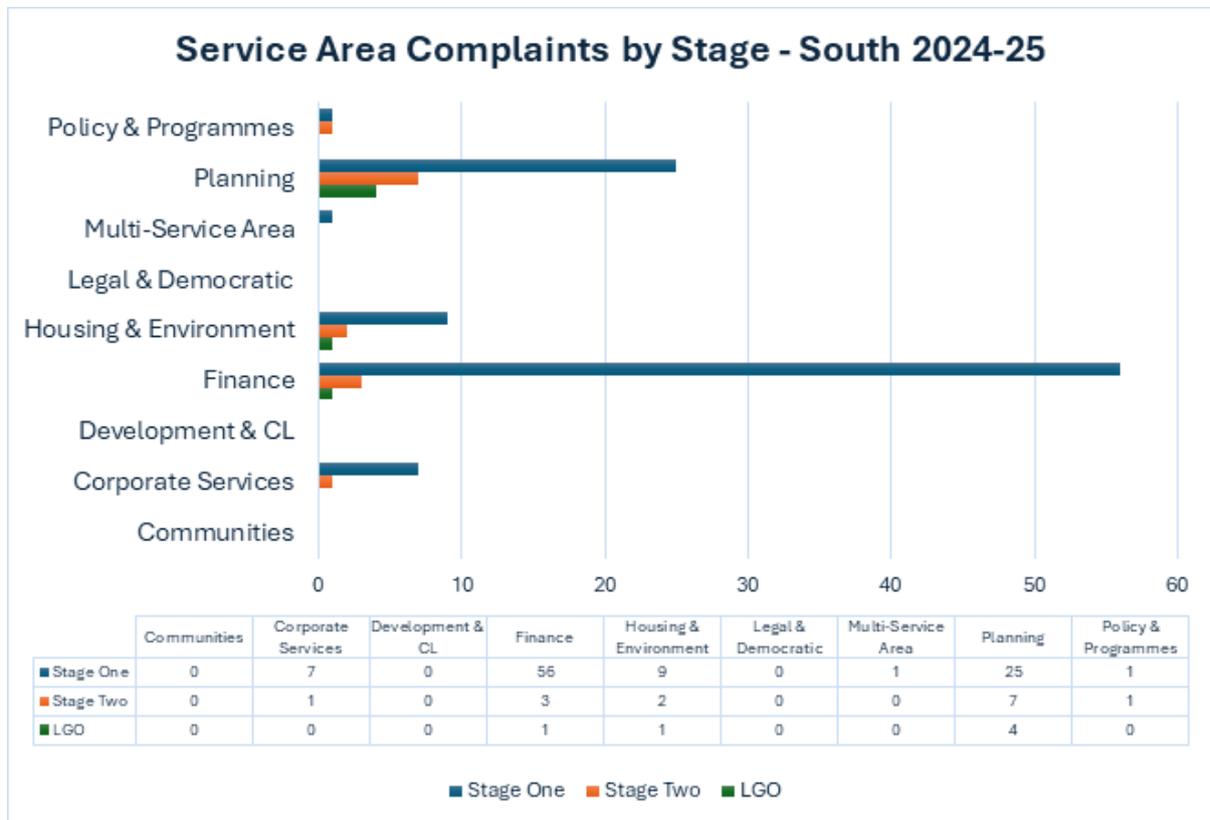
### South Oxfordshire District Council

#### Complaints Received and Response Times

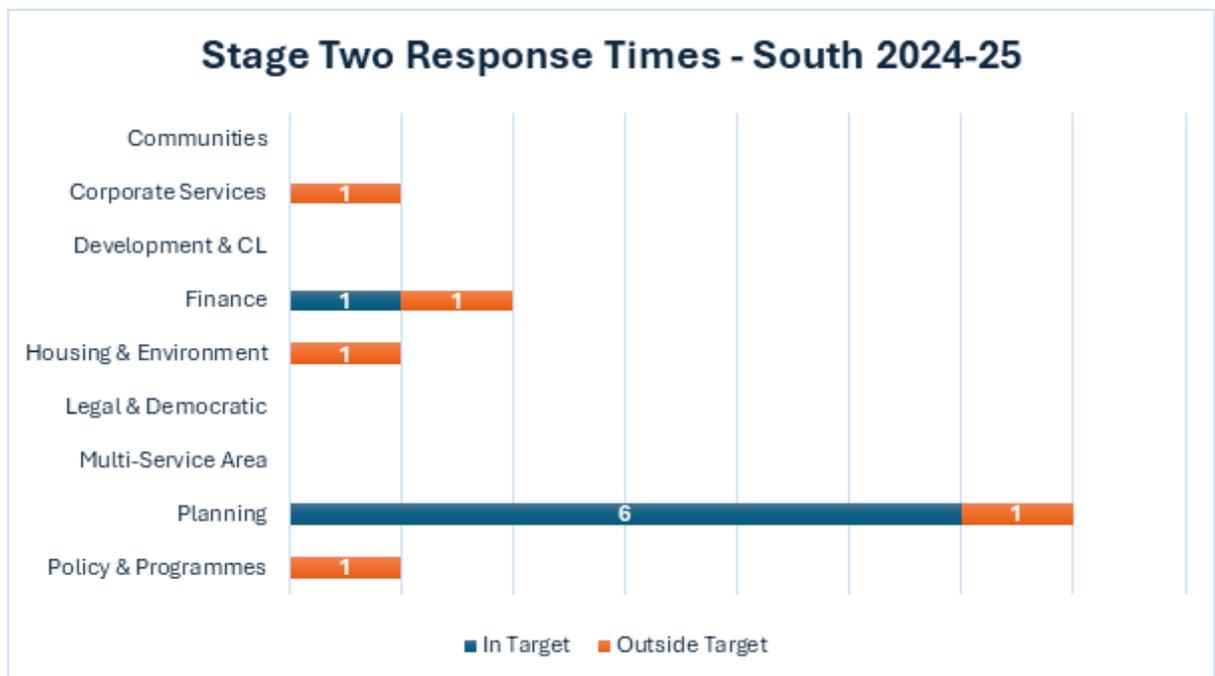
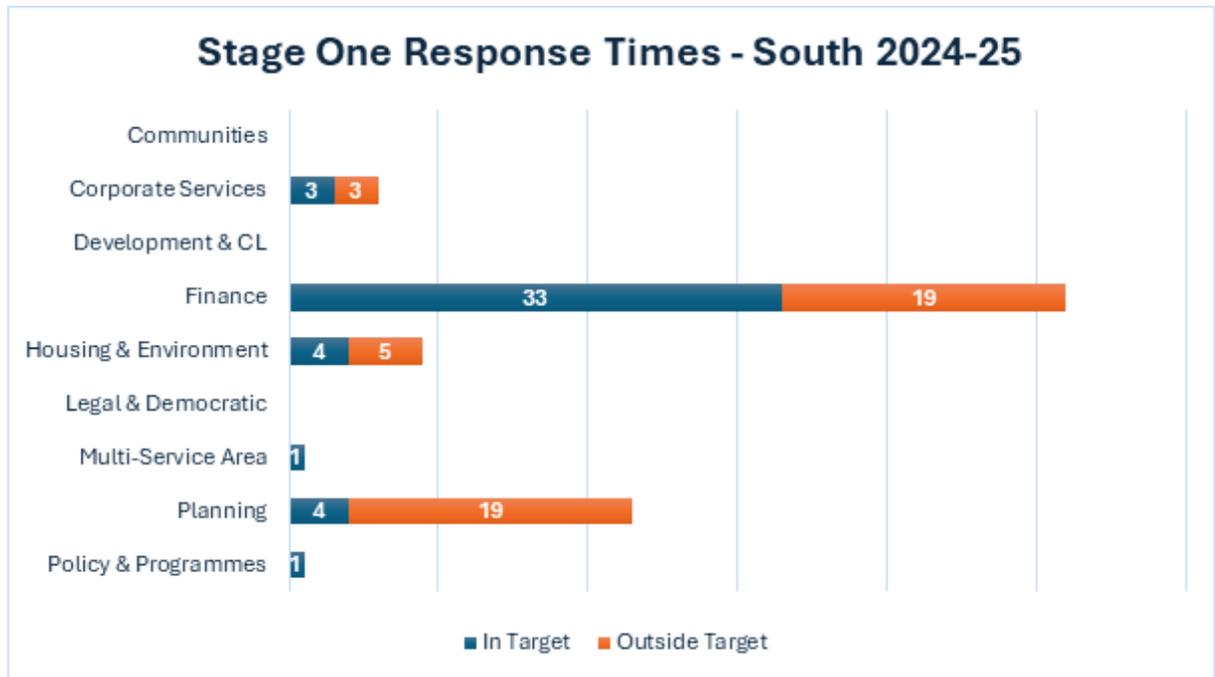
1. The following chart shows the number of complaints received at each stage of the process over the past five years. Whilst in recent years there has been a reduction in numbers of stage two and Ombudsman complaints received, the number of stage one complaints received has increased by 35 (55%) from 2023-24 to 2024-25. (Note: the unusually high number in 2020-21 were due to legacy issues from Covid).



2. The chart below shows the number of complaints received in 2024-25 for each service area at each stage of the complaints process. As in previous years the highest number of stage one complaints relate to council tax/benefits, planning and housing and environment. Corporate Services has also seen an increase in stage one complaints this year.



3. The following charts show service area performance in providing stage one and two responses within the required timescales of 10 working days for stage one and 20 working days for stage two. We achieved 46 percent of stage one responses and 50 percent of stage two. The new complaints system will enable us to record and report on reasons for late responses and to ensure service areas receive prompt reminders on when responses are due.



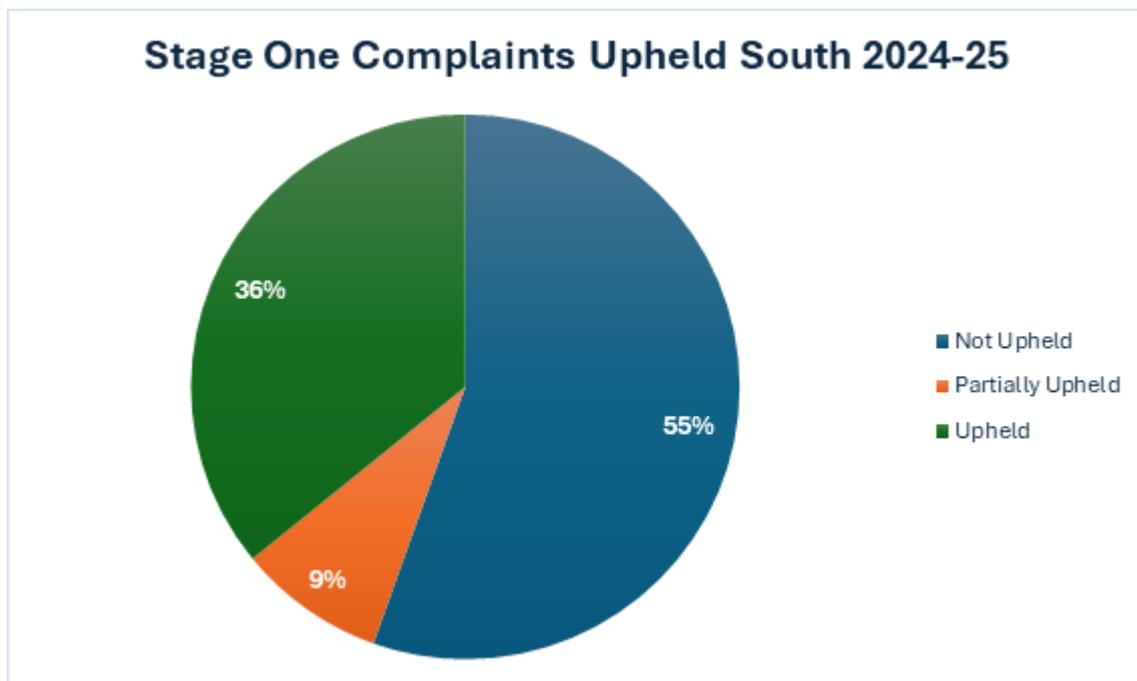
*(Please note that the variance in the total number of complaints received, compared with the numbers of complaints responded to in the given year is because a complaint received in late March will be reported as received in one year, and responded to in the following year.)*

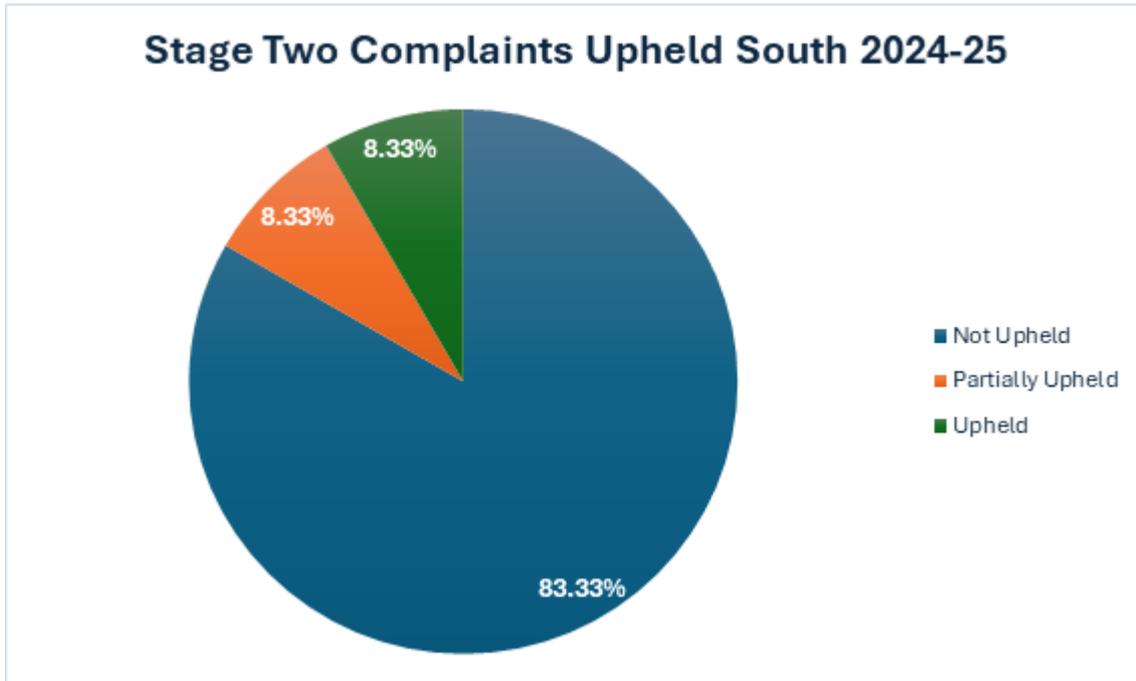
On the occasions that circumstances do not allow us to meet our deadline, an extension of time will be agreed with the complainant, although they are recorded as outside target because they have exceeded the required timescales.

The average number of days taken to respond to stage one complaints was 16; and at stage two was 30. Note that due to the relatively small number of complaints received, one or two being several days over the deadline can significantly impact on overall performance.

## Complaints upheld

4. A key theme of the Ombudsman's new Code of Practice is reporting and learning from complaints. This is something we will continue to develop and respond to once the new complaints module is in place. From the data we have currently, we are able to report this year on the numbers of complaints upheld/partially upheld/not upheld at each stage – see charts below. In 2024-25, 33 complaints (33%) were upheld in full at stage one, with eight (8%) being partially upheld. One complaint (7%) was upheld in full at stage two, with one also being partially upheld.





## Vale of White Horse District Council

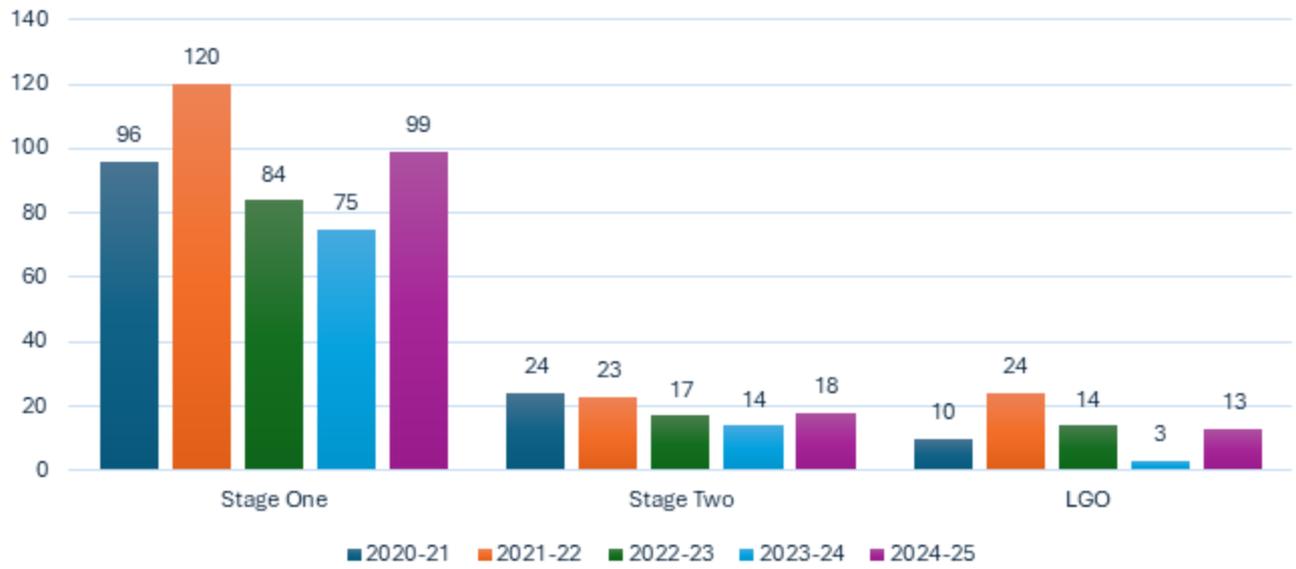
### Complaints Received and Response Times

5. The chart below shows the number of complaints received at each stage over the past five years. Whilst numbers had been falling over recent years, Vale has seen a rise in complaints at each stage in 2024-25, with 99 stage ones compared to 75 (an increase of 32%). Stage Two and Ombudsman complaints have also increased since last year.

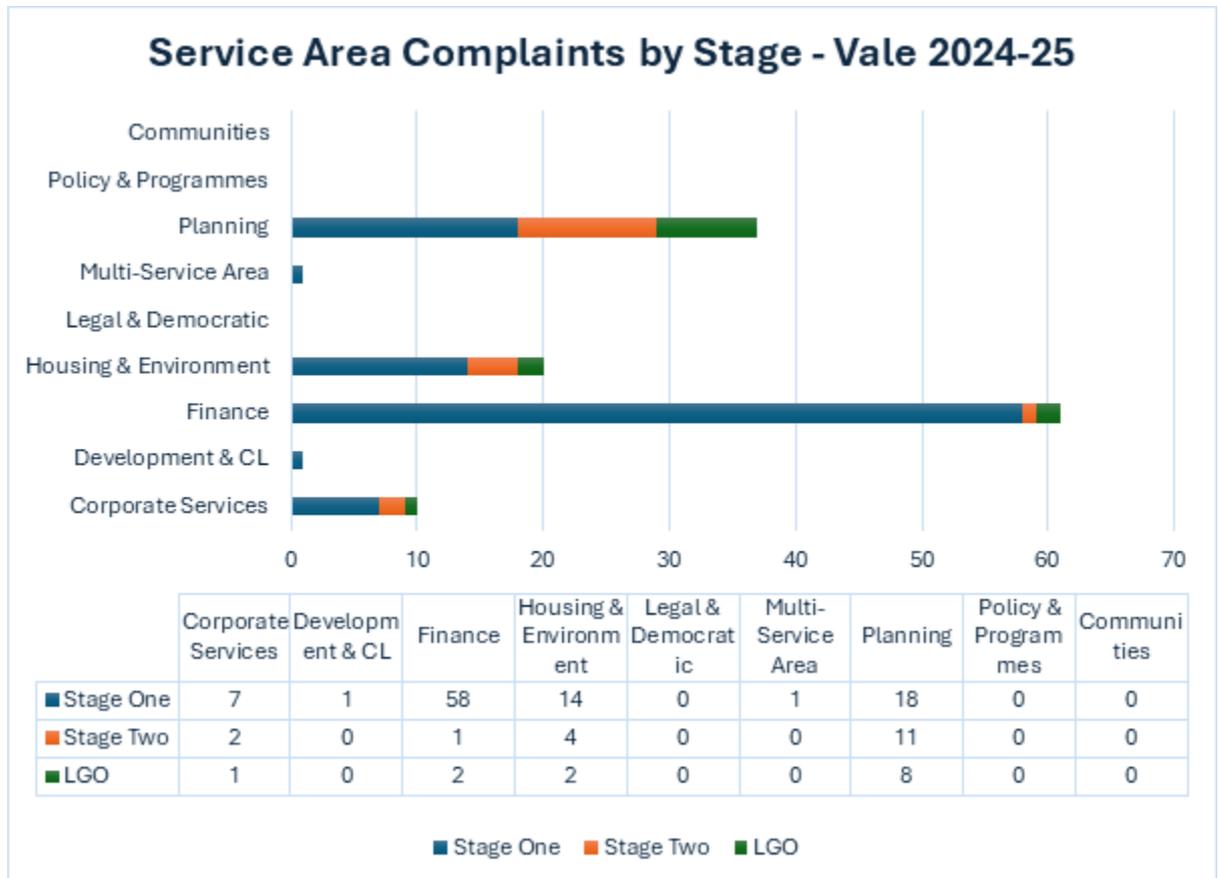
(Note: the unusually high number in 2021-22 were due to legacy issues from Covid.)

Whilst the number of complaints referred to the Ombudsman has risen significantly (from a low base in 2023-24), most of those decided so far were either not investigated at all or closed after initial investigation (see Appendix 2 for further information).

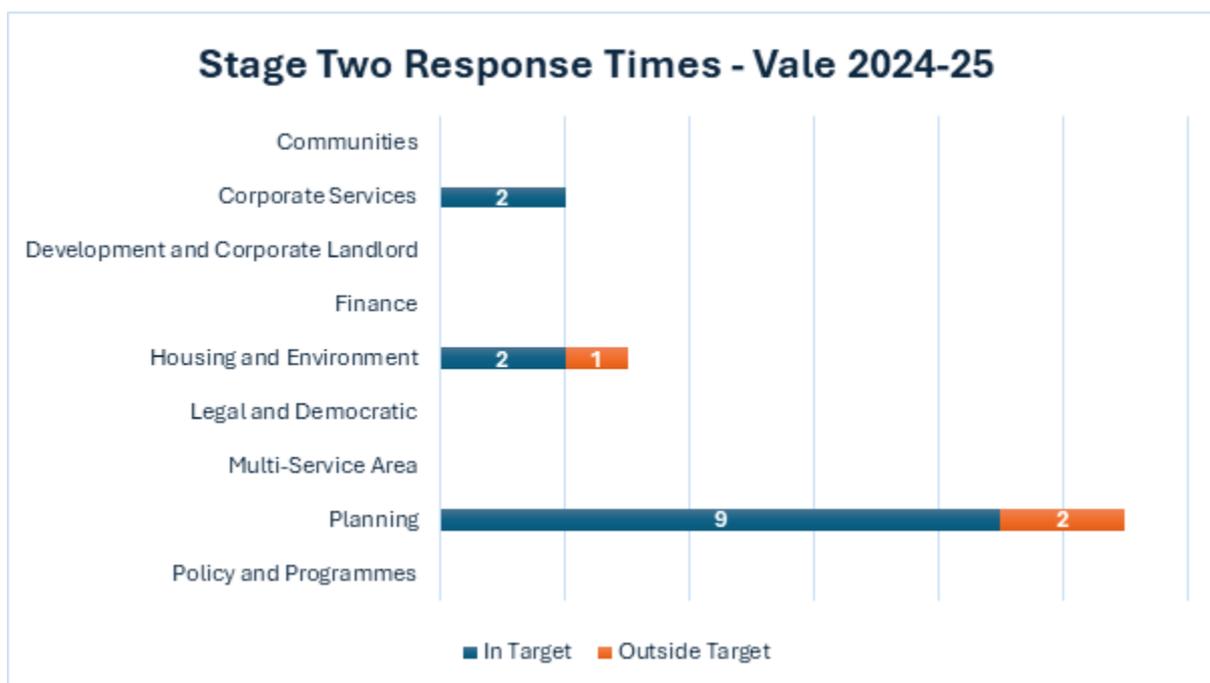
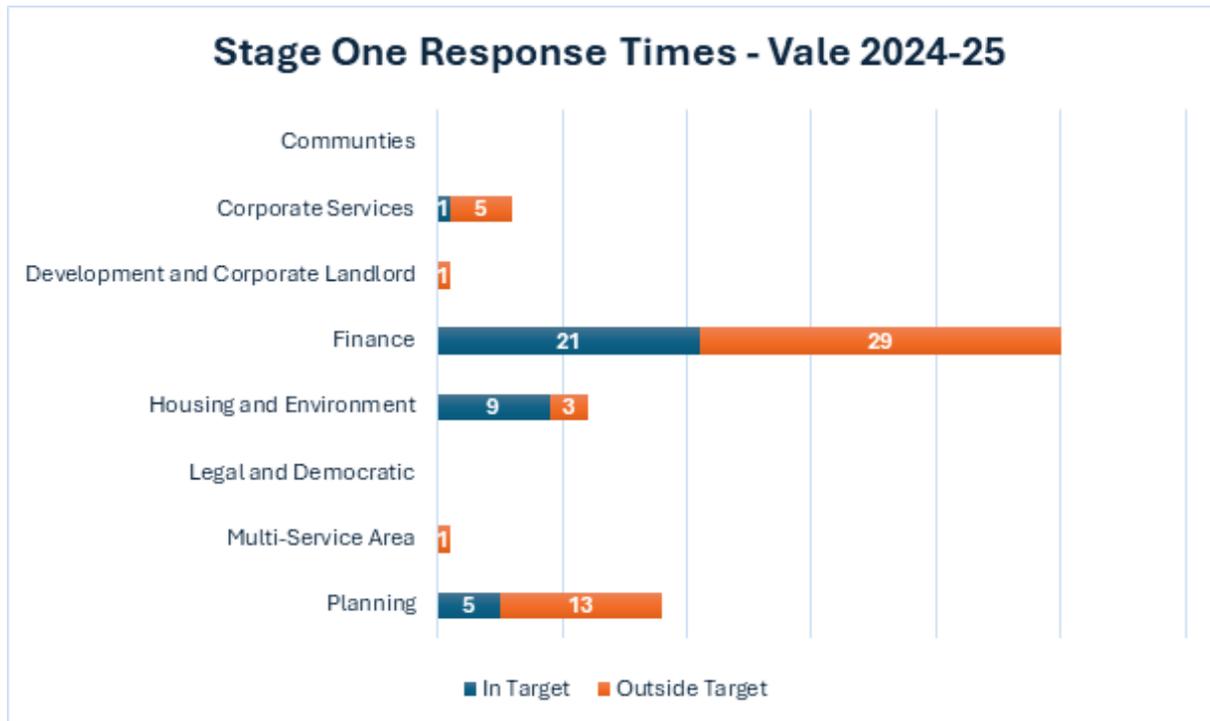
## Number of Complaints Received by Stage - Vale



6. The chart below shows the number of complaints received in 2024-25 for each service area at each stage of the complaints process. As in previous years the highest number of stage one complaints related to council tax/benefits, followed by Planning, Housing and Environment and Corporate Services.



7. The following charts show service area performance in providing a stage one response within the target of 10 working days and a stage two response within 20 working days. We achieved the target for 36 percent of stage one responses and 72 percent of stage twos, with 13 planning stage one and 29 finance stage one responses not meeting the target response times. Just 3 stage two responses didn't meet the target response time.



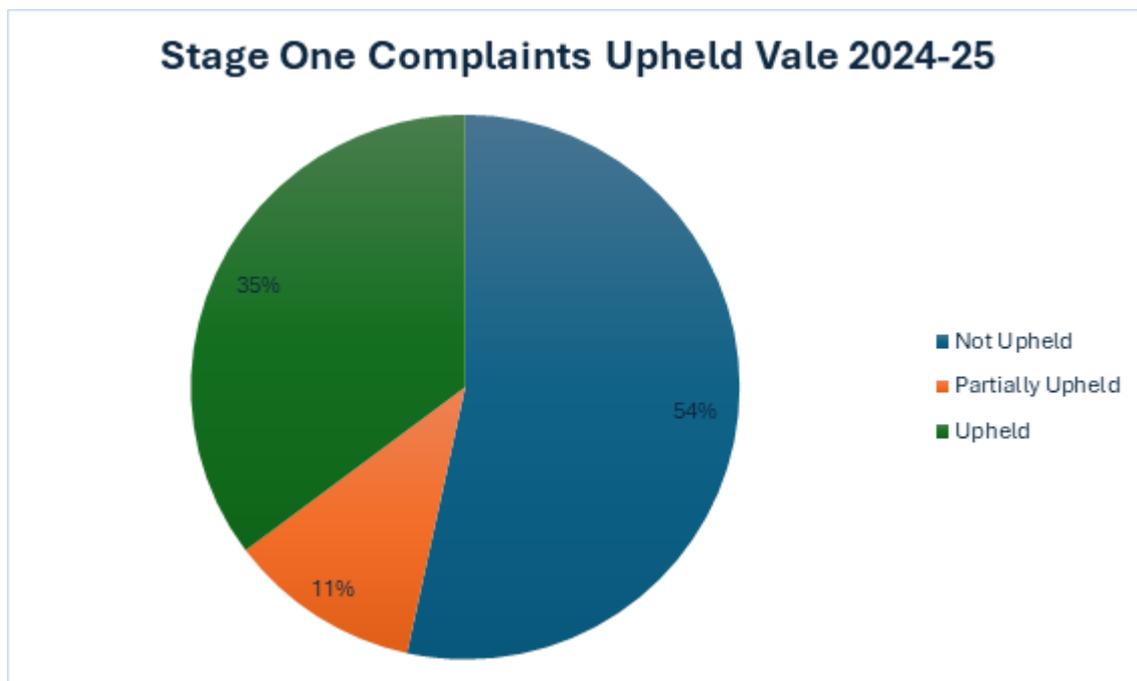
*Please note you will see a variance in the total number of complaints received, compared with the numbers of complaints responded to in the given year. This is because a complaint received in late March will be reported as received in one year and responded to in the following.*

On the occasions that circumstances do not allow us to meet our deadline, an extension of time will be agreed with the complainant, although they are recorded as outside target because they have exceeded the required target of 10 working days for stage ones and 20 working days for stage twos as set out in our policy.

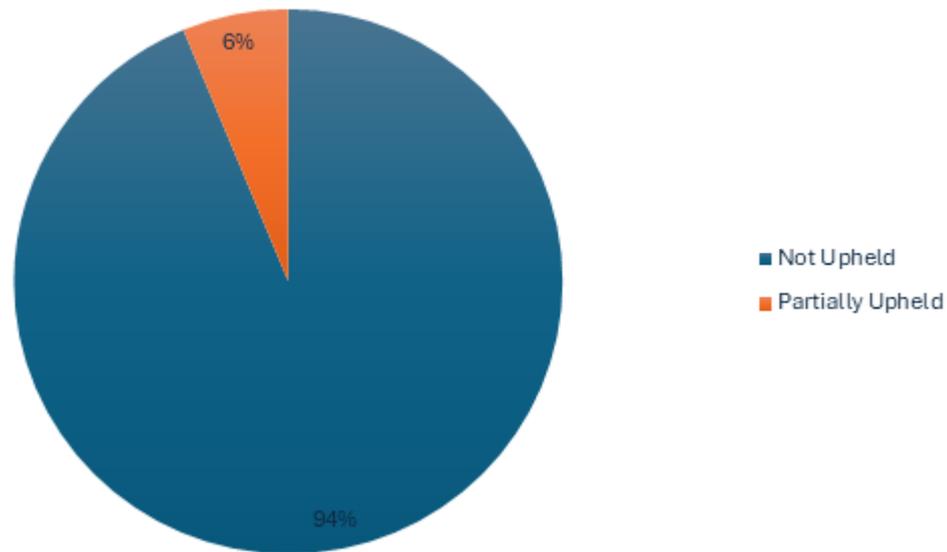
The average number of days taken to respond to stage one complaints was 20; and at stage two was 30. Note that due to the relatively small number of complaints received, one or two being several days over the deadline can significantly impact on overall performance.

## Complaints upheld

8. A key theme of the Ombudsman's new Code of Practice is reporting and learning from complaints. This is something we will continue to develop and respond to. From the data we have, we are able to report this year on the numbers of complaints upheld/partially upheld/not upheld at each stage – see charts below. In 2024-25, 31 complaints (31%) were upheld in full at stage one, with ten (10%) being partially upheld. One complaint (6%) was partially upheld at stage two.



## Stage Two Complaints Upheld Vale 2024-25



### Compliments

9. To provide balance (and as previously request by the committee), we also report on positive feedback and compliments received throughout the year. Below is a small selection of those received:

*Thanks so much x, I have just been contacted by the resident in question who wanted me to pass on his appreciation. I can't believe your quick response, though I shouldn't really be surprised.*

*I'd also like to thank you for your help here. I was dreading this job as I assumed it would be really long winded, but you've made it really straightforward and I'm extremely grateful for that.*

#### **Street naming and numbering**

*I spoke with one of the Council team today and all is now resolved. Just wanted to say he was excellent, a real pleasure having such a helpful person at the end of the phone line.*

#### **Customer service centre**

*Exceptional advice and help with tree work carried out in a conservation area. x a tree officer was especially helpful.*

### **Planning**

*Avon Way has been swept by your street cleaner and how beautiful it looks. please thank your team.*

### **Waste and street cleansing**

*I want to compliment x regarding her fast responses and polite friendly manner relating to concerns on my CIL exception. x kept me informed on all requirements during the process and offered solutions when I couldn't produce some of the required forms, she ultimately resolved my issue by raising my case during her team meeting. Great work, thank you!*

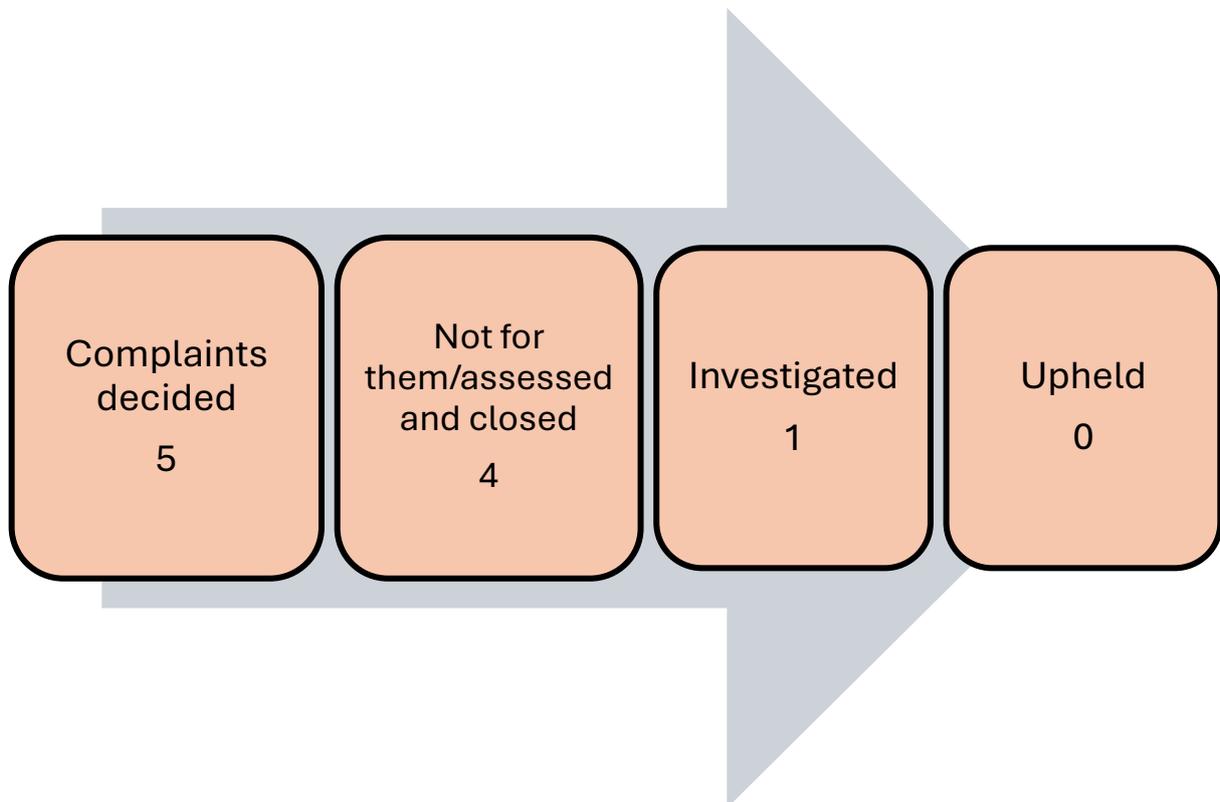
### **CIL team**

## Appendix 2

### Ombudsman cases 2024/25

#### South Oxfordshire District Council (SODC)

5 complaint decisions were made by the Local Government and Social Care Ombudsman in 2024/25 as shown below:



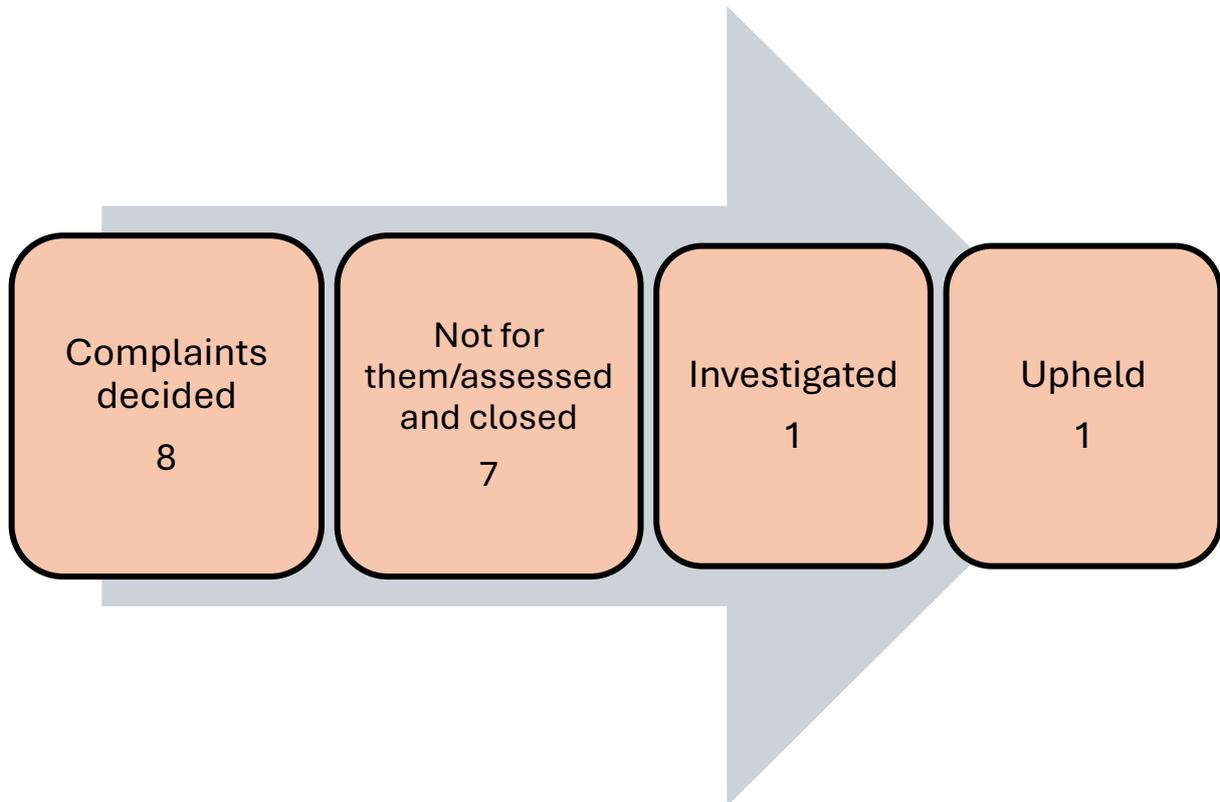
The complaint investigated was in relation to planning enforcement. The Ombudsman's decision on this case was:

*X complained about the Council's decisions not to take planning enforcement action against a developer who is building on land next to X's home. We completed our investigation because we found no fault in the way the way the Council made its decisions.*

There were no complaints to the Housing Ombudsman in relation to SODC landlord services in 2024/25.

## Vale of White Horse District Council (VWHDC)

8 complaint decisions were made to the Local Government and Social Care Ombudsman in 2024/25 as shown below:



The Complaint upheld related to a planning application, the LGSCO summary of findings is:

*Miss X complained about the Council's handling of her planning application. She said she submitted a second application, incurring added costs for reports and assessments, on the Council's advice, but it would not succeed. Miss X said the Council has accepted this but has only offered to refund some costs. Miss X said the Council fault distressed her and impacted her financially. There was fault in the way the Council gave Miss X incorrect information, causing her additional costs. The Council has agreed to apologise and repay the costs it agreed Miss X incurred due to the Council fault.*

*(NB The actions required following this upheld complaint have been completed)*

There were no complaints to the Housing Ombudsman in relation to VWHDC landlord services in 2024/25.

Further information about cases reported to the Ombudsman can be viewed on the Local Government and Social Care Ombudsman site: <https://www.lgo.org.uk/your-councils-performance>.

### Housing Ombudsman Self-Assessment

#### Appendix A: Self-assessment form

This self-assessment form should be completed by the complaints officer, and it must be reviewed and approved by the landlord's governing body at least annually.

Once approved, landlords must publish the self-assessment as part of the annual complaints' performance and service improvement report on their website. The governing body's response to the report must be published alongside this.

Landlords are required to complete the self-assessment in full and support all statements with evidence, with additional commentary as necessary.

We recognise that there may be a small number of circumstances where landlords are unable to meet the requirements, for example, if they do not have a website. In these circumstances, we expect landlords to deliver the intentions of the Code in an alternative way, for example by publishing information in a public area so that it is easily accessible.

## Section 1: Definition of a complaint

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
1.2	A complaint must be defined as: <i>'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents.'</i>	Yes	Point 8 in our Complaints policy - published on both South Oxfordshire & Vale of White Horse websites: <a href="#">Vale Complaints Policy</a> <a href="#">South Complaints Policy</a>	We have adopted the Housing Ombudsman definition for both a service request and a complaint.
1.3	A resident does not have to use the word 'complaint' for it to be treated as such. Whenever a resident expresses dissatisfaction landlords must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with the landlord's complaints policy.	Yes	Point 6 and Point 11 in our Complaints policy	Complainant does not need to use the word 'complaint' to have a formal complaint. We require signed confirmation from the complainant to accept a complaint from a third party.
1.4	Landlords must recognise the difference between a service request and a complaint. This must be set out in their complaints policy. A service request is a request from a resident to the landlord requiring action to be taken to put something right. Service requests are not complaints, but must be	Yes	Point 8 in our Complaints policy - published on both South Oxfordshire & Vale of White Horse websites: <a href="#">Vale Complaints Policy</a> <a href="#">South Complaints Policy</a>	We have adopted the Housing Ombudsman definition for both a service request and a complaint.

	recorded, monitored and reviewed regularly.			
1.5	A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Landlords must not stop their efforts to address the service request if the resident complains.	Yes	Point 14 in our complaints policy - published on both South Oxfordshire & Vale of White Horse websites: <a href="#">Vale Complaints Policy</a> <a href="#">South Complaints Policy</a>	Complainants have the option at any time to escalate to the formal complaints procedure if they are dissatisfied with response to service request.
1.6	An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where landlords ask for wider feedback about their services, they also must provide details of how residents can complain.	Yes		Housing Compliance Team will respond to comments made on housing related surveys of satisfaction and contact tenants to discuss. Guidance for how to make a complaint is in the process of being added to all surveys hosted by the councils.

## Section 2: Exclusions

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
2.1	Landlords must accept a complaint unless there is a valid reason not to do so. If landlords decide not to accept a complaint they must be able to evidence their reasoning. Each complaint must be considered on its own merits	Yes	Point 15 in our Complaints policy and Appendix 1 for examples of when our formal complaints procedure cannot be used.	This is stated in our complaints policy. Complaints are managed by the corporate complaints team in consultation with the service team. Refusals to be recorded on complaints database and will be recorded in annual report to Joint Audit & Governance Committee.
2.2	<p>A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated, and these circumstances must be fair and reasonable to residents. Acceptable exclusions include:</p> <p>1.1 The issue giving rise to the complaint occurred over twelve months ago.</p> <ul style="list-style-type: none"> <li>Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court.</li> </ul>	Yes	Point 15 in our Complaints policy and Appendix 1 for examples of when our formal complaints procedure cannot be used	This is stated in our complaints policy. Complaints are managed by the corporate complaints team in consultation with the service team. Refusals to be recorded on complaints database and will be recorded in annual report to Joint Audit & Governance Committee.

	<ul style="list-style-type: none"> <li>Matters that have previously been considered under the complaints policy.</li> </ul>			
2.3	Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds. Landlords must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.	Yes	Point 14 in our Complaints policy and Appendix 1 – Point 9	We will normally expect a complaint to be raised within 12 months of an issue occurring or the complainant becoming aware of the issue; however, we will consider complaints after this period if it is appropriate to do so and will consider each complaint according to its own circumstances.
2.4	If a landlord decides not to accept a complaint, an explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. If the Ombudsman does not agree that the exclusion has been fairly applied, the Ombudsman may tell the landlord to take on the complaint.	Yes	Point 14 in our Complaints policy	This is stated in our complaints policy. Complaints are managed by the corporate complaints team in consultation with the service team. Refusals to be recorded on complaints database and will be recorded in annual report to Joint Audit & Governance Committee.
2.5	Landlords must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.	Yes	Point 15 in our Complaints policy	Each complaint is assessed on its own basis following the process outlined in the policy.

### Section 3: Accessibility and Awareness

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
3.1	Landlords must make it easy for residents to complain by providing different channels through which they can make a complaint. Landlords must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process.	Yes	<p>Point 9-13 in our Complaints policy.</p> <p>Point 10. "We have a duty to make reasonable adjustments for residents where appropriate, and as a landlord we must keep a record of any reasonable adjustments agreed with our tenants, as well as a record of any disabilities a tenant has disclosed. Please make us aware if you need support to make a service request or formal complaint."</p>	<p>Complaints can be made using our online form, over the phone, by email and in person.</p> <p>We offer assistance to make adjustments for those with accessibility needs.</p> <p>A complainant is able to have a complaint put forward by a third party with the permission and agreement of the tenant.</p> <p>Equality, disability, and Discrimination training is a mandatory requirement for all council staff.</p>
3.2	Residents must be able to raise their complaints in any way and with any member of staff. All staff must be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the landlord.	Yes	<p>Point 9 in our Complaints policy.</p> <p>Basic training on complaints and what to do if you receive one forms part of our staff induction process.</p> <p>All staff comms has been issued with guidance in our 'Team Talk' newsletter</p>	<p>We plan to include a complaints module on our new staff training site when it launches in Summer 2025 and will make this mandatory for all staff to complete.</p> <p>In the short term we are informing all staff of changes to complaint handling via our staff newsletter</p> <p>Specific training for housing staff needed.</p>

3.3	High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.	Yes	<p>Point 1 in our Complaints policy</p> <p>Included within our training for complaints handling staff</p> <p>To be included in mandatory training for all staff</p>	<p>Customer feedback (compliments, comments, and complaints) is important to us, and we want you to tell us when you think we have got something wrong, so we can endeavour to put it right and learn from it how we can improve our services in future.</p> <p><a href="#">Compliments and Comments Feedback Form</a></p>
3.4	Landlords must make their complaint policy available in a clear and accessible format for all residents. This will detail the two-stage process, what will happen at each stage, and the timeframes for responding. The policy must also be published on the landlord's website.	Yes	Complaints policy published on our websites	<p>Our Complaints policy is available to all residents. It is published on our websites and details the two-stage process. Complaint information including the complaints policy is included in rent agreement and tenant pack. Tenant pack is also available in alternative language if requested.</p>
3.5	The policy must explain how the landlord will publicise details of the complaints policy, including information about the Ombudsman and this Code.	Yes	Point 37 and 38 in our Complaints policy	Section in policy "Monitoring and reporting complaints data"
3.6	Landlords must give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or	Yes	Point 11 & 13 in our complaints policy	Complainants may be accompanied/represented by a friend or advocate at any time.

	accompanied at any meeting with the landlord.			With signed confirmation a complaint can be submitted on a complainants' behalf by their chosen representative.
3.7	Landlords must provide residents with information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.	Yes	Point 29-31 in our complaints policy  Our standard response wording for all complaints at each stage includes this information, and all staff responding to complaints are required to use this wording which is published on our staff intranet	

## Section 4: Complaint Handling Staff

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
4.1	Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the Ombudsman and ensuring complaints are reported to the governing body (or equivalent). This Code will refer to that person or team as the 'complaints officer'. This role may be in addition to other duties.	Yes	This is our corporate complaints team – as part of training for staff they are made aware of this and our complaint-handling process, which requires that all complaints are referred to our corporate team to be managed in accordance with our policy – see attached slides	Corporate complaints are handled by a dedicated team within Customer Service Centre, of which includes a registered Link Officer who will liaise with the LGSCO/HO
4.2	The complaints officer must have access to staff at all levels to facilitate the prompt resolution of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly.	Yes	This is part of our standard process and complaint-handling culture - it is demonstrated in practice by our weekly report of corporate complaints – see attached	Our Senior Management Team (SMT) provides oversight of our complaints and the complaints team reports to the senior management team on a weekly basis.
4.3	Landlords are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff must be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively	Yes	Point 1 and 4 in our policy  Included within our training for complaints handling staff  Our corporate complaints team consists of 2 senior customer service officers and 2 customer	Also to be included in mandatory training for all staff (See 3.3)  Our corporate complaints team which is part of our Customer Service Centre, consists of 2 senior

			service team leaders – see attached Job Descriptions for these roles	customer service officers and 2 customer service team leaders, all of whom are able to deputise for each other and manage complaints to avoid delay
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## Section 5: The Complaint Handling Process

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
5.1	Landlords must have a single policy in place for dealing with complaints covered by this Code. Residents must not be treated differently if they complain.	Yes	In our complaints policy on South & Vale websites  <a href="#">Vale Complaints Policy</a> <a href="#">South Complaints Policy</a>	
5.2	The early and local resolution of issues between landlords and residents is key to effective complaint handling. It is not appropriate to have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.	Yes	In our complaints policy on South & Vale websites  <a href="#">Vale Complaints Policy</a> <a href="#">South Complaints Policy</a>  Report to SMT on the implications of the new Code	The formal complaints process is two stages. Stage 1 and stage 2 is followed in accordance with the Code.  Previous practice in some teams has been to accept 'informal' complaints – the change has been endorsed by our SMT and has been reinforced in staff comms and content on our staff intranet; it will also be part of ongoing staff training
5.3	A process with more than two stages is not acceptable under any circumstances as this will make the complaint process unduly long and delay access to the Ombudsman.	Yes	In our complaints policy on South & Vale websites  <a href="#">Vale Complaints Policy</a> <a href="#">South Complaints Policy</a>	The formal complaints process is two stages. Stage 1 and stage 2 is followed in accordance with the Code.

			Report to SMT on the implications of the new Code	
5.4	Where a landlord's complaint response is handled by a third party (e.g. a contractor or independent adjudicator) at any stage, it must form part of the two stage complaints process set out in this Code. Residents must not be expected to go through two complaints processes.	Yes	Point 16 in our Complaints policy  Report to SMT on the implications of the new Code	Complaints will be investigated and responded to by the relevant service manager with input from our contractor or partner where relevant. Contractors/partners will be able to respond to service requests, but all complaints must be responded to by the relevant council team
5.5	Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.	Yes		Complaints will be investigated and responded to by the relevant service manager with input from our contractor or partner where relevant. Contractors/partners will be able to respond to service requests, but all complaints must be responded to by the relevant council team
5.6	When a complaint is logged at Stage 1 or escalated to Stage 2, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. The Code will refer to this as "the complaint definition". If any aspect of the complaint is unclear,	Yes	Point 17 in our Complaints policy	When we acknowledge a complaint, we will check to make sure that we have understood the complaint fully and may seek clarity on the information provided, or extra information before the stage

	the resident must be asked for clarification.			one or stage two investigation can begin.
5.7	When a complaint is acknowledged at either stage, landlords must be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.	Yes	Point 15 & 17 in our Complaints policy	
5.8	At each stage of the complaints process, complaint handlers must: <ul style="list-style-type: none"> <li>a. deal with complaints on their merits, act independently, and have an open mind;</li> <li>b. give the resident a fair chance to set out their position;</li> <li>c. take measures to address any actual or perceived conflict of interest; and</li> <li>d. consider all relevant information and evidence carefully.</li> </ul>	Yes		This is part of our complaints process and included within our training for complaints handling staff
5.9	Where a response to a complaint will fall outside the timescales set out in this Code, the landlord must agree with the resident suitable intervals for keeping them informed about their complaint.	Yes	Point 14 in our Complaints policy	Managed by the Corporate complaints team who will write to the complainant before the deadline to inform of a revised date – any extension will be limited to 10 working days after the original due date. This will be managed through workflow on our newly

				purchased complaints CRM module
5.10	Landlords must make reasonable adjustments for residents where appropriate under the Equality Act 2010. Landlords must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review.			<p>Complaints can be made using our online form, over the phone, by email and in person.</p> <p>We offer assistance to make adjustments for those with accessibility needs.</p> <p>A complainant can have a complaint put forward by a third party with the permission and agreement of the tenant.</p> <p>Equality, disability, and Discrimination training is a mandatory requirement for all council staff.</p>
5.11	Landlords must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Landlords must clearly set out these reasons, and they must comply with the provisions set out in section 2 of this Code.	Yes	Point 22 in our Complaints policy	In a small number of circumstances, the complaint may be escalated straight to stage two. This includes a complaint about the procedure followed during a Code of Conduct complaint, but not for review of the Monitoring Officer's decision.
5.12	A full record must be kept of the complaint, and the outcomes at each stage. This must include the original complaint and the date received, all	Yes	Complaints file on the corporate complaints database – staff are required to save all	All correspondence at each stage is saved in the resident's complaint casefile

	correspondence with the resident, correspondence with other parties, and any relevant supporting documentation such as reports or surveys.		documentation relating to a complaint in the relevant file	which links to our complaints database.
5.13	Landlords must have processes in place to ensure a complaint can be remedied at any stage of its complaints process. Landlords must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation.	Yes		All complaints-handling staff have the authority to agree non-financial remedies and HoS have authority to agree financial remedies.
5.14	Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. Landlords must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.	Yes	Point 36 in our Complaints policy	We have a separate policy for dealing with vexatious and unreasonable behaviour <a href="#">Vale - Vexatious and unreasonable behaviour policy</a> <a href="#">South - Vexatious and unreasonable behaviour policy</a>
5.15	Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010.	Yes	Point 10 – In the vexatious and unreasonable behaviour policy	<a href="#">Vale - Vexatious and unreasonable behaviour policy</a> <a href="#">South - Vexatious and unreasonable behaviour policy</a>

## Section 6: Complaints Stages

### Stage 1

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.1	Landlords must have processes in place to consider which complaints can be responded to as early as possible, and which require further investigation. Landlords must consider factors such as the complexity of the complaint and whether the resident is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the resident.	Yes	Point 20 & 27 in our complaints policy	<p>Stage One responded to within 10 working days of our acknowledgement.</p> <p>Stage Two responded to within 20 working days.</p>
6.2	Complaints must be acknowledged, defined and logged at stage 1 of the complaints procedure <b><u>within five working days of the complaint being received.</u></b>	Yes	Point 15 in our Complaints policy	This is managed through workflow on our dedicated CRM complaints module
6.3	Landlords must issue a full response to stage 1 complaints <b><u>within 10 working days</u></b> of the complaint being acknowledged.	Yes	Point 20 in our Complaints policy	This is managed through workflow on our dedicated CRM complaints module
6.4	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than	Yes		Managed by the Corporate complaints team who will write to the complainant before the deadline to inform of a revised date – any extension will be limited to 10 working days

	10 working days without good reason, and the reason(s) must be clearly explained to the resident.			after the original due date. This will be managed through workflow on our complaints CRM module
6.5	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Yes	Included within our standard wording template	This is included as part of our standard template wording that officers must use when responding to Stage One complaints.
6.6	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.	Yes	Point 33 in our Complaints policy	Actions required will be recorded on our dedicated complaints database and processes will be in place to ensure these actions are completed and a corporate record kept.
6.7	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes	Included within our standard wording template	This is included as part of our standard template wording that officers must use when responding to Stage One complaints.
6.8	Where residents raise additional complaints during the investigation, these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being	Yes	Point 23 in our Complaints policy	Each complaint is considered on its individual circumstances

	investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint.			
6.9	Landlords must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language: <ul style="list-style-type: none"> <li>a. the complaint stage;</li> <li>b. the complaint definition;</li> <li>c. the decision on the complaint;</li> <li>d. the reasons for any decisions made;</li> <li>e. the details of any remedy offered to put things right;</li> <li>f. details of any outstanding actions; and</li> <li>g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.</li> </ul>	Yes	In our Complaints policy	<p>This is included as part of our standard template wording that officers must use when responding to Stage One complaints.</p> <p>All responses are checked and validated by a Corporate Complaints officer before sending.</p>

## Stage 2

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.10	If all or part of the complaint is not resolved to the resident's satisfaction at stage 1, it must be progressed to stage 2 of the landlord's procedure. Stage 2 is the landlord's final response.	Yes	Point 24 of our Complaints policy	
6.11	Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaints' procedure	Yes	Point 27 of our Complaints policy	

	within five working days of the escalation request being received.			
6.12	Residents must not be required to explain their reasons for requesting a stage 2 consideration. Landlords are expected to make reasonable efforts to understand why a resident remains unhappy as part of its stage 2 response.	Yes	Point 24 of our Complaints policy	
6.13	The person considering the complaint at stage 2 must not be the same person that considered the complaint at stage 1.	Yes	In our Complaints policy	Stage One – Service Manager Stage Two – Head of Service
6.14	Landlords must issue a final response to the stage 2 <b><u>within 20 working days</u></b> of the complaint being acknowledged.	Yes	Point 27 of our Complaints policy	
6.15	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident.	Yes		Managed by the Corporate complaints team who will write to the complainant before the deadline to inform of a revised date – any extension will be limited to 10 working days after the original due date. This will be managed through workflow on our complaints CRM module
6.16	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Yes		This is included as part of our standard template wording that officers must use when responding to Stage One complaints.

6.17	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.	Yes		This is included as part of our standard template wording. Actions required will be recorded on our dedicated complaints database and processes will be in place to ensure these actions are completed and a corporate record is kept.
6.18	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes		This is included as part of our standard template wording that officers must use when responding to Stage Two complaints.
6.19	Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language: a. the complaint stage; b. the complaint definition; c. the decision on the complaint; d. the reasons for any decisions made; e. the details of any remedy offered to put things right; f. details of any outstanding actions; and g. details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.	Yes		This is included as part of our standard template wording that officers must use when responding to Stage Two complaints.  All responses are checked and validated by a Corporate Complaints officer before sending.

6.20	Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.		In our complaints policy	Part of our standard process for Stage Two. Stage two is the final response before advising the complainant of their right to contact the Ombudsman.
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### Section 7: Putting things right

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
7.1	<p>Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These can include:</p> <ul style="list-style-type: none"> <li>• Apologising;</li> <li>• Acknowledging where things have gone wrong;</li> <li>• Providing an explanation, assistance or reasons;</li> <li>• Taking action if there has been delay;</li> <li>• Reconsidering or changing a decision;</li> <li>• Amending a record or adding a correction or addendum;</li> <li>• Providing a financial remedy;</li> <li>• Changing policies, procedures or practices.</li> </ul>	Yes	Point 32 & 33 of our Complaints policy	All responses are checked and validated by a Corporate Complaints officer before sending.

7.2	Any remedy offered must reflect the impact on the resident as a result of any fault identified.	Yes		All complaints-handling staff have the authority to agree non-financial remedies and HoS have authority to agree financial remedies. These are considered on a case-by-case basis.
7.3	The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.	Yes		This will be managed through workflow on our complaints CRM module
7.4	Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.	Yes		Out compensation policy is takes account of the guidance issued by the Ombudsman

## Section 8: Self-assessment, reporting and compliance

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
8.1	<p>Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include:</p> <ul style="list-style-type: none"> <li>a. the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements.</li> <li>b. a qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept;</li> <li>c. any findings of non-compliance with this Code by the Ombudsman;</li> <li>d. the service improvements made as a result of the learning from complaints;</li> <li>e. any annual report about the landlord's performance from the Ombudsman; and</li> <li>f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord.</li> </ul>	Yes	<p>Point 37 in our Complaints policy</p> <p>Annual report to JAGC</p>	

8.2	The annual complaints performance and service improvement report must be reported to the landlord's governing body (or equivalent) and published on the on the section of its website relating to complaints. The governing body's response to the report must be published alongside this.		This is published on Joint Audit and Governance Committee webpages.  <a href="#">South JAGC</a> <a href="#">Vale JAGC</a>	Link to the published report on the website alongside the JAGC minutes
8.3	Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.	Yes		This is standard practice of the councils.  As of 1 April 2025, all management functions returned inhouse. We also appointed a new term contractor for housing maintenance.
8.4	Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.	Yes		We would follow direction of the Ombudsman if requested to following an Ombudsman investigation.
8.5	If a landlord is unable to comply with the Code due to exceptional circumstances, such as a cyber incident, they must inform the Ombudsman, provide information to residents who may be affected, and publish this on their website Landlords must provide a timescale for returning to compliance with the Code.	Yes		This is included in our business continuity plan.

## Section 9: Scrutiny & oversight: continuous learning and improvement

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
9.1	Landlords must look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.			This will be managed through workflow and reporting on our complaints CRM module
9.2	A positive complaint handling culture is integral to the effectiveness with which landlords resolve disputes. Landlords must use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.	Yes	Point 1 of our Complaints policy	
9.3	Accountability and transparency are also integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints to stakeholders, such as residents' panels, staff and relevant committees.	Yes		We follow a corporate process, which involves internal quarterly review meetings.
9.4	Landlords must appoint a suitably senior lead person as accountable for their complaint handling. This person must assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.	Yes		Our housing team has an interim Housing Delivery manager who is responsible for monitoring these.

9.5	In addition to this a member of the governing body (or equivalent) must be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This person is referred to as the Member Responsible for Complaints ('the MRC').	Yes		This is our portfolio holder for Customer Services.
9.6	The MRC will be responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings.	Yes		The portfolio holder for Customer Services will present this information to JAGC as part of the councils' formal governance processes.
9.7	As a minimum, the MRC and the governing body (or equivalent) must receive: a. regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance; b. regular reviews of issues and trends arising from complaint handling; c. regular updates on the outcomes of the Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings; and	Yes		This is provided to the MRC monthly as part of our portfolio update.

	d. annual complaints performance and service improvement report.			
9.8	<p>Landlords must have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to:</p> <p>a. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments;</p> <p>b. take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and</p> <p>c. act within the professional standards for engaging with complaints as set by any relevant professional body.</p>	Yes	Point 1 of our Complaints policy	

## Appendix 4

# Managing Vexatious and Unreasonable

## Customer Behaviour Policy

(NB all revisions are highlighted)

### INTRODUCTION

1. We want to be able to deal with customers in ways that are open, fair and proportionate. A clear policy on dealing with what is considered to be unreasonable behaviour helps staff to understand what is expected of them, what options for taking action are available, and who can authorise such action.
2. Some customers may have justifiable complaints but may pursue them in unreasonable ways. Others may pursue complaints which appear to have no substance, or which have already been exhaustively investigated and determined; their contacts with the council may be amicable but nevertheless will place heavy demands on staff time.
3. Situations can sometimes escalate, and complainants' behaviour may become abusive, threatening, offensive or otherwise unacceptable. We recognise that sometimes, but not always, this is because of underlying health or social issues they are experiencing.
4. We need to balance our commitment to equality and inclusion and to supporting our more vulnerable customers, along with our aim to learn from complaints to improve our services; against the resources that can be consumed dealing with some vexatious or unreasonable customers.
5. We also need to protect the physical and mental wellbeing of our staff and the integrity of our processes.

### AIM

6. The aim of this policy is to outline the actions that we may take when customers display vexatious or unreasonable behaviour towards our staff, our councillors or the council generally.

## DEFINING UNREASONABLE AND VEXATIOUS BEHAVIOUR

7. Our definition of unreasonable customer behaviour is: those customers who, because of the nature or frequency of their contacts with the councils, hinder the councils' consideration of theirs, or other people's enquiries or consume an unreasonable amount of staff time, and who continue to do so when it has been made clear that it is not possible to achieve the outcome they want.
8. Our definition of vexatious behaviour is: customers who are angry or abusive to staff such that they cause staff to feel physically threatened or impact on their mental wellbeing.
9. Below are examples of actions and behaviours that may be considered unreasonable or vexatious:
  - Abusive, offensive, aggressive, threatening behaviour and/or language.
  - Submitting repeat requests or complaints with minor additions/variations and insisting that these are 'new' matters.
  - Refusing to accept a decision and repeatedly arguing points with no new evidence.
  - Persistence in presenting the details of an enquiry or complaint in a confusing manner or refusing to provide evidence to support their claims, despite offers of help to do so.
  - Making excessive demands on the time and resources of staff. This will include lengthy and/or frequent phone calls, emails or letters to council staff, or repeated visits to the council offices.
  - Adopting a 'scatter gun' approach: pursuing parallel enquiries or complaints on the same issue with more than one service area.
  - Demanding meetings with staff when it is clear this will not achieve what the customer is seeking to achieve or resolve the matter any further.
  - Submitting falsified documentation.
  - Refusing to cooperate with set processes, for example refusing to accept that certain issues are not within the scope of the corporate complaints policy and procedure, or that the matter is not the district councils' responsibility despite being directed to the right organisation.

- Making unjustified complaints about staff who are trying to deal with the issues, including demanding to deal with someone else without good reason.
- Denying or changing statements made at the **beginning of an enquiry or complaint.**

## **ACTIONS TAKEN BY THE COUNCILS TO MANAGE UNREASONABLE OR VEXATIOUS BEHAVIOUR**

10. If such behaviours are displayed towards a member of staff, we will warn the customer that we may:

- Terminate the phone call if the behaviour does not change.
- Terminate the meeting if the behaviour does not change.
- Decline to provide a further response to an email or letter.
- Request them not to attend the councils' offices further.
- Where behaviour is so extreme that it threatens the immediate safety and welfare of staff, the council will consider other options, for example reporting the matter to the police.

11. If the inappropriate behaviour recurs, the relevant head of service will consider invoking this policy. In making this decision, they will review whether:

- The complaint is being or has been investigated properly and thoroughly, in line with relevant policy and procedures including the councils' formal corporate complaints procedure available at: [www.southoxon.gov.uk/complaints](http://www.southoxon.gov.uk/complaints) and [www.whitehorsedc.gov.uk/complaint](http://www.whitehorsedc.gov.uk/complaint)
- Decisions reached **or actions taken** are logical, fair and reasonable.
- Communications with the complainant have been adequate.
- **That sufficient support has been provided to the customer to explain their enquiry or to submit a complaint.**

12. Should the head of service decide to invoke this policy, they will write to the complainant advising:

- Why a decision has been taken to invoke the policy.
- What specific restriction(s) have been applied. Please see below.
- How long the restrictions will be in place.
- What they can do to have the decision reviewed by the Chief Executive.
- That they have the right to contact the Local Government and Social Care Ombudsman about the fact that they have been treated as an unreasonable **or vexatious** complainant.

13. Restrictions may include:

- Advising the complainant that all future requests or complaints on the same matter, not raising anything new, will be read and placed on file but not acknowledged.
- Restrictions on the length or number of telephone calls or personal contact, **including visits** received from the complainant.
- Restricting the way contact is made for example only by telephone, letter, or email.
- Restricting the complainant to contacting one designated officer.
- Requiring face to face contact to take place in front of a witness.
- Recording of telephone calls, providing the complainant has been made aware that calls may or will be recorded.

14. A record of any decision made, and related correspondence, will be stored on our corporate complaints database.

15. The decision made to invoke this policy will be reviewed by **the relevant Head of Service** after the agreed period, after which any restrictions in place can be lifted unless there is good reason to extend the limit.

## **Appendix 5**

# **[Draft] Remedies and Compensation Policy**

## **INTRODUCTION AND SCOPE**

1. This policy provides guidance to all staff responding to formal complaints on what remedies are possible resulting from a complaint, and when it is appropriate to offer financial compensation for service failure.
2. The policy sits alongside our complaints policy and procedure. It applies to complaints recorded through our Corporate Complaints process including those made by our housing tenants - regardless of tenure type, who live in homes owned or managed by South Oxfordshire and Vale of White Horse District Councils.
3. It also applies to services supplied by any of the Councils appointed contractors on our behalf.

## **PURPOSE AND OBJECTIVES**

4. The purpose of this policy is to make sure that the appropriate remedies are considered in each case, and that any offer of compensation is consistent, fair, and proportionate and consider all facts and issues raised in a complaint.
5. The policy is in line with remedies and compensation recommended by the Local Government and Social Care Ombudsman and the Housing Ombudsman.

## **POLICY STATEMENT**

6. The Councils are committed to putting people at the centre of everything we do. We aim to provide a high standard of service and resolve any issues before they become a complaint, however we recognise that we do not always get it right first time, sometimes things go wrong, and customers don't get the service they expect, or we fall short of the standards we have promised. Our aim is to restore customers to the position they would have been in had the service failure not occurred.
7. Our remedies and compensation policy recognises that there are other remedies available to put a situation right. It recognises that customers are not automatically entitled to compensation, but in some instances, financial compensation may be the most appropriate form of redress.

## DEFINITIONS

**Complaint outcome (redress)** – may be an apology, accepting responsibility, a commitment to make changes, or to remedy the situation.

**Remedy** - is any action taken to resolve a complaint which seeks to place the complainant in the position they were in if any service failure had not occurred. It may take into account both subjective and objective factors and may – but will not always - lead to a compensation payment.

**Compensation** – is a financial payment. It is firstly a payment in recognition of actual financial loss (direct or indirect) or detriment to the complainant. A compensation payment can also be made to compensate for direct or indirect financial loss, inconvenience or distress.

## USE OF THIS POLICY

### Our commitment

8. Whilst this policy provides a general framework, to provide a consistent and fair approach when resolving claims for compensation, all cases will be considered according to their own circumstances.
9. We will consider and identify reasonable solutions with customers seeking remedy, ensuring that their personal circumstances are taken into consideration, including any vulnerability, and the nature of the impact as a consequence of any service failure.
10. In deciding on any remedy or compensation we will take into account action, or lack of action by the complainant which contributed to or prolonged the impact on them as a result of any service failure.
11. Any compensation should be claimed within 6 months of the failure, fault, or event, unless there are exceptional circumstances that prevent this (such as delays due to waiting for works to be completed). In such cases, we will work with Customers to ensure fair and equitable outcomes.

## **TYPES OF COMPENSATION**

### **Statutory compensation**

12. Some services may have a statutory framework to compensation payment eg. as a Landlord (see Appendix 2). Where such a statutory framework exists, we have a duty to comply with this.

### **Compensation for direct or indirect financial loss**

13. This will be quantifiable and therefore be able to be evidenced by the complainant.

### **Compensation for emotional distress, inconvenience, time and trouble**

14. This is more difficult to quantify as it will very much depend upon what the complainant is telling you about the impact on them and therefore requires more of a judgement.

15. In all cases compensation should be considered based on the circumstances of the specific case and should be both reasonable and proportionate. It should not lead to the complainant making a profit or advantage, and we should explain clearly how we have reached the decision on the level of compensation.

## **DIRECT/INDIRECT LOSS PAYMENTS**

16. This type of compensation is for actual financial loss or payments not received.

17. In some cases, there is evidence that our service failure has resulted in the customer suffering a loss that is clear and measurable. These could include increased heating bills due to disrepair, having to pay for alternative accommodation or take away food, paying for cleaning or carrying out repairs where the Councils have failed to meet their obligations.

18. When assessing these cases, we will require evidence to support any claim and will assess whether these costs have been reasonably and appropriately incurred.

19. Where evidence can't be reasonably be provided, we will consider on the balance of probability whether the costs would have been likely to have been incurred.

20. In order for costs incurred to be compensated the complainant must have raised the matter with the council and given us the opportunity to put things right first.

21. Compensation may be paid to cover lost interest, but this is only in exceptional circumstances and for a delay of 6 months or more, or where costs are significant.
22. Compensation won't be paid for loss of wages e.g. when waiting for a site visit, inspection or repair as this is a reasonable expectation.
23. Complainants must use the councils' formal complaints procedure to seek to resolve issues, so costs incurred for professional or legal advice will not be covered.

Note: claims for loss of personal belongings should be an insurance claim, although we may provide compensation for distress or inconvenience as a result of the loss (see below).

### **COMPENSATION FOR DISTRESS, INCONVENIENCE, TIME AND TROUBLE**

24. These are discretionary compensation payments and can be made where the councils' actions have resulted in:

- poor complaint handling
- delays in providing a service
- failure to provide a service that has been charged for
- loss of a service failure to meet target response times
- failure to follow policy and procedure
- unreasonable time taken to resolve a situation
- the customer suffering distress and inconvenience.

25. When calculating the amount of compensation to be paid, we will look at the severity of any service failure and the associated impact on the customer. We will take the customer's personal circumstances into consideration when doing this, including any aggravating factors such as: vulnerability, disability, family circumstances, caring responsibilities, and previous history of the council mishandling issues for this complainant.

26. The cost of telephone calls and time taken in contacting the council will not normally be compensated unless these are significantly over and above what might reasonably be expected due to the councils' failure to resolve an issue.

27. We reserve the right to use discretion and flexibility when applying this policy and may deal with a complaint differently depending on the individual circumstances of the household. It may be appropriate to remedy a complaint

with actions separately from, or in conjunction with, an offer of compensation. These can include the following:

- Practical actions (such as offering to undertake repairs or redecoration, which would otherwise be a customer's responsibility).
- Gestures of goodwill (e.g. vouchers).

28. In such circumstances, any discretion will be applied fairly and appropriately.
29. Where a compensation payment has been made this should not normally be offset against amounts owed to the complainant on a different matter, unless specific legislation relating to that service allows for this.

### **WHEN COMPENSATION WILL NOT BE CONSIDERED UNDER THIS POLICY**

30. Compensation may not be considered through this policy in a number of circumstances, including the following:
- Negligence or personal injury (liability claims must be made to our Insurance Team and are not covered by this policy).
  - Damage to personal possessions, home contents or personal injury. Liability claims must be made to The Councils Insurance Team and are not covered by this policy. If the customer does not have contents insurance, a claim might be able to be submitted to us and will be passed to our insurers for investigation. Our insurer will investigate if we were negligent and advise if a claim is accepted.
  - Alterations to council properties by the complainant that are unauthorised.
  - Short-term nuisance caused by building works.
  - Neighbourhood nuisance.
  - Loss of earnings or annual leave (if, under the terms of their tenancy agreements, Customers Where the fault is due to a customer's own action or lack of action, including those of a family member, visitor, or neighbour
  - Where the compensation claim is subject to a tribunal or legal proceedings.
  - Matters relating to services not provided by, or outside the councils' control.

### **RESPONSIBILITIES**

31. The councils' Senior Management Team have ultimate responsibility for determining and directing the councils' response to service failures and Ombudsman complaints.
32. The Customer Services Manager has ownership of this policy and has responsibility to ensure that complaint handling staff are aware of its content.
33. The Head of Corporate Services is responsible for reporting on performance against this and other complaints policies to the councils Joint Audit and Governance Committee which provides oversight of our complaint handling performance against the Ombudsmen statutory codes.
34. All staff dealing with complaints must read this policy and comply as far as is reasonably practical with it.
35. All complaint-handling staff are able to agree remedies; Heads of Service and above are authorised to agree compensation payments. The councils' joint Constitution delegates the payment and level of compensation to senior managers.

## **EQUALITY OF ACCESS**

36. We will apply this policy consistently and fairly and will not discriminate against anyone based on any specific needs, including relevant characteristics set out in the Equality Act.
37. We will provide information that is clear, accessible, and in an appropriate format (such as translated into another language, or in large print) upon request.
38. Where appropriate, we will assist customers in making a claim for compensation. We will discuss the compensation process with customers who are experiencing difficulties and guide them through the process of making a complaint. For example, clarifying the policy or helping to complete paperwork.

## **REVIEW**

39. This document will be reviewed every two years, or sooner if significant changes occur in the relevant legislation or guidance.

## APPENDIX 1 – GUIDANCE ON POSSIBLE LEVELS OF COMPENSATION

40. This guidance is adapted from the Housing Ombudsman guidance which the Ombudsman would apply in considering cases referred to them. It should be used as a framework for guidance only, each case should be considered according to its own circumstances and what is reasonable and appropriate.

41. It is unlikely that the councils would need to consider the higher levels of compensation set out below, unless there are exceptional circumstances or significant impact on the complainant.

Level of compensation	finding	Impact on resident	Circumstances
£50 to £100	Service failure	<ul style="list-style-type: none"> <li>Minimal</li> <li>Short duration</li> <li>May not have significantly affected the overall outcome for the resident</li> <li>Might include distress and inconvenience, time and trouble, disappointment, loss of confidence, and delays in getting matters resolved</li> </ul>	<p>Minor failure of service and the council did not appropriately acknowledge these and/or fully put them right.</p> <p>Any proposed action/compensation offered previously does not quite reflect the detriment to the resident and/or is not quite proportionate to the failings identified in the complaint.</p>
£100 to £600	Maladministration	<ul style="list-style-type: none"> <li>No permanent impact</li> </ul>	<p>There was a failure which adversely affected the resident.</p> <p>The council has previously failed to acknowledge its failings and/or has made no attempt to put things right.</p> <p>Or</p>

			The council has acknowledged failings and/or made some attempt to put things right but failed to address the detriment to the resident and/or the offer was not proportionate to the failings identified.
£600 to £1,000	Maladministration/ Severe maladministration	<ul style="list-style-type: none"> <li>• Significant impact</li> <li>• Physical and/or emotional impact</li> </ul>	<p>There was a failure which had a significant impact on the resident.</p> <p>The circumstances for maladministration apply and the redress needed to put things right is substantial</p> <p>Or</p> <p>The circumstances for severe maladministration apply but the redress needed to put things right is at the lower end of that scale.</p>
£1,000 +	Severe maladministration	<ul style="list-style-type: none"> <li>• Severe long-term impact</li> </ul>	<p>There have been serious failings by the council.</p> <p>There was a single significant failure in service or a series of significant failures which have had a seriously detrimental impact on the resident.</p> <p>The council's response to the failures (if any) exacerbated the situation and further undermined the relationship with the complainant.</p> <p>The council repeatedly failed to provide the same service which had a seriously detrimental impact on the resident; demonstrating a</p>

			<p>failure to provide a service, put things right and learn from outcomes.</p> <p>The failures accumulated over a significant period of time (however this will not necessarily be the case as a single significant service failure may be sufficient).</p>
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## **APPENDIX 2 – STATUTORY COMPENSATION PAYMENTS AS A LANDLORD**

### **Home loss and disturbance**

42. If tenants are decanted (moved) from their home, they may be entitled to compensation. There are two types of payments that may be available:
- statutory home loss payments, this does not apply to those living in temporary accommodation
  - disturbance payments.
43. Home loss payments compensate for the upset caused by moving from the home.
44. Disturbance payments compensate for the actual 'out of pocket' costs of moving from the home.
45. If they are moved permanently, tenants are entitled to both these payments, although there are certain restrictions.

### **Home loss payments**

46. Tenants will qualify for a home loss payment if they have been moved due to one of the following reasons:
- compulsory purchase
  - a demolition, improvement or closing order made by the Local Authority
  - demolition under any other compulsory order
47. To qualify for a home loss payment, a customer must:
- have lived in their home for more than twelve months
  - have an Assured or Fixed Term Tenancy, and
  - have moved permanently.

The amount of compensation payable is set by the Government each year. We will comply with this.

48. Only one home loss payment is made per household.
49. If there are any monies owed to us, we will deduct this from the home loss payment. If the option to return to the original home is offered, and the

customer chooses to remain in the property they've been decanted to, and we allow it, they will not qualify for any home loss payment.

### **Disturbance payments**

50. Customers qualify for disturbance payments if they are the legal tenant on the date the move took place, and if they are moved permanently. The move must have been a direct consequence of one or more of the following:
- compulsory purchase order
  - a demolition, improvement or closing order
  - demolition under any other compulsory order.
51. Disturbance payments are made to cover the reasonable expenses of moving. This may include several different items, for example:
- cost of removal
  - disconnection / reconnection of appliances
  - re-fitting or replacement of carpets and curtains.

### **Relevant legislation**

- Housing Act 1996
- Home Loss Payments (Prescribed Amounts) (England) Regulations 2007, 2020, 2022
- Land Compensation Act 1973 (as amended)
- Sections 153A, 153B and 138C from Part V of the Housing Act 1985
- Right to Repair Regulations 1994 in force from 1st April 1994
- Local Government Act 2000

# Joint Audit and Governance Committee



Report of Nick Bennett, Monitoring Officer  
Author: Steven Corrigan  
Telephone: 07773 302122  
E-mail: nick.bennett@southandvale.gov.uk

DATE: 9 July 2024

## Annual Report on the Councillors' Code of Conduct Complaints for 2024-25

### Recommendation

To note the annual report on the councillors' Code of Conduct for the 2024-25 municipal year.

Implications (further detail within the report)	Financial	Legal	Climate and Ecological	Equality and diversity
	Yes	Yes	No	No
Signing off officer		N Bennett		Equalities Team

### Purpose of Report

1. This report provides a summary of the complaints determined in the current municipal year which were made against district and parish councillors for alleged breaches of the Code of Conduct.

### Corporate Objectives

2. High standards of conduct underpin all of the councils' work and the achievement of both councils' corporate objectives.

### Background

3. District and parish councils have responsibility for promoting and maintaining standards in public life. The Monitoring Officer is responsible for dealing with allegations that councillors have failed to comply with the members' Code of

Conduct in accordance with the arrangements adopted by Council. A new and shared Monitoring Officer was appointed in October 2024 by the Councils

4. All councils must adopt a code of conduct dealing with the conduct that is expected of members and co-opted members of the authority when they are acting in that capacity. At its meeting on 29 March 2022 this committee recommended the adoption of a revised Oxfordshire Code of Conduct based on the Local Government Association (LGA) Model Code. The revised Code provides for definitions of bullying and harassment, a requirement to treat other councillors, officers and members of the public with respect and includes other “registrable” interests and non-registrable interests. The Code has been adopted by all of the district councils and the county council. All the parish councils across both districts were recommended to adopt the revised Code.
5. All codes of conduct must be underpinned by the seven principles of public life, or “Nolan” principles, which are:
  - Selflessness
  - Integrity
  - Objectivity
  - Accountability
  - Openness
  - Honesty
  - Leadership.
6. At its meeting on 30 November 2021 this committee agreed revised arrangements for investigating complaints under the Code of Conduct to replace those in existence since March 2016. The revised arrangements were subsequently agreed by each Council and provide a detailed description of the process for the consideration of allegations of a breach of the Code, manage expectations for the public and councillors in respect of how complaints will be dealt with, include provision for an informal resolution of complaints where there is a breach of the Code, but which is not considered serious enough to investigate, and introduced a Public Interest Test. These arrangements for dealing with complaints, which introduced an element of rigour to the process, continue to enable the Monitoring Officer to robustly deal with complaints at an early stage. The schedule attached, shows a number of submitted complaints dealt with at stage one. The more detailed explanation set out in the revised arrangements reduces the submission of potential complaints which are really reflective of an interpersonal dispute or issues in respect of the decision-making process at a parish council. The Monitoring Officer continues to reject complaints in circumstances where the subject of the complaint was not acting in an official capacity.
7. Although the councils have the responsibility for maintaining these standards, there are currently very limited options in terms of sanctions. This, together with the cost of investigating complaints and the fact that a number of parish complaints are generally interpersonal disputes between councillors means that the Monitoring Officer will seek to resolve complaints informally where possible and appropriate. Examples of where this has occurred are also set out in the schedule attached.

8. All councillors should be encouraged to play an active role and take responsibility for promoting high standards of conduct. Typical training triggers have been elections or major changes in legislation. The Monitoring Officer intends to undertake delivery of some training for District members in the coming year and has agreed to be part of a joint standards and governance training day for Parish clerks with OALC. If new Councillors were to join the district they would be given individual training on the same model used for whole Council training in this area in June 2022.
9. Administering the complaints process is a high resource activity and therefore parish councils are encouraged to make every effort to reduce complaints arising in the first instance. Officers seek to deal with complaints in a pragmatic way and this includes:
  - giving advice to councillors / clerks to seek to enable them to resolve their own difficulties or to use an alternative form of dispute resolution.
  - imposing a “high bar” when it comes to interpersonal disputes.
  - being clear when an issue is not a code of conduct matter and referring complainants to the relevant organisation’s complaints process or the Oxfordshire Association of Local Councils.
  - offering alternative forms of dealing with conflict such as mediation or training.
  - Where possible, alternative interventions or advice are offered before a formal complaint is received.
10. As mentioned above, much of the code of conduct work (apart from registers of interests) is done informally and consists of giving advice over the telephone or by email. Officers do not routinely record this work, but it is reasonably significant and is often valuable in avoiding more substantial problems later on.
11. The councils retain the services of six “independent persons” to assist in maintaining and promoting high ethical standards in the district councils and the parish councils in South and Vale. The role of “independent person” was created by the Localism Act 2011. The independent persons provide overview of the process and are available to advise the subject councillor and to consult with the Monitoring Officer. The six independent persons were appointed by each Council at the annual meetings in May 2021 for terms of office until May 2026. The position attracts a payment of an allowance of £689.50 per annum in recognition of their role. Not all Independent Persons claim the allowance. The position of independent persons from May 2026 to the point when the Councils responsibilities pass to the shadow authority after local government reorganisation is not clear and is being carefully reviewed by the Monitoring Officer. Further reports will likely be needed as that position becomes established by the Government.
12. Complaints submitted formally are recorded and where possible, officers require complainants to ensure that they use the pro-forma provided for that purpose.
13. The Monitoring Officer has retained the assistance of an experienced monitoring officer consultant to assist with code of conduct complaints.
14. A short summary of the formal complaints concluded in the last municipal year is included in the appendix to this report.

## **Code of Conduct**

15. In accordance with the provisions of the Localism Act 2011 each Council has adopted a code of conduct. The code was most recently updated by each Council in May 2022.

## **Register of Interests**

16. All councillors and co-optees at both district and parish level, are legally required to submit a register of their interests to the Monitoring Officer which is publicly available. Following the elections in May 2023 all councillors, both newly elected or re-elected, are required to submit register of interest forms. All of these registers are signed off and published by the district council. Councillors and co-optees are also required to keep their registers up to date. The Democratic Services team receives these documents from parish clerks (on behalf of their councillors) as well as from district councillors after election / co-option. Reminders are sent for amendments to be registered.
17. There is an option for councillors / co-optees to request that their addresses and similar identifiers are removed from the public register if these are “sensitive interests”. This is where the councillor believes that disclosure of that information could lead to the member or co-opted member, or a person connected with them being subject to violence or intimidation. Over the past year the Monitoring Officer has continued to receive a number of these requests. The Monitoring Officer has taken a sympathetic approach and granted all requests in order to reduce potential risks to both the councils and to individual councillors.
18. In March 2023, the Monitoring Officer circulated a letter from the Department for levelling Up, Housing & Communities as a reminder of the position where an elected member wishes to withhold their address(es) from inclusion in their Register of Interests due to the risk of violence or intimidation. The Monitoring Officer is following that guidance and a significant number of members are now seeking to withhold their addresses with authority granted by application to the Democratic Services team.

## **Financial Implications**

19. Code of conduct work and the administration of code of conduct complaints is met from existing budgets. As set out in paragraph 11 of this report, the independent persons are now entitled to claim an allowance. The monitoring officer continued to engage the services of external consultant/investigators during 2024-25..

## **Legal Implications**

20. All legal implications are set out in the body of the report.

## **Climate and ecological impact implications**

21. There are no direct climate and ecological implications arising from this report.

## **Equalities implications**

22. This report provides statistical information for complaints processed in accordance with agreed policy and procedures. Consequently, there are no direct equality implications arising from this report.

## **Risks**

23. If the councils fail to adopt and maintain a code of conduct and processes for the investigation of complaints, they will fail to comply with the statutory requirements. In turn, this could impact on the councils' reputation and the integrity of corporate governance and decision-making processes.
24. Using alternative methods of dispute resolution reduces the cost of dealing with formal complaints, reduces the stress impact for the complainant and subject member and often provides a more satisfactory outcome for all parties involved.

## **Other Implications**

25. None.

## **Conclusion**

26. This report is for the Joint Audit and Governance Committee to note and to be aware of the work of the Monitoring Officer in respect of the administration of code of conduct complaints.

## **Background Papers**

None

# Audit and Governance Work Programme

containing Joint Audit and Governance  
Committee work to be undertaken  
JUNE 2025



## What is the work programme?

The Audit and Governance Work Programme belongs to South Oxfordshire District Council's and Vale of White Horse District Council's Joint Audit and Governance Committee and sets out a schedule of work for the period shown above. It is a rolling plan, subject to change at each committee meeting; however, the councils may allocate additional work without notice.

Item title	Meeting date	Lead officer	Why is it here?	Scope	Notes
<b>1 July 2025</b>					
<b>Code of conduct annual report - 2024/25</b>	Joint Audit and Governance Committee July 2025	Vivien Williams vivien.williams@southandvale.gov.uk	The committee has responsibility for having an overview of the standards of conduct framework for councillors, any co-opted members and parish councillors.	To review operation of the code of conduct.	
<b>Internal audit annual report 2024/25</b>	Joint Audit and Governance Committee July 2025	Victoria Dorman-Smith, Internal Audit and Risk Manager victoria.dorman-smith@southandvale.gov.uk	To review the work of internal audit in 2024/25 and to consider the annual internal audit opinion.	To monitor the effectiveness of internal audit and to make recommendations for changes as necessary.	

Item title	Meeting date	Lead officer	Why is it here?	Scope	Notes
<b>Internal audit update report - Q1 2025/26</b>	Joint Audit and Governance Committee July 2025	Victoria Dorman-Smith, Internal Audit and Risk Manager victoria.dorman-smith@southandvale.gov.uk	The committee is responsible for monitoring internal audit work to ensure an adequate internal control environment.	The committee is asked to review the outcomes of recent internal audit work and to ensure that timely actions are taken to manage risks effectively.	
<b>Annual Review of Complaints 2024/25</b>	Joint Audit and Governance Committee 1 Jul 2025	Sally Truman, Customer Services Manager Sally.Truman@southandvale.gov.uk sally.truman@southandvale.gov.uk	The committee is responsible for reviewing the formal complaints received and performance in responding to complaints against timescales set out in the corporate complaints policy.	To review the complaints and performance in responding within the timescales set in the corporate complaints policy.	
<b>Quarterly Corporate Risk Progress Report</b>	Joint Audit and Governance Committee 1 Jul 2025	Yvonne Cutler-Greaves Yvonne.CutlerGreaves@southandvale.gov.uk Yvonne.CutlerGreaves@southandvale.gov.uk	The committee agreed to receive regular progress reports on the Corporate risk register and implementation of the risk management framework.	To review and comment on progress.	
<b>16 September 2025</b>					

Item title	Meeting date	Lead officer	Why is it here?	Scope	Notes
<b>Treasury management outturn report - 2024/25</b>	Joint Audit and Governance Committee 16 Sep 2025	Simon Hewings, Head of Finance simon.hewings@southandvale.gov.uk	The committee is responsible for monitoring the councils' treasury management activity.	To consider the 2024/25 outturn report and make recommendations to Cabinet.	
<b>Internal audit update report – Q2 2025/26</b>	Joint Audit and Governance Committee 16 Sep 2025	Victoria Dorman-Smith, Internal Audit and Risk Manager victoria.dorman-smith@southandvale.gov.uk	The committee is responsible for monitoring internal audit work to ensure an adequate internal control environment.	The committee is asked to review the outcomes of recent internal audit work and to ensure that timely actions are taken to manage risks effectively.	
<b>Corporate risk review</b>	Joint Audit and Governance Committee 16 Sep 2025	Simon Hewings, Head of Finance simon.hewings@southandvale.gov.uk	The committee agreed to receive regular progress reports on the Corporate risk register and implementation of the risk management framework.	To review and comment on progress.	
<b>Annual complaints report</b>	Joint Audit and Governance Committee 16 Sep 2025	Mark Minion, Head of Corporate Services mark.minion@southandvale.gov.uk	The committee is responsible for reviewing the formal complaints received and performance in responding to complaints against timescales set out in the corporate complaints policy.	To review the complaints and performance in responding within the timescales set in the corporate complaints policy.	

Item title	Meeting date	Lead officer	Why is it here?	Scope	Notes
<b>2024/25 Annual Joint Audit and Governance Report to Council</b>	Joint Audit and Governance Committee 16 Sep 2025	Simon Hewings, Head of Finance simon.hewings@southandvale.gov.uk	An annual report to inform the councils of the work of the Joint Audit and Governance committee was requested by the committee.		
<b>27 January 2026</b>					
<b>Health and Safety</b>	Joint Audit and Governance Committee 27 Jan 2026	Andrew Busby andrew.busby@southandvale.gov.uk	The committee agreed to receive regular reports on health and safety.	To review and comment on progress.	
<b>Regulation of Investigatory Powers Act 2000 (RIPA) annual review</b>	Joint Audit and Governance Committee 27 Jan 2026	Nick Bennett, Head of Legal & Democratic Services Nick.Bennett@southandvale.gov.uk	To inform the Joint Audit and Governance Committee regarding the councils' use of directed surveillance and covert human intelligence sources during 2022 as required by the statutory code of practice.	To note the usage of RIPA during 2022. To approve the amendments to the RIPA policy. To agree conclusions in the report and support recommended actions.	
<b>Internal audit update report - Q3 2025/26</b>	Joint Audit and Governance Committee 27 Jan 2026	Victoria Dorman-Smith, Internal Audit and Risk Manager victoria.dorman-smith@southandvale.gov.uk	The committee is responsible for monitoring internal audit work to ensure an adequate internal control environment.	The committee is asked to review the outcomes of recent internal audit work and to ensure that timely actions are taken to manage risks effectively.	

Item title	Meeting date	Lead officer	Why is it here?	Scope	Notes
<b>Treasury management mid-year monitoring report 2025/26</b>	Joint Audit and Governance Committee 27 Jan 2026	Simon Hewings, Head of Finance simon.hewings@southandvale.gov.uk	The committee is responsible for the scrutiny of the councils' treasury management activity.	To review the councils' mid-year treasury management mid-year report.	
<b>Treasury management strategy 2026/27</b>	Joint Audit and Governance Committee 27 Jan 2026	Simon Hewings, Head of Finance simon.hewings@southandvale.gov.uk			
<b>24 March 2026</b>					
<b>Corporate risk review</b>	Joint Audit and Governance Committee 24 Mar 2026	Simon Hewings, Head of Finance simon.hewings@southandvale.gov.uk	The committee agreed to receive regular progress reports on the Corporate risk register and implementation of the risk management framework.	To review and comment on progress.	
<b>Internal audit update report - Q4 2025/26</b>	Joint Audit and Governance Committee 24 Mar 2026	Victoria Dorman-Smith, Internal Audit and Risk Manager victoria.dorman-smith@southandvale.gov.uk	The committee is responsible for monitoring internal audit work to ensure an adequate internal control environment.	The committee is asked to review the outcomes of recent internal audit work and to ensure that timely actions are taken to manage risks effectively.	

Item title	Meeting date	Lead officer	Why is it here?	Scope	Notes
<b>Internal audit plan 2026/27</b>	Joint Audit and Governance Committee 24 Mar 2026	Victoria Dorman-Smith, Internal Audit and Risk Manager victoria.dorman-smith@southandvale.gov.uk	The council audits its services through the internal audit service.	To approve the internal audit plan for 2026/27.	
<b>Future items</b>					
<b>Housing programme review</b>	Joint Audit and Governance Committee	TBC	At the request of the committee.	<b>TBC</b>	

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