

Merton Council

Standards and General Purposes Committee Agenda

Membership

Councillors:

Martin Whelton (Chair)
John Oliver (Vice-Chair)
Laxmi Attawar
Sheri-Ann Bhim
John Braithwaite
Caroline Charles
Billy Hayes
Andrew Howard
Edith Macauley MBE
Robert Page
Marsie Skeete
Victoria Wilson

Substitute Members:

Michael Butcher
Samantha MacArthur
Simon McGrath
Michael Paterson
James Williscroft

Date: Thursday 9 November 2023

Time: 7.15 pm

Venue: Committee Room BCDE

This is a public meeting and attendance by the public is encouraged and welcomed.
For more information about the agenda please contact
democratic.services@merton.gov.uk or telephone [020 8545 3616](tel:02085453616).

All Press contacts: communications@merton.gov.uk, 020 8545 3181

Standards and General Purposes Committee Agenda

9 November 2023

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Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

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Agenda Item 3

STANDARDS AND GENERAL PURPOSES COMMITTEE 21 SEPTEMBER 2023

(8.15 pm - 9.16 pm)

PRESENT Councillors Councillor Martin Whelton (in the Chair),
Councillor John Oliver, Councillor Laxmi Attawar,
Councillor John Braithwaite, Councillor Caroline Charles,
Councillor Billy Hayes, Councillor Andrew Howard,
Councillor Edith Macauley and Councillor Victoria Wilson

PRESENT Councillor Robert Page
ONLINE

ALSO ATTENDING John Scarborough (Monitoring Officer), Zoe Church (Head of
Business Planning), Richard Seedhouse (Democratic Services
Officer)

ALSO ATTENDING ONLINE Katy Willison (Independent Person), Polly Cziok (Executive
Director of Innovation & Change) and Nemashe Sivayogan
(Head of Treasury and Pensions)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Councillors Bhim and Skeete and from Independent Person Clive Douglas.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting on 19 July 2023 were agreed as a correct record.

4 HR UPDATE - TEMPORARY AND CONTRACT STAFF AND DEMOGRAPHICS (Agenda Item 4)

The Executive Director for Innovation and Change introduced the report and noted in particular that:

- Merton is still relying heavily on agency and temporary staff
- Steps are being taken to address this
- The Executive team have been in place since May, though this is a primary focus for the Executive Director for Innovation and Change
- There are problems with recruitment, which are driving agency spend

The key issues are:

- Organisational instability – a lot of managers were waiting for the Executive team to be in place before making appointments
- It is mainly the 2nd and 3rd tiers of the organisation that are affected
- Social Works and Planning Officer positions are acutely affected
- Merton does not pay competitive rates for a lot of its roles
- Benchmarking work shows that Merton is behind competitor councils.

The report also drew attention to the uplift in agency pay, with significant wage inflation across all the hard to recruit sectors. Hourly rates have changed significantly since reporting began. The only way to resolve these issues is by getting people into permanent posts.

Children's Services had started to have some success, but a concerted recruitment campaign was still required. Merton has a good story to tell about the work done in this area to draw in more talent.

Work was underway to convert interim manager/assistant director posts to permanent positions.

There was emerging work in Equality, Diversity and Inclusion, with a fantastic new workforce manager in place and introduced at the Staff Conference. Staff networks were being set up, and training rolled out for managers. Merton was beginning to build trust with staff from a range of backgrounds that Equality Diversity and Inclusion is taken seriously.

In response to questions, the Executive Director informed the committee that:

- Benchmarking is not a consistent picture, Inner London is always going to pay more, but it's where we sit compared to our outer London neighbours that matters. There are some areas on our payscale where we are below and some where we sit alongside them. When the pay review of the whole organisation begins, some areas will need an uplift, but not all.
- The pay review will take at least 18 months and will require consultation with staff and unions, it is not a quick fix
- In sectors like regeneration and IT, even inner London councils have to pay market supplements, as we are all in competition with the private sector, who can pay huge amounts of money, which we can never match.
- 280 admin staff are agency workers, and we should be able to convert them to employees through a range of methods including using apprenticeships.
- Each Executive Director has to reduce the agency staff spend in their directorate, we will always need some agency staff, but the current levels are too high, it is expected that we will be able to show real progress when this item returns to the committee
- The Chief Executive is clear that staff should spend at least 3 days per week in the borough. There is nothing to suggest that there is an issue with staff working from home. Managers are good at ensuring performance is maintained.

- We're not the employer of teachers and the payscales for teaching staff are negotiated with the teaching unions
- After 2 years in an organisation, staff acquire the same rights as permanent staff
- Recruitment for a Head of Recruitment has begun, this will be a short term contract, we need someone to come in and turn things around – the way we attract, recruit and onboard people are areas for attention.
- Improvements to Morden would make a difference to attracting new recruits to the organisation, work accelerate plans around regeneration has begun, reports are going to the Leader and Cabinet soon.
- Plans to improve the entrance to the Civic Centre are in development
- We don't employ agency staff, no matter how long they work here, they remain employees of the agency.
- The report could be simpler and will review, with the chair, before it comes back to committee.
- Agreed that the distinction between interim and agency staff by hourly rate may not be a useful distinction
- At the lower end, there isn't a significant budgetary difference between agency and permanent staff when you factor in onboarding costs, but this gap becomes wider the higher up the organisation you go.
- Merton has some of the longest serving staff, which equates to a lot of expertise and knowledge, but it is also a huge risk as we look down the barrel of a retirement crisis. There are twice as many employees over 50 as under 30. If we don't bring in younger people and retain them, this will become a serious problem within the next ten years.
- We have a graduate entry scheme and are looking to create new apprenticeships within the organisation, convert existing hard to fill roles into apprenticeships and build the cohort of younger people of Merton working for the council.
- We are making better use of the Apprenticeship Levy, including through the SOLACE leadership programmes, 16 places have been secured this year, we hope to achieve the same next year, and this will help to build a more diverse leadership.
- Internal processes have been improved to aid recruitment, there aren't problems with the contract, but it is a huge contract which it is hoped will reduce as more permanent staff are recruited.
- By the end of July the number of agency workers in Children Services had reduced by 15 on the previous year. A further 8 trainees will become staff in the autumn, we still need a really proactive social work recruitment campaign, we have received a great OFSTED report and need to use that to promote Merton Social Work.
- Some roles, like Speech and Language Therapists are suffering from a national shortage, so we are looking at options including recruiting from abroad.
- The presumption has to be to recruit from home, before looking abroad. There are limited areas in which we can recruit from abroad, Social Care and IT are two.

- The Apprenticeship Levy can only be used for training purposes, if you put existing staff on the scheme, you have to give them a day off to do their study each week. More detail on progress can be provided in 3 or 4 months time.

It was RESOLVED that the Committee

- noted progress made to monitor and control the use of temporary workers and consultants
- deferred a decision on thresholds for reporting pending a discussion with the chair, vice chair and report author on what the Committee will wish to see in the next report in March.

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5 WORK PROGRAMME (Agenda Item 5)

RESOLVED: that the work programme was noted and agreed.

A late request to amend the minutes of the last meeting was declined as the minutes had already been agreed by the Committee.

Committee: Standards and General Purposes Committee

Date: 9 November 23

Subject: Gifts and Hospitality – Councillors

Lead Member: Councillor Martin Whelton, Chair, Standards and General Purposes Committee

Lead officer: John Scarborough, Monitoring Officer

Contact officer: Amy Dumitrescu, Democracy Services Manager

Recommendations:

- A. That the Committee notes the report.
- B. That Members are reminded of their responsibility to complete declarations of gifts and hospitality including reasons for acceptance within 28 days of receipt.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is the yearly update on the registration by Councillors of gifts and hospitality.
- 1.2 A copy of the register accompanies this report at Appendix 1.

2. DETAILS

- 2.1 The Code of Conduct for Councillors requires that:
 - Councillors do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.
 - Councillors register with the Monitoring Officer any gift or hospitality with an estimated value of at least £25 within 28 days of its receipt.
 - Councillors register with the Monitoring Officer any significant gift or hospitality that they have been offered but have declined to accept.
- 2.2 The protocol requires that
 - Councillors declare the value and details of the gift or hospitality received, as well as whether the donor of the gift has or has had in the past or likely to have in the future, dealings with the Council and

also if the gift or hospitality has been accepted the reason for that acceptance.

- Even if all members, or a large number of them, received the same gift or were invited to the same event, they must each make individual notifications.
- 2.3 Councillors are not required to declare hospitality where the Council is the host, or attendance at events where the Council is the organiser.
- 2.4 There is no requirement for Members to register the annual offer of tickets for the pantomime at Wimbledon Theatre or where they were afforded an opportunity to participate in a ballot for paid for tickets for the Wimbledon Tennis Championships (although they should continue to register the acceptance of such offers).
- 2.5 Failure to comply with these rules may amount to a breach of the Members' Code of Conduct.
- 2.6 Breaches of the Code may expose Members to a risk of a complaint being reported to the Monitoring Officer, who can decide whether there should be an investigation into the allegation.
- 2.7 The press and public have the right to inspect gift and hospitality declaration forms. The Register is also public via the Council's web site at www.merton.gov.uk. Councillors and officers may also gain access through the council's intranet.
- 2.8 The inspection by the Monitoring Officer of the register shows that:
- 22 Councillors made declarations on 52 occasions.
 - The review of the registers indicates that Members are aware of their responsibilities.
 - In the previous year's review, declarations were received from 26 Members on 59 occasions. This indicates that group offices and Councillors understand their obligations.
 - The nature of the gifts and hospitality referred to is consistent with what may be expected for a Council and there do not appear to be any entries which are outside of what could be considered in the

normal course of Council business and the various roles Councillors have.

- It is proposed that following this review a reminder of their obligations is cascaded to Members and group officers to ensure the system continues to operate in a satisfactory way.

3. ALTERNATIVE OPTIONS

- 3.1 Committee could decide not to have this information reported to it, though this would not be compatible with its role as the proactive promoter and monitor of ethical standards.

4. CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 None save referred to within the report.

5. TIMETABLE

- 5.1 The next annual report will be presented to Standards and General Purposes in November 2024

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1 None.

7. LEGAL AND STATUTORY IMPLICATIONS

- 7.1 The receipt or gift of any reward or advantage for an act or omission that suggests favour to any person in their official capacity may constitute a criminal offence under the Bribery Act 2010.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION

- 8.1 None.

9. CRIME AND DISORDER IMPLICATIONS

- 9.1 None.

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1 Failure by Councillors to address their responsibilities under the Code of Conduct could result in disciplinary action by the Council. Failure of

the Council to monitor and promote the observance of the Code could result in an unnoticed lack of compliance by Councillors which might result in complaints, damage to the reputation of the Council, possible adverse impacts upon the quality of the Council's decision making processes and legal challenges to Council actions.

11. APPENDIX – THE FOLLOWING DOCUMENT FORMS PART OF THE REPORT

Appendix 1: Details of the Register for the period 01.10.22-30.09.23

12. BACKGROUND PAPERS

Gifts and Hospitality Protocol.

Stephen Alambritis MBE	29/09/2023 - Attended celebratory event on Friday 29 September 2023 to mark 13th Anniversary of the Casuarina Tree Restaurant offered by Casuarina Tree Restaurant, 407 London Road, Mitcham CR4 4BG; Value unknown but over £25
Stephen Alambritis MBE	30/06/2023 - The opportunity to participate in a ballot which is not open to the general public, for Wimbledon Championship tickets offered by The All England Lawn Tennis and Croquet Club, Church Rd, Wimbledon; Through the ballot I received two tickets for 15 July, for which I paid £510
Stephen Alambritis MBE	22/06/2023 - Attended launch party of Tampopo Restaurant in Wimbledon. Offered by Tampopo Restaurant on Thursday 22 June 2023 and included food, drinks and music. Value unknown but over £25
Stephen Alambritis MBE	20/10/2022 - One ticket offered by Fulham Football Club (FFC) and accepted for a game at Craven Cottage Stevenage Road SW6 on Thursday 20 October 2022 kick off 7:30pm in the Premiership match against Aston Villa in the Cottage Balcony offered by Fulham Football Club; Value of ticket unknown, but over £25
Laxmi Attawar	07/07/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon Tennis Chamionship Tickets offered by All England Lawn Tennis and Croquet Club, Church Road, Wimbledon; Through the ballot I recieved two tickets for 14 July for which I paid £440
Max Austin	30/06/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for 13 July 2023 for which I paid £440 offered by The All England Lawn Tennis and Croquet Club offered by All England Lawn Tennis Club; I accepted the gift which I gave in turn to a Ukrainian refugee family I am involved in caring as they had never been to the tennis.
John Braithwaite	18/10/2022 - Wimbledon Championship Book offered by Wimbledon Foundation, Church Road, Wimbledon SW19 5AE; Received without being aware of the value ; Value £25
Caroline Cooper-Marbiah	01/11/2022 - Invited by Dan Bloxham (Head Coach) to see the work that AELTC are doing with children in Merton Schools through the Wimbledon Junior Tennis Initiative (WJTI). Plus invited to the tennis coaching session followed by lunch and to discuss the work they do and what else they could to to help with our Borough of Sport ambition. Value of lunch unknown.
Klaar Dresselaers	08/07/2023 - Two tickets for the press opening of 'Hairy', the new show at Polka Theatre offered by Polka Theatre, 24 The Broadway, SW18 1SB; As ward councillor for Abbey I was invited to this festive opening. I accept to support the theatre. ; Value £34

Klaar Dresselaers	26/06/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for 6 July 2023 for which I paid £200 offered by The All England Lawn Tennis and Croquet Club, Church Road, Wimbledon
Klaar Dresselaers	06/12/2022 - 2 tickets for New Wimbledon Theatre Panto offered by New Wimbledon Theatre, 93 The Broadway, SW19 1QG; Yearly Panto invitation, theatre is in my ward. ; Value £90
Klaar Dresselaers	18/10/2022 - Wimbledon 2022 book offered by AELTC, Church Road, Wimbledon SW19 5AE; I received this after a meeting with two AELTC representatives talking specifically about the Wimbledon Foundation. ; Value £25
Anthony Fairclough	25/09/2023 - Drinks reception and dinner with speakers offered by City of London Corporation, Guildhall PO Box 270, London EC2P 2EJ (correspondence); To help understand regulatory issues for professional services industry / networking. Value unknown but over £25
Anthony Fairclough	08/07/2023 - Two tickets to Polka Theatre's current show plus food and drink laid on after show offered by Polka Theatre, 240 The Broadway, Wimbledon SW19 1SB; Support local charity and cultural organisation ; Value £40
Anthony Fairclough	15/12/2022 - Offer of a ticket to Raiders Broadcast (Internet Radio Station) at The Brasserie Vonne, Balham offered by Raiders Broadcast; Offer declined, value unknown
Anthony Fairclough	25/11/2022 - Two tickets to Polka Theatre's 2022 Christmas Show offered by Polka Theatre, 240 The Broadway, Wimbledon SW19 1SB; Support local charity and cultural organisation ; Value £39
BrendaFraser	The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for 28 June 2013 for which I paid £148. ; Value £148
Ross Garrod	12/08/2023 - Two tickets offered by AFC Wimbledon and accepted for a game at Plough Lane on Saturday 12 August 2023 , in the League 2 match against Wrexham. Offered by AFC Wimbledon; Value of tickets unknown, but over £25
Ross Garrod	23/06/2023 - Invitation to the Treaty of London Dinner marking the 650th anniversary of the world's oldest alliance between the UK and Portugal. Invited by the Portuguese Chamber of Commerce. Value unknown but likely to be over £25.
Ross Garrod	22/06/2023 - Invited to attend the AFC Wimbledon Fixture release breakfast. Offered by Managing Director of AFC Wimbledon. Value unknown but likely to be under £25.

Ross Garrod	09/03/2023 - Guest speaker at engagement event hosted by Terrapin Communications at the Dog and Fox in Wimbledon, including dinner offered by Terrapin Communications; A good opportunity to promote the vision, aims and ambitions of Merton Council and the administration, as well as the borough as a whole to interested stakeholders in attendance at the event. ; Value £25
Ross Garrod	09/03/2023 - Guest speaker at engagement event hosted by Terrapin Communications at the Dog and Fox in Wimbledon, including dinner offered by Terrapin Communications; A good opportunity to promote the vision, aims and ambitions of Merton Council and the administration, as well as the borough as a whole to interested stakeholders in attendance at the event., value unknown but under £25
Ross Garrod	05/11/2022 - A pair of complimentary tickets received to attend the fireworks display at Morden Park on 5 November 2022. offered by LB of Merton
Ross Garrod	04/11/2022 - A Pair of complimentary tickets received to attend the Fireworks display at Wimbledon Park on 4 November 2022. offered by LB of Merton
Ross Garrod	20/10/2022 - One ticket offered by Fulham Football Club (FFC) and accepted for a game at Craven Cottage Stevenage Road SW6 on Thursday 20 October 2022 , kick off 7.30pm in the Premiership match against Aston Villa in the Cottage Balcony. offered by Fulham Football Club; Value of ticket unknown, but over £25
Jenifer Gould	06/12/2022 - Wimbledon Theatre Pantomime ticket offered by New Wimbledon Theatre, Broadway, Wimbledon; Event supporting the Mayors charity ; Value £37
Susie Hicks	20/09/2023 - An invitation from Wimbledon Bookfest to launch drinks at the Library and to attend a talk afterwards. offered by Wimbledon Bookfest; The evening is taking place at the Library in my ward. I think the Bookfest is a very good thing and I would like to be supportive of it. It would be churlish to decline. Value unknown but could be more than £25
Susie Hicks	20/09/2023 - A day of teaching and lunch offered by Daniella Myers, London Jewish Forum; I think it is important to learn as much as possible about all my residents, and I don't have much contact with the Jewish community in Hillside, though I am aware we have a number of Orthodox Jews in the ward. Value unknown but likely more than £25
Susie Hicks	14/09/2023 - A paperback novel and an offer of tickets received from Wimbledon Bookfest offered by Wimbledon Bookfest; I did not accept the offer of tickets, the book was sent unsolicited and it would be ungracious to send it back. Value unknown, but expected to be over £25

Susie Hicks	09/05/2023 - Lunch at Vincent's (Westminster Catering College) offered by Lynne Gordon (chair of WEHRA); I was invited to lunch by two residents (one the chair of a local residents' association) both of whom are very engaged locally and have been very supportive and helpful in my first year as their ward councillor. The invitation was expressed as a thankyou for the last year and was I am sure entirely without strings or expectation. It would have been churlish to say no, and was a very pleasant lunch. ; Value £37
Susie Hicks	27/12/2022 - M&S Triple Chocolate Panettone offered by Anita Fernandez; I tried hard not to accept this gift, as Ms Fernandez had previously given me and my daughter gifts, and I really felt she should not give me anything else, but she absolutely insisted, and it would have seemed harsh to refuse her generosity. ; Value £8
Susie Hicks	20/12/2022 - Perfume - MEMO African Leather offered by Anita Fernandez; I accepted the gift as a Christmas present from a resident who wanted to thank me for helping her with resolving an issue, which had taken quite a lot of time and effort. It was wrapped and I had no idea of the contents or value, but assumed the value to be reasonably modest. When I opened it on Christmas Day I still had no idea of the value, and wrongly assumed it was much less than I later discovered. Too late, after I had opened it to smell it, I googled it and discovered how expensive it was ; Value £225
Susie Hicks	20/12/2022 - Perfume Oscar De La Renta offered by Anita Fernandez; The gift was given to me as a wrapped Christmas gift to my daughter by a resident, who also gave a wrapped gift to me (separately declared). I was not aware of the value of the gift until my daughter unwrapped it on Christmas day. It was intended as a thankyou to me, kindly intended, and it would have been unkind and churlish to refuse it. ; Value £30
Susie Hicks	18/12/2022 - Box of Paterson's Butter Shortbread offered by Chandra Pillay and Blanca; It was given to me as a wrapped Christmas present by a resident (which I accepted without opening), as a gift from Chandra and her friend Blanca (they are next door neighbours to one another, Blanca is away at the moment) who I had helped with various issues. It was given to me wrapped and with a card, and it would have been unkind to refuse. ; Value £4.5
Daniel Holden	22/06/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for 8 July 2023 for which I paid £260 offered by The All England Lawn Tennis and Croquet Club

Daniel Holden	06/12/2022 - New Wimbledon Theatre invited councillors to attend their press/gala night on the 6th December, where we were offered a free ticket if we purchased a ticket. This evening is the one where the Mayor of Merton and Merton Council are invited. offered by Nick Parr, New Wimbledon Theatre, 93 The Broadway, London SW19 1QG; Longstanding support of the theatre, which is a valuable asset to the community. ; Value £37.5
Andrew Howard	06/12/2022 - 1 x complimentary ticket to New Wimbledon Theatre pantomime offered by New Wimbledon Theatre, Wimbledon Broadway; Charity event hosted by the Mayor of Merton, Value unknown
Natasha Irons	28/02/2023 - One ticket to the Annual Kebab Awards at the Park Plaza Westminster Hotel, 200 Westminster Bridge Rd, London SE1 7UT offered by Peter John, chair of The Terrapin Group; to attend the British Kebab Awards 2023, value unknown, but over £25
Sally Kenny	04/07/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for which I paid £180 offered by The All England Lawn Tennis and Croquet Club, Church Road, Wimbledon
Sally Kenny	05/11/2022 - One Pair of complimentary tickets received for fireworks display on 5 November at Morden Park. offered by LB of Merton
Sam MacArthur	27/06/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for 12 July 2023 for which I paid £340 offered by The All England Lawn Tennis and Croquet Club
Peter McCabe	June 2013, opportunity to partake in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Paid for two tickets for 29 June at face value, £148 in total. ; Value £148
Nick McLean	02/11/2022 - Invitation to the launch of the AFC Wimbledon Foundation held at the Cherry Red Records Stadium. offered by AFC Wimbledon; To hear about and support the charity and their objectives, value unknown
John Oliver	12/11/2022 - free entry tickets to Vegfest - an exhibition of plant based foods and environmental organisations at Olympia, London. I was offered 4 tickets. I used one and gave 2 to friends. The fourth was unused. The tickets were valued at £10 each. I have declared £40. offered by Vegfest UK Ltd Hebron House, Sion Road, Bristol, BS3 3BD; Interest in plant based foods as a mitigation of climate change ; Value £10
Robert Page	06/07/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets for which i paid £200 offered by AELTC

Michael Paterson	16/07/2023 - The opportunity to participate in a ballot, which is not open to the general public, for Wimbledon tennis championship tickets. Through the ballot I received 2 tickets for 16 July 2023 for which I paid £510 offered by The All England Lawn Tennis and Croquet Club
Eleanor Stringer	28/09/2023 - Ticket to opening Wimbledon Bookfest event at Wimbledon Library (Steve Backshall), provided by Wimbledon Bookfest given my responsibility for Culture. offered by The Wimbledon BookFest Festival Office, 35 Wimbledon Hill Rd, London, SW19 7NB; Working with Bookfest as part of wider cultural work including London Borough of Culture, supporting event in local library ; Value £20
Eleanor Stringer	08/07/2023 - Tickets to see Hairy at the Polka Theatre offered by Polka Theatre, 240 The Broadway, Wimbledon, London SW19 1SB; Supporting local children's theatre that we as a council support ; Value £51
Eleanor Stringer	26/11/2022 - Complimentary tickets received for 1 adult plus 2 children tickets to see 'Crackers'. Value £57.00.
Eleanor Stringer	18/11/2022 - Complimentary meal at McChina, Wimblton, received from the manager. Value over £25.
Eleanor Stringer	05/11/2022 - A pair of complimentary tickets received to the Fireworks Display on 5 November 2022 at Morden Park. offered by LB of Merton
James Williscroft	29/09/2023 - Attended celebratory event on Friday 29 September 2023 to mark 13th Anniversary of the Casuarina Tree Restaurant offered by Casuarina offered by Casuarina Tree Restaurant, 407 London Road, Mitcham CR4 4BG; Value unknown, but over £25
James Williscroft	22/06/2023 - 22/06/2023 - Attended launch party of Tampopo Restaurant in Wimbledon. Offered by Tampopo Restaurant on Thursday 22 June 2023 and included food, drinks and music. Value unknown but over £25

Committee: Standards and General Purposes Committee

Date: 09 November 2023

Subject: Gifts and Hospitality – Officers

Lead Member: Councillor Martin Whelton, Chair, Standard and General Purposes Committee

Lead officer: John Scarborough, MD of SLLP and Monitoring Officer

Contact officer: Fabiola Hickson, Head of Law, Procurement and Information Governance, SLLP

Recommendations:

- A. That Committee notes the report.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is the yearly update on the registration by officers of gifts and hospitality.
- 1.2 A copy of the register accompanies this report at Appendix 1.

2. DETAILS

2.1 The Code of Conduct for Employees requires that:

- All offers of gifts must be reported to managers;
- Significant gifts (over £25) must be registered on the departmental register.
- Acceptance of gifts should only occur in very limited circumstances and approved in advance by the manager;
- All offers of hospitality must be reported to managers;
- The hospitality (no minimum value) must be registered on the departmental register;
- There are limited circumstances where acceptance of hospitality may be acceptable;
- Hospitality received in the course of business meetings and at free training does not need to be registered, but managerial approval is required.

2.2 The inspection by the Monitoring Officer of the register shows that:

- The departmental registers continue to be maintained electronically in the adopted corporate manner in all departments.
- Notifications and registrations have taken place in the departments as follows:

Registrations

Chief Executive's	3
Children Schools and Families	0
Community and Housing	0
Corporate Services	0
Environment & Regeneration	1
Innovation and Change	1
Finance & Digital	2

- The entries no longer include tennis tickets from the AELTC managed under the staff ballot. This is because the staff ballot is a centrally managed process and a record is kept of staff who have been successful so it was not considered necessary for individual staff to make declarations.
- There are 2 declarations on the register, one for Environment & Regeneration and the other for Finance & Digital with regards hospitality and match tickets to Wimbledon Tennis, which feeds into Merton's priorities to be the London Borough of Sport. The reason for accepting the hospitality and tickets was to understand the commercial opportunity for Merton's parks to create a potentially financially sustainable sports facility and improve access to sport for Merton's residents. As these fall outside the scope of the staff ballot, these were recorded as separate entries onto the register.
- It was agreed that the same approach would be taken to other offers which have Council wide application such as the offer of tickets to the AFC Wimbledon event to mark the passing of Her Majesty Queen Elizabeth II last year. There are two entries in the register for the Chief Executive's Department in relation to the tribute to the late Queen.
- There is one entry for each of the following Finance and Digital, Innovation and Change and the Chief Executive's Department in relation to a dinner to celebrate the sale of a company and celebrate the efforts of the in-house and external teams in achieving the successful sale.
- The declarations above are in accordance with requirements made up of entries where the gifts and hospitality accepted were for officers networking or representing the Council. The entries for the past year do not show that any low value gifts were received, from the public.
- The continuing low figures listed above and the nature of gifts and hospitality may be a result of a genuine decline in gifts and hospitality being offered or it may be due to officers failing to enter

these onto the register. In order to ensure that it is not the latter, managers should ensure that officers are aware of their responsibilities under the Code of Conduct for Employees to complete declarations and to give reasons, if gifts and hospitality are being recorded as having been accepted. Managers have been reminded of the need to ensure officers are aware that where the offeror is a contractor, prospective contractor or an applicant for planning permission extra care should be exercised in deciding whether to accept the gift or hospitality and the default position normally would be to decline the offer. Finally, it should be noted that 2 of the entries have failed to provide reasons for accepting the gift and managers should ensure that all officers are aware of the necessity for doing so.

- 2.3 With regards the entries that do appear, it is important that when completing the declaration for the register that reasons are given to ensure transparency. One of the entries for the dinner for the sale of the company has N/A as a reason. Whereas the other entries give a reason. It is also important to provide some context when describing the gift or hospitality being received. One of the entries for a number of tickets (circa 100) for the football match at AFC Wimbledon in December 2022 does not indicate who the tickets were for and in order to ensure propriety is maintained it might have been helpful to explain if the tickets were e.g. distributed to children of the borough.

3 ALTERNATIVE OPTIONS

- 3.1 Committee could decide not to have this information reported to it, though this would not be compatible with its role as the proactive promoter and monitor of ethical standards.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 None save referred to within the report.

5 TIMETABLE

- 5.1 The next annual report will be presented to the Committee in November 2024.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1 None.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1 The receipt or gift of any reward or advantage for an act or omission that suggests favour to any person in their official capacity may constitute a criminal offence under the Bribery Act 2010.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION

8.1 None.

9. CRIME AND DISORDER IMPLICATIONS

9.1 None.

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 Failure by officers to address their responsibilities under the Code of Conduct could result in disciplinary action by the Council. Failure of the Council to monitor and promote the observance of the Code could result in an unnoticed lack of compliance by managers which might result in complaints, damage to the reputation of the Council, possible adverse impacts upon the quality of the Council's decision making processes and legal challenges to Council actions.

11. APPENDIX – THE FOLLOWING DOCUMENT FORMS PART OF THE REPORT

Appendix 1: Details of the Registers held by Directors for the period 01.11.22-30.09.23.

12. BACKGROUND PAPERS

None.

London Borough of Merton
Gifts and Hospitality Register (Staff)

01.11.22.- 30.09.23

7 x Entries

Chief Executives Department = 3

Date	Name and Post	Donor & Details	Accept	if Yes reason
09.12.22	Senior Officer	AFC Wimbledon 2 tickets to football and lunch	Yes	Partnership working and tribute to the passing of our late Queen
09.12.22	Officer	X 100 tickets to football match	Yes	Partnership working and tribute to the passing of our late Queen
10.05.23	Senior Officer	Dinner to celebrate sale of company	No	N/A

Environment and Regeneration = 1

Date	Name and Post	Donor & Details	Accept	if Yes reason
10.07.23	Senior Officer	Hospitality and match tickets to Wimbledon Tennis	Yes	One of Merton's priorities is the ambition to be the London Borough of Sport. This was an invite to understand a commercial opportunity for our parks to create a potentially financially sustainable sports facility and improve access to sport for our residents.

Innovation and Change = 1

Date	Name and Post	Donor & Details	Accept	if Yes reason
10.05.23	Senior Officer	Dinner to celebrate sale of company	Yes	The event was to mark the achievement of the in house and external teams in selling the company and securing a remarkable outcome for the Council

Finance and Digital = 2

Date	Name and Post	Donor & Details	Accept	if Yes reason
10.05.23	Senior Officer	Dinner to celebrate sale of company	Yes	The event was to mark the achievement of the in house and external teams in selling the company and securing a remarkable outcome for the Council
10.07.23	Senior Officer	Hospitality and match tickets to Wimbledon Tennis	Yes	One of Merton's priorities is the ambition to be the London Borough of Sport. This was an invite to understand a commercial opportunity for our parks to create a potentially financially sustainable sports facility and improve access to sport for our residents.

Committee: Standards and General Purposes Committee

Date: 9th November 2023

Wards: All

Subject: Review of Polling Districts and Polling Places

Lead officer: Polly Cziok, Executive Director of Innovation and Change

Lead member: Councillor Billy Christie, Cabinet Member for Finance and Corporate Services

Contact officer: Andrew Robertson, Head of Democracy and Electoral Services

Recommendations:

That the Standards and General Purposes Committee agrees the polling districts and polling places set out in the Acting Returning Officers Submission.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is part of the process of reviewing all parliamentary polling districts and polling places in the borough. As part of its statutory requirements, the London Borough of Merton is conducting a review of polling districts and polling places in accordance with the provisions of the Electoral Registration and Administration Act 2013. The Acting Returning Officer (ARO) for the parliamentary constituencies of Mitcham & Morden and Wimbledon has made the following proposals regarding existing polling stations and polling stations likely to be used within Merton, based on proposed polling places. The Committee is requested to consider and approve the proposals. The arrangements will then come into force when the next revised voters list is published on 1 December 2023 and for the May 2024 elections.

2 DETAILS

- 2.1 **Context:** the Electoral Registration and Administration Act 2013 substituted sections 18(1) to (3) into the Representation of the People Act 1983 (RPA83) in place of the previous section 18C. This required each relevant local authority to complete a review of the parliamentary polling districts and polling places within its area within a period of 16 months beginning on 1st October 2013. Further reviews must then take place every fifth year after that in the period beginning 1st October.
- 2.2 **Timing:** The last statutory review of polling districts and polling places was conducted in 2019. Another full review of all of Merton's polling districts and polling places was conducted in 2021 (as a result of the Local Government Boundary Commission's review of Merton's ward boundaries) ahead of the Merton Council elections in 2022. However, in order to satisfy the requirements of the Electoral Registration and Administration Act 2013, the authority is still required to complete another statutory review of all polling districts and polling places within a 16 month period from 1 October 2023. Reviews are required to be held within the period of 16 months that starts on 1 October of every 5th year

after 1 October 2013, therefore this next compulsory review must be completed by 31 January 2025. The ARO made the decision to undertake this review as soon as practicable bearing in mind the electoral programme for 2024.

- 2.3 **Review process:** the current review was begun when a public notice was issued on 1 October 2023. This invited all residents, particularly disabled residents, to comment on the existing arrangements or any other matters. Persons or bodies making representations were asked, if possible, to give alternative places that could be used as polling places. Details of the existing arrangements including maps were available on the council's website and in paper from Electoral Services. An on-line consultation was launched on the website to facilitate the submission of responses. The consultation period ran from 1 October until 31 October, a period of one month. Details of the consultation process are set out in paragraph 4 below and responses are incorporated into the appendix.
- 2.4 **Definitions:** a ***polling district*** is a geographical area created by the sub-division of a UK parliamentary constituency for the purposes of a UK Parliamentary election. A ***polling place*** is the building or area in which polling stations are selected by the (Acting) Returning Officer. A polling place within a polling district must be designated so that polling stations are within easy reach of all electors from across the polling district. A ***polling station*** is the room or area within the polling place where voting takes place. Unlike polling districts and polling places which are fixed by the council, polling stations are chosen by the relevant Returning Officer.
- 2.5 **Scope:** The Review has examined all Polling Districts and Polling Places. Ward boundaries cannot be altered as part of this Review. Polling districts and polling places for other elections are not automatically part of the compulsory review. However, as polling districts and polling places for other elections are based on UK Parliamentary polling arrangements, in practice this review covers the polling districts and places to be used for all types of elections and referendums within the London Borough of Merton. Therefore, local electorate figures, (excluding postal voters) have been used as the higher electorate figure. The local electorate figures used in this review are from the latest update to the electoral register on 2 September 2023. All new Polling Places have been assessed for accessibility, facilities and proximity to voters in that Polling District. When allocating electors to Polling Places and Stations the review will account for previous electoral turnout and the capacity of polling staff to deal with high turnouts.
- 2.6. **Legislative requirements;** local authorities must comply with the following legislative requirements regarding the designation of polling districts and polling places:
- the council must seek to ensure that all electors have such reasonable facilities for voting as are practicable in the circumstances;

- the council must seek to ensure that so far as is reasonable and practicable every polling place is accessible to electors who are disabled;
- the council must designate a polling place for each polling district, unless the size or other circumstances of a polling district are such that the situation of the polling stations does not materially affect the convenience of the electors
- the polling place must be an area in the district, unless special circumstances make it desirable to designate an area wholly or partly outside the district (for example, if no accessible polling place can be identified in the district)
- the polling place must be small enough to indicate to electors in different parts of the district how they will be able to reach the polling station

2.7 **Guidance;** other guidelines are recognised good practice, but may not always be possible:

- natural, well-defined boundaries are preferred;
- all properties in a minor road or estate should be in the same polling district (unless the ward or constituency boundary makes this impossible);
- there should be an even spread of polling places;
- the polling district should be the 'catchment area' for the polling place and no elector should have to pass another polling place to get to their own;
- the polling places that voters are familiar with are not changed unless there is a strong need to do so.
- no polling station should be allocated more than 2,250 electors. This excludes postal voters and those not eligible to vote. Where a polling district has been allocated more than 2,250 electors, the electorate is split between two polling stations in the same venue. This is known as a double polling station.
- Physical barriers such as railway lines, parks, and main roads can prevent an easy division of electors to Polling Districts. The proposals must take these into account and regard the safety of electors travelling to and from their Polling Place.
- Transport links in Polling Districts should be considered – they can improve accessibility for electors. Where changes are required the review will note the provision of bus stops and parking spaces.

2.8 **Special considerations for this review:** The Local Government Boundary Review of Merton's ward boundaries necessitated the Returning Officer to make significant changes to polling districts and polling places in 2021, ahead of the

Merton Council elections in 2022. Therefore, to minimise voter confusion and inconvenience, the ARO has not altered allocated polling districts and polling places significantly from the 2022 Merton Council elections, except where necessary.

3 ALTERNATIVE OPTIONS

- 3.1 This is a statutory review so there was no alternative to carrying it out. The review must be completed by 31 January 2025, so could theoretically be undertaken at some point next year. However, the ARO made the decision to undertake this review as soon as practicable bearing in mind the electoral programme for 2024. The Greater London Authority and London Mayoral Elections are scheduled for May 2024, and the next UK Parliamentary General Election must be held by the end of January 2025.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 To allow electors and others to submit views as easily as possible an on-line consultation was posted on the council's website at the start of October, and all consultees were encouraged to submit views in this way. A paper alternative was available for consultees who were not comfortable with electronic communication.
- 4.2 At the beginning of the process, the MPs for Mitcham & Morden and Wimbledon, agents for the political parties, and all members of the council were formally advised that the review was taking place and invited to submit views. Views received from members of the council are set out in the appendix. No other views have been received from the political sphere.
- 4.3 In conducting such a review it is particularly important to consult those who have experience of assessing access for persons with different disabilities. Meetings therefore took place with Merton Centre for Independent Living (MCiL), to engage them in the review. MCiL circulated information to members and encouraged them to participate in the review. Details of the ARO's proposals have also been sent to Merton Mencap, Merton Vision and Carers Support Merton to engage these organisations in the review. All organisations and community groups were asked to circulate information to constituent bodies and members and to encourage them to participate in the review.
- 4.4 All respondents to the online consultation were satisfied with their current polling station. MCIL provided comments from their members on polling stations in Colliers Wood, Graveney, Figges Marsh and Village wards. More detailed responses relating to polling districts and polling places are included in the Acting Returning Officer's proposals. All responses are available on request from Electoral Services.

5 TIMETABLE

- 5.1 The Standards and General Purposes Committee is delegated to discharge the Council's functions in relation to elections. Once the proposals are approved, the arrangements will come into force when the next revised voters list is published on 1 December 2023 and for the May 2024 elections.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1 Current electoral registration budgets are covering the costs of this review. It is estimated that the proposals will add around £5,000 extra cost to the election budget in 2024 (and every four years thereafter, assuming no by-elections). This will consist of additional accommodation costs.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1 The Council has a duty under the Representation of the People Act 1983 (RPA 1983) to divide its area into polling districts for parliamentary elections, to designate a polling place for each polling district, and to keep these under review.
- 7.2 The Local Authorities (Functions and Responsibilities) (England) Regulations 2000¹ list section 18 of the RPA1983 as one of the functions that are not to be the responsibility of an authority's executive. The functions of the Standards and General Purposes Committee include the determination of all other matters which are: non-executive functions, which are not otherwise reserved to Council, are not within the terms of reference of any other committee and which are not delegated to an officer. As this function has not been reserved to Council, nor is not within the terms of reference of any other committee and has not been not delegated to an officer, the determination of the recommendation in this report is within the remit of the Standards and General Purposes Committee.
- 7.3 The statutory requirements on the conduct of the review, and on any challenge, are set out in sections 18A to 18E and Schedule A1 of RPA 1983, as amended. Following the completion of a review, the Council must publish all correspondence, representations and minutes of meetings in connection with the review, and the details of the designation of polling districts and polling places as a result of the review (RPA 1983, Schedule A1), and the Review of Polling Districts and Polling Places (Parliamentary Elections) Regulations 2006².
- 7.4 The Electoral Registration Officer is required to make the necessary adaptations to their registers of electors and to publish a notice stating that the adaptations to polling districts have been made (RPA, section 18A).
- 7.5 Following the conclusion of a review certain persons have the right to make representations in writing to the Electoral Commission who may if they find that the review did not meet the reasonable requirements of the electors or did not take sufficient account of disability issues direct the council to make alterations to the polling places.

¹ SI 2000/2853

² SI 2006/2965

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1 Under section 149 of the Equality Act 2010 it is the duty of a public authority in the exercise of its functions to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
 - Advance equality of opportunity between people who share a protected characteristic and those who do not;
 - Foster good relations between people who share a protected characteristic and those who do not.

Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
 - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people;
 - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- 8.2 In providing services and access to them the Council is required by law to make reasonable adjustments in order to avoid discriminating against disabled persons. When considering what adjustments should be considered as reasonable the council is required to have regard to the relevant code of practice. The following are some of the factors to be taken into account when considering what is reasonable:
- Whether taking any particular steps would be effective in overcoming the substantial disadvantage that disabled people face in accessing the services in question;
 - The extent to which it is practicable for the service provider to take the steps;
 - The financial and other costs of making the adjustment;
 - The extent of any disruption which taking the steps would cause;
 - The extent of the service provider's financial and other resources;
 - The amount of any resources already spent on making adjustments; and
 - The availability of financial and other assistance.
- 8.3 The right to free elections forms part of Article 3 of Protocol 1 of the Human Rights Act 1998. Any resident is entitled to vote, if qualified by age and nationality, and if not subject to any other legal incapacity.
- 8.4 As indicated above, the principles have been followed of seeking to ensure that all electors have such reasonable facilities for voting as are practicable in the circumstances, and seeking to ensure that so far as is reasonable and practicable every polling place is accessible to electors who are disabled. There is a commitment to ensure that all polling places are accessible.
- 8.5 The aim of enhancing community cohesion and engagement would be expected to be achieved by the principles in 8.1 and 8.2 through promoting democratic

engagement by seeking to make voting in person as easy as possible for residents of all communities.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1 Integrity plans are maintained for elections. These involve working closely with Merton Police on operational matters, together with liaising with the Metropolitan Police Service officer specifically delegated with responsibility for potential election offences.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1 The authority must complete the review by the end of January 2025. Any challenge to the Electoral Commission would impact on the arrangements being made for the Greater London and Mayoral elections in May 2024.
- 10.2 In reviewing polling places, the reasonable facilities for staff at polling stations during elections have been considered. The physical fabric of possible polling places has also been considered to reflect the need for members of the public to visit their polling station.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 11.1 The Acting Returning Officer's Final Proposals, including details of existing and proposed arrangements, submissions and comments, and maps of amended polling district and polling station arrangements in Lower Morden, St Helier, and Raynes Park wards.

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REVIEW OF POLLING DISTRICTS & POLLING PLACES – ACTING RETURNING OFFICER’S FINAL PROPOSALS

The London Borough of Merton has been conducting a review of polling districts and polling places in accordance with the provisions of the Electoral Registration and Administration Act 2013. The Acting Returning Officer (ARO) for the parliamentary constituencies of Mitcham & Morden and Wimbledon makes the following proposals regarding existing polling stations and polling stations likely to be used within Merton, based on proposed polling places.

Background

The last statutory review of polling districts and polling places was conducted in 2019. However, another full review of all of Merton’s polling districts and polling places was conducted in 2021 as a result of the Local Government Boundary Commission’s review of Merton’s ward boundaries, ahead of the Merton Council elections in 2022.

However, in order to satisfy the requirements of the Electoral Registration and Administration Act 2013, the authority is required to complete another statutory review of all polling districts and polling places within a 16 month period from 1 October 2023. Reviews are required to be held within the period of 16 months that starts on 1 October of every 5th year after 1 October 2013, therefore this next compulsory review must be completed by 31 January 2025.

In conducting the review, the authority must seek to ensure that all electors have reasonable facilities for voting as are practicable in the circumstances, and have regard to the needs of electors who are disabled.

Scope and Objectives of the Review

The Review has examined all Polling Districts and Polling Places. Ward boundaries cannot be altered as part of this Review.

The ARO aims to provide Polling Districts in all Wards that conform to the following criteria:

- Meet Electoral Commission guidance regarding electorate size
- The area must allow for a Polling Place to be situated in a location that is accessible for all electors in the Polling District

Polling Places have been selected according to the following criteria:

- Compliance with Electoral Commission guidance
- Accessibility will be a central consideration
- Availability and cost – the ARO requires Polling Places that can be used for every election at a cost that is reasonable to the taxpayer
- No more than 2,250 electors should be allocated to each Polling Station – note that a Polling Place can accommodate multiple Polling Stations
- Where possible, electorate allocations to each Polling Station should be of roughly equal size within each Ward

Key Issues for the Proposals

The Local Government Boundary Review of Merton's ward boundaries necessitated the Returning Officer to make significant changes to polling districts and polling places in 2021, ahead of the Merton Council elections in 2022.

Therefore to minimise voter confusion and inconvenience, the ARO has not altered allocated polling districts and polling places significantly from the 2022 Merton Council elections, except where necessary.

All new Polling Places have been assessed for accessibility, facilities and proximity to voters in that Polling District.

According to Electoral Commission guidance, no polling station should be allocated more than 2,250 electors. This excludes postal voters and those not eligible to vote. Where a polling district has been allocated more than 2,250 electors, the electorate is split between two polling stations in the same venue. This is known as a double polling station.

Physical barriers such as railway lines, parks, and main roads can prevent an easy division of electors to Polling Districts. The proposals must take these into account and regard the safety of electors travelling to and from their Polling Place.

Transport links in Polling Districts should be considered – they can improve accessibility for electors. Where changes are required the review will note the provision of bus stops and parking spaces.

When allocating electors to Polling Places and Stations the review will account for previous electoral turnout and the capacity of polling staff to deal with high turnouts.

The decision making process

In general terms, the Council announces that a review is to take place and consults the Acting Returning Officer, who makes representations on existing and proposed polling arrangements. The Council publishes the Acting Returning Officer's proposals and invites comments.

These proposals will be considered at Standards and General Purposes Committee on 9 November 2023.

The arrangements will then come into force when the next revised voters list is published on 1 December 2023.

The Acting Returning Officer's proposals

The following pages provide existing and/or proposed polling scheme details for every ward. All proposed changes are highlighted and accompanied by a clear explanation for the reasons for the change. For some wards there are no proposed changes.

This review covers the polling districts and places to be used for all types of elections and referendums within the London Borough of Merton; therefore local electorate figures, (excluding postal voters) have been used as the higher electorate figure. The local electorate figures used in this review are from the latest update to the electoral register on 2 September 2023.

Lower Morden (A)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
AA	1227	St. Martin's Church, Camborne Road, Morden, SM4 4JL (in church hall)	permanent ramp
AB (2 PS)	2514	Morden Assembly Hall, Tudor Drive, Morden, SM4 4PG (in assembly hall)	permanent ramp
AC (2 PS)	2057	Emmanuel Church Hall, Dudley Drive, Morden, SM4 4QG (in church hall)	permanent ramp
AD	1113	Lawrence Weaver Institute, Green Lane, Morden, SM4 6SR (in main hall)	level

Proposed arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
AA	1227	St. Martin's Church, Camborne Road, Morden, SM4 4JL (in church hall)	permanent ramp
AB (2 PS)	2514	Morden Assembly Hall, Tudor Drive, Morden, SM4 4PG (in assembly hall)	permanent ramp
AC (2 PS)	2057	Emmanuel Church Hall, Dudley Drive, Morden, SM4 4QG (in church hall)	permanent ramp
AD	1113	St Lawrence Church Centre, London Road, Morden, SM4 5QT	Level access

ARO submission

A need has arisen to find a replacement polling station for polling district AD, in Lower Morden ward, and polling district BA, in St Helier ward. The current polling station (the Lawrence Weaver Institute) is due to be demolished from late 2023, with a replacement facility planned for construction on the same site. The

proposed demolition and construction means that the building will be unavailable to hire for the next scheduled elections in Merton, taking place on 2 May 2024. The Lawrence Weaver Institute was itself a replacement for Morden Primary School, and was first used in 2019, when polling district AD was part of St Helier ward. Since then, the Local Government Boundary Commission has conducted a review of Merton's ward boundaries, which took effect from May 2022. Morden Primary School was a school that was historically required to close on polling day. To avoid going back to the school and selecting it as a replacement to the Lawrence Weaver Institute, a replacement polling station is required.

During the course of this review, the ARO originally considered the Morden Parish Church Hall, located in between Morden Primary School and the Lawrence Weaver Institute on Green Lane. However, this venue was rejected by ward Cllrs from both Lower Morden and St Helier wards due to the high step at the entrance to the building and the impracticability of installing a ramp which would lead out onto the pavement and possibly obstruct pedestrians. The Parish Hall also did not benefit from any parking facilities.

Cllr Kenny suggested that the ARO look at the St Lawrence Church Centre as a possible alternative venue. The Church Centre is located within polling district AD on London Road, almost directly opposite the Morden Primary School. The building has been visited by Electoral Services during the course of the review and has been assessed as meeting the requirements of a double polling station. The Church Centre has level access, with a hall and adjoining room that could be used for polling. The Centre also has external lighting. Residents from both polling districts would have to cross London road in order to reach the polling station, but the Church and Church Centre is accessed directly via a pedestrian crossing. The building does not have parking, although there is a large car park next door at the Harvester restaurant that voters could potentially use if they cannot walk to the polling station or use public transport. After Electoral Services reported their findings, Cllrs Kenny, Judge and Williscroft have now endorsed the proposal to use the St Lawrence Church Centre as a polling station.

A respondent to the online consultation was very satisfied with the polling station at St Martin's Church, in polling district AA.

Polling districts AD and BA



St Helier (B)

Existing arrangements			
Polling district	Electors (exc. postal voters)	Polling place (polling station)	Disabled access
BA	709	Lawrence Weaver Institute, Green Lane, Morden (in main hall)	level
BB	1702	Congregational Church Hall, Green Lane, Morden, SM4 6SR (in church hall)	level
BC	1636	Farm Road Pavilion, Farm Road, Morden, SM4 6RA (in main hall)	permanent ramp

BD	1511	St Georges Church Hall, Central Road, Morden, SM4 5RJ (in church hall)	level
BE	725	Merton & Morden Guild, 34A Aberconway Road, Morden, SM4 5LF (in hall)	level

Proposed arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
BA	709	St Lawrence Church Centre, London Road, Morden, SM4 5QT	level
BB	1702	Congregational Church Hall, Green Lane, Morden, SM4 6SR (in church hall)	level
BC	1636	Farm Road Pavilion, Farm Road, Morden, SM4 6RA (in main hall)	permanent ramp
BD	1511	St Georges Church Hall, Central Road, Morden, SM4 5RJ (in church hall)	level
BE	725	Merton & Morden Guild, 34A Aberconway Road, Morden, SM4 5LF (in hall)	level

ARO submission

As explained in the submission for Lower Morden, a need has arisen to find a replacement polling station for polling districts BA and AD. The Lawrence Weaver Institute (the current polling station for both polling districts) is due to be demolished from late 2023, with a replacement facility planned for construction on the same site. This means that the building will be unavailable to hire for the next scheduled elections in Merton, taking place on 2 May 2024. The Lawrence Weaver Institute was itself a replacement for Morden Primary School and was first used in 2019 for polling district BA, which then included polling district AD as part of its geographical boundary. This area was then moved to Lower Morden ward as part of the Local Government Boundary Commission's review of Merton's ward boundaries, which took effect from May 2022. Morden Primary School was a school that was historically required to close on polling day. To avoid going back to the school and selecting it as a replacement to the Lawrence Weaver Institute, a replacement polling station is required.

During the course of this review, the ARO originally considered the Morden Parish Church Hall, located in between Morden Primary School and the Lawrence Weaver Institute on Green Lane. However, this venue was rejected by ward Cllrs from both Lower Morden and St Helier wards due to the high step at the entrance to the building and the impracticability of installing a ramp which would lead out onto the pavement and possibly obstruct pedestrians. The Parish Hall also did not benefit from any parking facilities.

Cllr Kenny suggested that the ARO look at the St Lawrence Church Centre as a possible alternative venue. The St Lawrence Church Centre on London Road is

located just inside polling district AD, but is in easy reach of the residents of polling district BA, being situated almost directly opposite the Morden Primary School. The building has been visited by Electoral Services during the course of the review and has been assessed as meeting the requirements of a double polling station. The Church Centre has level access, with a hall and adjoining room that could be used for polling. The Centre also has external lighting. Residents from both polling districts would have to cross London road in order to reach the polling station, but the Church and Church Centre is accessed directly via a pedestrian crossing. The building does not have parking, although there is a large car park next door at the Harvester restaurant that voters could potentially use if they cannot walk to the polling station or use public transport. After Electoral Services reported their findings, Cllrs Kenny, Judge and Williscroft have now endorsed the proposal to use the St Lawrence Church Centre as a polling station.

Colliers Wood (C)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
CA (2 PS)	1708	Colliers Wood Community Centre, 66-72 High Street, Colliers Wood, SW19 2BY (in hall)	level
CB	1634	St. Joseph's Church Hall, 63 High Street, Colliers Wood, SW19 2JF (in church hall)	permanent ramp
CC	1365	Christ Church Hall, Christchurch Road SW19 2NW (in church hall)	temporary ramp
CD	1056	Togetherness Centre, Taylor Road, Mitcham, CR4 3JR (in communal area)	level
CE	1255	Togetherness Centre, Taylor Road, Mitcham, CR4 3JR (in communal area)	level
ARO submission			
<p>A member of MCIL who uses a mobility scooter, responded to the consultation and commented on the polling station at St Josephs Church Hall in polling district CB. They remembered attending a few years previously when the polling station was not fully accessible and having to complete a ballot paper outside. They have been informed that there is now a permanent ramp at the polling station.</p> <p>A few days before the end of the review, Cllr Attawar raised the issue of residents in Polling district CE having to travel to the Togetherness Centre in Taylor Road to vote, and the fact that whilst this venue is not a long distance away from polling district CE, electors do have to go a 'round about way' to get to it. Prior to the 2022 council elections, electors in polling district CE voted at the Abbey Orchard Community Rooms. Clarion then informed Electoral Services that the council would</p>			

no longer be able to use the Community Rooms at Abbey Orchard as they were being turned into residential units.

Due to the lack of alternative options in polling district CE, Electoral Services decided to allocate electors in polling district CE to the Togetherness Centre in Taylor Road, which although located in polling district CD, is nearby to the former Abbey Orchard Community Rooms, and is large enough to house two polling stations. Electoral Services kept polling district CE as a separate entity in the hope that Clarion would perhaps provide another community space on the estate.

After Cllr Attawar got in contact, Cllr Neaverson informed Electoral Services that he believed that work had not yet begun on the community rooms, and that perhaps the venue could still be used as a polling station for the 2024 elections.

Electoral Services have undertaken to work with Clarion in the next few months to attempt to identify a space on the estate that could be used as a polling station, whether that is the community rooms or an outside area where a portacabin or marquee could be housed.

As the review has now closed, the ARO proposes that the Committee approves the polling places as is, so that polling districts and places can be agreed prior to the publication of the new register of electors on 1 December 2023. This particular polling place can then be revisited if an alternative solution becomes available before the May 2024 elections.

Lavender Fields (D)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
DA (2 PS)	2682	South Mitcham Community Centre, Haslemere Avenue, Mitcham, CR4 3PR (in hall)	level
DB (2 PS)	2776	Lavender Steers Mead Children's Centre, Steers Mead, Mitcham, CR4 3HL	level
DC	1095	Bond Primary School, Bond Road, Mitcham, CR4 3HG (in school hall)	temporary ramp

Proposed arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
DA (2 PS)	2682	South Mitcham Community Centre, Haslemere Avenue, Mitcham, CR4 3PR (in hall)	level

DB (2 PS)	2776	Lavender Steers Mead Children's Centre, Steers Mead, Mitcham, CR4 3HL (temporary marquee erected outside the pavilion)	level
DC	1095	Bond Primary School, Bond Road, Mitcham, CR4 3HG (in school hall)	temporary ramp

ARO submission

The ARO is proposing a minor amendment at the polling place currently allocated for polling district DB, the Lavender Park Pavilion, (also known as the Lavender Steers Mead Childrens Centre). Prior to the 2022 elections, the ARO was informed that the centre could no longer accommodate housing a polling station on the ground floor of the building, so Electoral Services used a smaller room on the first floor of the children's centre as a polling station. After reviewing the effectiveness of polling stations at the 2022 elections, Electoral Services have come to the conclusion that this was a sub optimal solution, which could result in queues occurring at elections that have a higher turnout.

There is a lack of alternative options for polling places within the polling district, so the ARO is proposing that the council continues to use the children's centre site as a polling station, and to erect a temporary marquee on the grassy area in front of the building. The site is well known to electors, and the area in front of the building has enough space to accommodate a marquee large enough to house a double polling station. Electricity supply and lighting will be provided by running a cable from the main building. A welfare unit including a kitchen and toilet will be provided along with the marquee. Limited parking will be available in the children's centre car park.

Bond Primary School (the allocated polling place for polling districts DC and HE), is a school that has previously closed on polling day. The ARO has previously considered the Mitcham Library as an alternative venue. Unfortunately, the hall that the library has available to hire isn't large enough to accommodate the amount of electors that are currently assigned to Bond Primary School, with the venue also acting as a polling station for polling district HE (1070 electors). Therefore the ARO proposes that the school continues to be used as a polling station.

Cricket Green (E)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
EA	1609	2010 Club, 247-259 Church Road, Mitcham, CR4 3BH	temporary ramp
EB (2 PS)	1740	Mitcham Parish Church, Church Road, Mitcham, CR4 3BE	level
EC	1332	Vestry Hall, 336 London Road, Mitcham, CR4 3UD	lift

ED	1380	11th Mitcham Scout & Guide Headquarters, Mitcham Park, Mitcham, CR4 4EN (in scout hall)	temporary ramp
EE	566	Mitcham Garden Village, Mitcham, CR4 4HE (in marquee)	level
EF	220	Age UK Merton, 277 London Road, Mitcham, CR4 3NT (in ground floor meeting room)	permanent ramp
ARO submission			
No proposed changes , the existing arrangements are acceptable.			

Ravensbury (F)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
FA	624	Ravensbury Residents Room, Ravensbury Grove, Mitcham, CR4 4DL (in the club room)	permanent ramp
FB	1184	Watermeads Residents Room, 90 Rawnsley Avenue, Mitcham, CR4 4BX (in the tenants' rooms)	level
FC	1318	Portacabin, Gifford House, 67C St. Helier Avenue, Morden, SM4 6HY	permanent ramp
FD	1282	Malmesbury Primary School, Malmesbury Road, Morden, SM4 6HG (in school hall)	permanent ramp
FE	1138	St Theresa's Church Hall, 250 Bishopsford Road, Morden, SM4 6BZ	level

Proposed arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
FA	624	Ravensbury Residents Room, Ravensbury Grove, Mitcham, CR4 4DL (in the club room)	permanent ramp
FB	1184	Watermeans Room, 90 Rawnsley Avenue, Mitcham, CR4 4BX (in the tenants' rooms)	level
FC	1318	Gifford House, 67C St. Helier Avenue, Morden, SM4 6HY (in lobby of building)	permanent ramp
FD	1282	Malmesbury Primary School, Malmesbury Road, Morden, SM4 6HG (in nursery)	permanent ramp
FE	1138	St Theresa's Church Hall, 250 Bishopsford Road, Morden, SM4 6BZ	level
ARO Submission			

The ARO is proposing a minor amendment to the polling place currently allocated for polling district FC. The portacabin at Gifford House that has been used as a polling station for previous elections is now out of commission. Therefore, to minimise inconvenience for electors, the ARO proposes keeping the polling place at Gifford House and using the lobby area as a temporary alternative solution. The building has been visited by Electoral Services during the course of the review and has been assessed as meeting the requirements of a polling station. Gifford House also has disabled access, and ample parking. The site is well known to electors in the polling district. This is not a permanent solution, as the council has made the decision to sell the land on which Gifford House sits. Once the land is sold and a timeline is in place for redevelopment, the ARO will explore alternative options. This will most likely mean a re-drawing of polling district boundaries, as there are no immediate alternative polling station options in polling district FC.

Malmesbury Primary School (the allocated polling place for polling district FD) is not required to close on polling day.

Graveney (G)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
GA (2 PS)	1966	Church of the Assumption, Links Road, Tooting, SW17 9ER	level
GB (2 PS)	2402	St. Barnabas Church, Thirsk Road, Mitcham, CR4 2BD (in the rear of the church)	level
GC (2 PS)	1751	Beecholme Primary School, Edgehill Road, Mitcham, CR4 2HZ (in school hall)	level
GD	858	Gorringe Park Primary School, Sandy Lane, Mitcham, CR4 2YA (in school hall)	level
ARO Submission			
<p>No proposed changes , the existing arrangements are acceptable.</p> <p>A member, of MCIL, who uses a mobility scooter, previously visited Beecholme Primary School as a polling station, (the allocated polling place for polling district GC). However, they no longer felt safe in the alleyway that some electors have to use to access the school and has decided, therefore, to vote by post in the future. The ARO will investigate whether there is sufficient external lighting on access and egress at Beecholme Primary School ahead of the next scheduled elections.</p> <p>Beecholme Primary School is required to close on polling day. The ARO has previously considered using the North East Mitcham Community Centre on Woodland Way, which would require a redrawing of polling district boundaries. However, the centre could only offer up their smaller hall which unfortunately isn't large enough to accommodate the amount of electors that are assigned to this</p>			

polling district. Therefore the ARO proposes that the school continues to be used as a polling station.

Gorringe Park Primary School (the allocated polling place for polling districts GD and HB) is not required to close on polling day.

Figge's Marsh (H)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
HA	460	Age UK Merton, 277 London Road, Mitcham, CR4 3NT (in ground floor meeting room)	permanent ramp
HB	1353	Gorringe Park Primary School, Sandy Lane, Mitcham, CR4 2YA (in part of the school hall)	permanent ramp
HC (2 PS)	1862	St. Mark's Church Hall, St Mark's Road, Mitcham, CR4 2LF (in the church hall)	permanent ramp
HD	1600	Acacia Adventure Playground, Acacia Centre, 230 Grove Road, Mitcham, CR4 1SD (in the hall)	level
HE	1070	Bond Primary School, Bond Road, Mitcham, CR4 3HG (in school hall)	level
ARO submission			
<p>No change, the existing arrangements are acceptable.</p> <p>Gorringe Park Primary School (the allocated polling place for polling districts GD and HB) is not required to close on polling day.</p> <p>Bond Primary School (the allocated polling place for polling districts DC and HE) is a school that is required to close on polling day. The ARO has previously considered the Mitcham Library as an alternative venue, but the hall that the library has available to hire isn't large enough to accommodate the amount of electors that are currently assigned to Bond Primary School, with the venue also acting as a polling station for polling district DC (1095 electors). Therefore the ARO proposes that the school continues to be used as a polling station.</p> <p>A member of MCIL responded to the consultation and found the polling station at St Marks Church Hall in polling district HC to be accessible.</p>			

Longthornton (I)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
IA	1311	Streatham Vale Baptist Hall, Leonard Road, SW16 5SY (in the church hall)	permanent ramp
IB	1080	Elmwood Tennis Club, Rear of 337 Tamworth Lane, Mitcham, CR4 1DL (in the main space)	temporary ramp
IC	1337	Stanford Primary School, Chilmark Road, SW16 5HB (in the school hall)	level
ID (2 PS)	2154	St. Olave's Church, Church Walk, SW16 5JH (in the church hall)	permanent ramp
IE	831	Acacia Centre, 230 Grove Road, Mitcham, CR4 1SD (in the hall)	level
ARO submission			
<p>No proposed changes , the existing arrangements are acceptable.</p> <p>Stanford Primary School (the allocated polling place for polling district IC) is not required to close on polling day.</p>			

Pollards Hill (J)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
JA (2 PS)	2464	New Horizon Centre, South Lodge Avenue, Mitcham, CR4 1LT (in the hall)	level
JB	611	Elmwood Tennis Club, Rear of 337 Tamworth Lane, Mitcham, CR4 1DL (in main space)	temporary ramp
JC (2 PS)	2390	Sherwood Park Hall, Recreational Ground, Abbots Road, London, CR4 1JP (in hall)	Level
JD	1409	Pollards Hill Housing Office, 50 Montgomery Close, Mitcham, CR4 1XT (room on ground floor of office)	permanent ramp
ARO submission			
<p>No proposed changes , the existing arrangements are acceptable.</p>			

Village (K)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
KA	1166	St. Mary's Garden Hall, 30 St Mary's Road, SW19 7BP (in the garden hall)	level
KB	1127	Christ Church Hall, 2A Cottenham Park Road, SW20 0RZ (in the church hall)	temporary ramp
KC (2 PS)	1606	Village Hall, 26 Lingfield Road, London, SW19 4QD (in the hall)	separate level entrance
KD	805	19th Wimbledon Scout Group Hall, 106 Cottenham Park Road, Wimbledon, SW20 0SX (in main hall)	level
KE	728	Cottenham Park Recreation Ground Pavilion, Melbury Gardens, London, SW20 0DH (in hall)	temporary ramp
KF	983	Christ Church Hall, 2A Cottenham Park Road, London, SW20 0RZ	temporary ramp
ARO submission			
No proposed changes , the existing arrangements are acceptable.			
A respondent to the online consultation was very satisfied with the polling station arrangements at the 19 th Wimbledon Scout Group Hall, in polling district KD.			

Raynes Park (L)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
LA (2 PS)	2501	Raynes Park Library, 21 Approach Road, Raynes Park, London, SW20 8BA (in the hall)	Permanent ramp
LB (2 PS)	2142	Lantern Methodist Bond Hall, 195/205 Worpole Road, London, SW20 8RA (in the church hall)	temporary ramp
LC	932	Wimbledon College Sports Ground, 183 Coombe Lane, London, SW20 0RG (in the hall)	temporary ramp
LD	1518	Raynes Park Sports Ground, Taunton Avenue, SW20 0BH (in the main hall)	permanent ramp

Proposed arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
LA	1059	Raynes Park Library, 21 Approach Road, Raynes Park, London, SW20 8BA (in the hall)	Permanent ramp
LB (2 PS)	1864	Lantern Methodist Bond Hall, 195/205 Worple Road, London, SW20 8RA (in the church hall)	temporary ramp
LC	932	Wimbledon College Sports Ground Pavilion, 183 Coombe Lane, London, SW20 0RG (in the hall)	temporary ramp
LD	1518	Raynes Park Sports Ground, Taunton Avenue, SW20 0BH (in the social space)	permanent ramp
LE (2 PS)	1731	Dundonald Church, 577 Kingston Road, London, SW20 8SA	Permanent ramp

ARO submission

In Raynes Park ward, the ARO initially proposed a re-drawing of the boundaries of polling district LA, and the creation of a new polling district named LE. The reason for this proposed change was the availability of Dundonald Church (which has previously been used as a polling station in this area), now refurbishment work has been completed. Using Dundonald Church as an additional polling station allows Electoral Services to reduce the number of electors allocated to Raynes Park Library, (which is a fairly small space for a double polling station) and to re-allocate these electors to Dundonald Church, a much larger venue. The building has been visited by Electoral Services during the course of the review and has been assessed as meeting the requirements of a polling station.

Electors residing in Abbott Avenue, Bowling Green Mews, Bronson Road, Bushey Road, Chase Side Avenue, Chestnut Road, Dorien Road, Dupont Road, Edna Road, Kingston Road (exc 582A-620D), Longmans Mews, Lower Downs Road, Oxford Avenue, Sydney Road, and Wellsborough Mews will be allocated to the new polling district LE, and will visit Dundonald Church to vote.

Electors residing in Approach Road, Aston Road, Carlton Park Avenue, Clifton Park Avenue, Gore Road, Grand Drive, Kingston Road (582A-620D), Prince Georges Avenue and Vernon Avenue are being allocated to polling district LA. These electors will experience no change in polling station, and will continue to visit Raynes Park Library.

Kevin Clarke, a local resident, responded to the consultation as follows: 'I have mixed feelings over the creation of the new eastern polling district. While Dundonald Church is closer, the Kingston Road is a busy "London Distributor" road and crossing facilities are currently inadequate. There is also likely to be additional cost from renting the church versus the council owned library.'

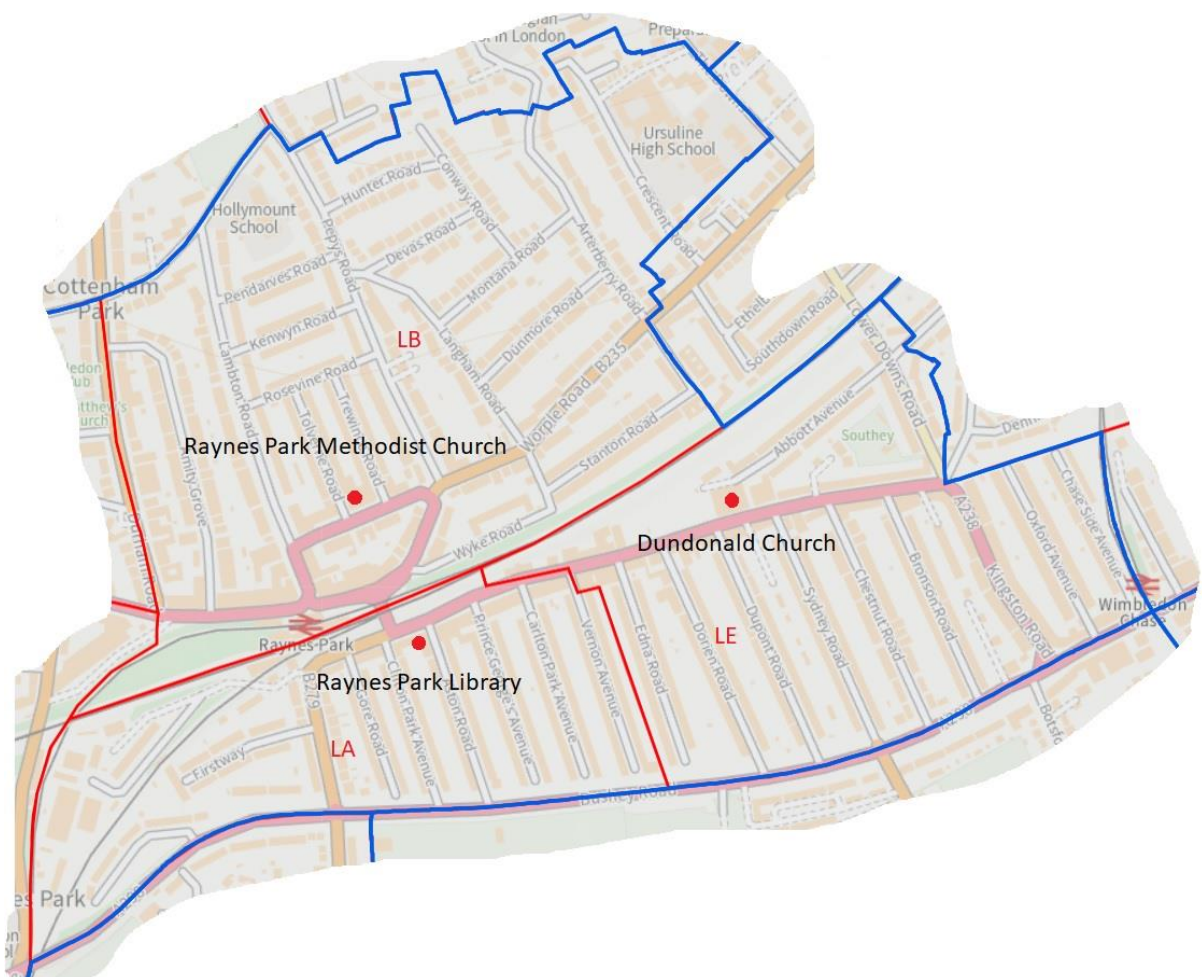
The ARO acknowledges the point regarding crossing facilities on Kingston Road, however this must be weighed against the benefit of having an additional polling station venue available in the polling district the size of Dundonald Church. This

allows the ARO to reduce the numbers of electors visiting Raynes Park Library, thereby easing the pressure on that venue, and hopefully enhancing the polling experience for all electors in LA/LE. The Dundonald Church have agreed to the hire for a nominal fee, so the additional cost will not be substantial.

Raynes Park ward Cllrs had no objection to the re-drawing of polling district LA and creation of polling district LE, and with the designation of the Dundonald Church as a polling station. They did however ask if Firstway and Bushey Court/surrounds could also be included in polling district LA, rather than polling district LB. Their reasoning was as the numbers attending Raynes Park Library have been reduced, it would be more convenient for these electors to attend this polling station rather than having to travel to the Lantern Methodist Church. The ARO agreed with the Raynes Park ward Cllrs proposal. Therefore electors residing in Bluebird Close, Bushey Road, Bushey Court, Firstway and Grand Drive will now visit Raynes Park Library in order to vote. Polling districts LA, LB and LE have been re-drawn as such. (Please see map included below for details).

A respondent to the online consultation was satisfied with the polling station at Raynes Park Sports Ground, in polling district LD.

Polling Districts LA, LB and LE



Hillside (M)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
MA (2 PS)	1872	Sacred Heart Parish Hall, Edge Hill, SW19 4LP (in the parish hall)	temporary ramp
MB (2 PS)	1656	St. Mark's Hall, Compton Road, SW19 7QD (in the church hall)	level access
MC	1290	Drake House, 44 St. George's Road, SW19 4ED (in the main hall)	permanent ramp
ARO submission			
<p>No proposed changes, the existing arrangements are acceptable.</p> <p>Cllr Holden responded to the consultation stating that he was satisfied with the Hillside polling station locations.</p>			

Wimbledon Park (N)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
NA	1686	Wimbledon Park Primary School, Havana Road, SW19 8EJ (in the school nursery)	level access
NB (2 PS)	2510	Christ The King Church Hall, The Crescent, SW19 8AW (in the church hall)	temporary ramp
NC	1042	Bethel Oasis Church Hall, 2A Kohat Road, SW19 8LD (in the church hall)	permanent ramp
ND	1151	Marchard Hall, Rear of Coronation Hall, Ashcombe Road, SW19 8JR (in the hall)	level access
ARO submission			
<p>No proposed changes , the existing arrangements are acceptable.</p> <p>Wimbledon Park Primary School (the allocated polling place for polling district NA) is not required to close on polling day.</p>			

Wandle (O)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
OA	1038	Bethel Oasis Church Hall, 2A Kohat Road, SW19 8LD (in the church hall)	level
OB	1110	Shree Ghanapathy Temple, 125-133 Effra Rd, Wimbledon, SW19 8PU (in entrance hall)	level
OC (2 PS)	2110	All Saints Church Hall, Norman Road, London, SW19 1BT (in church hall)	level
ARO Submission			
No proposed changes , the existing arrangements are acceptable.			

Wimbledon Town and Dundonald (P)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
PA (2 PS)	1707	Dundonald Recreation Ground Pavilion, Dundonald Road, SW19 3QH (in the main hall)	lift
PB	1452	St. Andrew's Church, Herbert Road, SW19 3SH (in the hall)	level
PC	1143	Everyday Church, 28-30 Queen's Road, London, SW19 8LR (in the hall)	level
PD	1422	Holy Trinity Church Hall, 234 The Broadway, London, SW19 1RY (in hall)	level
PE	921	St. Mary's Church Hall, Church Path, London, SW19 3HJ (in hall)	level
PF	548	Shree Ghanapathy Temple, 125-133 Effra Rd, Wimbledon, London, SW19 8PU (in entrance hall)	level
ARO Submission			
No proposed changes , the existing arrangements are acceptable.			
Kevin Clarke, a local resident, responded to the proposals for Wimbledon Town and Dundonald as follows: 'I welcome the proposal to leave existing arrangements in place. If there was any possibility to use the Art School that should be investigated. I			

am glad that Wimbledon Chase Primary School is not being considered as that would impact many children and parents in adjoining wards.'

Cllr Simon McGrath also responded to the proposals on behalf of the Merton Liberal Democrats: 'The proposal is that voters in PE should continue to use St Mary's Church Hall. That may have made sense when this was part of Merton Park ward, but it is not very convenient nor does it naturally 'fit' with people voting on their way to or from work. It may also cause confusion with people about which ward they are in. We would prefer a polling station on the same side of the Kingston Road. This could possibly be at the Art College or an additional one at Dundonald Recreation Ground Pavilion.'

The ARO has again investigated the possibility of using the Wimbledon College of Art as an alternative polling station for polling district PE, but has received no reply from the school despite repeated contact attempts. The Dundonald Recreation Ground Pavilion already houses a double polling station and does not have enough space for an additional polling station. The ARO also considered using the Dundonald Church on Kingston Road as a possible alternative polling place for polling station PE. However, this building is located in Raynes Park ward, so the decision was taken to create a new polling district in Raynes Park in order to reduce the amount of electors using Raynes Park Library.

The Local Government Boundary Review of Merton's ward boundaries necessitated the Returning Officer to make significant changes to polling districts and polling places in 2021, ahead of the Merton Council elections in 2022. Therefore, one of the key principles of this review has been to not alter allocated polling districts and polling places significantly from the 2022 Merton Council elections, (except where necessary), to minimise voter confusion and inconvenience. Electoral Commission guidance also states that the polling places that voters are familiar with are not changed unless there is a strong need to do so.

Bearing all this in mind, and that fact that electors residing in the roads contained in polling district PE have been visiting the St Marys Church Hall for many years now, the ARO proposes that the Committee approves the polling places as is, so that polling districts and places can be agreed prior to the publication of the new register of electors on 1 December 2023. This particular polling place can then be revisited if the Wimbledon School of Art or an alternative solution becomes available before the May 2024 elections.

A respondent to the online consultation was satisfied with the polling station at St Marys Church Hall in polling district PE.

Abbey (Q)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
QA (2 PS)	1747	Salvation Army Hall, 109 Kingston Road, SW19 1LT (in the main hall)	level
QB (2 PS)	1605	South Wimbledon Community Centre, 78 Victory Road, London, SW19 1HN (in main hall)	level
QC	1172	Elim Pentecostal Church, 76/78 Kingston Road, London, SW19 1LA (in the main hall)	level
QD	1618	St John the Divine Church Hall, High Path, SW19 2JY (in main hall)	Temporary ramp
ARO Submission			
No proposed changes , the existing arrangements are acceptable.			

Merton Park (R)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
RA	860	Cricket Pavilion, John Innes Recreation Ground, Cannon Hill Lane, London, SW20 9ES (in the main room of the pavilion)	level except slight lip at entrance
RB	1434	St. Mary's Church Hall, Church Path, London, SW19 3HJ (in the church hall)	permanent ramp
RC (2 PS)	2603	Morden Baptist Church Hall, 36 Crown Lane, Morden, SM4 5BL (in the church hall)	level
ARO Submission			
No proposed changes , the existing arrangements are acceptable.			
Respondents to the online consultation were very satisfied with the polling station at St Marys Church Hall in polling district RB and satisfied with the polling station at Morden Baptist Church, in polling district RC.			

Cannon Hill (S)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
SA	1122	Merton Park Baptist Church, Bushey Road, London, SW20 8TE (in main hall)	level
SB	1352	Endeavour Club, 190 Martin Way, Morden, SM4 4AJ (in the hall)	level
SC (2 PS)	1758	Eastway Day Centre, 44 Eastway, Morden, SM4 4HW (in the hall)	level
SD/SE (2 PS)	1535	Central Ward Residents and Sports Club, Between 55-57 Ashridge Way, Morden, SM4 4ED (in the function room)	permanent ramp
ARO Submission			
No proposed changes , the existing arrangements are acceptable.			

West Barnes (T)

Existing arrangements			
<i>Polling district</i>	<i>Electors (exc. postal voters)</i>	<i>Polling place (polling station)</i>	<i>Disabled access</i>
TA (2 PS)	1925	Sacred Heart (RC) Primary School, Burlington Road, New Malden, KT3 4ND (in the school hall)	permanent ramp
TB (2 PS)	2384	St. Saviour's Hall, Church Walk, London, SW20 9DL (in the church hall)	level
TC (2 PS)	1711	Holy Cross Church Hall, Adela Avenue, New Malden, KT3 6HT (in the church hall)	permanent ramp
ARO Submission			
<p>In an effort to find a replacement for Sacred Heart Primary School, the ARO previously enquired about the possibility of using the Ray Dawson Jujitsu Academy as a polling station, but unfortunately this venue was not available to hire for this purpose. The ARO also considered using the 22nd Scout Group Hall on Arthur Road, which would serve well as a polling station but was ruled out because of its location, with electors from polling district TA having to walk a significant distance and cross the railway line in order to reach the polling station. The ARO also considered redrawing polling districts TA and TC but the presence of the railway line as a natural boundary makes this very difficult and would mean a polling district boundary which crosses the railway line and dissects various roads. Therefore the ARO proposes that Sacred Heart Primary School remains as a polling station venue. After a visit to the school to explore the possibility of whether it could remain open on polling day, both Electoral Services and the school itself have reluctantly come to the</p>			

joint conclusion that the school will need to be closed due to issues with safeguarding for children attending the school.

Hannah Doody
Acting Returning Officer

Civic Centre
London Road
Morden
SM4 5DX

1 November 2023

Committee: Standards and General Purposes Committee

Date: 9 November 2023

Wards: All

Subject: Complaints Reports 2022/23

Lead officer: John Scarborough, Managing Director; South London Legal Partnership

Lead member: Councillor Martin Whelton Chair of the Standards and General Purposes Committee

Contact officer: Keith Burns, Interim Assistant Director: Customers, Policy and Improvement

Recommendations:

- A. To agree the Corporate Complaints Report for 2022/23 prior to publication on the Council's website.
 - B. To agree the Complaints Reports covering 2022/23 for Children's Social Care and Adult Social Care prior to publication on the Council's website.
-

INTRODUCTION

- 1.1. This report presents the Corporate Complaints report for 2022/23 along with the reports relating to Adult Social Care and Children's Social Care covering the same time period.

2 DETAILS

- 2.1. Although the publication of an annual Corporate Complaints report is not a statutory requirement, the Local Government and Social Care Ombudsman (LGSCO) considers this to be good practice. Publication of a report annually also provides the Council with an opportunity to report back to local residents on the nature and extent of complaints, and compliments, about Council services and to provide information on how well the Council responds to complaints. The report also provides an opportunity to report on work to improve complaints handling and responsiveness.
- 2.2. In addition to the good practice of publishing an annual Corporate Complaints report, the Council is statutorily required to report annually on complaints relating to Adult Social Care. The statutory requirement to report annually arises from The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 2.3. Similarly, a statutory requirement to report annually on complaints relating to Children's Social Care arises from The Children Act 1989, Representations Procedure Regulations (England) 2006.

3 ALTERNATIVE OPTIONS

- 3.1. The Committee could ask for amendments to any of the three reports prior to publication, however the reports have been subject to internal; consultation and sign off by the relevant Chief Officers and this option is not recommended.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The reports have been subject to internal consultation with relevant senior officers, including Chief Officers.

5 TIMETABLE

- 5.1. Publication of the reports on the Council's website will take place following approval and before the 30th of November 2023.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. There are no financial implications immediately arising from this report. In a small number of cases financial recompense is provided as part of the Council's response to a complaint, but this is funded from within existing service budgets.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. The regulations relating to the requirement to publish annual reports relating to Adult Social Care and Children's Social Care are set out in the body of the report.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. None immediately arising.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None immediately arising.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. Having in place robust procedures for managing and responding to complaints reduces the risk to the Council of findings of maladministration by the Local Government and Social Care Ombudsman.

11. APPENDICES

Appendix A – Corporate complaints report 2022 – 2023

Appendix A1 – Local Government and Social Care Ombudsman letter 2022/23

Appendix B – Adult Social Care complaints report 2022 – 2023

Appendix C – Children's Social Care complaints report 2022 - 2023



THE LONDON BOROUGH OF
MERTON

ANNUAL COMPLAINT REPORT

Corporate Complaints 2022 - 2023

Restricted	No
Suitable for publication	Yes
Title and version	Annual Corporate Complaints Report – 2022 – 2023
Purpose	Managerial/advisory
Relevant to	All departments
Author	Ruth Hammick
Summary	Annual Complaints Report 2022 - 2023
Department	Innovation and Change
Date	October 2023

1 Introduction

The Local Government and Social Care Ombudsman (LGSCO) was created by the Local Government Act 1974. Its main functions are to:

- investigate complaints against councils and other public authorities;
- investigate complaints about social care providers from people who arrange or fund their adult social care (Health Act 2009).

In October 2020, the LGSCO issued councils with guidance on how to handle complaints called 'Effective Complaint Handling for local authorities'. They state that councils should adhere to the following standards and practices to ensure complaints are dealt with effectively.

- **Getting it right:** do simple things well, by complying with the law and following policies.
- **Being customer focused:** Make the complaints process easy to find and use, and keep complainants informed.
- **Being open and accountable:** Processes should be transparent and be honest when things have gone wrong.
- **Acting fairly and proportionately:** councils should explain their thinking, base decisions on sound evidence and explain clearly why they were made.
- **Putting things right:** make amends. If something has been done wrong, councils should apologise and take steps to put right any injustice caused.
- **Seeking continuous improvement:** complaints are a great learning tool. Councils should put systems in place to capture the lessons, which will help improve your services.

In London Borough of Merton, formal or corporate complaints about the council's services are managed as a function of the Complaints Team, who similarly manage and co-ordinate other types of complaint. These are Children's Social Care complaints and Adult's Social Care complaints, both of which are reported on separately. The team also co-ordinate enquiries made on behalf of residents by the Council's members through its Members' Enquiries function. Other types of spontaneous feedback through the "Comments" and "Compliments" mailboxes are recorded by the Complaints Team and shared as appropriate.

Following a review of the formal complaints service in 2021, which identified several ways in which the handling of complaints could be improved, the focus of the past year has been developing and implementing new ways of working to bring the Council in-line with the guidance published by The Local Government and Social Care Ombudsman in 2020.

Throughout the year, the team have been working with IT and Microsoft Dynamics Partner, Infosys, to develop a Customer Relations Management (CRM) system to manage the functions of the Complaints Team – which are:

- Adult Social Care – complaints submitted under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Children’s Social Care - complaints submitted under The Children Act 1989
- Corporate Complaints
- Member Enquiries
- Compliments
- Comments
- LGSCO Link

This process has included process mapping and review of every function. The new system will:

- Enable residents to make complaints easily via a guided web form with immediate confirmation of receipt.
- Provide safe and secure storage of complaints in one place.
- Consistent recording of complaints for accurate reporting.
- Automated reminders to keep complaints on track.
- Tracking of agreed actions and monitoring of lessons learned.

The new system will go live in Spring 2023.

Complaints against Councillors under the Members’ Code of Conduct are dealt with by the Monitoring Officer and are not therefore included in the scope of the new CRM system described above.

2 Reporting on complaints

The Local Government and Social Care Ombudsman also says that councils should report annually on their complaint handling performance and make the reports easily accessible. The annual report should include the following data sets:

Data set	Summary of content
Learning from complaints:	<ul style="list-style-type: none"> • Specific actions the council has taken in response to complaint findings. • Recommendations for further actions to address underlying issues.
Complaints received by service area:	<ul style="list-style-type: none"> • London Borough of Merton had four Directorates in 2022/23 and a number of smaller service teams within those Directorates.
How the complaints were received:	<ul style="list-style-type: none"> • Phone, email, online, face-to-face

<p>The number of upheld complaints for each service area:</p>	<p>There are generally five outcomes from a complaint, these are:</p> <p>Upheld: where we agree with the complainant.</p> <p>Partially upheld: where we agree with the complainant in part, but not fully. It can also be used where a policy is applied but leads to an unfair outcome.</p> <p>Not upheld: where we do not agree that there has been a service failure.</p> <p>Inconclusive: where we do not have evidence to conclude the complaint one way or another.</p> <p>Withdrawn: Complaints can be withdrawn for a number of reasons, sometimes the complainant will choose to withdraw the complaint, or it maybe excluded from the formal complaints process if it is an exception.</p> <p>Note however that the LGSCO has phased out the use of the partially upheld outcome and has advised councils to do the same. The figures for upheld and partially upheld complaints have been amalgamated as have the figures for inconclusive and not upheld complaints.</p>
<p>The number of upheld complaints at each stage of the process:</p>	<p>London Borough of Merton has a two-stage complaint resolution process.</p>
<p>How the numbers of complaints compared to previous years:</p>	<p>Trends over time in terms of complaints received and outcomes.</p>
<p>The council's performance against its own timescales for each service area:</p>	<p>This is 20 working days at stage 1 and 25 working days at stage 2.</p>
<p>The complaints performance of third parties on behalf of the council:</p>	<p>The council replies to all complaints made against third parties who are carrying out work on behalf of the council, unless they are complaints about personnel, in which case they are dealt with directly by the contractors.</p>
<p>The council's LGSCO annual letter and progress against the agreed service improvements:</p>	<p>The LGSCO letter for 2022/23 is appended to this report as Appendix 1.</p>

2 Complaints handling within London Borough of Merton

The council operates a two-stage complaints process.

Most complaints are resolved at stage 1, complainants can request escalation to stage 2, a review stage if they are unsatisfied with the response at stage 1. Stage two review is the final stage of the council's formal complaint resolution process. Having completed this process, the complaint maybe referred to the Local Government and Social Care Ombudsman if the complainant remains unsatisfied.

Under the corporate complaints procedure:

Stage 1 complaints are:	Investigated by the service team. Responded to by the service manager. Required to be answered within 20 working days. Escalation is subject to approval by The Complaints Team
Stage 2 complaints are:	Reviewed by the Complaints Team Agreed by the service's assistant director or director. Required to be answered within 25 working days. Escalated to LGSCO at complainant's request. Subject to a one-year limit for escalation to LGSCO

3 Key figures

- Total number of stage 1 complaints received in 2022 – 2023 was 897 cases, compared with 673 the year before.
- 612 (68%) of the total number of stage 1 complaints submitted were either upheld or partially upheld in the year 2022 – 2023. This compares with an uphold rate of 64% (428 complaints) in the previous year, 2021 – 2022.
- In 2022-2023 111 (12%) of cases escalated to stage 2 of the formal complaints process, this compares to 73 (11%) cases in 2021-2022.
- 136 compliments were received.

4 Number of complaints received.

The Council received 897 formal corporate complaints across its four directorates, compared with 673 complaints the year before. This is a 33% increase when compared with the figures for the year 2021 – 2022. This represents a significant increase in complaints but is roughly level with pre-pandemic figures when 864 complaints were received.

It is expected that between one and three per cent of service users will complain, with approximately 80,000 households registered within the borough we would expect to receive between 800 and 2,400 complaints per year. 897 complaints are at the lower end of the scale and represent just over one per cent of households.

Low numbers of complaints should be treated with some caution as it can mean that residents do not find the complaints process accessible, or do not trust the process.

Table 1: Number of stage 1 complaints received by department and year.

	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023
Environment & Regeneration	628	244	474	649
Community & Housing	41	30	35	63
Corporate Services	143	67	113	136
Children, Schools & Families	52	62	51	49
Totals	864	403	673	897

The Environment and Regeneration department saw a rise in complaints of 37%. Community and Housing saw a significant rise of 80%. This is explained in part by the reduced number of complaints received during the COVID19 Pandemic and the subsequent return to a position broadly comparable to pre-pandemic conditions. Further work will be undertaken during the second half of 2023/24 to understand whether there were other service related issues that contributed to the rise in complaints in these areas.

For Corporate Services the increase was 20%

Children, Schools and Families were the only directorate to experience a decrease in the number of corporate complaints of -4%.

5 Complaints responded to in time.

Most corporate complaints are dealt with in a single stage. However, the process does have a review stage, also known as stage 2.

Stage 1 complaints should be responded to within 20 working days, and stage 2 complaints should be answered within 25 working days. It is expected that at least 90% of cases be responded to within these timeframes.

In 2022 – 2023, 60% of complaints were responded to within the expected timescale at stage 1 and 50% were responded to in time at stage 2.

Failure to respond within the published timescales is, in itself, a service failure and is a primary cause of complaint escalation, it also leads to secondary complaints being logged.

It is recognised that there have been some circumstances that led to delays.

1. London Borough of Merton experienced two major incidents in the space of a few months that meant officers had to focus elsewhere. There was a clear

drop in respond in time rates in Quarter 2 as a consequence of the impact of those major incidents.

2. There has been a substantial increase of 33% in the numbers of complaints submitted in 2022 -2023 compared to the previous year.
3. There has also been a substantial increase in the numbers of Member Enquiries submitted. 4,288 member enquiries were submitted in 2022 – 2023 compared with 3,363 in the previous year, equating to an increase of 27%. Many officers responsible for responding to complaints are also responsible for responding to member enquiries.
4. The Complaints Team has been working hard with the IT team to develop a case management system which will benefit the service and provide efficiencies but has used a lot of resource during the development phase. At times this has meant that complaints have been dealt with outside of the published timescales.
5. The Complaints Team was short staffed for much of the year due to a staff member leaving unexpectedly and difficulties in recruitment. This has now largely been resolved with subsequent recruitment rounds proving more successful.

Although there have been issues, there has been a lot of positive work done, particularly with service teams that have a high number of complaints. A new service manager within the Environment and Regeneration Department has been liaising with the waste services team and complaints team to improve the quality and timeliness of responses. The new Head of Development Management and Building Control has worked with his team to clear a backlog of complaints and has made a number of service improvements.

Frontline teams are encouraged to prioritise complaints and seek support from the Complaints Team at the earliest opportunity. Complaints@merton.gov.uk

Table 2: Timeliness in responding to complaints 2022 – 2023.

Stage Department	Stage 1		Stage 2	
	No of cases	Responded to in time	No of cases	Responded to in time
Children, schools & families	49	15 (31%)	12	3 (25%)
Community & Housing	63	26 (41%)	9	5 (56%)
Corporate Services	136	87 (64%)	13	7 (54%)
Environment & Regeneration	649	414 (64%)	77	41 (53%)
Totals	897	542 (60%)	111	56 (50%)

6 How complaints were made.

Most complaints received were submitted by email in 2022 - 2023. Concerns have been raised about the accessibility of the formal complaints process, and in Spring 2023 a webform will be introduced which will make it easier for residents to submit

complaints, by asking for information and including drop down lists. It is recognised that there are a number of people for whom composing a complaint in writing may be challenging.

Due to staffing capacity issues the telephone lines to the Complaints Team have remained on restricted hours during 2022/23. The Complaints Team have been working with the Council's IT team to upgrade the telephone system. This will include menu options, advisory messages about waiting times and options to leave a voicemail. The new system is expected to go live in Autumn 2023.

Although complainants will be encouraged to use the webform, complaints can be accepted by any member of staff, through any channel and forwarded to complaints@merton.gov.uk

Table 3: Complaints broken down by submission channel and department for 2022 – 2023.

Department	Email	Telephone	Letter/post	Face to face	Agency referral	Total
Environment & Regeneration	601	32	11	2	3	649
Community & Housing	57	3	1	2	0	63
Corporate Services	127	7	2	0	0	136
Children, Schools & Families	49	0	0	0	0	49
Total	834	42	14	4	3	897

7 Complaint Outcomes

In the year 2022-2023, of the 897 formal complaints received 612 were upheld in part or in full. That is 68%. The uphold rate was around 70% for all directorates with the exception of Community & Housing which had an uphold rate of 56%. Not all 897 formal complaints progressed to full investigation and 66 cases were withdrawn from the process at stage 1.

Further work is being undertaken during 2023/24 to identify the causes of the high uphold rate and to identify ways in which improved service delivery arrangements can be introduced to reduce the number of complaints received and the proportion of those which are upheld.

As noted above, 66 cases were withdrawn from the process at stage 1. The reasons a complaint may be withdrawn are:

- Complaint resolved outside of the complaint process.
- The complaint was an exception to the complaint process.
- Complainant requested to provide more information – but none was forthcoming.

Where a complaint is not taken to full investigation a letter is sent to the complainant advising them that their complaint has been closed. Where possible the complainant is signposted if appropriate to an alternative process. As the decision to close a complaint is regarded as an outcome decision, it may be appealed through the complaint process or referred to the Local Government and Social Care Ombudsman.

8 Escalations to Stage 2

Complaint escalations usually occur for the following reasons:

- Complaint points have not been properly addressed or missed or new evidence has come to light which may change the outcome.
- A complaint has been upheld but no solution has been offered.
- A solution has been agreed, but not carried out.

These are acceptable reasons for escalating a complaint.

The Complaints Team can refuse to escalate a complaint if:

- The complaint point has already been upheld and further investigation will not change the outcome.
- No new evidence has been provided and further investigation will not change the outcome.
- The complaint is a policy complaint, and further investigation will not change the outcome.
- The escalation request has been submitted after the deadline – discretion needs to be applied in such cases.

Complaints should be adequately answered at stage 1, and escalations to stage 2 should be infrequent. Changes of outcome at this stage should be rare.

In 2022 – 2023, about 12% of complaints escalated to stage 2 (111 of 897 complaints). This is just over the KPI of 10%.

Of the 111 cases that did escalate, 43% (48) upheld or partially upheld at stage 2.

The table below provides a summary of the complaints received during 2022/23 and the outcome, and covers both Stage 1 complaints and those subsequently escalated to Stage 2.

Table 4: Complaints by department and outcome 2022 - 2023

Stage	Stage 1			Stage 2		
Department	No of cases	Upheld or partially upheld	Withdrawn	No of cases	Upheld or partially upheld	Withdrawn
Environment & Regeneration	649	449 69%	52	77 12%	37	18
Community & Housing	63	35 56%	2	9 14%	3	3
Corporate Services	136	95 70%	9	13 10%	3	1
Children, schools & families	49	33 67%	3	12 24%	5	1
Totals	897	612 68%	66	111 12%	48 43%	23

9 Reasons for complaint

Complaints typically fall into one or more of the following complaint types. It can be difficult to categorise complaints, and best efforts have been made to accurately record the primary reason for complaints.

Principle reasons for complaints vary by department, but the most common complaint is delays to the delivery of a service or non-delivery of a service. The second ranked reason for making a complaint is the quality or appropriateness of a service.

- **Administration:** This is a general administration complaint.
- **Assessment:** This is a complaint about the application of eligibility criteria.
- **Communication:** This usually refers to a lack of response to attempts to contact a team or an action being taken (or not taken) without informing the resident or representative.
- **Delivery or non-delivery of a service:** This may refer to the timeliness of service delivery and includes delays. Including delays in complaints process.
- **Disputed payments or charges:** Where the service user questions an amount being charged or paid.
- **Level of Service:** This refers to the level of service received against the resident's expectation.
- **Quality of service:** This relates to the quality of service, but not to a specific individual.
- **Staff conduct:** This relates to the behaviour of a specific employee.
- **Unwelcome or disputed decision:** The way in which a decision has been reached can be complained about in some circumstances.

The top three reasons for complaints across the council are:

1. Delivery or non-delivery of services
2. Level of service
3. Quality or appropriateness of service
4. Staff conduct.

There are variations from department to department. By department the top 3 reasons for complaint by department were as follows:

Community and Housing:

1. Quality or appropriateness of service
2. Communication
3. Delivery or non-delivery of service

Many complaints in housing are regarding applications on the housing waiting list, allocation of points and time waiting for a property.

Corporate Services:

1. Delivery or non-delivery of service
2. Quality or appropriateness of service
3. Disputed payments or charges

There was an issue with the processing of applications for concessionary travel which led to a backlog of applications. This was resolved by contracting additional resource to deal with the backlog.

Children, Schools and Families:

1. Quality or appropriateness of service
2. Level of service
3. Delivery or non-delivery of services

Many complaints to Children, Schools and Families were regarding fulfilment of EHC plans and provision of special educational needs services.

Environment and Regeneration:

1. Delivery or non-delivery of service
2. Level of service
3. Staff conduct.

The Environment and Regeneration department provide waste services to around 80,000 households each week/fortnight. This service receives several times more complaints than all other services. However, it should be noted that the rate of complaint is about 0.72% of service users.

The most frequent complaint is missed waste collection. The Council operates a "missed bin service" which allows residents to report a missed collection within 48 hours and the waste will be recovered. Formal complaints about missed collections will only be converted to formal complaints if the bins are repeatedly missed.

Missed bin collections can be reported at [Report a missed rubbish or recycling collection | Merton Council](#)

Table 5: Reason for complaint and outcomes all departments 2022 – 2023

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Administration	28	20	5
Assessment	7	5	2
Communication	30	25	2
Delivery or non-delivery of service	576	431	111
Disputed payments or charges	22	10	11
Level of service – quantity or frequency of a service	96	54	33
Quality or appropriateness of a service	58	35	21
Staff conduct	58	26	27
Unwelcome or disputed decision	19	7	6
Totals	894	613	218

Table 5a: Reason for complaint and outcome - Community & Housing 2022 - 2023

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Administration	2	2	0
Assessment	2	2	0
Communication	11	9	2
Delivery or non-delivery of service	9	5	4
Disputed payments or charges	0	0	0
Level of service – quantity or frequency of a service	8	0	8
Quality or appropriateness of a service	16	11	5
Staff conduct	7	3	4
Unwelcome or disputed decision	6	3	3
Totals	61	35	26

Table 5b: Reason for complaint and outcomes - Corporate Services 2022 - 2023

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Administration	17	14	3
Assessment	0	0	0
Communication	15	12	0
Delivery or non-delivery of service	41	35	4
Disputed payments or charges	20	8	11
Level of service – quantity or frequency of a service	7	4	3
Quality or appropriateness of a service	23	15	6
Staff conduct	10	7	3
Unwelcome or disputed decision	2	1	1
Totals	135	96	31

Table 5c: Reason for complaint – and outcomes Children, Schools and Families 2022 - 2023

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Administration	0	0	0
Assessment	5	3	2
Communication	4	4	0
Delivery or non-delivery of service	8	7	1
Disputed payments or charges	2	2	0
Level of service – quantity or frequency of a service	8	6	2
Quality or appropriateness of a service	10	7	3
Staff conduct	7	2	3
Unwelcome or disputed decision	5	2	2
Totals	49	33	13

Table 5d: Reason for complaint and outcomes - Environment and Regeneration 2022 - 2023

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Administration	9	4	2
Assessment	0	0	0
Communication	0	0	0
Delivery or non-delivery of service	518	384	102
Disputed payments or charges	0	0	0
Level of service – quantity or frequency of a service	73	44	20
Quality or appropriateness of a service	9	2	7
Staff conduct	34	14	17
Unwelcome or disputed decision	6	1	0
Totals	649	449	148

Table 6: Complaint outcomes by team and outcome 2022-2023

Environment & Regeneration	No of cases	Upheld or partially upheld	Not upheld	Withdrawn
Building Control	3	1	2	0
Greenspaces	41	32	9	0
Leisure	2	1	1	0
Parking and CCTV	65	13	38	14
Planning	54	31	18	5
Property	2	0	1	1
Regulatory Services	26	13	8	5
Street Cleansing	44	38	3	3
Traffic and Highways	52	21	24	7
Transport	3	1	1	1
Waste Assisted Collections	4	4	0	0
Waste Enforcement	4	3	1	0
Waste (Batteries and textiles)				
Waste (Bulky)	3	3	0	0
Waste (Fly-tipping)	15	13	2	0
Waste (Food)	25	19	3	3
Waste (Garden)	47	37	7	3
Waste (Paper)	11	11	0	0
Waste (Recycling)	43	37	6	0
Waste (Refuse)	125	106	13	6
Waste (Wheelie bins)	25	21	3	1
Waste other	30	27	2	1
Split	25	17	6	2
Total	649	449	148	52

Community & Housing				
Environmental Health Housing	7	3	4	0
Homelessness	1	0	1	0
Housing Options	36	18	18	0
Housing Registrations and nominations	8	7	1	0
Housing Strategy	1	1	0	0
Housing Supply & Development	5	3	1	1
Temporary Accommodation Service	3	1	1	1
Split	2	2	0	0
Total	63	35	26	2

Corporate Services				
Bailiffs (Council Tax)	5	1	3	1
Bailiffs (PCN)	8	5	3	0
Business Rates	1	1	0	0
Concessionary Travel	31	30	1	0
Council Tax	14	12	1	1
Council Tax benefits	2	1	0	1
Council Tax invoices	3	2	1	0
Council Tax Liability	7	5	2	0
Council Tax recovery	9	5	3	1
Council tax summons	3	2	1	0
Household Support Grant	1	0	1	0
Housing Benefit	24	17	5	2
Merton Link	3	0	3	0
Other	10	5	2	3
Split	15	9	6	0
Total	136	95	32	9
Children ,Schools & Families				
Access to Resources & CWD	1	1	0	0
Early Years and Children's Centres	2	2	0	0
Education Inclusion	1	0	1	0
MASH and Child Protection	5	3	2	0
Permanency, LAC and Care Leavers	1	1	0	0
Safeguarding and Care Planning	9	5	3	1
Special Educational Needs.	30	21	7	2
Total	49	33	13	3
Grand Total	897	612	219	66

10 Escalations to the Local Government and Social Care Ombudsman

On completing both stages of the formal complaints process, complainants can refer their cases to the Local Government and Social Care Ombudsman for external review.

In the year 2022 - 2023, 60 cases were referred to the ombudsman and 65 decisions were issued. Some cases were carried over from the previous auditing year which accounts for the difference in outcomes issued as compared with those referred. Nineteen cases were taken to full investigation with eleven being upheld, and eight not being upheld.

Table 7: LGSCO referrals by outcome and service 2022 - 2023

	Upheld	Not upheld	Closed after initial enquiries	Incomplete/ Invalid	Referred back for local resolution	Total
Environment & Regeneration	1	4	14	0	10	29
Environmental Services & Public Protection & Regulation	1	0	3	0	3	7
Highways & Transport	0	1	8	0	2	11
Planning & Development	0	3	3	0	5	11
Corporate Services	5	1	3	0	0	9
Benefits & Tax	5	1	2	0	0	8
Corporate & Other services	0	0	1	0	0	1
Community & Housing	4	1	3	2	7	17
Adult Care Services	2	1	2	1	5	11
Housing	2	0	1	1	2	6
Children, schools & families	1	2	4	0	3	10
Education & Children's Services	1	2	4	0	3	10
Totals	11	8	24	2	20	65

The cases listed under adult social care and education & children's services are explored in separate annual reports. Eight cases were upheld following the formal process for corporate complaints.

LGSCO Case Ref	21 013 957
Decision	Upheld
Category (as defined by LGSCO)	Homelessness
Date of final decision	27 June 2022
Summary	Miss X complained about the way the Council dealt with her homelessness application and its failure to provide suitable temporary accommodation. The errors in the way the Council dealt with Miss X's homeless application amount to fault. This fault has caused Miss X an injustice.

LGSCO Case Ref	21 013 960
Decision	Upheld
Category (as defined by LGSCO)	Housing benefit and council tax benefit
Date of final decision	20 June 2022
Summary	Miss X complained the Council incorrectly calculated her entitlement to housing benefit and wrongly refused to award Discretionary Housing Payment which has resulted in significant rent arrears. The delays and errors in the way the Council dealt with Miss X's housing benefit and Discretionary Housing Payment claims amount to fault. This fault has caused Miss X an injustice.

LGSCO Case Ref	21 015 179
Decision	Upheld
Category (as defined by LGSCO)	Council tax
Date of final decision	1 August 2022
Summary	Mrs X complained there was fault in the way the Council calculated her council tax and communicated with her. I found there was no fault in the actions taken to recover arrears. There was fault in the way the Council initially responded to Mrs X's complaint, but the Council apologised and rectified this in later correspondence. I found no fault that warranted a remedy for Mrs X.

LGSCO Case Ref	21 015 621
Decision	Upheld
Category (as defined by LGSCO)	Noise
Date of final decision	6 July 2022
Summary	Mr X complains about how the Council handled his noise complaint. I have concluded my investigation having found fault in how the Council handled Mr X's noise complaint. There were unreasonable delays throughout the process, and this caused an injustice to Mr X. The Council have agreed to the recommendations proposed.

LGSCO Case Ref	21 001 385
Decision	Upheld
Category (as defined by LGSCO)	Private housing
Date of final decision	19 July 2022
Summary	Ms Y complains the Council has not made the agreed rental payments for two homeless people which she agreed to accommodate as lodgers. We do not find fault in the substantive complaint however there is an outstanding payment for one tenant which the Council will now make.

LGSCO Case Ref	21 017 646
Decision	Upheld
Category (as defined by LGSCO)	Council tax
Date of final decision	6 July 2022
Summary	Mr Y complains about the Council's enforcement of historic council tax debts, which he was not liable for. He also complains about the Council's decisions about council tax liability. We uphold the complaint, because the Council did enforce against the wrong person and did not act on communications from Mr Y about this. We have not investigated the council tax liability. That is because Mr Y can appeal to the Valuation Tribunal about these issues.

LGSCO Case Ref	22 009 104
Decision	Upheld
Category (as defined by LGSCO)	Council tax
Date of final decision	21 December 2022
Summary	Mr X complained the Council delayed responding to his appeal against its decision to charge council tax. Mr X also complained the Council sent bailiffs to his home to collect the debt while he was appealing against the Council's decision. Mr X says this has caused him distress. The Council was at fault, but it has taken appropriate action to remedy any injustice caused by this fault.

LGSCO Case Ref	22 011 270
Decision	Upheld
Category (as defined by LGSCO)	Council tax
Date of final decision	15 December 2022
Summary	We will not investigate this complaint about an error by the Council which led to it wrongly issuing a court summons for unpaid council tax. The Council has already provided a suitable remedy.

11 Compliments

As well as complaints, the Complaints Team receive compliments to its mailbox compliments@merton.gov.uk These are welcomed and shared with relevant service managers.

Many compliments have been paid to the Adult and children's social work teams and these are explored in separate annual reports.

For other teams the Library service have received 42 compliments. Heritage and discovery days have been much complimented.

The waste team received 38 compliments. Most of these were regarding operatives who have gone above and beyond expectations and supported more vulnerable residents with their bin collections.

Regulatory services received 31 compliments for their support in resolving difficult neighbourly issues.

Table 8: Compliments v Complaints comparison by year

	2019-2020	2020 - 2021	2021 - 2022	2022 - 2023
Compliments	221	318	234	308
Complaints	864	403	673	897

Table 9: Compliments v Complaints by department 2022 -2023

	Community & Housing	Corporate Services	Children, Schools & Families	Environment & Regeneration
Compliments	136	22	47	103
Complaints	63	136	49	649

12 A review of the effectiveness of the complaint's procedure.

In the 2021-2022, five high level recommendations were made to improve the effectiveness of the complaint procedures across all complaint streams.

They were:

1. A revision of the Complaints, Comments and Compliments Policy should be carried out.
2. Improve access to the complaints service.
3. Introduce a case management system.
4. Provide Additional staff resource for the Complaints Team
5. Support culture change in attitudes to complaints

1. A revision of the Complaints, Comments and Compliments Policy should be carried out.

Performance indicators show that corporate timelines are not being adhered to. Although this may be attributable to conflicting work pressures and lack of available resource. This was certainly the case when the two major incidents were experienced in the Borough within a few months of each other and officers had to turn their attention to dealing with those.

It is clear that staff need to develop confidence in using the complaints procedure. Those responding to complaints are encouraged to contact the Complaints Team to work through complaints. Complaints Officers are available in person or on Teams to provide support and can be contacted at complaints@merton.gov.uk

2. Improve access to the complaints service.

Work has begun on improving access to the complaints service. A new webform has been developed and will become available for use on the Council's website in Spring 2023. The form ensures that information required is captured at first contact. The form will be available across a range of electronic devices such as mobiles, tablets.

In Autumn 2023, it is expected that the Complaints Team telephone line will open for longer and will have an improved call data and voicemail facility.

Moving forwards, the Complaints Team will work with service teams and the communications team to promote the complaint service through website and other publications.

3. Introduce a case management system.

During 2022 – 2023 the Complaints Team has carried out a huge amount of work to develop a case management system for complaints. The Microsoft Dynamics system will work with an app to allow service teams to easily see and respond to complaints. The system will allow service managers to review reports and will send out automated reminders. It is hoped that along with training, this will prevent complaints from going overtime, and in cases where a complaint cannot be responded to, an extension request would need to be requested from a manager which will also prompt an update to be sent to the complainant.

4. Additional staff resource for the Complaints Team

For much of the year 2022- 2023, the Complaints Team has been under-resourced. There was difficulty recruiting following the unexpected departure of a member of staff from the team and another member of staff who went on maternity leave. The issue was compounded by additional work to develop the case management system. As a statutory process, Adult Social Care complaints were prioritised, but at times it was necessary to prioritise other complaints based on impact to the complainant. Statutory complaints, housing, council tax and concessionary travel were prioritised during these times.

5. Support culture change in attitudes to complaints

The Complaints Team continues to work closely with other teams within the council. As part of the development of the case management system most service teams have been invited to give their requirements for the new system and review procedures to make the procedure more efficient.

The system has been developed to include customer feedback to aid service development. The system also includes recording of lessons learned from complaints and tracking of remedial actions. The system should support staff in improvement of service delivery.

13 Conclusion

2022/23 has been a challenging year in many respects, with a continuing focus on recovery from the pandemic driving new ways of working, while coinciding with complaints activity returning to a position broadly equivalent to that seen pre-pandemic.

Overall, however, the number of complaints remains at the lower end of the expected scale, as noted in section 4 of this report, and while this should not lead to any complacency, it does indicate that overall, we continue to provide a good level of service to our residents. The report notes several pieces of work that will be undertaken during 2023/24 to better understand how we can further improve service delivery as a Council, and to better understand what is driving the high proportion of upheld complaints. Progress in these areas will be reported in the next annual report.

The continuing high number of compliments received across the Council's services also points to the high quality of much of the work that the Council does.

As noted at various points in the report, the Complaints Team, and the processes for receiving and responding to complaints have been subject to a number of challenges during 2022/23.

In the year 2023 – 2024 it is expected that the case management system will go live, making the complaints process more efficient and enabling an improved customer experience. As also noted in this report, previous recruitment challenges have now largely been resolved and the Complaints Team is on a more secure footing going into 2023/24 as a result.

Communication with residents remains the best way to resolve complaints. Those responding to complaints are encouraged to prioritise complaints, hold face to face meetings, video calls or telephone calls with the complainant to properly understand the complaint before responding.

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THE LONDON BOROUGH OF
MERTON

ANNUAL COMPLAINT REPORT

Adult Social Care 2022 - 2023

Restricted	Yes
Suitable for publication	Yes
Title and version	Annual Complaints Report ASC – 2022 – 2023 Final
Purpose	Managerial/advisory
Relevant to	Adult Social Care, Integrated Care and Public Health department
Author	Ruth Hammick
Summary	Annual Complaints Report 2022 - 2023
Department	Innovation and Change
Date	October 2023

Adult Social Care Complaints

1 Introduction

The handling of complaints about Adult Social Care services is directed by The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

These regulations say every council must:

- Deal with complaints efficiently
- Properly investigate each complaint
- Offer assistance to complainants to enable them to understand the procedure and obtain advice if needed.
- Respond to each complaint in a timely and appropriate way.

The regulations also direct councils to provide an annual report about adult social care complaints and make that report available to any person on request.

There are some data sets that must be included in the annual report, these are:

The number of complaints:

Received : This is the total of the complaints whereby a formal complaint response is requested, or it can be implied that a formal complaint response is required. Not all complaints received result in a formal complaint investigation. Where we cannot formally investigate a complaint, the complainant will be advised, and signposted, where possible, to the correct procedure.

Upheld : These are complaints where there has a service failure has been established. There are generally four outcomes of a complaint, these are:

Upheld – where we agree with the complainant

Partially upheld – where we agree with the complainant in part, but not fully.

Not upheld – where we do not agree that there has been a service failure

Inconclusive – where we do not have evidence to conclude the complaint one way or another.

The Council is phasing out the use of partially upheld and inconclusive outcomes in-line with advice from the Local Government and Social Care Ombudsman.

Referred to the Local Government and Social Care Ombudsman : Adult Social Care Complaints have a single stage, and the Council will do its utmost to resolve complaints. However, if having received a complaint response the complainant remains unsatisfied, they may refer their complaint to the Local Government and Social Care Ombudsman.

Handling: The council should also summarise the subject of the complaints received, how they were handled.

Actions: How issues identified through the complaints process have been or will be addressed in response to the findings.

This report is written to comply with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the expectations of the Local Government and Social Care Ombudsman and the Council's own Complaints, Comments and Compliments Policy.

2 Key points

It was expected that complaints would rise, following the relaxing of restrictions put in place during the coronavirus pandemic. During the course of the restrictions some services ceased or changed the way they were delivered. There has been an increase, but complaints did not return to pre-pandemic levels seen prior to 2020.

- The number of compliments received far exceeds the number of complaints, 88 compliments were received in 2022 – 2023.
- A total of 51 Adult Social Care complaints were received, this is an increase of 22 cases compared with the previous year 2021 – 2022, when 29 cases were received. (76%)
- 61% of complaints were responded to within our target timescale of 25 working days. This is an increase on the previous year when 59% of complaints were responded to in time.
- 31 (61%) of complaints upheld or partially upheld.
- 11 complaints were escalated to the Local Government and Social Care Ombudsman
- 2 complaints were upheld by the Local Government and Social Care Ombudsman

3 Dealing with complaints about Adult Social Care in the London Borough of Merton

In London Borough of Merton, Adult Social Care Complaints are managed as a function of the Complaints Team, who similarly manage and co-ordinate other types of complaint. These are corporate complaints and children's statutory complaints.

The Complaints Team are knowledgeable in the handling of complaints and operate independently of the service teams. The team acts as an impartial conduit for complainants and the Council's officers, remain available to both throughout the duration of a complaint, providing guidance throughout the process. It is the responsibility of the Service Teams to respond to complaints.

An important function of the Complaints Team is to collect and collate data from feedback received. This assists the council in preventing recurring complaints, identifying training needs and updating policies and guidance.

Unlike other types of complaint, complaints about Adult Social Care are dealt with in a single stage process. The complaints should be answered within 25 working days, but this may be extended to 65 working days where necessary. Having completed the internal process, the complaint maybe referred to the Local Government and Social Care Ombudsman if the complainant remains unsatisfied.

4 The number of complaints received.

The Council received 51 complaints and 48 formal complaints proceeded to investigation regarding Adult Social Care.

Three cases were withdrawn from the process before investigation as one complainant stated that they did not wish the complaint to be dealt with formally, one was dealt with outside of the complaint process, and one was not eligible.

The number of complaints has increased over the previous year and appears to be back at pre-pandemic levels.

The Learning Disability and Long-Term Support teams have seen significant increases in the number of complaints.

Table 1: Number of complaints received by team and compared with previous years

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Assessment & Initial Support	2	2	0	5	2
Commissioning	4	4	1	3	2
Direct provision	1	1	0	0	0
Direct Payments & Finance monitoring	0	0	0	0	1
Financial Assessment	0	0	0	1	2
First response	0	0	0	1	4
Hospital to home	4	1	1	0	3
Learning disability	5	2	3	4	11
Long Term Support	0	0	0	8	13
Mental health	0	2	3	1	1
Occupational Therapy	0	0	0	1	1
Older People	29	23	10	0	0
Reablement	0	3	0	0	3
Residential	0	0	0	1	0
Transitions	1	1	2	1	0
Split	1	3	2	3	5
Total	47	42	22	29	48

5 Complaint outcomes

Of the complaints that proceeded to investigation, 31 (65%) were upheld or partially upheld and 13 (27%) were not upheld. The LGSCO no longer issue partially upheld outcomes. Therefore, the partially upheld and upheld figures have been combined. In the previous year, the combined figures for cases upheld was 18 (62%) so there has been a slight increase. Four cases were withdrawn from the process. In these cases, they were resolved outside of the complaints process.

Table 2: Complaint outcomes by team and outcome 2022-2023

	No of cases	Upheld or partially upheld	Not upheld	Withdrawn
Assessment & Initial Support	2	1	1	0
Commissioning	2	1	0	1
Direct provision	0	0	0	0
Direct Payments & Finance monitoring	1	0	1	0
Financial Assessment	2	1	1	0
First response	4	3	1	0
Hospital to home	3	2	1	0
Learning disability	11	9	1	1
Long Term Support	13	9	4	0
Mental health	1	1	0	0
Occupational Therapy	1	1	0	0
Older People	0	0	0	0
Reablement	3	2	1	0
Residential	0	0	0	0
Transitions	0	0	0	0
Split	5	1	2	2
Total	48	31	13	4

6 Reasons for complaint

Complaints typically fall into one or more of the following complaint types.

- **Administration:** This is a general administration complaint.
- **Assessment:** This usually refers to the application of eligibility and assessment criteria.
- **Communication:** This usually refers to a lack of response to attempts to contact a team or an action being taken (or not taken) without informing the client or representative.
- **Delivery or non-delivery of a service:** This may refer to the timeliness of service delivery, environment, location of service delivery.
- **Disputed payments or charges:** Where the service user questions an amount being charged or paid.
- **Level of Service:** This refers to the amount of support a client is receiving against their expectation – it is not necessarily based on a new decision.
- **Quality of service:** This relates to the quality of service, but not to a specific individual.
- **Staff conduct:** This relates to the behaviour of a specific employee.

- **Unwelcome or disputed decision:** This follows a decision to reduce, withdraw or change the nature of a service.

Categorising complaints is somewhat subjective, and people may have more than one complaint point. Adult social care packages vary by individual, and people describe their circumstances in different ways. The figures have been drawn together to give a representative oversight of the types of complaints received that is. Some complaints include multiple issues which means that the outcomes don't tally with the number of complaints received.

In 2022-2023 56 unique complaint points have been identified in the complaints submitted.

The majority of complaints were regarding the level of service being offered. Of the 14 complaints that specifically mentioned level of service as a complaint point, 92% (13) were upheld in full or in part. This is an increase from the previous year when eighteen complaints were submitted citing level of service as the primary reason for complaining. The combined rate of uphold/partially upheld cases was 38% or three cases.

Seven out of eight complaints regarding the quality of service were upheld in full or in part.

Almost all complaints arise out of a communication issue. However, communication was mentioned in nine complaints as the main reason to submit a complaint. 100% were upheld.

The complaints service acts as the channel for appeal for assessments. There was some concern about how many cases would come through this route. In 2022 – 2023, seven cases have been recorded. The numbers are not of concern but will continue to be monitored.

Table 3: Complaints by reason and outcome 2022 - 2023

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Administration	1	0	1
Assessment	7	4	3
Communication	9	9	0
Delivery or non-delivery of service	6	4	2
Disputed payments or charges	3	1	2
Level of service – quantity or frequency of a service	14	13	1
Quality or appropriateness of a service	8	7	1
Staff conduct	5	3	2
Unwelcome or disputed decision	3	1	2
Totals	56	42	14

7 Escalations to Local Government and Social Care Ombudsman (LGSCO)

A total of eleven complaints were escalated to LGSCO regarding London Borough of Merton's adult social care services. The LGSCO does not fully investigate all cases that are referred to it, as they do have exceptions based on jurisdiction and time. However, all cases are logged and assigned a reference number.

LGSCO will not be investigate cases, except in a very few circumstances, unless the complaint has completed the council's complaint process first. Premature referrals to the LGSCO can be an indication that complaints are not being answered in time.

Of the eleven cases referred to LGSCO, only three proceeded to full investigation. Of these, two were upheld.

The upheld cases are outlined below as summarised by the LGSCO, the full decisions are available on the LGSCO website [Decisions - Local Government and Social Care Ombudsman](#). The case numbers can be typed into the search facility.

LGSCO Case Ref	21 010 255
Decision	Upheld
Category (as defined by LGSCO)	Direct payments
Date of final decision	27/10/2022
Summary	
Mr X complained the Council reduced the direct payments for Ms P's care and support and took back some of the money it paid. The Council was at fault for failing to properly manage Ms P's care plan, failing to conduct timely reviews, and for providing misleading information. The Council was also at fault for allowing Ms P's direct payment fund to build and raising expectations that Ms P could use the money. The Council has agreed to provide a remedy for failing to manage the care plan, raising expectations and distress.	

LGSCO Case Ref	22 006 164
Decision	Upheld
Category (as defined by LGSCO)	Assessment and care plan
Date of final decision	23/09/2022
Summary	
Miss X complains the Council failed to complete a care assessment appropriately and ignored her parent's needs. We have upheld this complaint because the Council has agreed to resolve the complaint early by providing a proportionate remedy for the injustice caused by the likely faults.	

Table 4: Ombudsman referrals by outcome compared with previous years

Outcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Out of jurisdiction	0	0	0	0	0
Closed after initial enquiries	1	0	0	1	3
Referred back for local resolution	0	0	0	0	5
Not upheld	1	1	1	1	1
Upheld	7	2	1	2	2
Postponed due to covid	0	0	0	0	0
Total cases	9	3	2	4	11

8 Compliance with LGSCO recommendations

Once a service failure is established, it is expected that organisations will learn from their mistakes and put the complainant back into the position they would have been in had their failure not occurred.

Recommended actions usually consist of one or more of the following:

- An apology
- Conciliation and mediation
- Re-assessment
- Practical action specific to the particular complaint
- A review of practice
- Financial redress.

Remedial actions, as recommended by LGSCO were carried out, in one of the cases they were carried out late.

Table 5: Compliance with LGSCO recommended actions 2022 - 2023

Case number	Decided	Remedy	Remedy target date	Remedy achieved date	Satisfaction
21 010 255	26/10/2022	Apology Financial redress: Avoidable distress Time and trouble Financial redress: Quantifiable loss Provide information/advice to person affected	25/11/2022	26/03/2023	Completed late
22 006 164	22/09/2022	Reassessment	21/10/2022	20/10/2022	Complete and satisfied.

9 Complaints Handling

Adult Social Care are dealt with in a single stage process. The complaints should be answered within 25 working days, but this may be extended to 65 working days where necessary. The 25 days is a corporate target, and it is expected that at least 90% of cases be responded to within this timeframe.

In 2022 – 2023, 58% of complaints were responded to within 25 working days. The respond in time rates have decreased over the past 4 years.

Table 6: Complaints answered within timeframe – comparison with previous years

Year	Answered within 25 days	Delayed response
2019-2020	72%	28%
2020-2021	75%	25%
2021-2022	59%	41%
2022-2023	58%	42%

It is recognised that complaints regarding adult social care can be complex. Most complaints are responded to within the target timescale, but the proportion of complaints responded in time could be improved. Untimely responses increase the frustration and anxiety of complainants, risking further escalation.

Frontline teams are encouraged to prioritise complaints and seek support from the Complaints Team at the earliest opportunity. Complaints@merton.gov.uk

Table 7: Responding in time to complaints by team

	No of cases	Responded to within 25 days	Responded to within 65 days	% responded to in time
Assessment & Initial Support	2	2	2	100
Commissioning	2	2	2	100
Direct provision	0	N/A	N/A	N/A
Direct Payments & Finance monitoring	1	0	1	100
Financial Assessment	2	0	1	50
First response	4	4	4	100
Hospital to home	3	0	3	100
Learning disability	11	7	11	100
Long Term Support	13	8	13	100
Mental health	1	0	1	100
Occupational Therapy	1	1	1	100
Older People	0	N/A	N/A	N/A
Reablement	3	1	3	100
Residential	0	N/A	N/A	N/A
Transitions	0	N/A	N/A	N/A
Split	5	3	1	50
Total	48	28	43	89%

10 Learning from complaints

London Borough of Merton welcomes feedback about its services and will use feedback to improve services. Complaints provide an opportunity to learn from service users. Whenever a complaint is upheld, service teams are encouraged to review cases to see if improvements can be made. Below is a list of learning and service improvements carried out in response to complaints received in 2022-2023.

Team	Learning and service improvements
Assessment & Initial Support	
Staff training	Training arranged to ensure staff understand: <ul style="list-style-type: none"> • Customer charter • Timelines for assessments • Timelines for reviews Training to be included as part of social care induction and within social care training courses offered.
Commissioning	
Working with providers to ensure compliance	Commissioned service to complete an action plan to ensure compliance including: <ul style="list-style-type: none"> • Staffing (including rotas and recruitment processes). • Training undertaken by carers. • Communication to customers and/or their families when the carers are delayed. • Accurate recording of visits undertaken using their electronic care monitoring system. • Health and Safety updates (including PPE).
First response	
Staff training	Training arranged with staff to:

	<ul style="list-style-type: none"> • Arrangements are confirmed in writing. • Timelines for actions to be carried out are clear. • Service users are informed about any waiting list and realistic timescales are given. • Communications to be written in plain English.
Staff shadowing	Staff to be offered opportunities to shadow experienced staff to improve practice.
Refresher training	Refresher training offered to staff to ensure: <ul style="list-style-type: none"> • Understanding of Care Act eligibility criteria
System update	Recording systems to be updated to ensure that information and advice given at the 'front door' is recorded. Assessments are given as appropriate.
Hospital to home	
Outlook training	Staff to engage in outlook training to understand: <ul style="list-style-type: none"> • How to set out of office notifications • Update voicemail messages • Ensure alternative contact details are made available to service users.
Learning disability	
Cross-team working	To improve working across teams to ensure important information is shared with agenda updates and regular meetings.
Staff reminder	Staff advised to diarise regular updates to maintain contact with service users and their families during lengthy processes.
Long Term Support	
Staff reminder	All staff reminded that calls should only be made during office hours (9.00 – 18.00) unless extenuating circumstances apply.
Staff reminder	Staff advised to diarise regular updates to maintain contact with service users and their families.
Staff training	Training arranged with staff to ensure: <ul style="list-style-type: none"> • Arrangements are confirmed in writing. • Timelines for actions to be carried out are clear. • Respond to correspondence within corporate timescales (15 working days). • Communications to be written in plain English.
Staff refresher	Update staff on respite care provision in the borough.
Improve information to service users	Written information should be sent to customers when an NHS Continuing Health Care Assessment is requested clearly setting out the process, responsibilities, and timeframes.
Reablement	
Information update	Information for service users updated to include: <ul style="list-style-type: none"> • Purpose of the reablement team • Process map for reablement services

11 Compliments

As well as complaints, the Complaints Team receive compliments to its mailbox compliments@merton.gov.uk These are welcomed and shared with relevant service managers. The full list of compliments received to the compliment's mailbox is shared in the appendices and are reflective of the positive difference Adult Social Care makes to people's lives.

The Adult Social Care Team consistently receive far more compliments than complaints. In the year 2022-2023, 88 compliments were received, compared to 51 complaints.

Table 8: Compliments v Complaints comparison by year

	2019-2020	2020 - 2021	2021 - 2022	2022 - 2023
Compliments	90	112	61	88
Complaints	46	24	29	51

12 A review of the effectiveness of the complaint's procedure.

In the 2021-2022, five high level recommendations were made to improve the effectiveness of the complaint procedures across all complaint streams.

They were:

1. A revision of the Complaints, Comments and Compliments Policy should be carried out.
2. Improve access to the complaints service.
3. Introduce a case management system.
4. Provide Additional staff resource for the Complaints Team
5. Support culture change in attitudes to complaints

Specifically, regarding the Adult Social Care complaint process, timekeeping and ensuring the process is accessible to those who may require it, were identified as key areas for improvements.

- 1. A revision of the Complaints, Comments and Compliments Policy should be carried out.**

Performance indicators show that statutory timelines are not being adhered to. Although this may be attributable to conflicting work pressures and lack of available resource - it is clear that staff need to develop confidence in using the complaints procedure. Those responding to complaints are encouraged to contact the Complaints Team to work through complaints. Complaints Officers are available in person or on Teams to provide support and can be contacted at complaints@merton.gov.uk

- 2. Improve access to the complaints service.**

Work has begun on improving access to the complaints service. A new webform has been developed and will become available for use on the Council's website in Spring

2023. The form ensures that information required is captured at first contact. The form will be available across a range of electronic devices such as mobiles, tablets
In Autumn 2023, it is expected that the Complaints Team telephone line will open for longer and will have an improved call data and voicemail facility.

Moving forwards, the Complaints Team will work with social care teams, communications team to promote the complaint service through website and other publications.

3. Introduce a case management system.

During 2022 – 2023 the Complaints Team has carried out a huge amount of work to develop a case management system for complaints. The Microsoft Dynamics system will work with an app to allow service teams to easily see and respond to complaints. The system will allow service managers to review reports and will send out automated reminders. It is hoped that along with training, this will prevent complaints from going overtime, and in cases where a complaint cannot be responded to, an extension request would need to be requested from a manager which will also prompt an update to be sent to the complainant.

4. Additional staff resource for the Complaints Team

For much of the year 2022- 2023, the Complaints Team has been under-resourced. There was difficulty recruiting following the unexpected departure of a member of staff from the team and another member of staff who went on maternity leave. The issue was compounded by additional work to develop the case management system. As a statutory process, Adult Social Care complaints were prioritised, but at times it was necessary to prioritise other complaints based on impact to the complainant.

5. Support culture change in attitudes to complaints

The Complaints Team continues to work closely with other teams within the council. As part of the development of the case management system most service teams have been invited to give their requirements for the new system and review procedures to make the procedure more efficient.

The system has been developed to include customer feedback to aid service development. The system also includes recording of lessons learned from complaints and tracking of remedial actions. The system should support staff in improvement of service delivery.

13 Conclusion

Whilst there have been complaints against the service, there has also been a lot of positive feedback. The number of compliments far exceeds the number of complaints – reflective of excellent practice.

However, eleven service users felt the need to escalate their complaints to Local Government and Social Care Ombudsman. This is 22% of the complaints submitted which is high compared with the referral rate for other areas of the organisation. The LGSCO referral rate for corporate complaints is 4%.

Although only two complaints were upheld, it does indicate a need for more robust and timely responses at stage 1.

Those responding to complaints are encouraged to hold face to face meetings, video calls or telephone calls with the complainant to properly understand the complaint before responding. This is one of the most effective ways to prevent escalation.

Appendices

Appendix 1 -Compliments received.

Compliment Reference	Team	Compliment
CHC22001	Learning Dis	<p>██████ has read through your email and we have gone through the whole book with him. It is really well done.</p> <p>He is really happy with his book and has been showing ██████ what you worked through with him.</p> <p>Thank you for all your help and support in getting this very valuable resource off the ground. It is going to make a big difference to him managing his condition.”</p>
CHC22002	Older People	<p>Just to place on record my thanks to you and ██████ for the help which I received on Tuesday.</p> <p>██████ skillfully assembled the overbed table with wheels which had been delivered to me unassembled.</p> <p>It will now be very useful to me.</p>
CHC22004	Direct Pay	<p>I am moved to write to say what an outstanding member of staff you have in the Financial Assessment team in ██████</p> <p>I have been involved in the 12 week Disregard Process that has helped with covering some costs for care home fees while we were in process of selling my Mum’s house.</p> <p>I think I have spoken to ██████ 4 times in as many months - at every stage she has been helpful, kind, patient yet fun, compassionate yet realistic and even remembers Mums name - to me this is the very face you don’t hear about when people talk about Social Services and housing. It is apparent that she is very busy, yet as she says ‘I’ll quickly bash out an email explaining what is happening for you’ And she does it ... with correct, up to date details. I feel sure she stays after hours so that she knows she has sorted it.</p> <p>She seems a bit of a legend in her own life time and clearly is someone who knows how and what is happening as the Social workers and also Transactional Services when they can’t be clear what is happening says call ██████ To me this is a lot to expect of one person...</p> <p>Anyway, I really can’t praise and thank ██████ enough -</p>

		she seems to be a great asset to the client facing side of the council.
CHC22005	MASCOT	<p>I would like to take this opportunity to thank the service for attending the property recently in order to remove all equipment, since the passing of mum.</p> <p>I wish to thank everyone at Merton Mascot for all there support given to our mum, over the years. Attending the property to help her up when she had fallen, to all support given to me in regards to her, we very much appreciated it.</p>
CHC22006	MASCOT	<p>I was just so impressed with the service provided last night.</p> <p>I was so relieved when your van arrived with the two reassuring ladies.</p>
CHC22008	MASCOT	<p>I just want to express my thanks for the help I received this morning. After my phone call asking for help, [REDACTED] arrived to the rescue! PLEASE PASS ON MY THANKS to him for doing the job needed so efficiently and kindly.</p> <p>It really made my day after being so worried.</p>

CHC22009	Supp Living	<p>Finally I want to express my sincere thanks to [REDACTED] for her support guidance and advice in what was a very challenging time for [REDACTED] and in particular to me as the person who provided round the clock care for over 3 weeks after [REDACTED]'s discharge. [REDACTED] was always prompt in getting back to me, listened to both [REDACTED] and my views, perspective and acted to fill in gaps in [REDACTED] care. I found her practice to be very grounded in social work values, she treated us both with respect and dignity. Her knowledge base was sound and she was able to point me in the direction of other services plus making additional referrals. Her communication skills was excellent she actively listened to what my experiences were in caring for [REDACTED]. She took onboard emerging identified needs and acted on these. I felt very supported during my interactions with [REDACTED] For this and so much more I thank [REDACTED] and commend on on her excellent practice.</p>
CHC22011	Residential	<p>Thank you very much for the invaluable efforts you are making to help my Son, the follow-up you are doing and the fulfillments of the promises that you have done has changed a lot in improving [REDACTED]'s day to day life and the life of [REDACTED]'s family, it left a very good impact on all of us.</p> <p>Thank you very much again for the support.</p>
CHC22013	OT	<p>The OT was very helpful and thorough. It was a pleasure dealing with her to help with my grandmother's needs. [REDACTED] informed us the whole way through and tried her best. Need more people like this in the world.</p>
CHC22015	MASCOT	<p>I recently had the pleasure of using the handyman services supplied through your Mascot department. I am 86 years of age, living alone, and required some pictures to be hung on my wall after the decorators had finished, and some furniture moving, and as it turned out, one piece of furniture needed a repair. The handyman called [REDACTED] was a true gentleman, and really helped me not only physically with all the jobs, but mentally as well. Knowing that this service is available, gives me immense relief, as all these little jobs can be causes of great worry, when you are living alone. Please thank the whole team at Mascot on my behalf, and long may it remain.</p>

CHC22016	Learning Dis	Thank you for your call this morning. I just wanted to thank you for making such a difference to the support [REDACTED] has received over the last few months.
CHC22017	Safeguarding	Thank you for all your thought and effort and essentially your good heart in securing the decision for [REDACTED].
CHC22018	MASCOT	Please may I thank Mascot's [REDACTED] for his response at 6 in the morning. His response enabled me to get help to move up my bed as I am bedbound, in order to empty my stomach pouch myself. My son who stays here overnight then gave me the help I needed.
CHC22019		Really wanted to let someone know that [REDACTED] has been fantastic over the last 2weeks dealing with almost daily phone calls from myself regarding my Aunt in law . From the moment we were allocated [REDACTED] prior to discharge she has shown professionalism care understanding and always returns calls which seems rare these days !
CHC22020	Supp Living	I wanted to write to you both/your team to thank you on behalf of my family and myself for everything you have done for us since my brother came out of hospital. My mum wanted to expressly send her personal thanks for the support you have given her with your approachable manner. We were so very desperate and tired by the time [REDACTED] went into hospital, to say we were at breaking point is an understatement. Without your help there is a real possibility that my mum would have ended up in hospital herself and [REDACTED] would have ended up needing a care home placement.

CHC22021	MASCOT	<p>“ both the ladies were kind, responsive and treated her as an individual...”</p> <p>████████ continued by also saying, “ although my ankle was very painful, using the Mascot service was almost a pleasure!”</p>
CHC22022		<p>I just want to take this opportunity on behalf of myself and my brother to say a massive thank you for all the support and kindness that you have shown my mother. At the same time, I also want to acknowledge how you have been a brilliant support system for both myself and my brother throughout this difficult time.</p> <p>Your clear communication and quick action has meant that my mum was constantly receiving the best possible care whether at home, at hospital or in the care home.</p> <p>We are so very grateful for all your support and understanding. You have listened to our concerns and if required raised any issues promptly. At the same time, you have also have been the voice of reason when needed.</p> <p>You are brilliant at what you do and we are so grateful that you were our mum's social worker.</p>
CHC22023	Older People	<p>Thank you for caring for ██████ so wonderfully all these years and for helping me finally piece my life together. You are one in a million. Forever in your debt.</p>

CHC22026	Reablement	<p>While my father could reasonably expect to receive his care needs met, I would like to draw to your attention the exceptional care that my father received from your team. As I live 50 miles from my father I only met two of the team in person. However, we have cameras in the house and both my brother and I were able to monitor my father and the carers from time to time. Everyone from your team who dealt with my father was incredibly kind, caring and considerate to him. They were very patient with him and they all had a lovely attitude towards him. My father is generally a very easy going and compliant person but one evening he was being difficult and my brother observed [REDACTED] being incredibly patient and kind to my father</p> <p>I felt that your team went above and beyond what was required of them and made the transition home easier for my father and the family.</p>
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CHC22027	MASCOT	I rang Mascot as my telephone line was out of order with a BT fault I am sorry I now cannot remember the lady's name (I hope you have a record). She was brilliant, she came over to see if she could fix it replaced a battery that I didn't know was there and also replaced a light bulb. Very impressive.
CHC22029	MASCOT	I am thoroughly satisfied with your service, you have contacted me a couple of times when a pan has boiled dry and set off the alarm and I've been most impressed. The fire brigade turned up.
CHC22030	Direct Pay	Thank you for your Immediate reply without any delay . Even during your leave, you have a very responsible answering system . Not many offices got this auto reply system and even give information about emergency arrangement.
CHC22031	Reablement	When I had a power cut a week ago (I think it was 2:20 to 4:20 in the middle of the night) MASCOT rang me to see if I was OK and said did I want any help. I was well, and to hear another voice was lovely. MASCOT carers are lovely to talk to.
CHC22032	MASCOT	Dad was coming to the end of his life. I myself had to use the service in the middle of the night. The staff are always amazing on the phone and they care. Don't change a thing please. The staff that come out are amazing too. I rest easy when I am at work knowing mum has this service.
CHC22033	MASCOT	Thank you very much for your support and assistance. Professional team and service
CHC22034	MASCOT	On the few occasions I have spoke to staff I have found them very helpful and polite .Also the engineers that have called to check equipment . I cannot think of anything that could be improved.

CHC22035	Learning Dis	<p>Thank you both for all your help, can't tell you how grateful I am to both of you and [REDACTED] of course.</p> <p>Thank you for all your help and thank you for being so lovely</p>
CHC22036	MASCOT	<p>I just want to pass on my thanks to the team that came out last Thursday evening (30th June) to assist my mum.</p> <p>Please do pass on my thanks to the two team members who assisted for their professionalism and help.</p>
CHC22037	OT	<p>[REDACTED] OT has been wonderful and more than helpful we appreciate everything she has done. Has helped us so very much so understanding and very thoughtful. Nothing was too much trouble.</p>
CHC22038	MASCOT	<p>A huge thank you to the mascot team who attended my husband last Saturday. They were so kind in such difficult circumstances. Just to update them, the ambulance did take him to hospital as he had a very slow heart rate. He is still in hospital having a pacemaker fitted. Thank you so very much.</p>
CHC22039	MASCOT	<p>MASCOT do a fantastic job I'm so pleased that we have this service.</p> <p>The team are absolutely fantastically friendly and professional. Thank you so much.</p>

CHC22040	Older People	Thank's ever so much for you support with Mum's case. It's been a real help for us.
CHC22043	MASCOT	Absolutely Brilliant. Such peace of mind to have them. This service has helped and saved me many a time. Even called me on my birthday; so kind. I wouldn't be without them.
CHC22045	MASCOT	I have used the help of THE TWO HANDYMEN, which is a great help for odd jobs which I cannot do myself or have anyone to contact for such jobs. The main reason I have MASCOT is for PEACE OF MIND.
CHC22046	MASCOT	Although never using the pendant in an emergency – having screamed when the cord on the plug to my iron ignited, the call came from MASCOT . My scream must have activated the pendant; I hadn't used it, but the lady was very kind and I say Thank you very much.

CHC22047	Older People	<p>I would like to say how grateful I am for your support and assistance with my aunt. I really felt that you listened, understood and responded promptly to my concerns; it was due to your support and persistence (with the GP) that my aunt was finally admitted to hospital where she has now been assessed. The hospital has agreed that the best place for her is to be discharged to a nursing home (where this will be I do not know at present). This is a huge relief, knowing that my aunt will be cared for and monitored more closely, with prompt action should the need arise.</p> <p>You have a very difficult and demanding job but you always made time for me. Despite your heavy caseload, it felt like we had your complete attention, such is your professionalism. I cannot express enough how wonderful you have been. You are a star! Thank you so very, very much.</p>
CHC22076	MASCOT	<p>Telephone call received from Mr [REDACTED]'s daughter Angela, wishing to thank [REDACTED] for his help, kindness and care when collecting her father's equipment today.</p>
CHC22079	OT	<p>The service I received is extremely satisfying. The consultant [REDACTED] is a full credit to your team.</p>
CHC22082	Older People	<p>This is fantastic news... I have arranged for my dad to be moved tomorrow midday. I want to say a big thank you for all that you have done for us You have been a star.</p>
CHC22083	Older People	<p>Telephone call received from [REDACTED] wishing to thank [REDACTED] for helping with a technical query.</p> <p>She appreciated the time he took to explain the issue, and offered her services as his tech assistant if ever needed! :3)</p>
CHC22085	MASCOT	<p>Mr [REDACTED]'s daughter rang to pass on her thanks for [REDACTED] & [REDACTED] who attended her dad when he fell getting out of the bath.</p> <p>Unfortunately he has now passed away, but she was very grateful for their help and wanted them to know.</p>

CHC22086	Direct Pay	Thank you! I couldn't have done this without you.
CHC22087	MASCOT	Thank you most sincerely for all your help and advice since I started with you so many years ago. I've now moved to a retirement flat in Wimbledon with its own helpline so sadly will not need you anymore, but you won't be forgotten and I shall miss your phone calls to me on my birthday.
CHC22088	Older People	I just want to thank [REDACTED] for all his help during the assessment, he was really professional and caring, very compassionate.
CHC22089	Direct Pay	Many thanks indeed to you both for all your help and prompt assistance. We're enormously grateful and I appreciate the kindness with which your whole team assisted over the phone.
CHC22090	Reablement	Good morning to you all I visited [REDACTED] and her son last week and just wanted to let you know how happy they were with your support when she came out of hospital. Son advised that the Carers were absolute stars and his mother only recovered as well as she did because of their help.
CHC22091		When I told [REDACTED] you were leaving he shouted 'nooooooooooooo'. We will all echo us sentiments. You've done so much for us as a family and been the only consistent and reliable professional we have had involved with us so far and I cannot thank you enough for all you have done.
CHC22093	Older People	[REDACTED]'s daughter called to say a HUGE thank you for your kindness and support whilst assisting her mother this morning; she is extremely impressed!
CHC22094	First response	Thank you so much for your help.
CHC22095	OT	Thank you so much for everything you have done for us. You have been amazing.

CHC22096	OT	Can I finish by saying how grateful and impressed I am by the service provided by Merton OT department. Everyone I have spoken to has been so very helpful and responsive.
CHC22100	MASCOT	████████ rang to say how grateful she was for ██████ and ██████ who attended to do a handyman job on Monday. They were both wonderful, and she really appreciated what they did for her.
CHC22101	Learning Dis	Over the past few months I have held several care reviews for individuals from all different local authorities and ██████ is by far the best care manager I have had the pleasure of working with and meeting. He was very friendly and interacted amazingly with the resident that he came to see. ██████ was very professional and friendly and worked in one of the best person centred approaches I have seen from any care manager. It was really nice to have a care review with someone who projected genuine care and compassion.
CHC22102	Older People	Huge thanks for all your time, help and support with helping getting mum into the care home, such a relief to know she is warm and safe. It means so much to us all.
CHC22103	Older People	What a wonderful service you provide.
CHC22104	Older People	Thank you so much for your help, support and speedy response to my dad's needs, we are very grateful.
CHC22105	MASCOT	the patient wants to pass on her thanks for 2 staff for saving her life.
CHC22106	MASCOT	Please pass on mine and my wife's thanks to all concerned in organising the installation of her personal alarm.
CHC22107	MASCOT	Telephone call received from ██████'s niece, wishing to thank Paul for his kindness and professionalism whilst assisting her aunt following a fall.
CHC22108	MASCOT	Thank you for the excellent and efficient way in which the whole procedure was carried out. Every member of staff we spoke to was so professional and kind.

CHC22109	Older People	██████████ has worked incredibly hard to support ██████████ to move to a new care home that is close to her family. ██████████'s hard work and dedication has been recognised by the family and she received a lovely bunch of flowers and a beautiful card.
CHC22110	Older People	██████████, thank you for all your hard work and support you have given to my mum and me. The best thing about you is that you listen and take a holistic approach.
CHC22111	Older People	Mrs ██████████'s daughter, stated that if Mascot had not attended and kept putting pressure on the ambulance service to attend. Mrs ██████████'s daughter, believes her mother would not still be here.
CHC22112	Older People	Thank you very much for arranging this. I appreciate your and your team's efforts to arrange everything so quickly.
CHC22113	Older People	██████████ and I would like to express our thanks to all the staff involved in caring for ██████████ the past two weeks. It is difficult to name everyone who has visited and cared from all the workers however I can assure you that all have been appreciated for their care and kindness. Thank you
CHC22114	Older People	██████████ called to day to thank us for such a quick and effective response and said she was very surprised that ██████████ had been so successful in persuading him [to go to hospital] as she couldn't.
CHC22115	MASCOT	I wanted to say thank-you for helping my mother when she had a bad fall in her bedroom at 3am on 20th December. Despite having sustained a bad head wound, she managed to activate her Mascot alarm, and two wonderful women came to her house, rang 999 and then alerted me, so that I

		could rush to Ma's house. We can't thank them enough. Without them and the Mascot alarm system, my mother wouldn't be alive today.
CHC22116	Older People	<p>We are very grateful to your council and the team of staff of your department for supporting to keep our aunty alive for the last three years.</p> <p>In December 2019 My aunty was moved to this care home which is having the full language support to my Aunty with the Tamil speaking staff . With their help other staff also managed to looked after my Aunty.</p> <p>We thank you sincerely for arranging this care facility for our aunty.</p>
CHC22117	MASCOT	I called Mascot at lunchtime as my mother's pendant alarm was not working and spoke to a lovely man , who I think was called [REDACTED]. He could not have been kinder or more helpful.
CHC22118	MASCOT	<p>I just wanted to drop a note of thanks to you for always being there at the end of the line for my mum over the last year.</p> <p>We have twice had to call out the mascot service and on both occasions you were completely brilliant, very reassuring and acted in a speedy, professional and caring way.</p>
CHC22119	OT	Poppy was very attentive and patient with me. She took the time to address all my concerns and I felt very well cared for throughout the assessment. [REDACTED] was most kind, considerate and helpful
CHC22120	MASCOT	<p>My mother, has asked me to contact you with regards to recognising two of the staff members of the Mascot Team for a Civil Award of some sort.</p> <p>She says they went above and beyond when she needed help, and feels it shouldn't go unrecognised.</p>

CHC22121	Older People	<p>We strongly believe that you are is a true representative of a what a good Social Worker should be. You have had made the meeting so comfortable, explaining the reality of the situation yet offering hope at the time of uncertainty. When challenges seemed heavy and burdensome, you were truly there, present and steadfast.</p> <p>This demonstrates passion for an effective and efficient service provision for our client, you do this with professionalism and natural ease.</p>
CHC22122	Older People	<p>I would like to express my gratitude for your compassion, dedication and such a great service. Its amazing that Social Workers like you are there to support our clients in such difficult times of grief and bereavement.</p>
CHC22126	OT	<p>“██████████ it sounds like you and your team do an amazing job and cover so much!!!!!! If you have a service spec for your team or anything that you would be happy to share I would love to see it - I would love for our nurses to be doing what yours are”</p> <p>“██████████’s team are great. Great leadership and supported.”</p>
CHC22127	Supp Living	<p>Thankyou so much for letting me know, and for all your help and support with ██████████ over the last few years. We are so happy he’s not finally settled and stable at ██████████, which we have you to thank for, finding that place has literally changed ██████████ day to day life.</p>
CHC22128	MASCOT	<p>Want to tell you how grateful I am to your colleague who came to adjust my television for me today. Unfortunately, unless I write down the name it goes out of my mind very quickly. The problem was a very stubborn one but dealt with so efficiently. Thank you very much.</p>
CHC22129	OT	<p>I'd like put forward my sincere appreciation from a member of your team.</p> <p>██████████ has handled my case with great respect and speed. She has, within a week, completed my request, she has kept me updated, were needed.</p>
CHC22132	Direct Pay	<p>I would like to say thank you so much for all your help regarding our daughter ██████████’s financial assessment. I was very concerned but you were so kind and helpful.</p>

CHC22134	MASCOT	She wanted to thank them for being so good, and polite and wanted to say what a credit they were to Mascot
CHC22135	Learning Dis	██████ and I both want to thank you so much for all the work you have done on behalf of our family. You were kind, friendly and efficient from the start, and took charge of ██████'s move to a new placement. We feel very fortunate to have had you as her social worker.
CHC22136	Older People	I cannot thank ██████ enough he was excellent I was included in everything. ██████ made sure I was always treated with the greatest respect. ██████ as always was very polite and friendly and explained things has he went. I can say that I'm a very satisfied customer.



THE LONDON BOROUGH OF
MERTON

ANNUAL COMPLAINT REPORT

Children's Social Care Complaints 2022-2023

DRAFT

Restricted	Yes
Suitable for publication	Subject to approval first
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Relevant to	Children, Lifelong Learning & Families
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1 Introduction

The Children's Act 1989 requires councils which provide children's services to set up a three-stage complaint process for some complaints and produce an annual report to show findings.

The procedure covers complaints about services delivered to children and young people under Part 3 of the 1989 Act and specific functions under Parts 4 and 5 of the Act. This includes services to children in need or in care; about how the council applies to take a child into care; and about fostering, special guardianship, adoption services and services to children leaving care.

Under the procedure, complaints made by the child or young person, their parents, foster carers, special guardians, adopters, and others who may have an interest in their wellbeing may be considered.

Complaints about child protection matters or how the council assesses families and prepares reports for court in private proceedings are excluded from the statutory process. These and all other complaints about the council's Children, Lifelong Learning and Families Department are dealt with under the council's corporate complaints procedure and are reported on separately.

The guidance says every council must:

- Follow the process.
- Chose the appropriate procedure.
- Deal with complaints in a timely manner.
- Make it a seamless service.
- Look for a swift resolution.
- Keep an ongoing record of:
 - All complaints made under that statutory procedure.
 - The outcome of each complaint
 - Whether the statutory timescales were kept to

In addition, the annual report must be made available to any person on request, and include the following data sets:

- The number of complaints at each stage and any that were considered by the Local Government and Social Care Ombudsman (LGSCO).
- The customer groups that made the complaints.
- The types of complaints made.
- Details about advocacy services provided under these arrangements.
- Learning and service improvement, including changes to services that have been implemented and details of any that have not been implemented.
- A summary of statistical data about the age, gender, disability, sexual orientation, and ethnicity of complainants.
- A review of the effectiveness of the complaint's procedure.

2 Definitions

2.1 What is a complaint: The guidance produced by the Department of Education and Skills (DofE), titled “Getting the Best from Complaints” defines a complaint as:

“An expression of dissatisfaction or disquiet in relation to an individual child or young person, which requires a response.”

The number of complaints received: This is the total of the complaints submitted under the statutory complaint procedure. Not all complaints received result in a formal complaint investigation. Where we cannot formally investigate a complaint, the complainant will be advised, and signposted, where possible, to the correct procedure.

The outcomes of the complaints: There are generally four outcomes of a complaint, these are:

- Upheld – where we agree with the complainant.
- Partially upheld – where we agree with the complainant in part, but not fully.
- Not upheld – where we do not agree that there has been a service failure.
- Inconclusive – where we do not have evidence to conclude the complaint one way or another.

The ‘partially upheld’ and ‘inconclusive’ outcomes are currently being phased out in line with LGSCO advice.

Whether the complaints were responded to in time: Whether the statutory timescales were kept to. For complaints submitted under the statutory procedure they should be responded to within 10 working days.

Where the local authority cannot provide a complete response, it can implement a further 10 days’ extension. If necessary, the local authority may also suspend Stage 1 until an advocate has been appointed. The maximum amount of time that Stage 1 should take is 20 working days. After this the complainant can request consideration at Stage 2 if he so wishes. There is no time limit on requesting a stage 2 investigation.

The number of complaints at each stage: Children’s statutory complaints have a three-stage procedure. The stages are described below:

Stage 1 – Local Resolution complaints are:

- investigated by service team.
- responded to by service team manager/head of service.
- required to be answered within 10 working days, although an extension to 20 working days is allowed.
- escalated at the request of the complainant.
- have no time limit for escalation.

Stage 2 - Independent Investigation complaints are:

- investigated by external/independent investigator and overseen by external independent person.
- responded to by Head of Service/Director
- required to be answered within 25 working days which may be extended to 65 working days.
- Are escalated at the request of the complainant.
- Subject to a 20-working day limit for escalation.

Stage 3 – Review Panel complaints are:

- referred to an external/independent review panel.
- Required that a panel is arranged within 30 working days.
- Responded to by the chair of the review panel within 15 working days of the panel hearing.
- Escalated to the LGSCO at the complainant's request.
- There is a one-year limit for escalation to LGSCO.

The number of complaints referred to the Local Government and Social Care Ombudsman: The Council will do its utmost to resolve complaints. However, if having received a complaint response at the final stage, the complainant remains unsatisfied, they may refer their complaint to the Local Government and Social Care Ombudsman. There are some circumstances whereby the LGSCO will accept an early referral.

Which customer groups made the complaints: The following groups of people can make complaints:

- any child or young person (or a parent of his or someone who has parental responsibility for him) who is being looked after by the local authority or is not looked after by them but is in need.
- any local authority foster carer (including those caring for children placed through independent fostering agencies).
- children leaving care.
- Special Guardians.
- a child or young person (or parent of his) to whom a Special Guardian Order is in force.
- any person who has applied for an assessment under section 14F (3) or (4).
- any child or young person who may be adopted, their parents and guardians.
- persons wishing to adopt a child.
- any other person whom arrangements for the provision of adoption services extend.
- adopted persons, their parents, natural parents, and former guardians; and
- such other person as the local authority consider has sufficient interest in the child or young person's welfare to warrant his representations being considered by them.

The type of complaint made: The guidance allows for complaints to be made about many different aspects relating to statutory social services functions, and an expansive list is included on pages 5-8 of “Getting the best from Complaints – Social Care Complaints and Representations for Children, Young People and others”. Most complaints fall into the following categories:

- an unwelcome of disputed decision.
- concern about the quality or appropriateness of a service.
- delay in decision making or provision of services.
- delivery or non-delivery of services including complaints procedures.
- quantity, frequency, change or cost of a service.
- attitude or behaviour of staff.
- application of eligibility and assessment criteria.
- the impact on a child or young person of the application of a local authority policy.
- assessment, care management and review.

Advocacy services provided: The advocacy service, Jigsaw 4 U, is commissioned by London Borough of Merton to support young people in making representations. Other advocacy services are also available, and these are published on the council’s website with contact details. [Family Services Directory | Merton directories](#)

Learning and Service Improvement: How issues identified through the complaints process have been or will be addressed in response to the findings.

A summary of the statistics about complainants: to include age, gender, disability, sexual orientation, and ethnicity of complainants.

A review of the effectiveness of the complaint procedure

This report is written to comply with The Children Act 1989, the expectations of the Local Government and Social Care Ombudsman and the Council’s own Complaints, Comments and Compliments Policy.

3 Putting the data in to context.

To put the data included in this report into context it is helpful to know that in 2022 - 2023:

2,251 Children In Need (CIN) assessments were completed.

183 children were in care/or had periods of time in care as defined by the Department of Education's statutory reporting criteria.

366 Looked After Children reviews were completed.

297 Child Protection cases.

4 Key figures

Stage 1 – Local Resolution

25 complaints were submitted under the statutory procedure.

11 (48%) of complaints were upheld or partially upheld

3 (13%) of stage 1 statutory complaints were responded to within the statutory target deadline of 10 working days.

14 (61%) of stage 1 statutory complaints were responded to within the extended deadline of 20 working days.

Stage 2 – Independent Investigation

12 escalation requests were submitted.

7 cases proceeded to stage 2 investigation.

4 cases were upheld or partially upheld.

3 cases were not upheld.

2 cases withdrawn and addressed through Alternative Dispute Resolution

3 cases transferred to 2023-2024

Stage 3 – Review Panel

4 escalation requests were submitted.

3 cases proceeded to Panel.

3 cases were upheld or partially upheld.

1 case was withdrawn from the process with agreement from LGSCO due to lack of cooperation from the complainant.

Considered by Local Government and Social Care Ombudsman

10 cases were referred to LGSCO.

3 cases proceeded to investigation.

1 case upheld.

41 Compliments were received about Children's Social Care services.

5 The number of complaints made.

There has been an increase in the number of complaints through the Children's Statutory complaints procedure. In 2022 – 2023, 23 cases were investigated at stage 1, compared with 18 the previous year. Despite there being an increase, the numbers of complaints remain low. It is expected that 1-2% of service users will make a complaint for any given service. This demonstrates that the complaints' function is accessible, people trust the complaint process and know how to make a complaint.

Alternative Dispute Resolution (ADR) was used to address two cases where the complainant's desired outcomes could not be reached through the complaints process. That is, it was unlikely that a service failure would have been established and the complaint would not have upheld. This enabled the complainant's voices to be heard by senior managers without going through an escalated complaint procedure.

Table 1: Number of CSC complaints at all stages by year and team.

Year	2018/2019			2019/2020			2020/2021			2021/2022			2022/2023		
	S1	S2	S3	S1	S2	S3	S1	S2	S3	S1	S2	S3	S1	S2	S3
Access to resources & CWD	1	0	0	0	0	0	0	1	0	1	0	0	4	2	0
MASH & Child Protection	0	0	0	0	0	0	0	0	0	0	1	0	1	3	1
Permanency, LAC and Care leavers	9	1	0	7	0	0	1	0	0	4	1	0	8	1	1
Safeguarding and Care Planning	0	0	0	2	0	0	0	0	0	9	0	0	9	1	0
Other	0	0	0	2	1	0	1	0	0	4	0	0	0	1	1
Split	4	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Sub-totals	14	1	0	11	1	0	2	1	0	18	3	0	23	8	3
Case totals	15			12			3			21			34		

*only complaints completing stage are included, withdrawn complaints have not been included.

6 Complaint Outcomes at all stages

In 2022 – 2023, just over 50% of the 23 of the complaints responded to at stage 1 were either upheld or partially upheld. The Ombudsman discourages the use of the “partially upheld” outcome – so these figures have been recorded as one.

It is usual, but not a requirement that stage 2 complaints follow on from stage 1. However, it should be remembered that there is no time limit to requests a stage 2 investigation, and these cannot be refused for eligible complaints/complainants. Sometimes it is more appropriate for a complaint to be independently investigated.

Eight complaints were investigated at stage 2. Most escalated from stage 1 complaints submitted in 2022 – 2023, but one case was from the previous year. One case entered the process at stage 2, as it had previously been responded to by a senior member of staff as a member enquiry and therefore an independent investigation was felt to be the most appropriate channel.

Three cases progressed to stage 3 panel, and all upheld at stage 3. The cases held upheld previously in the complaints process, but the complainant and council had not agreed on remedies. The complainants of two out of the three cases took there complaints to Local Government and Social Care Ombudsman after completing the statutory complaint process.

Table 2: Complaint outcomes by service team and stage.

Stage Team	Stage 1		Stage 2		Stage 3	
	No of cases	Upheld or partially upheld	No of cases	Upheld or partially upheld	No of cases	Upheld or partially upheld
Access to resources & CWD	4	1	1	0	0	N/A
MASH & Child Protection	1	1	3	1	1	1
Permanency, LAC and Care leavers	8	5	1	1	1	1
Safeguarding and Care Planning	9	5	1	1	0	N/A
Other	0	N/A	2	1	1	1
Split	1	0	0	N/A	0	N/A
Totals	23	12	8	4	3	3

7 Keeping to statutory timescales

The children's statutory complaints procedure is the most complex of all the complaints procedures. By the nature of the complaints, they are also complex in nature.

The guidance advises that at stage 1, complaints should be answered within 10 working days, but this time can be extended for complex cases to 20 working days.

There has been a slight improvement in the numbers of cases responded to in time, with 57% of stage one complaints being responded to within 20 days against 47% last year.

At stage 2, no complaints have been completed within the deadline, this included the extended deadline of 65 working days.

Finding Independent Investigating Officers proved problematic in the first half of the year. In November 2022, the Complaints Manager engaged with RRC, a company specialising in providing guidance to local Authorities in dealing with children's statutory complaints, and who source independent persons and independent investigating officers.

This has resolved the issue of finding independent investigating officers and independent persons. There have been no further delays since we started working with RRC.

Feedback from RRC is that staff are often slow to respond to information requests and are unsure about passing information over. Where staff have left the service, it has been difficult to locate contact details, and this has delayed interviews on several occasions.

Complaints outcomes have been delayed at the adjudication stage.

The guidance states that the adjudicating officer should be a senior manager, reporting to the Director responsible for Children's Services. Only a few people are suitably positioned to act as adjudicating officer. This creates a 'bottleneck'.

At stage 3, all complaints were completed within the deadlines.

Table 3: Timeliness of responding to complaints.

Stage Team	Stage 1		Stage 2		Stage 3	
	No of cases	Responded to in time (20 days)	No of cases	Responded to in time	No of cases	Responded to in time
Access to resources & CWD	4	3 (75%)	1	0	0	N/A
MASH & Child Protection	1	0 (0%)	3	0	1	1
Permanency, LAC and Care leavers	8	3 (38%)	1	0	1	1
Safeguarding and Care Planning	9	6 (67%)	1	0	0	N/A
Other	0	N/A	2	0	1	1
Split	1	1 (100%)	0	N/A	0	N/A
Totals	23	13 (57%)	8	0	3	3

8 Referrals to Local Government & Social Care Ombudsman

Ten cases were referred to the Local Government and Social Care Ombudsman, with only three being taken forwards to full investigation, the others being closed after initial enquiries or being referred back to the council for local resolution. Of the three cases that were investigated, just 1 upheld.

The case began in April 2021, and was upheld because the council failed to complete stage 2 of the statutory complaints procedures within the timescales agreed in a previous ombudsman investigation.

At that time the Council was facing difficulties in both finding independent investigating officers to investigate the case, and there was a lack of confidence within the Council to adjudicate on statutory complaints.

The upheld complaint has reference number 20 000 100 and is available to view on the LGSCO website and can be viewed from the following link [22 000 100 - Local Government and Social Care Ombudsman](#).

Since the LGSCO findings were published, statutory complaint specialists RRC have been engaged to deal with stage 2 investigations and stage 3 panels.

Table 4: Referrals to LGSCO by year and outcome

Outcome	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Out of jurisdiction		1		2	0
Closed after initial enquiries		1		6	4
Referred back for local resolution		5		3	3
Not upheld		1		0	2
Upheld		2		5	1
Postponed due to covid		4		0	0
Total cases	8	14		16	10

9 Compliance with LGSCO recommendations

Once a service failure is established, it is expected that organisations will learn from their mistakes and put the complainant back into the position they would have been in had the failure not occurred.

Recommended actions consist of one or more of the following:

- An apology
- Conciliation and mediation
- A reassessment of the children or young person's needs
- Practical action specific to the particular complainant
- A review of practice
- Financial redress

It often takes several months or longer for complaints to progress to the Ombudsman. During 2022 – 2023, LGSCO continued to deal with the backlog of complaints from the pandemic. Therefore, some of the compliance cases were from complaints submitted from the previous year.

In dealing with the complaint that led to case 21 010 242 regarding delays to stage 2 process. There were difficulties firstly finding an independent investigation officer and independent person to look at the case, and delays were compounded when there were delays in finding a suitable person to adjudicate on the case within the council amid staff changes. This resulted in the compliance being recorded as “not complete and not satisfied”, and the additional case be opened 22 000 100. The stage 2 complaint was completed, albeit out of time.

Table 5: Compliance with LGSCO recommendations

Case number	Decided	Remedy	Remedy target date	Remedy achieved date	Satisfaction
20010409	12/01/2022	Financial redress: Avoidable distress/time and trouble Provide services to person affected	29/07/2022	26/06/2022	Complete and satisfied
21010242	20/12/2021	Financial redress: Avoidable distress/time and trouble New appeal/review or reconsidered decision	18/03/2022	03/04/2022	Not complete and not satisfied
22000100	13/04/2022	Financial redress: Avoidable distress/time and trouble	16/05/2022	25/05/2022	Completed late

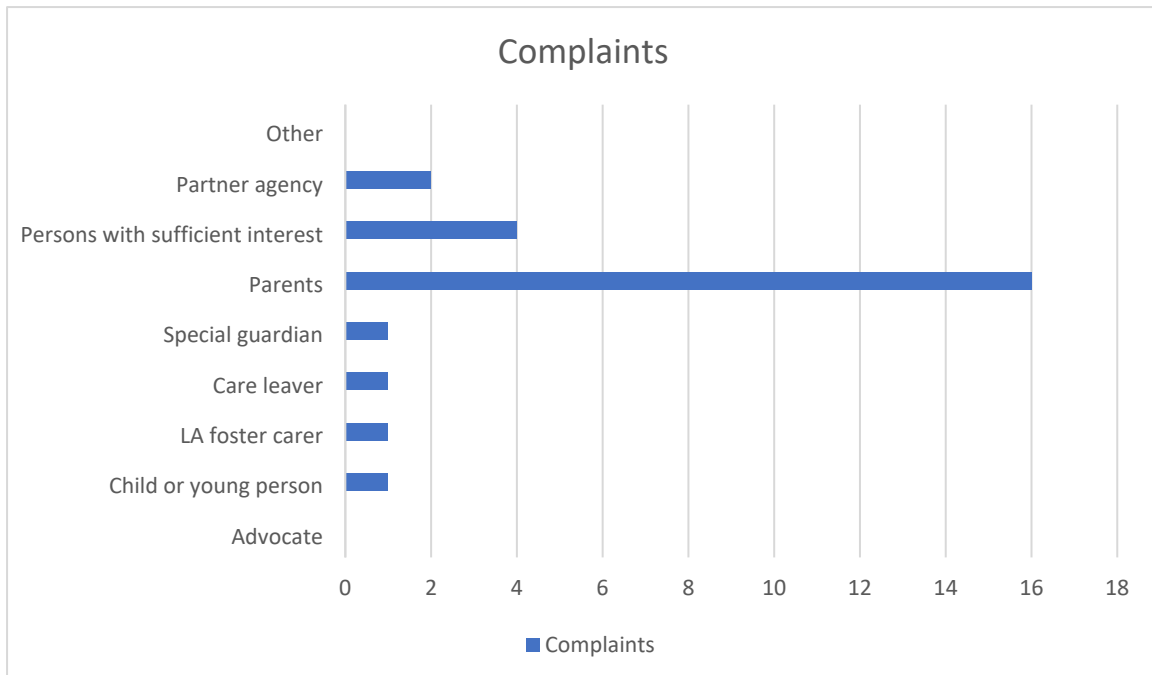
10 Complaints by relationship to the child or young person

The vast majority of complaints are submitted by parents. There are few representations made by any other group. This could be an accurate representation, however, it could also indicate that other groups, including the children and young people the statutory complaints process was designed for are not sure how to make a complaint.

The Complaints Team have, via the Council's Participation and Engagement Manager, contacted the Youth Council for input about how best to ensure children and young people know how to complain.

A new case management system has been under development throughout 2022 – 2023 and will include a webform.

Graph 1: Shows the distribution of as submitted by relationship to the child or young person



11 Complaints breakdown by types of complaints.

Under the children’s statutory complaints channel, the guidance stipulates what may be complained about and what is excluded from the process.

Table 5 attempts to categorise the complaints received into subject areas as listed in the guidance document “getting the Best from Complaints”.

Complaints regarding children’s services tend to be complex, and each complaint may cover several issues.

Table 6: shows complaint by type with number of cases upheld or not upheld.

Reason for complaint	Number of cases	Number of cases upheld or partially upheld	Number of cases not upheld
Application of eligibility and assessment criteria	1	1	0
Assessment, care management and review	2	1	1
Attitude or behaviour of staff	9	4	5
Delay in decision making or provision of services	2	2	0
Delivery or non-delivery of services	1	0	1
Impact on a child or young person of a policy	0	N/A	N/A
Quality or appropriateness of a service	5	3	2
Quantity, frequency, change or cost of a service	1	0	1
Unwelcome or disputed decision	3	1	2
Other	0	N/A	N/A
Total	24	12	12

12 Details about advocacy services provided under these arrangements.

The council commissions the advocacy service Jigsaw 4 U to support children and young people through a number of processes and interactions with the council. No complaints were submitted via the advocacy service in 2022 – 2023.

13 Learning and service improvements.

Assessment, care management and review

- The assessment service to make every effort to ensure that fathers who have parental responsibility for their children, are made aware of referrals and are included in the assessment process from the beginning.
- All professional involved with families should be invited to CIN meetings.
- Minutes of CIN meetings must be accurately recorded and shared with all of the network

Communication

- Social workers to advise parents and carers of annual leave in advance.
- Where possible and appropriate, home visits should be pre-planned

Delay in decision making or provision of services

- Complaints must be addressed within the statutory timescales

Delivery or non-delivery of services including complaints procedures

- Feedback to be obtained on all ASF funded applications to ensure that therapy has been completed satisfactorily and within time the scale agreed.

- Staff to be trained to correctly assign complaints to statutory complaints procedure.

Foster Care

- Guidance for kinship foster carers specifically tailored to their situation.

Quality or appropriateness of a service

- Priority should be given to young people visiting the Council offices and they are dealt with in person whenever possible.
- The council must proactively liaise with other councils where responsibility/duty is uncertain.

Record keeping

- That agreements made with parents regarding the attendance of their child to care facilities need to be put in writing and signed by all parties.
- Centres providing care have a clear recording system to record incidents of abuse towards staff.
- Staff reminded that all discussions should be added to the case file records.
- Any differences of opinion between staff and parents is to be noted on case files, with both opinions clearly recorded.

Supervision of staff

- On call management support for co-ordinators so there is appropriate senior management oversight in real time.

14 Compliments.

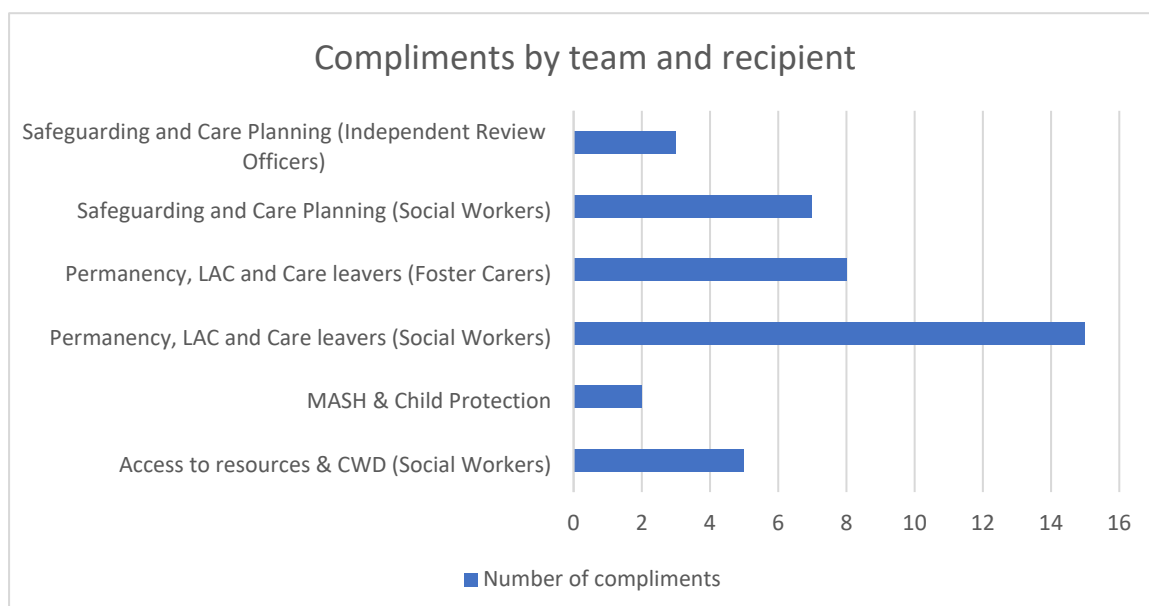
Spontaneous feedback from the Borough's residents includes compliments as well as complaints. The compliments logged have been received to the compliments@merton.gov.uk mailbox and have not formed part of a survey. They have been sent in without any prompt to do so.

The compliments are listed in the appendices and detail examples of good practice and the positive difference social workers make to those families they work with.

The Social Care team received 41 compliments during the year 2022-2023, with Children, lifelong learning and families receiving 47 compliments in total.

The compliments are listed in the appendices and detail examples of good practice as noted by other professionals, and the positive difference social workers make to those families they work with.

Graph 2: Compliments by team/recipient



14 Summary of statistical data about the age, gender, disability, sexual orientation, and ethnicity of complainants.

With such a small pool of complaints (23 cases), it is difficult to achieve useful statistical outcomes.

The Council is obliged to record statistics regarding for age, gender, disability, sexual orientation and ethnicity of complainants. In viewing the figures, it is important to note that and under these parameters:

0 records where complainants have stated they have a disability.

17% of complainants have not stated their age.

43% of complainants have not stated their ethnicity.

74% of complainants have not stated their sexual orientation – the others (6) have all answered heterosexual.

18 complaints were submitted by females.

4 complaints were submitted by males.

1 person did not specify their gender.

Complaints can be made:

- Verbally to any member of council staff
- In writing to any member of council staff
- From June 2023, via the Council's website

Social care teams are encouraged to make sure that they, and their service users are aware of complaints channels open to service users, and that all formal

complaints or representations should be forwarded to childrensservicescomplaints@merton.gov.uk.

Table 7: Complaint submissions by age of complainant and team

Team	Information Not available	Age					
		Under 18	19 - 25	26 - 35	36 - 50	50 - 65	Over 65
Access to resources & CWD	0	0	0	2	1	1	0
MASH & Child Protection	0	0	0	0	1	0	0
Permanency, LAC and Care leavers	1	1	1	0	1	3	1
Safeguarding and Care Planning	3	0	1	1	4	0	0
Other	0	0	0	0	0	0	0
Split	0	0	0	0	0	0	1
Totals	4	1	2	3	7	4	2

Table 8: Complaints received by ethnicity of complainant.

	Complaints Received In 2022 - 2023	% of complaints in 2022/2023	Distribution of service users by % ethnicity	Merton % of general population	London % of general population	England % of general population
Asian, Asian British or Asian Welsh	2	8.7		18.6	20.7	9.6
Black, Black British, Black Welsh, Caribbean or African	0	0		10.6	13.5	4.2
Mixed or Multiple ethnic groups	4	17.4		5.9	5.7	3
White	7	30.4		60.2	53.8	81
Other ethnic group	0	0		4.6	6.3	2.2
Not stated	10	43.5				
Total	23	100		100	100	100

Reference date from data.merton.gov.uk Source: ONS, Census 2021

15 A review of the effectiveness of the complaint's procedure.

As a statutory complaint process, the children's social care complaints is largely laid down in guidance. However, the Complaints team is keen to continually improve its complaint handling practice.

In the 2021-2022, five high level recommendations were made to improve the effectiveness of the complaint procedures across all complaint streams.

They were:

1. A revision of the Complaints, Comments and Compliments Policy should be carried out.
2. Improve access to the complaints service.
3. Introduce a case management system.
4. Provide Additional staff resource for the Complaints Team
5. Support culture change in attitudes to complaints

Specifically, regarding the children's statutory complaint process, timekeeping and ensuring the process is accessible to those who may require it, were identified as key areas for improvements.

- 1. A revision of the Complaints, Comments and Compliments Policy should be carried out.**

This is not applicable to the children's statutory complaint process, as this is a statutory framework. However, the performance indicators show that statutory timelines are not being adhered to. Although this may be attributable to conflicting work pressures and lack of available resource - it is clear that staff need to develop confidence in using the complaints procedure. With that in mind, the Complaints Manager has sought specialist training to be delivered in Autumn 2023.

- 2. Improve access to the complaints service.**

Work has begun on improving access to the complaints service. A new webform has been developed and will become available for use on the Council's website in Spring 2023. The form ensures that information required is captured at first contact. The form will be available across a range of electronic devices such as mobiles, tablets

In Autumn 2023, it is expected that the Complaints Team telephone line will open for longer and will have an improved call data and voicemail facility.

Moving forwards, the Complaints Team will work with social care teams, communications team to promote the complaint service through website and other publications.

- 3. Introduce a case management system.**

During 2022 – 2023 the Complaints Team has carried out a huge amount of work to develop a case management system for complaints. The Microsoft Dynamics system will work with an app to allow service teams to easily see and respond to complaints. The system will allow service managers to review reports and will send out

automated reminders. It is hoped that along with training, this will prevent complaints from going overtime, and in cases where a complaint cannot be responded to, an extension request would need to be requested from a manager which will also prompt an update to be sent to the complainant.

4. Additional staff resource for the Complaints Team

For much of the year 2022- 2023, the Complaints Team has been under-resourced. There was difficulty recruiting following the unexpected departure of a member of staff from the team and another member of staff who went on maternity leave. The issue was compounded by additional work to develop the case management system. Children's Statutory Complaint process was prioritised, but at times it was necessary to prioritise other complaints based on impact to the complainant.

5. Support culture change in attitudes to complaints

The Complaints Team continues to work closely with other teams within the council. As part of the development of the case management system most service teams have been invited to give their requirements for the new system and review procedures to make the procedure more efficient.

The system has been developed to include customer feedback to aid service development. The system also includes recording of lessons learned from complaints and tracking of remedial actions. The system should support staff in improvement of service delivery.

16 Conclusion

Whilst there have been complaints against the service, there has also been a lot of positive feedback. There have been almost double the number of compliments to complaints – reflective of excellent practice.

Despite the small number of complaints submitted at stage 1, a relatively high proportion did escalate to stage 2. Escalations can largely be avoided by providing high quality, robust stage 1 responses. Those responding to complaints are encouraged to hold face to face meetings, video calls or telephone calls with the complainant to properly understand the complaint before responding. This is one of the most effective ways to prevent escalation.

Appendix 1 – Compliments by team

	Team	Compliment
CSFC22003	Permanency, LAC and Care leavers	"I feel very supported by my SSW I feel very lucky to have her by myside, I can address everything with her."
CSFC22004	Permanency, LAC and Care leavers	"We can call her at any time, and she will direct us. She really helps us and motivates us."
CSFC22005	Permanency, LAC and Care leavers (Foster carers)	"██████████ is my backbone, she is always there to support me and guide me."
CSFC22006	Permanency, LAC and Care leavers	"Her support is second to none, ██████████ is the more amazing SSW you can ever have"
CSFC22007	Permanency, LAC and Care leavers (Foster carers)	"I'm feeling good it is much better than the previous placement", "I just want to say thank you for everyone. My feeling is now good"
CSFC22008	Permanency, LAC and Care leavers (Foster carers)	" I am very happy where I am at. I respect her like my mother and she also respects me. I am very happy. She supports me the most...I feel safe at this home...She is the best in the world"
CSFC22009	Permanency, LAC and Care leavers (Foster Carers)	"they are the best carers I ever had" " I feel perfect I love my carers so much and they help me do so well in life and I love my fish" "My room is sick. They are so nice to me, and they are so good with what decision are made ..."
CSFC22010	Safeguarding and Care Planning	Thanks to you all at the Youth services for your support to ██████████ and to our family generally. You have made it possible for ██████████ to come through this Order stronger in himself, with an ability to be able to recognise and avoid situations that may have the potential of negative outcome for him, or the general society. I am hopeful that with these tools, ██████████ is in a better place to make correct decisions going forward.
CSF22011	Safeguarding and Care Planning (Independent Review Officer)	I just wanted to write my thanks you have been such a great service. I have been so impressed with your efficiently and kindness and support you have shown ██████████ and are putting in place. ██████████ it was a very helpful meeting thank you so much for coming to it.
CSFC22012	Permanency, LAC and Care leavers (Foster Carers)	"I am happy with everything, ██████████ has guided me very well to be independent, I am proud of my choices"
CSFC22013	Permanency, LAC and Care leavers (Foster Carers)	██████████'s birth family feedback received by the IRO's report. This was gathered on 07/06/22. Their feedback is positive. They said 'anyone who has ██████████ as a foster carer is lucky'.

CSFC22014	Permanency, LAC and Care leavers (Foster Carers)	"I love them, and I learnt a lot from them. I learnt the language and how to live at home"
CSFC22015	Safeguarding and Care Planning (Independent Review Officer)	Annual Household review 07/10/22 feedback on ██████████, IRO "The IRO is brilliant, she is really good. ██████████ is working on the information, she has seen her (the child) on a Saturday, and listening to her feelings"
CSFC22016	Permanency, LAC and Care leavers	"My social worker has been invaluable to me this past year and saw me through some problematic issues. ██████████ always replies to me.... Very professional and understanding"
CSFC22017	Safeguarding and Care Planning (Independent Review Officer)	Thank you so much for your contribution to the review of ██████████ as per the requirements of the national panel. I was so struck by how well you knew both children, their lived experiences and your use of language that was thoughtful and relational. Thank you so much for your oversight and advocating for both YP.
CSFC22018	Safeguarding and Care Planning	I just wanted to let you know how fantastic ██████████ is. Since she has taking over as the social worker for ██████████ has done so much work regarding ██████████ and her family in the short time she has been working with them. I have had concerns for ██████████ for a long time now and felt she should have been on a CP plan a long time ago but my concerns, and those of others seemed not to be listened to. ██████████ pushed for an ICPC and ██████████ is now on a CP Plan. ██████████ seems to be hard working, robust is a credit to your team.
CSFC22019	Permanency, LAC and Care leavers	I hope you are well. I would just like to provide some feedback regarding a referral received from your SW ██████████ today for the above-named child. The team gave great feedback about the way it was written, it really captured the child and her knowledge of him. It outlined our concerns but written in in such a way that you see the child before you see the behaviour.
CSFC22020	Permanency, LAC and Care Leavers	██████████, you have engaged so beautifully with this family, navigating some really difficult behaviours, immense trauma and some really painful situations with this family. I have always been so struck by how compassionate you are in your language, full of empathy and thoughtful practice- even when making difficult decisions. Thank you so much for being you ██████████ and for all the heart you bring to our work. Thank you ██████████ too as I know how much you care and work so hard alongside everyone in your team to be the best we can be for our children.
CSFC22021	Permanency, LAC and Care leavers	The above case is complex, with deep rooted difficulties that will take the family time to work through. However, from discussions with you, reading the file, conference report and attending conference today it is evident that

		<p>your approach with the family is starting to demonstrate small, but positive changes.</p> <p>Your conference report was detailed and well written, and your presentation in conference today was clear and direct, which is what the family respect and are responding to.</p>
CSFC22022	Safeguarding and Care Planning	<p>I just wanted to highlight the kind, empathetic and, yes, loving, social work [REDACTED] completed today settling [REDACTED], [REDACTED] and [REDACTED] into [REDACTED] today. The social work [REDACTED] completed allowed different narratives to emerge about [REDACTED]'s parents as they embark on the challenging experience of a family assessment centre. [REDACTED] went from feeling overwhelmed to saying clearly "I can do this". I think it's really important for [REDACTED]'s life story to know that her mum felt hopeful for them on their first day out in the world.</p>
CSFC22023	Safeguarding and Care Planning	<p>I was impressed with the social worker's evidence. It is clear to me she has maintained a focus throughout her professional involvement on [REDACTED]'s welfare and has tried hard to explore with [REDACTED] the idea of spending time with her mother.</p>
CSFC22024	Permanency, LAC and Care leavers	<p>This is such a wonderful piece of story board with your excellent work. You have made such a big difference for this boy with your relational work. Thank you for persevering and for your creative work that has made such a brilliant difference for this young boy. You inspire me!</p>
CSFC22025	Access to resources & CWD (Social Worker in Schools)	<p>Both auditors found that cases audited from the Social Worker in Schools Team were consistently of good quality. There was evidence of contextual safeguarding plans being integrated into CIN plans. Case summaries, chronologies and genogram were regularly updated and on file.</p> <p>The team have set a benchmark of good practice.</p>
CSFC22026	Permanency, LAC and Care leavers	<p>I just wanted to share some photos of the amazing affirmation card keyrings that [REDACTED] has made for the [REDACTED] children. These are intended to give the children a little 'boost' when they need it at school or at home to remind them how wonderful they are. The children have chosen some of the affirmations themselves and their big brother [REDACTED] helped choose some for them as well.</p>
CSFC22027	Safeguarding and Care Planning	<p>I would like to share some of my thoughts and positive feedback regarding [REDACTED]'s work and approach with the family. [REDACTED] has worked well to build and maintain a positive supportive relationship with Mum, Gran and [REDACTED] throughout being allocated this very complex case and with [REDACTED] being a relatively newly qualified social worker this needs to be acknowledged and congratulated. This case has been subject of a CPP for over one year, there is a complex history and working relationships with the family have not always been easy.</p>

		<p>This has been a rather a challenging case, for which I doubt [REDACTED] would have had previous experience of in her current role. [REDACTED] has worked well to progress the plan and has communicated effectively with all involved. I have found [REDACTED] responsive and open when working with her and she readily takes on any advice and guidance I've had to offer in the capacity of my role. Well done [REDACTED]!</p>
CSFC22028	Access to resources & CWD (Social Worker in Schools)	<p>You clearly built a wonderful relationship with this young person and [REDACTED] has done so well. You clearly worked well with her for the past year and what a difference you have made! I love how you have asked what her grandparents make of it. So nice to hold her and her family and those relationships that mean so much to her. Well done. I am so chuffed you are here and we are very lucky in Merton!</p>
CSFC22029	Access to resources & CWD (Social Worker in Schools)	<p>Since 1 and half years our family was under Social Worker, and [REDACTED] was Social Worker, I would like to say she was brilliant. Everything she handled in professionally, friendly way. We never thought one Social Worker working with our family. Whenever we needed help or advice she was there, she worked as a bridge to reconnect with other family members. All my family used to like her, she was a good listener, good adviser.</p>
CSFC22030	Safeguarding and care planning	<p>Apologies for the delay in sending this email, but I just wanted to let you all know, that when we were in court for [REDACTED], the judge Recorder [REDACTED], was very complimentary of the level of work the local authority (you all) had done with [REDACTED]. She commented that it was very clear that the local authority had gone to great lengths and done everything they could to prevent [REDACTED] from coming into care.</p> <p>I just thought you'd like to know that your efforts have not gone unnoticed as it is not often we get to hear that in this line of work.</p>
CSFC22034	Permanency, LAC and Care leavers (Foster carers)	<p>I wanted to share some lovely feedback I had from a family member about [REDACTED] today in [REDACTED]'s final Child in Care Review. His Nan [REDACTED] attended the review and on behalf of the family she shared her thanks and gratitude to [REDACTED] for looking after [REDACTED] so well. She was also grateful of the positive communication they have had and how [REDACTED] has kept her up to date.</p> <p>[REDACTED] has been living with [REDACTED] and [REDACTED] for over 4 years. I have been [REDACTED]'s IRO for about 18 months and have always found visits to their home a positive experience and have been made to feel very welcome.</p>
CSFC22035	Permanency, LAC and Care leavers	<p>I must let you know that you coordinated the conference very well by starting on time, balancing making the client and husband feel relaxed with getting your professional views and recommendations well understood.</p>

		<p>As a Black Female professional, I felt that you also demonstrated mutual respect and highlighted the strengths of the client using a Whole Family Approach.</p> <p>It was a pleasure working with you.</p>
CSFC22037	MASH & Child Protection	<p>I wanted to acknowledge [REDACTED]'s input, commitment and positive impact with this family leading up to and during conference last Friday. This is a complex and sensitive family situation and [REDACTED] showed a good understanding of the issues. She demonstrated a Think Family approach and ensured that [REDACTED], her adult son and her 17-year-old were all able to attend conference in person by picking them up and bringing them into the Civic Centre. She had also made clear efforts to contact the father and arrange split meeting, unfortunately he could not be reached.</p> <p>[REDACTED] showed cultural sensitivity and understanding and had clearly built a good relationship with the family. The 17-year-old commented positively during the conference about the support that they had received from [REDACTED].</p> <p>[REDACTED]'s report for conference and plan was clearly written and to a good standard. She had considered all family members when planning and thinking about safety. [REDACTED] had ensured that [REDACTED] understood the content of the report by using an interpreter to summarise the report ahead of the conference.</p> <p>[REDACTED]'s approach and communication was professional, she was able to share her worries with the family and the network sensitively and constructively.</p> <p>This is a really good piece of social work</p>
CSFC22038	Permanency, LAC and Care leavers	<p>We held a CIC Review for [REDACTED] in December, during the meeting [REDACTED] (maternal grandmother) shared how brilliant staff from [REDACTED] have been. The Children's Court Guardian also commented on how well [REDACTED] seemed to have worked with the staff there.</p>
CSFC22039	MASH & Child Protection	<p>Thank you so much for all your help. You helped me so much with so many strategies during a time that I needed support. Your practice wisdom has helped my practice to develop.</p> <p>I wish you the very best and every blessing as you continue with your amazing work.</p>
CSFC22040	Permanency, LAC and Care leavers	<p>"[REDACTED] has been amazing and she explains things very patiently. "</p>
CSFC22041	Permanency, LAC and Care leavers	<p>"My social worker has been invaluable to me this past year and saw me through some problematic issues. [REDACTED] always replies to me.... Very professional and understanding"</p>

CSFC22042	Permanency, LAC and Care leavers	The IRO is brilliant, she is really good. Jay is working on the information, she has seen her (the child) on a Saturday, and listening to her feelings”
CSFC22043	Permanency, LAC and Care leavers	“It is [sic.] been great to work with [REDACTED] she is very professional and she has been supporting me in my emotional and health needs.”
CSFC22045	Safeguarding and care planning	I wanted to give you a quick feedback from yesterday’s RCPC for [REDACTED] and [REDACTED]. [REDACTED] and the family seem a fantastic match. All 3 of them were full of praise for her, and in the relative short time that she is their social worker she has managed to build meaningful and trusting relationships with them together and individually.
CSFC22047	Access to resources & CWD	<p>I wanted to add that during the conference [REDACTED] from the school praised [REDACTED] for her work and how well she has liaised with the professional network, particularly around arranging family time with [REDACTED]. [REDACTED] commented on the “turn around” she has seen in [REDACTED]’s behaviour and progress he is making. [REDACTED] is a lot more settled, he is happier coming into school in the mornings and going home. I can see that [REDACTED] has worked really hard to build trust with [REDACTED] and to build a relationship with him and his father. The work that both [REDACTED] had [REDACTED] are doing has helped to significantly improve the family relationships and homelife.</p> <p>This is a very complex and tragic case, and I am aware that [REDACTED] is still relatively newly qualified, so I feel that it is particularly important to share positive feedback around social work practice. This is a really good piece of social work, well done [REDACTED].</p>

Merton Pension Fund Provisional Audit planning report

Year ended 31 March 2023

12 October 2023

12 October 2023



Merton Pension Fund
Pensions Committee
Civic Centre
Morden
SM4 5DX

Dear Committee Members

Provisional Audit planning report

We are pleased to attach our provisional audit planning report for the forthcoming meeting of the Pensions Committee. The purpose of this report is provide the Committee with a basis to review our proposed audit approach and scope for the 2022/23 audit, in accordance with the requirements of the auditing standards and other professional requirements, but also to ensure that our audit is aligned with the Committees' service expectations.

This report summarises our assessment of the key issues which drive the development of an effective audit for Merton Pension Fund. We have aligned our audit approach and scope with these.

This report is intended solely for the information and use of the Pensions Committee and management, and is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss this report with you on 12 October 2023 as well as understand whether there are other matters which you consider may influence our audit. As ever, as our risk assessment and work continues, we will update the committee as required, notably if any significant changes in key risks or audit approach

Yours faithfully

E. Jackson.

Elizabeth Jackson, Associate Partner
For and on behalf of Ernst & Young LLP
Encl

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Public Sector Audit Appointments Ltd (PSAA) issued the “Statement of responsibilities of auditors and audited bodies”. It is available from the PSAA website (<https://www.psa.co.uk/audit-quality/statement-of-responsibilities/>). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The “Terms of Appointment and further guidance (updated April 2018)” issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature. This report is made solely to the Pensions Committee and management of Merton Pension Fund in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Pensions Committee, and management of Merton Pension Fund those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Pensions Committee and management of the London Borough of Merton for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



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01

Overview of our 2022/23 audit strategy



Overview of 2022/23 audit strategy

The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Committee with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year. We continue to assess risk throughout the audit. We will bring any changes in our risk assessment to the attention of the Committee.

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Misstatement due to Fraud or Error – Posting of investment journals	Fraud risk / Significant risk	No change in risk or focus	<p>As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>There is a specific risk that, due to fraud or error, investment journals posted into the general ledger are incorrect, which could result in a misstatement of year-end investment value and/or investment income.</p>
Valuation of Level 3 investments	Significant risk	No change in risk or focus	<p>The Fund's Level 3 investments (£121.9m at 31 March 2022) include unquoted pooled property and private debt funds and are categorised as level 3 investments due to the uncertainty associated with the valuation of such investments and the absence of a liquid market, meaning that the valuations are not based on observable inputs. The material nature of investments means that any error in judgement could result in a material valuation error.</p> <p>We consider the valuation of Level 3 investments to be a significant risk due to the unobservable inputs making up the valuations. This involves a high degree of estimation from the fund manager as audited accounts supporting the valuation are only produced up to Quarter 3 of the financial year.</p> <p>As these investments are more complex to value, we have identified the valuation of the Fund's Level 3 investments as a significant risk.</p>
IAS26 disclosure - Actuarial Present Value of Promised Retirement Benefits	Inherent risk	No change in risk or focus	<p>We consider the valuation of IAS 26 to be of a higher degree of inherent risk because of the level of estimation uncertainty resulting from the calculation using a number of underlying assumptions. The actuary is required to make assumptions on salary increases, discount rates, pension rates, scheme member longevity and other variables.</p> <p>While IAS 26 does not inform the primary statements, there is stakeholder interest in this disclosure due to its nature.</p>

Overview of our 2022/23 audit strategy

Audit scope

This Audit Plan covers the work that we plan to perform to provide you with our audit opinion on whether the financial statements of Merton Pension Fund give a true and fair view of the financial position as at 31 March 2023 and of the income and expenditure for the year then ended.

Our audit will also include the mandatory procedures that we are required to perform in accordance with applicable laws and auditing standards.

When planning the audit we take into account several key inputs:

- *Strategic, operational and financial risks relevant to the financial statements;*
- *Developments in financial reporting and auditing standards;*
- *The quality of systems and processes;*
- *Changes in the business and regulatory environment; and,*
- *Management's views on all of the above.*

By considering these inputs, our audit is focused on the areas that matter and our feedback is more likely to be relevant to the Fund.

We will provide an update to the Pensions Committee Members on the results of our work in these areas in our audit results report which we expect to issue in January 2024.

Taking the above into account, and as articulated in this audit plan, our professional responsibilities require us to independently assess the risks associated with providing an audit opinion and undertake appropriate procedures in response to that. Our Terms of Appointment with PSAA allow them to vary the fee dependent on "the auditors assessment of risk and the work needed to meet their professional responsibilities". PSAA are aware that the setting of scale fees has not kept pace with the changing requirements of external audit, we will discuss these with management as to the impact on the scale fee with increased focus on, for example, the valuations of land and buildings, the auditing of complex investment assets, the valuation of pension obligations, the introduction of new accounting standards such as IFRS 9 and 15 in recent years. Therefore to the extent any of these are relevant in the context of Merton Pension Fund, we will discuss these with management as to the impact on the scale fee.



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02 Audit risks



Our response to significant risks

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

<p><i>Misstatement due to Fraud or Error – Posting of investment journals*</i></p>	<p>What is the risk?</p>	<p>What will we do?</p>
<p>Financial statement impact</p> <p><i>Misstatements that occur in relation to the risk of fraud in revenue and expenditure recognition could affect the income and expenditure accounts.</i></p>	<p><i>As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</i></p> <p><i>There is a specific risk that, due to fraud or error, investment journals posted into the general ledger are incorrect, which could result in a misstatement of year-end investment value and/or investment income</i></p>	<p><i>Our approach will focus on testing the appropriateness of manual journal entries recorded in the general ledger related to investments and ensuring that:</i></p> <ul style="list-style-type: none"> <i>• The amount is consistent with the fund manager/custodian report;</i> <i>• Correct authorisations have been obtained; and</i> <i>• The transactions are in the normal course of business or, if they are outside of the normal course, the business rationale will be requested and assessed for reasonableness.</i>

Our response to significant risks

Valuation of Level 3 investments

What is the risk?

The Fund's level 3 investments include investments that require the fund to make judgements, often using the work of a fund manager or custodian, to value those investments whose prices are not publically available. The material nature of investments means that any error in judgement and estimate could result in a material valuation error.

Current market volatility means such judgments can quickly become outdated, especially when there is a significant time period between the latest available audited information and the Fund year end. Such variations could have a material impact on the financial statements.

Financial statement impact

The Fund holds a material value of private debt and infrastructure investments which are not publicly quoted, categorised as level 3 in the fair value hierarchy and inherently harder to value.

Valuation of these assets may also be made more difficult because of current market volatility.

The values of these investments in 2021/22 was £121.9m.

What will we do?

We will:

- Agree the valuation of Level 3 investments appearing in the financial statements to valuation reports from the fund managers;
- Obtain audited financial statements of fund managers and obtain bridging letters for the controls reports to year end. Where audited financial statements are not available at the financial statements date we will undertake alternative procedures to gain further assurance over the valuation reported in the financial statements;
- Consider the work performed by the fund managers, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work;
- Challenge the key assumptions used by the fund managers in valuations and consider further whether specialist support is needed to support our work in this area; and
- Test accounting entries have been correctly processed in the financial statements.

Inherent risks and other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be matters that we report on.

What is the risk/area of focus?

IAS 26 disclosure - Actuarial Present Value of Promised Retirement Benefits (Inherent risk)

We consider the valuation of IAS 26 to be of a higher degree of inherent risk because of the level of estimation uncertainty resulting from the calculation using a number of underlying assumptions. The actuary is required to make assumptions on salary increases, discount rates, pension rates, scheme member longevity and other variables.

While IAS 26 does not inform the primary statements, there is stakeholder interest in this disclosure due to its nature.

What will we do?

We will respond to this inherent risk by conducting the following procedures including:

- Agree the disclosure to the IAS 26 actuarial statement and reporting requirements;
- Engage auditor's specialists to review the IAS 26 calculation approach and comment on the underlying assumption;
- Review the work of the management specialist (the actuary) and auditor's specialist; and
- Perform IAS 19 procedures, which give us assurance over the data input into the calculation. In addition to our usual IAS 19 procedures, in 2022/23 we have been required to test membership data informing the 2022 triennial valuation of the Fund which will provide IAS19 assurance for scheduled body audits across a number of years.



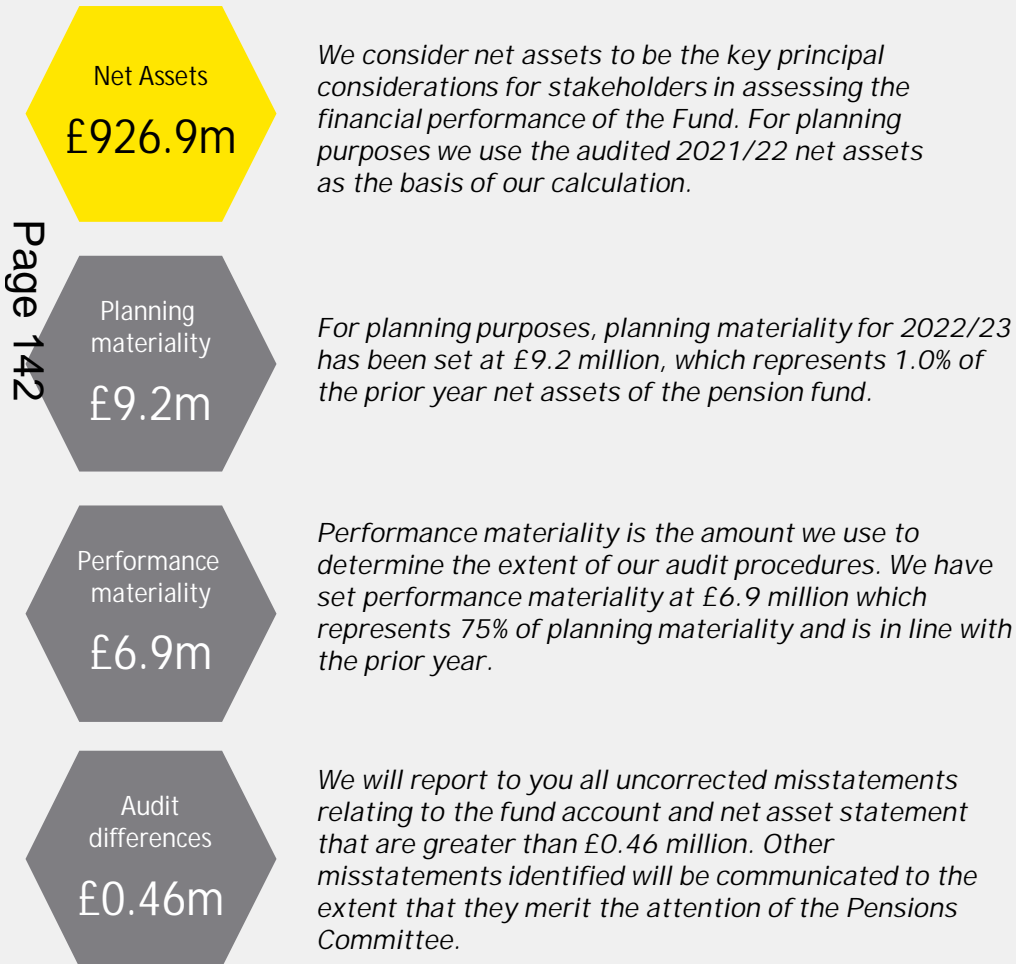
03 Audit materiality



Materiality

Our application of materiality

When establishing our overall audit strategy, we determine the magnitude of uncorrected misstatements that we judge would be material for the financial statements as a whole.



These figures will be updated upon receipt of the draft 2022/23 financial statements.

Purpose and evaluation of materiality

For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements.

Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements. Materiality determines the locations at which we conduct audit procedures to support the opinion given on the financial statements; and the level of work performed on individual account balances and financial statement disclosures.

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality.

At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

We request that the Pensions Committee and Standards & General Purposes Committee confirm its understanding of, and agreement to, these materiality and reporting levels.



04 Scope of our audit



Our Audit Process and Strategy

Objective and Scope of our Audit scoping

Under the Code of Audit Practice our principal objectives are to review and report on the Fund's financial statements and arrangements for securing economy, efficiency and effectiveness in its use of resources to the extent required by the relevant legislation and the requirements of the Code. We issue an audit report that covers:

Financial statement audit

Our opinion on the financial statements:

- Whether the financial statements give a true and fair view of the financial transactions of the Fund during the year ended 31 March 2023 and the amount and disposition at that date of its assets and liabilities for 2022/23; and
- Whether the financial statements have been prepared properly in accordance with the relevant accounting and reporting framework as set out in legislation, applicable accounting standards or other direction.

Consistency statement:

Our opinion on the consistency of the Pension Fund financial statements within the Pension Fund annual report with the published financial statements of the London Borough of Merton.

Our opinion on other matters:

- Whether other information published together with the audited financial statements is consistent with the financial statements.

Procedures required by standards

- Addressing the risk of fraud and error;
- Significant disclosures included in the financial statements;
- Entity-wide controls;
- Reading other information contained in the financial statements and reporting whether it is inconsistent with our understanding and the financial statements; and
- Auditor independence.

Our Audit Process and Strategy

Changes to auditing standards – ISA (UK) 315 (Revised): Identifying and Addressing the Risks of Material Misstatement

ISA 315 is effective from FY 2022/23 onwards and is the critical standard which drives the auditor's approach to the following areas:

- Risk Assessment;
- Understanding the entity's internal control;
- Significant risk; and
- Approach to addressing significant risk (in combination with ISA 330).

The International Auditing & Assurance Standards Board (IAASB) concluded that whilst the existing version of the standard was fundamentally sound, feedback determined that it was not always clear, leading to a possibility that risk identification was not consistent.

The aims of the revised standard is to:

- Drive consistent and effective identification and assessment of risks of material misstatement;
- Improve the standard's applicability to entities across a wide spectrum of circumstances and complexities ('scalability');
- Modernise ISA 315 to meet evolving business needs, including:
 - how auditors use automated tools and techniques, including data analytics to perform risk assessment audit procedures
 - how auditors understand the entity's use of information technology relevant to financial reporting; and
- Focus auditors on exercising professional scepticism throughout the risk identification and assessment process.

The key impacts are:

- Significant increase in work on entity's use of IT in business and system of internal control;
- Clearer workflow within the standard to highlight the importance of the auditor's understanding of the entity and environment, the applicable financial reporting framework, and system of internal control;
- New concepts: e.g. inherent risk factors, spectrum of inherent risk; and
- Changed definitions: notably, the definition of 'significant risk', which is an identified risk of material misstatement:
 - For which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk due to the degree to which inherent risk factors affect the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement should that misstatement occur; or
 - That is to be treated as a significant risk in accordance with the requirements of other ISAs (UK).

See Appendix D for our assessment of the impact of ISA (UK) 315 on the current year audit.

Our Audit Process and Strategy

Changes to auditing standards – ISA (UK) 240: The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements

Misstatements in the financial statements can arise from either fraud or error. The distinguishing factor between fraud and error is whether the underlying action that results in the misstatement of the financial statements is intentional and involves deception or is unintentional. ISA (UK) 240 deals with the auditor's responsibilities relating to fraud in an audit of financial statements.

The revision to the standard is effective from FY 2022/23 aims to clarify the obligations of auditors to identify and assess the risk of material misstatement due to fraud, as well as including supplemental requirements and guidance to enhance the auditors' procedures.

Key changes are:

The objectives of the auditor have been revised to emphasise the requirement to obtain reasonable assurance about whether the financial statements are free from material misstatement due to fraud;

There is a greater focus on professional scepticism including that audit approaches don't show bias to looking for corroborative evidence or excluding contradictory evidence;

There are new requirements for the auditor to determine whether the engagement team requires specialised skills or knowledge to perform their work on fraud, including their assessment of fraud risk, associated procedures and evaluation of the evidence obtained;

- There is additional guidance regarding the discussion required by ISA (UK) 315 among the audit engagement team. This is to discuss the susceptibility of the entity's financial statements to material misstatement due to fraud or error. The revised ISA (UK) 240 emphasises the need for an exchange of ideas among all engagement team members about fraud risk factors;*
- The auditor shall make inquiries of management, or others within the entity who deal with fraud allegations, to determine whether they have knowledge of any actual, suspected or alleged fraud, including cases of fraud raised by employees or other parties;*
- Auditors are to hold a discussion with those charged with governance regarding the risks of fraud in the entity and to consider the implications for the audit;*
- The auditor must communicate with those charged with governance matters relating to fraud (unless prohibited by law or regulation) and the auditor's assessment of the risks of material misstatement due to fraud; and*
- Auditors must evaluate whether their assessment of the risk of material misstatement due to fraud remains appropriate at audit conclusion, that sufficient appropriate audit evidence has been obtained, and that the financial statements are not materially misstated as a result of fraud.*

The auditor's report shall explain to what extent the audit was considered capable of detecting irregularities, including fraud.

Our Audit Process and Strategy

Audit Process Overview

Our audit involves:

- Identifying and understanding the key processes and internal controls; and
- Substantive tests of detail of transactions and amounts.

For 2022/23 we plan to follow a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

Analytics:

We will use our computer-based analytics tools to enable us to capture whole populations of your financial data, in particular journal entries. These tools:

• Help identify specific exceptions and anomalies which can then be subject to more traditional substantive audit tests; and

• Give greater likelihood of identifying errors than random sampling techniques.

We will report the findings from our process and analytics work, including any significant weaknesses or inefficiencies identified and recommendations for improvement, to management and the Pensions Committee.

Internal audit:

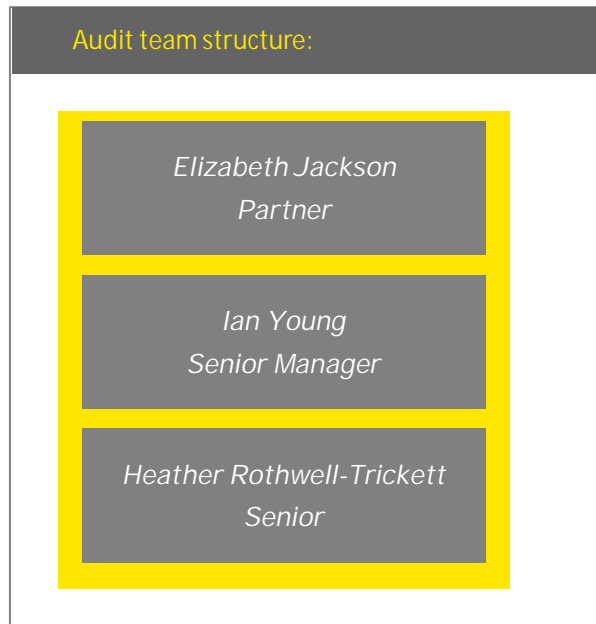
We review internal audit plans and the results of internal audit work. We use this to inform our ongoing assessment of risks likely to impact our responsibilities.



05 Audit team



Audit team



Use of specialists

Use of Specialists

Area	Specialists
IAS 26	Management Specialist – Barnett Waddingham EY Specialist – PWC as consulting actuary and EY Pensions

In accordance with Auditing Standards, we will evaluate each specialist's professional competence and objectivity, considering their qualifications, experience and available resources, together with the independence of the individuals performing the work.

We also consider the work performed by the specialist in light of our knowledge of the Fund's business and processes and our assessment of audit risk in the particular area. For example, we would typically perform the following procedures:

- Analyse source data and make inquiries as to the procedures used by the specialist to establish whether the source data is relevant and reliable
- Assess the reasonableness of the assumptions and methods used;
- Consider the appropriateness of the timing of when the specialist carried out the work; and
- Assess whether the substance of the specialist's findings are properly reflected in the financial statements.



06 Audit timeline





Audit timeline

Timetable of communication and deliverables

Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the audit cycle in 2022/23. The final timetable will depend on our ability to obtain sufficient, appropriate audit evidence to support our audit opinion.

From time to time matters may arise that require immediate communication with the Pensions Committee and we will discuss them with the Committee's Chair as appropriate. We will also provide updates on corporate governance and regulatory matters as necessary.

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Audit phase	Timetable	Committee Meeting timetable	Deliverables
Planning: Risk assessment and setting of scopes Walkthrough of key systems and processes	October - November 2023	Pensions Committee	Audit Planning Report to be presented to the 12 October Pensions Committee
Year end audit	November - December 2023		Delivery of the year-end audit and Audit Planning Update (if required).
	January 2024	Pensions Committee	Audit Results Report to be presented to the January 2024 Pensions Committee.
Audit Completion procedures	TBC - Likely January/February 2024		Audit opinions.





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07

Independence





Introduction

The FRC Ethical Standard and ISA (UK) 260 “Communication of audit matters with those charged with governance”, requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in December 2019, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim of these communications is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

Required communications

Planning stage	Final stage
<p>▶ The principal threats, if any, to objectivity and independence identified by Ernst & Young (EY) including consideration of all relationships between you, your affiliates and directors and us;</p> <p>▶ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review;</p> <p>The overall assessment of threats and safeguards;</p> <p>Information about the general policies and process within EY to maintain objectivity and independence.</p>	<p>▶ In order for you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, its affiliates, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed;</p> <p>▶ Details of non-audit/additional services provided and the fees charged in relation thereto;</p> <p>▶ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us;</p> <p>▶ Details of any non-audit/additional services to a UK PIE audit client where there are differences of professional opinion concerning the engagement between the Ethics Partner and Engagement Partner and where the final conclusion differs from the professional opinion of the Ethics Partner</p> <p>▶ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy;</p> <p>▶ Details of all breaches of the IESBA Code of Ethics, the FRC Ethical Standard and professional standards, and of any safeguards applied and actions taken by EY to address any threats to independence; and</p> <p>▶ An opportunity to discuss auditor independence issues.</p>

In addition, during the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We ensure that the total amount of fees that EY and our network firms have charged to you and your affiliates for the provision of services during the reporting period, analysed in appropriate categories, are disclosed.

Relationships, services and related threats and safeguards

We highlight the following significant facts and matters that may be reasonably considered to bear upon our objectivity and independence, including the principal threats, if any. We have adopted the safeguards noted below to mitigate these threats along with the reasons why they are considered to be effective. However we will only perform non-audit services if the service has been pre-approved in accordance with your policy.

Overall Assessment

Overall, we consider that the safeguards that have been adopted appropriately mitigate the principal threats identified and we therefore confirm that EY is independent and the objectivity and independence of Elizabeth Jackson, your audit engagement partner, and the audit engagement team have not been compromised.

Self interest threats

A self interest threat arises when EY has financial or other interests in the Fund. Examples include where we receive significant fees in respect of non-audit services; where we need to recover long outstanding fees; or where we enter into a business relationship with you. At the time of writing, there are no long outstanding fees.

We believe that it is appropriate for us to undertake permissible non-audit services and we will comply with the policies that you have approved.

None of the services are prohibited under the FRC's ES or the National Audit Office's Auditor Guidance Note 01 and the services have been approved in accordance with your policy on pre-approval. The ratio of non audit fees to audits fees is not permitted to exceed 70%.

Self interest threat may also arise if members of our audit engagement team have objectives or are rewarded in relation to sales of non-audit services to you. We confirm that no member of our audit engagement team, including those from other service lines, has objectives or is rewarded in relation to sales to you, in compliance with Ethical Standard part 4.

There are no other self interest threats at the date of this report.

Self review threats

Self review threats arise when the results of a non-audit service performed by EY or others within the EY network are reflected in the amounts included or disclosed in the financial statements.

There are no self review threats at the date of this report.

Management threats

Partners and employees of EY are prohibited from taking decisions on behalf of management of the Fund. Management threats may also arise during the provision of a non-audit service in relation to which management is required to make judgements or decision based on that work.

There are no management threats at the date of this report.

Relationships, services and related threats and safeguards

Other threats

*Other threats, such as advocacy, familiarity or intimidation, may arise.
There are no other threats at the date of this report.*

Other communications

Transparency Report 2022

EY Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year ended 1 July 2022 and can be found here:

[EY UK 2022 Transparency Report | EY UK](#)



08

Appendices



Appendix A – Audit Fees

Services provided by Ernst & Young

The table below includes a summary of the proposed fees for the year ended 31 March 2023 in line with the disclosures set out in FRC Ethical Standard and in statute. Full details of the services that we have provided are shown below.

	Planned Fee 2022/23	Final Fee 2021/22	Final Fee 2020/21
	£	£	£
Scale Fee – Code work (See Note 1)	24,795	16,170	16,170
Final 2020/21 scale fee variation as determined by PSAA (See Note 2)	N/A	N/A	16,078
Final 2021/22 scale fee variation as determined by PSAA (See Note 3)	N/A	18,095	N/A
2022/23 scale fee variation not yet quantified (See Note 4)	TBC	N/A	N/A
Additional fee for IAS19 assurance work on behalf of admitted bodies (See Note 5)	£14,500 - £17,500	8,500	8,000
Total Fees	TBC	42,765	40,248

Note 1 – The scale fee set by PSAA has been increased by £8,625 to recognise a proportion of the additional costs of the regulatory challenge and regarding the additional work required on pension valuations.

Note 2 - The 2020/21 additional fees have been determined by PSAA at £16,078.


Note 3 - Given the number of significant risks and areas of audit focus that we highlighted in our audit plan as areas of additional work required to meet our responsibilities, and in order to meet regulatory and compliance audit requirements not present in the market at the time of our most recent bid to PSAA, we provided an estimate of the additional recurrent fee that will be incurred in 2022/23 and in future years of £39,857. PSAA ultimately determined that an additional 2021/22 fee of £18,095 should be paid by the Fund on a non-recurrent basis.


Note 4 – We have yet to quantify our proposed scale fee variation for 2022/23. We will report our proposed 2022/23 scale fee variation to management and the Pensions Committee in due course. We also expect to charge additional fee for work to comply with the enhanced requirements of ISA (UK) 315 (Revised).

Note 5 - In 2021/22 we charged an additional £8,500 for IAS 19 assurance work, we expect the cost of this work in 2022/23 to be in the range of £9,500 to £10,000. We expect to charge a higher amount in 2022/23 as we have been required to test membership data informing the 2022 triennial valuation of the Fund which will provide IAS19 assurance for scheduled body audits across a number of years, we anticipate this will be in the range of £5,000 to £7,500. We will report relevant control observations arising from our membership data testing as part of our Audit Results Report.

Required communications with the Pensions Committee




We have detailed the communications that we must provide to the Pensions Committee.

 Our Reporting to you

Required communications	 What is reported?	When and where
Terms of engagement	Confirmation by the Pensions Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Planning and audit approach	<p>Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.</p> <p>When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team</p>	Audit Planning Report, October 2023 meeting of the Pensions Committee
Significant findings from the audit	<ul style="list-style-type: none"> • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures • Significant difficulties, if any, encountered during the audit • Significant matters, if any, arising from the audit that were discussed with management • Written representations that we are seeking • Expected modifications to the audit report • Other matters if any, significant to the oversight of the financial reporting process 	Audit Results Report, January 2024 meeting of the Pensions Committee.

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Required communications with the Pensions Committee

		 Our Reporting to you
Required communications	 What is reported?	 When and where
Page 160	<p><i>Going concern</i></p> <p><i>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</i></p> <ul style="list-style-type: none"> • <i>Whether the events or conditions constitute a material uncertainty</i> • <i>Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements</i> • <i>The adequacy of related disclosures in the financial statements</i> 	<p><i>Audit Results Report, January 2024 meeting of the Pensions Committee.</i></p>
	<p><i>Misstatements</i></p> <ul style="list-style-type: none"> • <i>Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation</i> • <i>The effect of uncorrected misstatements related to prior periods</i> • <i>A request that any uncorrected misstatement be corrected</i> • <i>Corrected misstatements that are significant</i> • <i>Material misstatements corrected by management</i> 	<p><i>Audit Results Report, January 2024 meeting of the Pensions Committee.</i></p>
	<p><i>Fraud</i></p> <ul style="list-style-type: none"> • <i>Enquiries of the Pensions Committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity</i> • <i>Any fraud that we have identified or information we have obtained that indicates that a fraud may exist</i> • <i>A discussion of any other matters related to fraud</i> 	<p><i>Audit Results Report, January 2024 meeting of the Pensions Committee.</i></p>
	<p><i>Related parties</i></p> <p><i>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</i></p> <ul style="list-style-type: none"> • <i>Non-disclosure by management</i> • <i>Inappropriate authorisation and approval of transactions</i> • <i>Disagreement over disclosures</i> • <i>Non-compliance with laws and regulations</i> • <i>Difficulty in identifying the party that ultimately controls the entity</i> 	<p><i>Audit Results Report, January 2024 meeting of the Pensions Committee.</i></p>


Required communications with the Pensions Committee





Our Reporting to you

Required communications	 What is reported?	 When and where
Independence	<ul style="list-style-type: none"> • Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence • Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as: <ul style="list-style-type: none"> • The principal threats • Safeguards adopted and their effectiveness • An overall assessment of threats and safeguards • Information about the general policies and process within the firm to maintain objectivity and independence 	<p>Audit Planning Report, October 2023 meeting of the Pensions Committee</p> <p>Audit Results Report, January 2024 meeting of the Pensions Committee.</p>
External confirmations	<ul style="list-style-type: none"> • Management's refusal for us to request confirmations • Inability to obtain relevant and reliable audit evidence from other procedures 	<p>Audit Results Report, January 2024 meeting of the Pensions Committee.</p>
Consideration of laws and regulations	<ul style="list-style-type: none"> • Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off • Enquiry of the Pensions Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Committee may be aware of 	<p>Audit Results Report, January 2024 meeting of the Pensions Committee.</p>
Internal controls	<ul style="list-style-type: none"> • Significant deficiencies in internal controls identified during the audit 	<p>Audit Results Report, January 2024 meeting of the Pensions Committee.</p>
Representations	<ul style="list-style-type: none"> • Written representations we are requesting from management and/or those charged with governance 	<p>Audit Results Report, January 2024 meeting of the Pensions Committee.</p>

Required communications with the Pensions Committee

 Our Reporting to you

Required communications	 What is reported?	 When and where
Material inconsistencies and misstatements	<ul style="list-style-type: none"> Material inconsistencies or misstatements of fact identified in other information which management has refused to revise 	Audit Results Report, January 2024 meeting of the Pensions Committee.
Auditors report	<ul style="list-style-type: none"> Key audit matters that we will include in our auditor's report Any circumstances identified that affect the form and content of our auditor's report 	Audit Results Report, January 2024 meeting of the Pensions Committee.

Additional audit information

Other required procedures during the course of the audit

In addition to the key areas of audit focus outlined in section 2, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

Our responsibilities required by auditing standards

- *Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.*
- *Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control.*
- *Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.*
- *Concluding on the appropriateness of management's use of the going concern basis of accounting.*
- *Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.*
- *Obtaining sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Fund to express an opinion on the consolidated financial statements. Reading other information contained in the financial statements, including the board's statement that the annual report is fair, balanced and understandable, the Pensions Committee reporting appropriately addresses matters communicated by us to the Committee and reporting whether it is materially inconsistent with our understanding and the financial statements; and*
- *Maintaining auditor independence.*

Purpose and evaluation of materiality

For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.

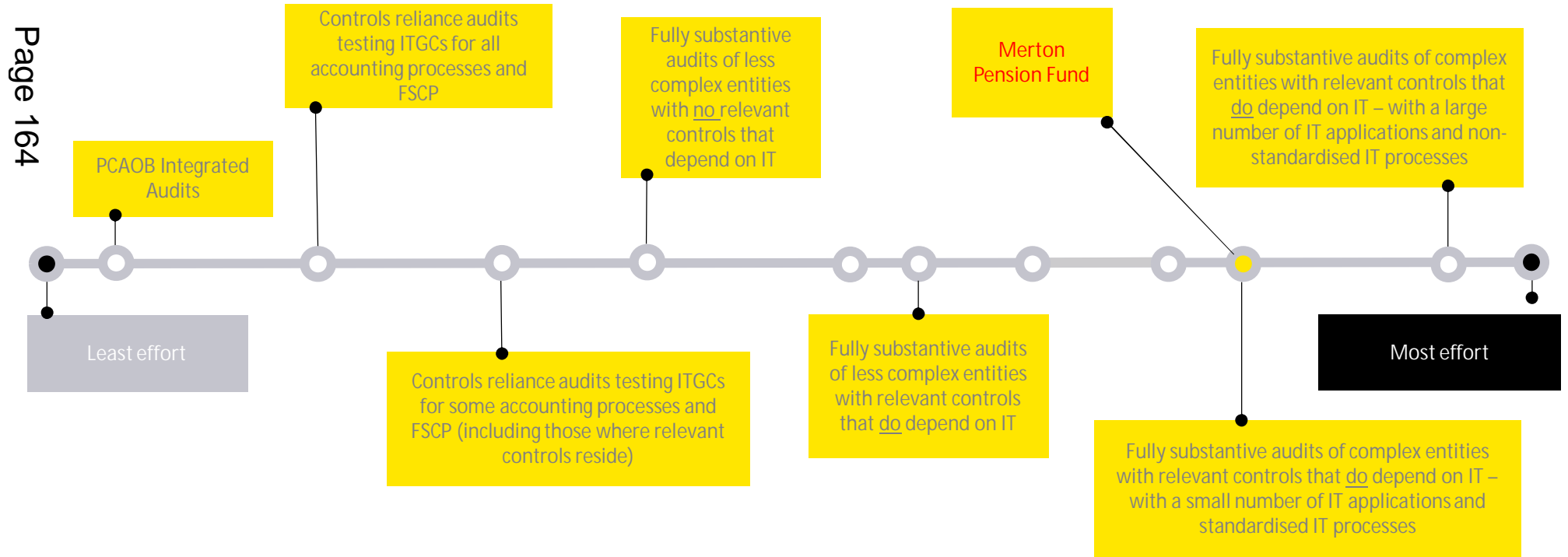
Materiality determines:

- *The locations at which we conduct audit procedures to support the opinion given on the financial statements; and*
- *The level of work performed on individual account balances and financial statement disclosures.*

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

Impact of ISA (UK) 315 (Revised)

The graphic below indicates where we have anticipated that the audit of Merton Pension Fund falls on the spectrum of effort as it applies to the new requirements of the revised standard relating to understanding the effect of the entity's use of IT. The level of effort is displayed relative to the circumstances applicable to Merton Pension Fund, and why that level of effort may differ to that required on the audits of entities with different circumstances.



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Committee: Standards and General Purposes Committee

Date: 9 November 2023

Wards: All Wards

Subject: Internal Audit Progress report 2023/24

Lead officer: Polly Cziok –Executive Director of Innovation and Change

Lead member: Martin Whelton Chair of Standards and General Purposes Committee

Contact officer: Margaret Culleton - Head of Internal Audit
margaret.culleton@merton.gov.uk

Recommendations:

- A To note the Internal Audit progress report.
 - B To note the External Quality Assessment (EQA) results.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 In April 2023, the Standards and General Purposes Committee agreed to an Annual Audit Plan comprising a total of 765 chargeable days. This report summarises Internal Audit's progress in delivering the Annual Audit Plan up to October 2023.

Details

- 2.1 The Accounts and Audit Regulations 2015 require an adequate and effective internal audit of accounting records and the system of internal control in accordance with proper practices. This task has been delegated to the responsible finance officer under Section 151 of the Local Government Act 1972. At Merton, the role of the responsible finance officer is fulfilled by the Interim Executive Director of Finance and Digital and the internal audit requirement is met through the South West London Audit Partnership (SWLAP), which Merton joined in October 2015.
- 2.2 Internal Audit follows the Public Sector Internal Audit Standards (PSIAS). These standards comprise the public sector interpretation of existing standards set by the Chartered Institute of Internal Auditors. As supplementary guidance, specific to the local government sector, an application note has been issued by CIPFA/IIA; this guidance establishes the requirement for interim reporting [of Internal Audit activity] during the year and the report is designed to meet that requirement.

Internal Audit Progress

- 2.3 The agreed deliverable audit days is 765 days, based upon the original audit plan agreed at committee 27 April 2023, which included 34 pieces of work. As at the 13 October we had booked 321 days (42%). The table shown below summarises the progress of audit activity since April 2023.

2023/24 Audit Plan	Audits
Number of final audits	20
Number of audits at draft stage	2
Number of audits in progress	9
Due to start	3
Total	34

2.4 Twenty-two audit assurance opinions have been issued since April 2023, categorised as follows:

- 1 (4%) **Substantial Assurance** audit opinion
- 16 (73%) **Reasonable Assurance** audit opinions
- 5 (23%) **Limited Assurance** audit opinions
- 0 (0%) **No Assurance** audit opinions.

133 audit recommendations were issued to management, of which:

16 (12%) were Priority 1

102 (77%) were Priority 2

15 (11%) were Priority 3

2.5 The originally agreed audit plan may change as areas of higher risk are identified, or requirements to complete an investigation on an area of concern. Scheduled audit may then be moved to next year's audit plan.

2.6 Appendix A includes details of the results of all individual audit assignments that were initiated during the period up to October 2023, including the draft audits and recommendations, which may be subject to change.

2.7 Each audit is given an opinion based on 4 levels of assurance depending on the conclusions reached and the evidence to support those conclusions. Members and management should note that the assurance level is an opinion of controls in operation at the time of the audit.

Levels of assurance	
Full Assurance	There is a sound system of control designed to achieve the system objectives and manage the risks to achieving those objectives. No weaknesses have been identified.
Substantial Assurance	Whilst there is a largely sound system of control, there are some minor weaknesses, which may put a limited number of the system objectives at risk.
Limited Assurance	There are significant weaknesses in key control areas, which put the system objectives at risk.
No Assurance	Control is weak, leaving the system open to material error or abuse.

PRIORITY OF RECOMMENDATIONS	
1	Major issues that we consider need to be brought to the attention of senior management.
2	Important issues which should be addressed by management in their areas of responsibility to avoid exposure to risk.
3	Minor issues where the risk is low. Action is advised to enhance control or improve operational efficiency.

2.8 In addition, each recommendation emanating from the audit review is given a priority rating of 1, 2 or 3 for implementation, with priority 1 being a high risk requiring immediate attention. All recommendations are followed up by Internal Audit to ensure that they have been implemented.

2.9 The year-end position on all work undertaken during 2023/24, including any third-party assurances, will be evaluated, and reported in July 2024 and used to determine the Head of Audit's annual opinion on the Council's internal control environment.

Advisory reviews

2.10 Internal Audit undertake advisory reviews as well as signing off grant claims and accounts. To date the following accounts and grant returns have been reviewed and signed off by the Head of Internal Audit.

- Merton and Sutton Joint Cemetery account
- Mayors accounts
- Adult Weigh Management grant

2.11 The work currently undertaken as advisory reviews are: -

- Financial procedures and Financial Regulations – advisory work and input for an on-going review, being undertaken by Finance.
- Co-ordinate the Councils Annual Governance Statement (input from all areas of the Council, self-assessments from Directors and Assistant

Directors on the Internal Control's and Governance arrangements in place in their areas of responsibility)

- Attendance at the Corporate Risk Management Group
- Lead on the Whistleblowing Monitoring group (Head of Audit, Monitoring Officer, Head of HR and Legal). Co-ordinator of whistleblowing register.
- Other ad-hoc advice on all potential fraud concerns and weaknesses in internal control. Anti-fraud policies review and update.

Financial Systems

2.12 The Audit Plan includes the following key financial systems in 2023/24. The status of these reviews are as follows: -

System	Progress
Accounts Payable	In progress
Accounts Receivable	Final - Substantial
Payroll	Not started
Cash & Bank -Direct Debits -E returns	Draft- Reasonable In progress
Pension Administration	Final- Reasonable
Business Rates	Final- Reasonable
Council Tax	Final- Reasonable

Data Analytic Work

2.13 Internal Audit undertake quarterly reviews of payments through our Accounts Payable system, to identify any potential duplicate payments. There are controls built into the E5 system to reduce the risk of duplicates, but these may still occur where for instance duplicate purchase orders are raised. Our data analysis results identify all potential duplicates, based on the value of the invoice and invoice numbers. The results are all then passed to the Accounts Payable team to check whether they are duplicates and to seek recovery. The results of the duplicate amounts confirmed for each quarter are provided below. We will continue to run quarterly duplicate payment checks going forward.

- Quarter 1-(April-June) -No duplicates
- Quarter 2- (July to September)- In progress

School Audits

2.14 School audits are designed to assess their corporate governance, compliance with the Council's Scheme for Financing Schools, and financial management

arrangements. The current status of the reviews undertaken or planned are as follows: -

- St Matthews Primary and Nursery School – Final Limited Assurance
- Joseph Hood Primary school- Draft - Reasonable
- Poplar Primary School- Draft - Limited

Limited Assurance reviews

2.15 Since April 2023, we have issued 4 final limited assurance reports: Direct Payments (adults), St Matthews Primary and Nursery School, Sharepoint permissions, School budget monitoring.

2.16 Direct Payments (adults)- All actions implemented.

Issues: Access levels on the All pay system require review. Mosaic does not accurately reflect the various ways in which service users receive and manage their direct payments. Various Spreadsheet records are maintained by the team which are not reconciled to the Mosaic system. Audit found four accounts on Mosaic not on the Monitoring team's record of all current service use. Sample testing shows delays in returning surplus funds from AllPay. Complaints received not recorded or reviewed.

Management Actions: The recommendations have all been completed: Regarding the recommendation for balances to be recouped to the Council, to close an account, the funds must be recouped back to the council leaving the account with a nil balance. The ASC Team is responsible for ensuring the profile for the relative who is managing the direct payment on behalf of the customer is set up on Mosaic and where this does not occur, the DP Team ask the social worker retrospectively to add the relative's profile. Card Status Report detailing actions to be taken for 4 inactive accounts. The running of the inactivated reports was reviewed and will be run on a Quarterly basis, if cards that are not required are identified, funds to be recouped to the Council and the account closed.

2.17 St Matthews Primary and Nursery School (all actions implemented)

Issues: The school produced a predicted deficit budget for the 2022/23 financial year of £59,811. The 1-year budget plan was submitted to the Local Authority on 11/05/2022; however, this was not a signed version as approved by the Governors. The Local Authority did not licence the 2022/23 deficit budget. The school does not have a Statement of Roles and Responsibilities, Financial Terms of Reference, and Scheme of Delegation in place. A review of a sample of high-value purchases carried out by the school found, no quotes obtained and no contract in place.

Management Action: Meetings have been held with LBM and the school will produce and have approved by Governors: - a 3-Year Budget, Recovery Plan and a 1-Year Budget Cash Flow, in addition to a 1-year deficit budget for 2023/24. A Statement of Roles and Responsibilities, Financial Terms of

Reference and Scheme of Delegation will be taken to the Governors for approval and regularly reviewed. Contract will be put in place and a review of all ongoing contracts undertaken to ensure value for money is achieved. A BACS process and procedures manual including approved BACS signatories and payment limits will be detailed in the document.

2.18 **SharePoint permissions (1 outstanding priority 1 action)**

Issues: Sensitive files had been saved in Public Folders (Internal staff only – not external). SharePoint records were found to be out of date. Membership of each group/team site is not currently visible on the site. Audit testing found sites with staff access recorded as still in place for leavers and movers. The role of the Business Champion should be clarified, with responsibilities made clear. Local SharePoint User Policy/procedure guidance relating to the sharing of documents is not available. SharePoint training should be reviewed, to ensure it meets the needs of the organisation and is fit for purpose.

Management Action: HR will remind managers of their responsibility to complete a starter, mover, leaver form for all leavers, including agency workers. The sensitive documents saved in public folders will be removed as soon as possible. The organisational re-structure taking place will impact greatly on this piece of work, it is therefore intended that this work will be carried out once the current re-structure is complete.

2.19 **School budget monitoring (4 P1 actions outstanding)**

Issues: The LBM Scheme for Financing Schools has not been updated since 2018. 30% of LA maintained schools were found to have been closed on an unlicensed deficit balance. Deficit meetings and recovery plan meetings are not being held on a timely basis and minutes are not retained to evidence discussions and meeting outcomes. The monitoring and escalation of non-submission of financial returns was not evident. The requirement for schools in deficit to provide additional monthly monitoring returns is not evident. No formal process has been established of the administration of cash advances, and no repayment plan enforced. Audit testing identified some schools have not fixed their approved budgets on their finance system (FMS)

Management Action: A draft Scheme for Financing Schools has been discussed with School Forum earlier this year (late June) covering all of the DfE updates – this is currently being reviewed and will be implemented later this financial year. (Exact date still to be confirmed). The volume of schools with a deficit budget is roughly twice that of previous years and the process has resultingly been slightly slower than usual. All schools with a deficit budget have been contacted, meetings with finance and the AD of Education and mitigation measures discussed. The date of the end of June has been missed however licensed deficit e-mails have been issued to about half of the schools with deficits with mitigations agreed. These are the ones with sub £100k deficits. The remainder are still subject to ongoing work to agree 3-year recovery plans which will then be agreed with both relevant Executive Directors and signed off by the Governing Bodies, implemented and monitored through enhanced activity. The scale of the issues this year has necessitated a review

of the existing processes. The revised Scheme for Financing Schools will outline this process in more detail. New more formalised quarterly monitoring will provide some further formal evidence. licensed budgets to be agreed as soon as possible.

Progress of Priority 1 audit actions

- 2.20 We currently have 9 Priority 1 actions outstanding on limited assurance audits, 2 actions are for audits completed prior to 2023/24 and 7 actions for final reports issued since April 2023. An update on progress of all outstanding Priority 1 actions is included in Appendix B.

Final Assurance reports issued in 2023/24, with outstanding Priority 1 audit actions.

Audit	Final Report Date	Number of Priority 1 recommendations	Actions outstanding
Direct Payments	23/5/23	2	0
St Matthews School	4/7/23	3	0
Sharepoint permissions	25/7/23	2	1
Regulatory Service Governance (substantial assurance)	29/8/23	2	2
School budget monitoring	6/9/23	5	4
Total P1's		14	7

Final Assurance reports issued prior to 2023/24, with outstanding Priority 1 audit actions.

Audit	Final report date	Number of Priority 1 recommendations	No of P1's outstanding
Transport Fleet Management	20/12/21	1	1
Planning Enforcement	23/3/23	4	1
Total P1's		5	2

3. External Quality Assessment (EQA)

- 3.1 The Public Sector Internal Audit Standards (PSIAS) require the Audit Service to undertake an External Quality Assessment (EQA) every five years. The purpose of the EQA is to review compliance with the Standards whilst also considering the effectiveness of the service as a whole. The EQA was completed in May 2023.
- 3.2 The EQA process was carried out during May 2023, using an external assessor. Summary extracts from the report are:

'The process involved a combination of a review of the evidence provided by SWLAP; a review of a sample of completed internal audit engagements for each council; and virtual interviews with the four Section 151 Officers and Chairs of the Audit Committees and sending a survey to all Assistant Directors and Directors. The interviews focussed on determining the strengths and weaknesses of the SWLAP and assessed the Partnership against the four broad themes of purpose and positioning within the organisation(s); their structure and resources; audit execution; and impact on the respective organisations.

Overall, the feedback from the interviewees and the survey was positive with clients valuing the professional and objective way SWLAP fulfilled their roles.

3.3 The conclusion of the assessment is:

It is our opinion that the South West London Audit Partnership's self-assessment is accurate and as such we conclude that they GENERALLY CONFORM to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note.

3.4 The assessor identified two actions that would enhance the audit service conformance to the standards. There were also a further nine advisory 'operational' observations. These have all been accepted.

External Assessors Actions

Issues for management action	Priority	Response
Add the definition for 'consulting assignments' used in the PSIAS to the respective audit charters.	Medium	Agreed, minor update required
Expand the opinion in the annual report so it is clear that the opinion applies to risk management and governance as well as controls.	Medium	Agreed, minor update required
Include a statement in each annual report to confirm that there have not been any impairments to the independence and objectivity of either the Interim Head of SWLAP or the Deputy Head of SWLAP, or the partnership, during the year just ended. If there have been any impairments, these should be set out in the respective annual report, together with the action that was taken to rectify the issue.	Advisory	Agreed, minor update required
Ensure that the Galileo audit management system is used in a consistent manner across the SWLAP.	Advisory	Agreed, The QA process was being developed at the time of the assessment. This item is in our service plan.

Ensure that a consistent approach and architecture is applied to the SWLAP's shared data storage drives.	Advisory	Agreed, an exercise has commenced to identify what data is held across partner sites. This item is in our service plan.
When audits are being carried out by trainee auditors, management needs to ensure that the supervising officers control the amount of time being used to complete the audits to minimise the number of significant budget overruns.	Advisory	Agreed, Supervisors are now required to share a 1:1 meeting note with Line Managers to demonstrate that action is taken to address budget overruns. A budget variation request has been introduced.
Consider arranging training for the SWLAP's team members on operating in a commercial environment and becoming more commercially aware.	Advisory	Agreed – commercial awareness will be discussed at one of our monthly team meetings
We suggest that the Interim Head of the SWLAP reviews the structure of the Partnership with the view to rationalising the number of posts with staff management / supervisory responsibilities.	Advisory	Agreed – a review of structure was planned for when the Head of Service role became permanent – process started
We suggest consideration is given to producing a succession plan strategy for the SWLAP.	Advisory	Agreed, a succession plan will be documented and is included in our service plan
We believe there is scope to expand the use of data analytics, particularly for the core financial systems and other systems that have large volumes of data as using analytical tools will enable the SWLAP to audit the entire population of a database, providing an increased level of assurance to management.	Advisory	Agreed – a draft data analytics strategy has been completed by the Deputy Head of Service

4 Counter-Fraud and Investigations

- 4.1 The responsibility for managing the risk of fraud and its prevention and detection lies with management. However, Internal Audit's planned work includes evaluating controls for their effectiveness in mitigating the risk of fraud.
- 4.2 Counter-fraud work has been undertaken by the South West London Fraud Partnership (SWLFP) since April 2015. This falls across three categories, namely:
- Reactive investigations arising from external intelligence, management referrals or whistleblowing disclosures.
 - Co-ordination and investigation work in line with the requirements of the National Fraud Initiative data matching exercise

- Proactive counter-fraud work which includes data matching and online fraud awareness training.
- 4.3 A separate report is provided twice yearly by the SWLFP detailing the cases referred and the outcome of any investigations.
- 4.4 Any allegations of corporate fraud or corruption are brought to the attention of the Head of Internal Audit in the first instance. Whistleblowing concerns are also recorded by Internal Audit and the outcome reported annually to the Committee.
- 4.5 Any areas of potential internal control weaknesses identified during fraud investigations are considered for inclusion in the internal audit plan.

5 Alternative options

- 5.1 None for the purposes of this report.

6 Consultation undertaken or proposed

- 6.1 n/a

7 Timetable

- 7.1. None for the purposes of this report.

8 Financial, resource and property implications

- 8.1 The Council's budget includes provision for the audit plan.

9 Legal and statutory implications

- 9.1 This report sets out a framework for Internal Audit to provide a summary of internal audit work for 2023/2024. The Local Government Act 1972 and subsequent legislation sets out a duty for Merton and other Councils to make arrangements for the proper administration of their financial affairs. This report also complies with the requirement of the following:

- Local Government Act 1972
- Accounts and Audit Regulations 2015
- CIPFA/IIA: Public Sector Internal Audit Standards (PSIAS)
- CIPFA/IIA: Local Government Application Note for the UK PSIAS

The provision of an Internal Audit service is integral to the financial management at Merton and assists in the discharge of the Council's duties.

10. Human rights, equalities and community cohesion implications

- 10.1 n/a

11 Crime and disorder implications

11.1 n/a

12 Risk management and health and safety implications

12.1 n/a

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix A – Audit Assurances since April 2023

Appendix B- Update on all outstanding Priority 1 actions

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Audit Assurance Opinions: 2023/24

AUDIT TITLE	Department	FINAL DATE	ASSURANCE LEVEL				RECOMMENDATIONS		
			SUBSTANTIAL	reasonable	LIMITED	NO	Priority 1	Priority 2	Priority 3
	Final/completed reviews								
1	Adult Weigh Management grant	ASC,IC&PH	20/4/23		Y				
2	Core Infrastructure and Legacy Application Review	F&D	20/4/23		Y			4	
3	Section 17 payments	CLLF	19/5/23		Y			8	
4	Shared Pension Service	F&D	9/5/23		Y				1
5	Business Rates	F&D	19/5/23		Y			4	
6	Direct Payments (adults)	ASC,IC&PH	23/5/23			Y	2	12	1
7	Licensing fees and Charges	ECPC	11/6/23		Y			9	
8	Recruitment and Pre employment checks	I&C	29/6/23		Y			2	2
9	Supporting Families annual report	CLLF	23/6/23		Y				
10	Duplicate payments annual report	F&D	28/4/23		Y				
11	St Matthews Primary and Nursery School	CLLF	4/7/23			Y	3	14	1
12	Sharepoint permissions	F&D	25/7/23			Y	2	6	
13	Merton and Sutton Joint Cemetery Board accounts	F&D	9/6/23		Y				

14	Regulatory Service Governance review	ECPC	29/8/23		Y			2	9	2
15	School budget monitoring	F&D	6/9/23			Y		5	6	
16	Accounts Receivable	F&D	6/9/23	Y					2	1
17	Climate Change	ECPC	12/10/23		Y				2	
18	Council Tax	F&D	17/10/23		Y				2	
19	Joseph Hood Primary school	CLLF	18/10/23		Y				7	3
20	IT Asset Management	F&D	29/8/23		Y				1	2
	Draft									
21	Cash and Bank – Direct Debits	F&D	19/10/23		Y				4	1
22	Poplar Primary School	CLLF	30/10/23			Y		2	10	1
	Audits in progress									
23	Parking Income	ECPC								
24	Mayors accounts	F&D								
25	Transition from Children to Adults	ASC,IC&PH								
26	Financial Assessments	ASC,IC&PH								
27	Household Support grants	F&D								
28	Care Act assessments	ASC,IC&PH								
29	Agency Staff	I&C								
30	Ukraine support	ASC,IC&PH								
31	Accounts Payable	F&D								
	Due to Start									
32	Arbiocultural contract	ECPC								

33	Budget Monitoring	F&D								
34	Treasury Management	F&D								

	TOTALS			1 (4%)	16 (73%)	5 (23%)	0 (0%)	16 (12 %)	102 (77%)	15 (11%)
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Update on all outstanding Priority 1 audit actions

Appendix B

1 Planning Enforcement Final Report 23/3/23 (1 Action outstanding)

Agreed Action	Management Response-	Target date
The Local Enforcement Plan should be finalised and approved by Head of Development Management & Building Control as soon as possible and thereafter approved by Cabinet.	We have drafted a formal enforcement plan; this is yet to be ratified by cabinet and councillors	30/11/23

2 Transport Fleet Management Final report 20/12/21 (Substantial assurance – 1 P1 outstanding)

Agreed Actions	Management Response	Target date
LBM does not currently have a formal Fleet Management Strategy. A formal Fleet Management Strategy should be developed to identify LBM's fleet requirements both currently and in the future. Once a formal strategy has been developed, management should monitor performance in delivering the actions contained within the strategy, and against agreed performance management standards	<p>Updated comment October 2023.</p> <p>The service is currently drafting a strategy (project initiated) for the review of fleet and vehicle options with assistance of an external expertise, focusing on how to transition to and deliver fleet requirements and a decarbonised vehicle solution to meet service demands. Time scale for completion is December 2023.</p> <p>Additionally, the current service and maintenance requirements shall continue to 2025, but the service has reviewed and drafted a comprehensive and new specification for the future service provider in the management of the Council's workshop, providing a range of solutions from regular maintenance to vehicle procurement. Implementation is April 2025.</p>	31/12/23

3. Regulatory Services – Final Report 29/8/23 (2 P1 actions outstanding)

Agreed Action	Management Response	Target date
The Collaboration Agreement should be finalised and agreed with the final version reflecting the current practices and processes in place for the tri-borough Shared Regulatory Service	Updated comments October 2023 -These matters are still in progress. The IAA is now complete but requires sign-off. We are currently seeking advice on the correct route for this	22/4/24
The RSP Scheme of Management should be reviewed and updated to include the tri-borough borough management arrangements. As the Scheme of Management works alongside the Collaboration Agreement, the review of the scheme should be undertaken and agreed in line with the RSP Collaboration Agreement	Updated comments October 2023 - These matters are still in progress. The IAA is now complete but requires sign-off. We are currently seeking advice on the correct route for this	22/4/24

4. School Budget Monitoring Final Report 7/9/23 (4 P1 actions outstanding)

Agreed Action	Management Response	Target date
A formal and agreed process should be established to ensure that deficit meetings are held in advance of the 30 June deadline in order for a signed 1-year and 3-year budget, a signed Recovery Plan and 1-year Budgeted Cash Flow to be submitted and agreed This should include an agreed process for non-submissions. The council must ensure that prior permission from the Interim Executive Director of Finance and Digital and the Executive Director – Children, Lifelong Learning and Families Department.	Updated comments 11/10/23 -no real update other than to say discussions on going with Executive Director of CLLF and Executive Director of Finance and Digital re confirming actions.	31/3/24

<p>The LA through budget monitoring must ensure that schools that are facing financial difficulties and forecasting an unplanned deficit position are required to provide a recovery plan.</p> <p>Deficit Meetings between the LA and schools must be arranged, recorded and action followed up to ensure a recovery plan is submitted.</p> <p>Approval to agree a deficit budget must be obtained from the Interim Executive Director of Finance and Digital and the Executive Director – Children, Lifelong Learning and Families Department</p>	<p>Updated comments 11/10/23 - commented on report 3 weeks ago so no real update other than to say discussions on going with Executive Director of CLLF and Executive Director of Finance and Digital re confirming actions.</p>	<p>31/3/24</p>
<p>Deficit meeting and deficit recovery plan meeting must be arranged and held for all schools predicting a deficit budget.</p> <p>A formal agenda, minutes and outcome of the meeting should be documented with a copy provided to the school.</p>	<p>Updated comments 11/10/23 - commented on report 3 weeks ago so no real update other than to say discussions on going with Executive Director of CLLF and Executive Director of Finance and Digital re confirming actions.</p>	<p>31/3/24</p>
<p>The LBM Scheme for Financing Schools requires updating in line with the DFE guidance and updates provided since 2018.</p> <p>The 'Guidance on setting a Deficit budget' requires updating to remove Section C, as cashflow loans are not permitted under the DFE guidelines.</p>	<p>Updated comments 11/10/23 - commented on report 3 weeks ago so no real update other than to say discussions on going with Executive Director of CLLF and Executive Director of Finance and Digital re confirming actions.</p>	<p>31/3/24</p>

5. Sharepoint access permissions Final Report 25/7/23 (1 Outstanding action)

Agreed Actions	Management Response	Target date
<p>The files identified in the SharePoint public groups should be immediately removed from the sites. Public Groups on SharePoint should be identified, and a review carried out as soon as possible to confirm that sensitive information is not stored on the site.</p> <p>Once reviewed the possibility of making each site read only, for non-team members, should be considered.</p>	<p>Update October 2023: We removed the files identified. The project to check/reset permissions on all sites as part of the re-structure re-wiring project has not started yet as we still do not have sight of what the new structure looks like. A project manager has been assigned to the project by the Assistant Director but there has been very little progress.</p>	<p>30/4/24</p>

Committee: Standards and General Purposes Committee

Date: 9th November 2023

Subject: Fraud Update

Lead officer: Polly Cziok - Executive Director of Innovation and Change
Lead member: Martin Whelton Chair of Standards and GP Committee
Contact officer: Kevin Holland – Head of Shared Fraud Partnership
Tel.–020 8871 6451
kevin.holland@richmondandwandsworth.gov.uk

Recommendation:

That members note this Fraud Update report on the activity completed during 2023/24 to 30th September 2023, and comment on the matters arising from it.

1. Purpose of Report and Executive Summary

- 1.1 One of the responsibilities of the Committee is to maintain an overview of the effectiveness of the Council's arrangements for corporate governance, particularly those concerned with risk management, internal control, financial governance, treasury management, and counter fraud and corruption; obtaining assurance that appropriate action is being taken on any issues raised.
- 1.2 Members recognise that the funds the Council administers and services it provides are targeted by fraudsters, and support the fight against Fraud and Corruption through an anti-fraud strategy and culture that seeks to:
 - Have robust arrangements and executive support to ensure anti-fraud, bribery and corruption measures are embedded throughout the organisation.
 - Acknowledges and understands fraud risks and commits to support and resource tackling fraud through maintaining a robust anti-fraud response.
 - Prevent and detect more fraud by making better use of information and technology, enhancing fraud controls and processes and developing a more effective anti-fraud culture.
 - Prioritises fraud recovery and the use of civil sanctions. Developing capability and capacity to punish fraudsters. Supports collaborative work across geographical sector boundaries. Learning lessons and reducing fraud risks where possible.

- Protect ourselves, residents and service users from becoming disadvantaged by those seeking to commit fraud through recognising the harm that fraud can cause in the community and seeking to minimise this.
- 1.3 This report seeks to provide the Committee with assurance over the arrangements for protecting the Council, its residents and service users against fraud and corruption.
 - 1.4 Merton Council entered into a shared fraud investigation service, known as the South West London Fraud Partnership (SWLFP), with Kingston, Richmond, Sutton & Wandsworth Councils, in April 2015. This pooling of resource under a single team helps strengthen resilience for individual authorities, enhances collaborative approach to fraud investigations and introduces the ability to undertake regional proactive counter fraud exercises, and have call upon a larger fraud resource when needed, enhancing both capacity and capability.
 - 1.5 For 2023/24 the SWLFP investigation team comprises 14.5 posts, with a mixture of expertise from both within and outside local government. All Investigation Officers are members of the Government Counter Fraud Profession (GCFP) and in addition we have three officers who are completing the GCFP Counter Fraud Investigator Apprenticeship. The professionalisation of the team will help ensure investigative techniques are both current and legally compliant, helping to sustain capability.
 - 1.6 Individual partner authorities retain responsibility for ensuring that its affairs are managed in accordance with proper standards of financial conduct and for preventing and detecting fraud and corruption.
 - 1.7 Members can be reasonably assured that there are suitable systems in place for the identification and investigation of allegations of fraud. Most referrals are received from in-house teams which is a good indication that a reasonable level of fraud awareness exists across all Council staff supported by the Council's Anti-Fraud and Anti-Corruption Strategy and culture.
 - 1.8 The Council has made suitable provision for the investigation and prevention of fraud and corruption.

2. Fraud Risk Threat and 2023/24 Indicative Fraud Plan

- 2.1 The Fraud Risk Threat has changed significantly in recent years with a substantial rise at a national level in the volume of reported fraud to a level where fraud is the largest reported crime type.
- 2.2 The current financial climate has also had an impact on those who commit fraud. The rise in the level of fraud risk threat combined with new methods being used within the fraudsters community means that it is increasingly more difficult to recover losses highlighted through detected fraud, so the need to ensure that prevention measures is even more valuable.

- 2.3 This increase in the fraud risk threat does not mean that there will be an automatic increase in fraud occurrences for the council but will likely be reflected in the volume of attempts. This need to ensure that fraud prevention is considered at the earliest stage of any new initiative is an important step to reducing the likelihood of successful fraud attacks against council funds.
- 2.4 This has been reflected within the indicative fraud plan with an increased level of resource been set aside for fraud prevention work and the need to continue with close working alongside Internal Audit who provide assurance over the effectiveness of the Council’s control environment and should ensure that the Council is well placed to meet the challenge of the new Corporate Offence on ‘Failure to prevent Fraud’ that is included within the new Economic Crime and Transparency Bill.
- 2.5 Priority areas of coverage for individual partner Councils are agreed through consultation with the Shared Services Board and the Heads of Audit.

3. Summary of Fraud Investigations and Performance Results

3.1 The Tables below summarise the fraud work undertaken, with Table 1 summarising progress against the key fraud performance targets. In total, 66 fraud cases have been worked on since 1st April 2023 (34 new cases, with 32 cases c/f from 2022/23) because of either referral received, or concerns highlighted through pro-active fraud drives.

Table 1: Performance against key objectives and targets for 2023/24

Activity	Performance Indicator	Target	Actual
Work with Housing Associations and Housing teams to establish and deliver a programme of proactive fraud checks including illegal subletting	Properties brought back into Housing Associations/ Council control following identification of fraud	9 properties	1 (6 cases are with legal for recovery action)
Develop joint working with Housing teams to proactively identify housing fraud	Housing applications withdrawn as a result of application reviews	20 applications withdrawn	3 applications withdrawn
Delivery of the Fraud Plan	100% of the Fraud Plan	95% of the Fraud Plan by 31 March	43.2%

3.2 Tables 2 and 3 provide a breakdown of the fraud/abuse referrals that have been accepted for investigation and a summary of the value of fraud/overpayments and notional savings identified as a result of the fraud work undertaken, with comparisons to previous years.

Table 2: Summary of fraud referrals & data cleansing matches

	2021/22	2022/23	2023/24
Referral worked on in period for investigation by type:			
- Tenancy fraud/abuse	40	33	26
- Right to Buy	5	2	0
- Permit Fraud	3	9	6
- Internal - Employee	10	11	6
- External - CTR & SPD	12	23	13
- Other	11	18	10
Other Data Cleansing Matches			
- Housing application records	66	83	5
Total referrals in period	147	179	66
Closed in period			
- Closed no fraud	33	43	17
- Closed with sanction	78	104	11
Referrals still under investigation	36	32	38

Table 3: Summary of Overpayments and Notional savings

(* notional savings figures as per Audit Commission estimates)	2021/22 £	2022/23 £	2023/24 £ To 30/09/23
Social Housing (notional @ £93k per property recovered from 2020)	465,000 (5 props)	93,000 (1 prop)	93,000 (1 prop)
Right to buy (notional @ £100k discount)	100,000 (1 app)	100,000 (1 app)	0 Null
Blue Badges & Parking Permit (fines plus notional @ £575 per case from 2020)	1,150	4,257	575
Internal – Employee (notional £6k per case)	24,000 (4 cases)	24,000 (4 cases)	12,000 (2 cases)
Council Tax (identified overpayments and administrative penalties)	43,882	22,521	6,807
Other/NFI	188,700	34,000	214,947
Data Cleansing Matches Housing Applications Removed	191,160 (59 apps)	262,440 (81 apps)	9,720 (3 apps)
Total actual and notional savings	1,013,892	540,218	337,059

- 3.3 **Housing Fraud:** Whilst Merton Council do not directly manage any social housing, the cost of temporary accommodation does rest with the Council, so every property, that is being misused, recovered represents a nomination right for the Council and the opportunity to place a family in need into more secure accommodation and reduce to call upon Council funds.
- 3.4 The CIPFA Fraud and Corruption Tracker 2020 reported that the largest fraud area across the housing sector was 'other tenancy frauds' which includes false applications for housing and false tenancy succession applications.
- 3.5 We are working closely with housing services and housing providers to address the lower-than-expected volume of housing fraud referrals and have offered and provided fraud awareness sessions to housing teams.

4. Developments in Fraud Detection and Prevention

- 4.1 **Public Sector Fraud Authority (PSFA):** The establishment of the PSFA in August 2022 marked a step change in the Government's counter fraud strategy. With increased investment in counter fraud capability, the PSFA will increase the support services it can offer on fraud, including through advanced analytics.
- 4.2 The fundamental challenge that public bodies face with fraud is that it is often a hidden crime with those committing it actively try to conceal it so we must be proactive in our efforts to seek it out.
- 4.3 **Data Analytics:** The principles for maximising collaborative and smarter working through data sharing are key to the successful operation of the National Fraud Initiative.
- 4.4 London Councils working with NFI have established a London centric fraud hub. This is intended to enhance localised data-matching, supplementing the statutory national fraud prevention and detection initiative with an opportunity for closer to real-time data-matching or areas of local concern. It can also provide an on-line repository that can be used to validate applications for certain Council provided services.
- 4.5 **Data Cleansing:** In addition to fraud identification, data matching and analytics assist Council's with maintaining the accuracy of their data. Key decisions on resource allocations are influenced movements in core datasets and/or the identification of new or different trends.
- 4.6 The most recent Department for Levelling Up, Housing and Communities housing statistics show that as at the end of March 2021, there were 1.2 million households on social housing waiting lists across England. Removing applicants who are not eligible will help councils to allocate social housing to those in genuine need. As part of the current NFI exercise, nationally over 7,000 ineligible applications have been removed by 102 councils.

4.7 National Fraud Initiative (NFI): The Mandatory National 2022/24 NFI exercise is about to commence where data is requested in accordance with Part 6 of the Local Audit and Accountability Act 2014 and for Merton Council this meant the provision of the following datasets:

- Blue Badge Parking Permits
- Creditors History
- Creditors Standing
- Concessionary Travel Passes
- Council Tax Reduction Scheme
- Right to Buy
- Deferred Pensions
- Pensions Gratuities
- Pensions
- Payroll
- Resident Parking Permits
- Waiting Lists

4.8 Service Leads have been contacted to ensure that they will be in position to provide the required data by the due dates. System developments will always mean that there may changes in how data is held and made available and any concerns with to supply of the mandated data files will be reported to the Director of Corporate Services.

4.9 **On-line Fraud Awareness Training**: An on-line fraud awareness training package, aligned to Merton’s policies and procedures, has been made available for all officers to increase awareness and understanding of how and to who suspicions of fraud or irregularity should be reported. With continual changes in staffing and staff roles regular reminders on fraud awareness helps support and robustly maintain the Council’s Anti-Fraud and Anti-Corruption Strategy and Culture.

4.10 The on-line fraud awareness training package for officers has been revised and is now separated into three modules covering: Anti-Bribery & Corruption, Whistleblowing and General Fraud Awareness. The modules have been provided to the Human Resource Team who will be making it available to all officers on the new training platform.

5. Local Government Transparency Code.

5.1 Under the code the Council is required to publish the following data regarding its Fraud Investigation activity. Listed below are 2023/24 figures to 30/09/2023 (with 2022/23 comparative figures).

Accredited number of occasions they use powers under the Prevention of Social Housing Fraud (Power to Require Information) (England) Regulations 2014, or similar powers	22/23	23/24 To 30/09/23
Prevention of Social Housing Fraud (Power to Require Information) (England) Regulations 2014	3	1
The Council Tax Reduction Schemes (Detection of Fraud and Enforcement) (England) Regulations 2013	0	1

Total number (absolute and full time equivalent) of employees undertaking investigations and prosecutions of fraud		
	Absolute	FTE
Fraud Investigation - SWLFP	15 (15)	14.5 (14.5)
Total number (absolute and full time equivalent) of professionally accredited counter fraud specialists		
Government Counter Fraud Profession (GCFP)	12 (n/a)	11.5 (n/a)
GCFP Counter Fraud Investigator Apprentices	3 (n/a)	3.0 (n/a)
Total amount spent by the authority on the investigation and prosecution of fraud		
	22/23	23/24
Fraud Investigation, awareness & prevention	£131.1k	£136.1k
Total number of fraud cases investigated.		To 30/09/23
Housing/Tenancy related Investigations	116	31
Right to Buy/Acquire	2	0
Permit Fraud Investigation	9	6
Other Investigations	<u>52</u>	<u>29</u>
TOTAL	179	66

5.2 To ensure that sufficient knowledge and capability for fraud investigation Merton Council entered a partnership with four neighbouring boroughs, the SWLFP. The Council has access to the pool of trained fraud investigation officers' dependent upon the demands of any individual fraud referral. Merton's resource contribution for 2023/24 equates to 2.0 FTE Investigators.

6. Financial, Resource and Property Implications.

6.1 There are no specific financial, resource or property implications. completed within existing resources.

7. Legal and Statutory Implications

7.1 This report provides details of fraud activity levels as required under the Local Government Transparency Code.

8. Human Rights, Equalities and Community Cohesion Implications

8.1 There are no specific human rights, equalities or community cohesion implications, except in so far as this report is wholly concerned with good governance.

9. Risk Management and Health and Safety Implications

9.1 There are no specific risk management or health and safety implications.

GLOSSARY

CIPFA	Chartered Institute of Public Finance and Accountancy
CTR	Council Tax Reduction
GCFP	Government Counter Fraud Profession
FTE	Full Time Equivalent
NFI	National Fraud Initiative
PSFA	Public Sector Fraud Authority
SHIP	Social Housing Investigation Partnership
SPD	Dingle Person Discount
SWLFP	South West London Fraud Partnership

Committee: Standards and General Purposes Committee

Date: 9th November 2023

Subject: Review of the Anti-Fraud and Anti-Corruption Strategy

Lead officer: Polly Cziok - Executive Director of Innovation and Change
Lead member: Martin Whelton Chair of Standards and GP Committee
Contact officer: Kevin Holland – Head of Shared Fraud Partnership
Tel.–020 8871 6451
kevin.holland@richmondandwandsworth.gov.uk

Recommendation:

That members approve the revisions to the Anti-Fraud and Anti-Corruption Strategy.

1. Purpose of Report and Executive Summary

- 1.1 One of the responsibilities of the Committee is to maintain an overview of the effectiveness of the Council's arrangements for corporate governance, particularly those concerned with risk management, internal control, financial governance, treasury management, and counter fraud and corruption; obtaining assurance that appropriate action is being taken on any issues raised.
- 1.2 Members recognise that the funds the Council administers and services it provides are targeted by fraudsters, and support the fight against Fraud and Corruption through an anti-fraud strategy and culture that seeks to:
 - Have robust arrangements and executive support to ensure anti-fraud, bribery and corruption measures are embedded throughout the organisation.
 - Acknowledges and understands fraud risks and commits to support and resource tackling fraud through maintaining a robust anti-fraud response.
 - Prevent and detect more fraud by making better use of information and technology, enhancing fraud controls and processes and developing a more effective anti-fraud culture.
 - Prioritises fraud recovery and the use of civil sanctions. Developing capability and capacity to punish fraudsters. Supports collaborative work across geographical sector boundaries. Learning lessons and reducing fraud risks where possible.

- Protect ourselves, residents and service users from becoming disadvantaged by those seeking to commit fraud through recognising the harm that fraud can cause in the community and seeking to minimise this.
- 1.3 This report provides an update on a review of the Council's Anti-Fraud and Anti-Corruption Strategy. The Strategy was last reviewed in 2019 and the regular review helps ensure that the Council's response continues to be fit for purpose and is aligned to legislative, national and local changes as they impact service delivery.
- 1.4 The Anti-Fraud and Anti-Corruption Strategy sets out the Council's position for identifying, investigating and minimising fraud and corruption that impacts upon service provision and service delivery to residents and service users.

2. Background

- 2.1 The Strategy supports the Council's strategic objectives, it forms an important part of the Council's governance arrangements, and the detailed provisions are implemented via corporate and departmental management arrangements, structures, people and systems. Effective implementation will; support achieving maximum benefits from the Council's finances; help to concentrate both the Council's and its partners' attention on delivering services to those in genuine need; promote public confidence and reduce crime.
- 2.2 The Strategy supplements the National Local Government Fighting Fraud and Corruption Locally Strategy, where in recent years additional emphasis is being placed on the Prevent and Protect core pillars which seek to limit the occurrence and opportunity for fraud.
- 2.3 **Legislation:** The major piece of legislation in relation to the Anti-Fraud and Anti-Corruption Strategy is the Fraud Act 2006 that came into force in January 2007. The Act states there is a general offence of fraud with three ways of committing it:
- (a) fraud by false representation;
 - (b) fraud by failing to disclose information; and
 - (c) fraud by abuse of position.
- 2.4 It also creates new offences of:
- (a) obtaining services dishonestly;
 - (b) possessing, making and supplying articles for use in frauds, and
 - (c) fraudulent trading applicable to non-corporate traders.
- 2.5 In addition, the Bribery Act 2010 updated and extended existing legislation against corruption which dated back to 1889. It created 4 new offences of:
- (a) offences of bribing another person;
 - (b) offences relating to being bribed;
 - (c) bribery of a foreign official, and

(d) failure of commercial organisations to prevent bribery.

2.6 The new Economic Crime and Transparency Bill seeks to build upon the Bribery Act offences through the introduction of a new corporate offence of “Failure to Prevent Fraud” that will apply to local authorities. This offence will sit alongside the existing offences under the Bribery Act 2010 and, to help eliminate potential prosecution, authorities will need to review the suitability of their existing fraud prevention measures. The Anti-Fraud & Anti-Corruption Strategy will be a key item within this and sits alongside other key Governance and Control procedures.

3. Benefits to the Council and its Residents

3.1 The Council is committed to the highest possible standards of openness, probity and accountability in order to ensure the proper use of public funds. Fraud, irregularity and misuse of public resources has an adverse impact upon the delivery of services to Sutton service users and residents.

3.2 The Council seeks to minimise fraud and corruption and support its corporate objectives of delivering high quality, value for money services in line with the Council’s key objectives. This Strategy is designed to:

- (a) help maximise the application of approved resources to meet genuine service needs by rejecting bogus claims and by deterring fraud and minimising irrecoverable losses;
- (b) raise awareness of the risk of fraud and corruption, promoting detection and enhancing public confidence through engaging with stakeholders and staff to report crime, and to minimise the reputational risk to the Council from adverse publicity;
- (c) pursue a zero-tolerance policy and take action against persons who commit acts of fraud or corruption against the Council;
- (d) protect residents and businesses from fraud committed by non-corporate traders, and bring to justice those who commit acts of fraud, using relevant legislation as appropriate; and
- (e) support the Council in defending itself against prosecution under The Bribery Act 2010.

4. Fraud Risk Threat

4.1 The Fraud Risk Threat has changed significantly in recent years with a substantial rise at a national level in the volume of reported fraud, up 18% year on year, to a level where fraud is the largest reported crime type.

- 4.2 The current financial climate has also had an impact on those who are willing to commit fraud. The rise in the level of fraud risk threat, combined with new methods being used within the fraudsters community means that it is increasingly more difficult to recover losses highlighted through detected fraud, this therefore highlights the need to ensure prevention measures are in place.

5. The proposed Anti-Fraud and Anti-Corruption Strategy

- 5.1 The proposed Strategy is included as Annex A to this report and aims to support the Council's corporate objectives. The Strategy is designed to help maximise the application of approved resources to meet genuine service needs and to minimise irrecoverable losses. It should enhance public confidence and seeks to bring to justice those who commit acts of fraud or corruption against the Council.
- 5.2 The key changes to the Strategy are the inclusion of the two new key FFCL Pillars on Govern and Protect and the enhanced focus upon expanding the need for robust Fraud Prevention (included within the reviewed strategy at paragraphs 26 & 27). Other minor amendments to take account of changes to service teams and lead officers have been included to ensure the strategy reflects the current structures within the Council.
- 5.3 Underpinning the Strategy, the Council has a toolkit of Policies and Procedures, including The Staff Disciplinary Code and Whistleblowing Policy, and these are reviewed on a regular basis to ensure that they support the Strategy and the Council's objectives.
- 5.4 The revised Strategy will be placed on the Council's website and intranet, a staff notice will be given to all current staff, and it is currently included within the corporate induction pack for new staff. Directors will make suitable arrangements for The Strategy to be discussed and reinforced at the regular team, section, service, and directorate meetings that happen within departments. Regular anti-fraud training is regularly provided to all employees as well as targeted training for those areas of high risk, such as processing payments.
- 5.5 The Head of the Shared Fraud Partnership, in consultation with Internal Audit, Human Resources, Legal Services and other relevant officers, will continue to review the Strategy on an ongoing basis, with formal reviews by the Standards and General Purposes Committee, including notification of any necessary changes arising from the ongoing review process.

6. Conclusion.

- 6.1 The Strategy provides a cohesive framework for minimising the Council's exposure to fraud and corruption and endorses the various mechanisms currently in place. The proposals for future reviews reflect the need to maintain

the effectiveness of the Strategy over time and to maximise its impact via coordination with the review of relevant codes, policies and procedures.

- 6.2 Members can be assured that there are suitable provisions and systems in place for the identification and investigation of allegations of fraud. Most referrals are received from in-house teams which is a good indication that a reasonable level of fraud awareness exists across all Council staff

supported by the Council's Anti-Fraud and Anti-Corruption Strategy and culture.

7. Financial, Resource and Property Implications.

- 7.1 There are no specific financial, resource or property implications. completed within existing resources.

8. Legal and Statutory Implications

- 8.1 This report provides details of the Council's top level arrangements for the protection of the public resources it administers of behalf of residents and service users via the Anti-Fraud and Anti-Corruption Strategy.

9. Human Rights, Equalities and Community Cohesion Implications

- 9.1 There are no specific human rights, equalities, or community cohesion implications, except in so far as this report is wholly concerned with good governance.

10. Risk Management and Health and Safety Implications

- 10.1 There are no specific risk management or health and safety implications.

11. APPENDICES – The following documents are to be published with this report and form part of this report

- 11.1 Appendix A: Revised Anti-Fraud and Anti-Corruption Strategy.

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ANTI-FRAUD AND ANTI-CORRUPTION STRATEGY (Updated Oct 2023)

Introduction

1. The Council is committed to the highest possible standards of openness, probity and accountability in order to ensure the proper use of public funds. This Anti-Fraud and Anti-Corruption Strategy (the Strategy) establishes the Council’s objectives in this respect and sets out a cohesive framework to manage effectively the risks associated with fraud and corruption involving staff, Members or third parties.

2. We recognise and adopt the national Local Government Fighting Fraud and Corruption Locally standards (FFCL). These standards are based around the five key pillars of activity “Govern”, “Acknowledge”, “Prevent”, “Pursue” and “Protect” and from this the Council has developed the following strategy.

FFCL Key Pillars – For Fighting Fraud and Corruption

<p>GOVERN</p>	<ul style="list-style-type: none"> • Having robust arrangements and executive support to ensure anti-fraud, bribery and corruption measures are embedded throughout the organisation. • Having a holistic approach to tackling fraud as part of good governance.
<p>ACKNOWLEDGE</p> <p><i>Acknowledging and understanding fraud risks:</i></p>	<ul style="list-style-type: none"> • Committing support to tackling fraud. • Being clear on what we are seeking to combat – we are clear about what constitutes fraud, bribery, theft, and financial malpractice/ irregularities. • Assessing and understanding the risks – we are proactive in assessing and responding to the risks of fraud and corruption to which the Council is exposed.
<p>PREVENT</p> <p><i>Preventing and detecting fraud</i></p>	<ul style="list-style-type: none"> • having an effective anti-fraud culture – we take a professional, integrated and proactive approach to countering fraud and are clear about the roles and responsibilities of our members, staff, partners and contractors. • We have a corporate framework which underpins the operation of the Council and has a number of elements which exist to help protect the Council against fraud. This includes documented codes, procedures and protocols to guide behaviour. • Anti-Fraud training is essential in ensuring that staff and members understand the importance of tackling fraud, are able to recognise fraud and abuse and know how and where to report suspicions of fraud. Continuous and active promotion of the council’s robust stance against fraud and corruption should also be made to members of the public, contractors and partners to whom we work with to deliver services. • Making use of information and technology

Anti-Fraud and Anti-Corruption Strategy

<p>PURSUE</p> <p><i>Being robust in pursuing and punishing fraud and recovering losses</i></p>	<ul style="list-style-type: none"> • Taking integrated action to investigate fraud. • Pursuing appropriate and proportionate sanctions to punish those committing fraud. • Seeking redress to recover losses. • Learning from our experiences and those of others and taking remedial and positive action to improve controls to prevent future fraud losses. • Collaborating across local authorities and with other agencies including the police
<p>PROTECT</p> <p><i>Protecting the organisation and residents from fraud</i></p>	<ul style="list-style-type: none"> • Protecting against serious and organised crime. • Protecting individuals from becoming victims of crime. • Protecting against the harm that fraud can do to the community. • Protecting public funds • Protecting the organisation from fraud and cybercrime. • Protecting the organisation from future frauds.

3. Fraud and corruption are defined for the purposes of this Strategy as follows:

Fraud: Any dishonest act or omission, whether by fraudulent representation, failure to disclose information, or abuse of position, by an individual or organisation, which is intended to make a gain, cause a loss, or risk of loss (whether or not an actual gain has been made or loss suffered) to the Council, the residents of the Borough, or wider community.

Corruption: An act of collusion, where a person benefits indirectly from a fraud perpetrated for the direct benefit of another or, the offering, giving, soliciting or acceptance of an inducement or reward, which may influence the action of any person.

4. These definitions are not intended to, nor shall they, limit any investigation by the Council into any alleged fraud, nor shall they prejudice or in any way compromise any criminal prosecution or civil action taken in respect of them.

5. In law, offences of fraud and corruption are addressed within the Fraud Act 2006 which created a general offence of fraud with three ways of committing it:

- Fraud by false representation,
- Fraud by failing to disclose information, and
- Fraud by abuse of position.

It also created offences of:

- Obtaining services dishonestly,
- Possessing, making and supplying articles for use in frauds, and
- Fraudulent trading applicable to non-corporate traders.

and The Bribery Act 2010 which has created four offences:

- Offences of bribing another person,

- Offences relating to being bribed,
- Bribery of a foreign official, and
- Failure of commercial organisations to prevent bribery.

Aims and objectives

6. The Council aims to minimise fraud and corruption relating to Council finances and services in order to support its corporate objectives of delivering high quality, value for money services in line with the Council's key objectives. The Strategy is designed to:
 - (a) help maximise the application of approved resources to meet genuine service needs by rejecting bogus claims and by deterring fraud and minimising irrecoverable losses;
 - (b) raise awareness of the risk of fraud and corruption, promoting detection and enhance public confidence through engaging with stakeholders and staff to report crime, and to minimise the reputational risk to the Council from adverse publicity;
 - (c) pursue a zero-tolerance policy and take action against persons who commit acts of fraud or corruption against the Council;
 - (d) protect residents and businesses from fraud committed by non-corporate traders, and bring to justice those who commit acts of fraud, using relevant legislation as appropriate; and
 - (e) support the Council in defending itself against prosecution under The Bribery Act 2010.

Anti-fraud and anti-corruption culture

7. The Council is determined that the culture and tone throughout the organisation is one of honesty and opposition to fraud and corruption and it will take positive and effective action on fraud and corruption within Council services, whether delivered directly or via contractors, voluntary organisations, partnerships or other devolved management organisations, and its finances.
8. Staff and Members are therefore expected to lead by example and thereby help to promote strong anti-fraud and anti-corruption attitudes within the Council and when dealing with third parties.
9. The Localism Act 2011 placed a duty on the Council to promote and maintain high standards of conduct by Members and Co-Opted members, and to adopt a Code of Conduct which is consistent with the Nolan Principles of Public Life (see Annex A).
10. Directors and managers are required to ensure that the risks of fraud and corruption are effectively managed at strategic and operational levels, and with competent and trained staff working within systems that incorporate effective anti-fraud and anti-corruption controls, and with appropriate targets and performance review for all risk areas.
11. There is an expectation and requirement that all individuals and organisations associated in whatever way with the Council will act with integrity. This includes partners, contractors, voluntary organisations, service users and the general public, all of who are important participants within the Strategy.

Anti-Fraud and Anti-Corruption Strategy

12. The Council is committed to working in partnership with the Police and other Enforcement Agencies, to liaising with other mainly public sector agencies in respect of fraud and corruption, and to maximising the use of internal and external data matching.
13. The Council respects the rights of individuals, but it will use all possible lawful means to protect Council services and finances from fraudsters, and it will fully meet relevant legislative requirements relating to fraud and corruption, including money laundering.
14. The Council, through its Trading Standards and Community Safety Teams, works in partnership with the police in respect of fraudulent activities of traders, particularly in the areas of combating rogue builders and those responsible for placing counterfeit goods in the market place, and will use proceeds of crime legislation as appropriate against such persons.
15. The risk of fraud and corruption is considered across the Council as part of Risk Management. This includes the recognition of the risk of 'Loss, waste or damage to the Council's property, resources or reputation' through fraud.
16. Directors are additionally required to provide assurance that controls are in place, designed to highlight any deficiencies. Where the controls are not deemed to be operating to a suitable degree, then a remedial plan is required to be taken to strengthen the control and mitigate the risk.

Whistleblowing

17. Appropriate web/email and other contact points are maintained with anti-fraud and anti-corruption publicity to help develop staff and public intolerance of public sector fraud and corruption within the borough. The Council's own Whistleblowing Policy and Procedure encourages staff to report proper concerns about fraud and corruption and gives information on how this should be done.
18. It is important to promote an atmosphere or environment in which whistleblowers both internal and external continue to be motivated to come forward and do so without fear of retribution.

Standards, contract documentation, codes and declarations

19. The Members Code of Conduct set out the personal responsibilities of Members and staff for ensuring integrity in the conduct of the Council's business and sets out the anti-fraud and anti-corruption responsibilities of chief officers and the s.151 Officer. The Code sets out the standards of conduct that Members must observe. It covers standards of general behaviour, disclosable pecuniary interests, relationships, information, gifts and hospitality, and the use of Council facilities.
20. The Code of Conduct for Employees covers standards, disclosure, political neutrality, relationships, recruitment, other commitments, personal interests and related party transactions, equality, tendering roles, corruption, resources, hospitality, gifts and sponsorship.
21. The Employees' Disciplinary Code sets down the procedures for disciplinary action and reinforces the required standards of conduct by identifying examples of serious and gross misconduct and setting out the available sanctions relating to them. Such offences include failure to notify gifts, theft, falsification of documents, corruption, false accounting, providing false information, and obtaining Council services without genuine entitlement. Offences also include those within or outside the Council's employment that prevent the employee

from continuing to do their job or seriously call into question the employee's fitness to continue in their job or where the Council's reputation and integrity is likely to have been damaged. Fraud and corruption fall within the definitions of gross misconduct and major offence.

22. Registers of interests, gifts and hospitality and related party transactions are in place and Members and employees, where applicable, are required to comply with all related policies, procedures and disclosure requirements.
23. The Council's core contract conditions maintained by the Legal Services (South London Legal Partnership – SLLP) require those that contract with the Council to provide access for Fraud Investigators and Auditors, to implement whistleblowing policies and procedures and to refrain from offering inducements or corruptly seeking the award of a contract.

Responsibilities

24. The Council is responsible for ensuring that its affairs are managed in accordance with proper standards of financial conduct and for preventing and detecting fraud and corruption. All employees and Members are responsible for their own conduct and for contributing towards the safeguarding of Council standards as detailed in their respective codes. In addition, some employees and Members have specific roles that contribute to achieving the Council's anti-fraud and anti-corruption objectives.
 - The Standards and General Purposes Committee are responsible for matters relating to Internal Audit and the External Auditor, for risk management, and the Anti-Fraud and Anti-Corruption Strategy and for promoting and maintaining high standards of conduct by Members and Co-Opted Members. This includes the application of the Members Code of Conduct, related training and briefing, compliance with rules relating to the registration and declaration of interests and of the receipt of gifts and hospitality, and complaints of breaches of the Members' Code of Conduct.
 - All Council Members: are personally responsible for ensuring integrity in the conduct of the Council's business by ensuring that they are aware of the Council's anti-fraud and anti-corruption policies and procedures, and by alerting the relevant chief officer or the Head of Audit to any suspected breach.
 - The Monitoring Officer: is responsible for reporting to the Council/Executive contraventions of any enactment or rule of law, or maladministration following investigation. The Head of Executive and Committee Services is the Deputy Monitoring Officer and assists the Monitoring Officer in supporting the Standards Committee.
 - The Chief Financial Officer: has statutory responsibility for the proper administration of the Council's financial affairs and for reporting (to the Council and the external auditor) unlawful expenditure, unlawful accounting entries and unlawful actions likely to cause a loss or deficiency. They direct responsibility for the main financial systems and exercise corporate control over services that are subject to the wide-ranging devolvement of day-to-day service delivery and financial management. Corporate control to minimise the opportunity for fraud and corruption is exercised mainly via delegations, segregation, financial instructions, accounting requirements, budgetary control, management control, Internal Audit and Anti-fraud functions within the Council. They are responsible for advising the Committee and chief officers on the maintenance and implementation of an anti-fraud and anti-corruption policy and associated arrangements for appropriate treatment and registration, by employees and members, of relevant interests, gifts, and hospitality.

Anti-Fraud and Anti-Corruption Strategy

- Chief Officers and Managers: Managers are responsible for the effective operation of internal control including the prevention and detection of fraud and corruption. Chief Officers are responsible for notifying the Head of Audit immediately of any suspected fraud, theft, irregularity, improper use or misappropriation of the Council's property, assets, resources or services.
- South West London Audit Partnership (SWLAP): The Council is under a duty to maintain an adequate and effective system of internal audit of the Council's accounting records and control systems. SWLAP reviews the adequacy and effectiveness of internal control, and, amongst other things, seeks to identify serious defects that might permit the occurrence of fraud and corruption. This is supported by follow-up work to ensure compliance with agreed action plans.
- The Money Laundering Reporting Officer: to whom staff are required to disclose money laundering suspicions, and who is responsible for reporting to the National Criminal Intelligence Service. In the case of a Member, the Head of Audit is responsible for co-ordinating investigations in consultation with the Council's Monitoring Officer, and the latter will invoke the relevant provisions of the Members' Code of Conduct.
- South West London Fraud Partnership (SWLFP) are responsible for the investigation of all allegations of fraud or corruption. All referrals will be risk assessed and where there are reasonable grounds to suspect fraud, corruption or other irregularity, an investigation will take place in accordance with agreed investigative procedures. Where an employee is the perpetrator and/or the fraudulent recipient they will liaise with the employing Department who will invoke the relevant provisions of the Employees' Disciplinary Code. The SWLFP also has responsibilities for using data matching to assist with fraud detection and prevention, and the provision of fraud awareness training.
- Contractors and Partners are expected to adhere to the principles outlined in the Strategy. The Council expects its partners to ensure that they have effective controls in place to minimise fraud and bribery, and where issues are identified that they are properly investigated, and appropriate remedial action taken. The Head of Audit provides support and guidance for Officers monitoring contracts and where appropriate to the partner organisations.

Deterrence

25. Deterrence is achieved when potential perpetrators of fraud and corruption consider that the risks (of being caught, punished and any gains removed) outweigh the perceived benefits arising from criminal actions. The Council seeks to deter potential perpetrators from targeting its finances and services and it does this via a high profile anti-fraud and anti-corruption reputation generated by:
- (a) a strong anti-fraud and anti-corruption culture involving Members, employees, and stakeholders including partners, contractors, service users and the public;
 - (b) clearly communicated policies on prosecution, civil recovery and disciplinary action;
 - (c) effective systems and actions on prevention, detection, investigation, sanctions and restitution;

- (d) appropriate declarations on relevant Council documents (particularly application forms) concerning illegal acts, sanctions, data matching and verification requirements;
- (e) positive and regular publicity to exploit the deterrent effect of hotlines and whistleblowing and to report all successful prosecutions unless there are clear grounds not to publicise; and
- (f) the requirements for officers and Members (including those representing the Council on Partnerships) to register and declare interests, gifts and hospitality and related party transactions.

Prevention

26. Fraud has an impact at a personal, organisational and societal level;
- at a personal level, it can cause anxiety, depression, a loss of money and potential injury from goods and services that are not fit for purpose,
 - at an organisational level, it can cause significant financial losses, a loss of employment, lower staff morale, reputational damage and a loss of public confidence in the public body concerned, and
 - at a societal level, it can lead to the loss of large sums to the economy, higher public spending, an increase in national debt, an increase in pressure on law enforcement.
27. The Council is committed to reducing fraud by design, through consideration of potential fraud risks at the idea stage of any new scheme, by reacting to know or reported fraud trends and through a robust culture that refuses to stand silent where fraud is being committed.
28. Directors and managers are responsible for establishing, maintaining and operating appropriate and effective systems and controls to prevent fraud and corruption. Effective risk management aimed at targeting high-risk areas and supported by effective preventative controls will maximise such prevention. Directors and managers are also required to provide prior notification to Internal Audit of significant proposed changes to systems of internal control, so that the effectiveness of assurance controls can be reassessed.
29. The Council recognises that effective recruitment and staff vetting arrangements are essential to ensure the integrity of new staff. The vetting arrangements relate to criminal convictions, police checks for specified posts and the robust verification of qualifications, the right to work in the United Kingdom and probing the reasons for any gaps in employment references. These areas of good practice are requirements for Contractors, Voluntary Organisations and Partnerships to put in place and are reinforced via contract conditions and Partnership agreements. Induction training introduces new staff to the Council's corporate codes and requirements, with regular refreshers via newsletter and through intranets to maintain staff awareness of the key issues. Induction training introduces new staff to the Council's corporate codes and requirements.
30. All officers are required to complete regular (refreshed every two years) Mandatory fraud and corruption awareness training.

Assurance

31. Directors and their managers are responsible for establishing, maintaining and operating appropriate and effective detective controls aimed at identifying fraud and corruption. Effective top-level management and budgetary control supported by appropriate risk

Anti-Fraud and Anti-Corruption Strategy

management and effective detailed controls will maximise the detection of fraud and corruption. Detective controls also include good audit trails and strict referral criteria where indicators of fraud or corruption are identified.

32. Internal Audit carries out detailed transaction testing on a risk-based basis across Council services and has regard to the possibility of fraud and corruption. The Internal Audit strategy also includes provision for thematic reviews, involving focused and detailed testing (including cross system matching), specifically directed at those Council services where there is a high inherent risk of fraud and corruption.
33. Effective internal control will operate via a cohesive system of checks on the day-to-day transactions and activities that operate continuously as part of the routine system whereby the work of one person is proved independently or is complementary to the work of another. Effective preventative controls cover organisation structures, delegations, segregation of duties, physical controls, checking, security, authorisation, supervision and review.
34. Internal Audit uses a systems-based approach, including detailed testing of preventative controls, to review the adequacy and effectiveness of internal control on a cyclical basis across Council services and has regard to the risks of fraud and corruption.
35. Internal assurances are provided via the Head of Audit and each Director provides a signed annual certificate of assurance on the effectiveness of controls in managing the risks of fraud and corruption.
36. The Council's anti-fraud and anti-corruption work and its results of Authorised Officers' powers are subject to regular review by the External Auditor and the Investigatory Powers Commissioner's Office (IPCO).
37. The Council will use these external validations to ensure that it maintains the highest possible standards and results in respect of its anti-fraud and anti-corruption responsibilities. The complaints process also forms an important part of the external validation process.

Detection

38. The Council is committed to data matching across the Council's own systems for the purposes of the detection of fraud and corruption and to data matching initiatives involving other public bodies and the National Fraud Initiative (NFI). Effective liaison and information sharing arrangements are also maintained with other agencies in order to aid detection and investigation.
39. Council staff are an important element in combating fraud and corruption and are encouraged and expected to raise such concerns where they are related to Council activity. The Council's Whistleblowing Policy and Procedure sets out how employees should raise concerns and how they will be dealt with. This includes special procedures for fraud and corruption, which should always be reported directly to the Head of Audit. Members should report suspected fraud and corruption to the Head of Audit, who will consult with the Monitoring Officer.
40. The Council's core contract conditions, including those in relation to Voluntary Organisations, also set down requirements relating to probity and inducements, assistance with legal proceedings, and personnel issues. This includes the need for whistleblowing policies to be put in place highlighting that the Council's own policies & procedures would generally suffice with little adaptation.

41. The Anti-Fraud and Anti-Corruption Guidance informs managers what they should and should not do when they become aware of the possibility of fraud or corruption and in particular the requirements for confidentiality and the preservation of evidence. Complaints that indicate possible fraud or corruption are to be dealt with in accordance with the Guide. Specialist staff are trained for surveillance activity and to combat money laundering, and relevant detailed guidance notes are included on the intranet.
42. Appropriate hotlines and other contact points are operated in order to maximise the detection of fraud and corruption via information received from Council employees, Members and the general public.

Investigation

43. The South West London Fraud Partnership (SWLFP) undertakes the Council's internal enquiries into alleged or suspected fraud and corruption and maintains an immediate response capability in this respect. Trained Fraud Investigators undertake investigations in accordance with legislation, regulations, and codes to ensure that actions are not prejudicial to the outcome of a case, and to preserve the rights of the individuals.
44. Formal complaints about Member misconduct are dealt with by the Monitoring Officer and the Standards Committee; these investigations may be supported by the SWLFP. For the most serious cases of alleged misconduct, such as corrupt or fraudulent practice, it is likely that the matter would be referred to the relevant authority for criminal prosecution.
45. The SWLFP will liaise as necessary with the police and, in consultation with the relevant Director, will formally refer criminal cases to the police for investigation. All such liaison and referrals shall be conducted in accordance with the protocol for partnership working between the police and the public sector partners. Other external agencies will be involved as necessary.
46. The Employees' Disciplinary Code will be invoked where appropriate in cases of fraud and corruption and Directors, in consultation with the Head of Human Resources and the Head of Fraud Shared Partnership, should consider the necessity for suspending an employee from work pending the conclusion of a case.
47. Failings in internal control will be reported to the Head of Audit and Service Directors in order that appropriate preventative measures can be implemented where possible to avoid the recurrence of similar incidences.

Sanctions

48. Sanctions are determined at the end of an investigation, subject only to applying any necessary interim or precautionary measures or sanctions, for example to prevent continuing fraudulent or corrupt activity or behaviour.
49. The Council will seek to invoke the highest level of sanction by applying appropriate criminal or civil (including disciplinary and regulatory) sanctions where there is sufficient evidence that fraud, corruption, financial irregularity, or malpractice have been committed. In cases of proven fraud, the Council will seek the prosecution of suspected offenders. However, the ultimate decision for criminal cases referred to the police rests with the Crown Prosecution Service who will prosecute where there is both a realistic prospect of conviction (the evidential test) and it is in the public interest.
50. The Council may decide to caution an offender in accordance with guidelines. This is subject to admission of the offence and the agreement to be cautioned. The caution is not a

Anti-Fraud and Anti-Corruption Strategy

criminal record, but the caution record is held for five years and details may be used if similar offence(s) are detected. The Council can undertake private prosecutions, for example council tax reduction/discount cases, and the application of the evidential and public interest tests are reflected in the Council's approved Fraud and Prosecution Policy, see Annex B. The policy also provides for administrative penalties where the amounts and circumstances do not merit further action. The SLLP are responsible for providing legal advice and for undertaking civil actions and private prosecutions.

51. Action under the Employees' Disciplinary Code will be invoked in all cases of employee fraud, corruption or misuse of Council assets or services. Theft, attempted theft, falsification of a document for gain or advantage, or obtaining Council services without proper entitlement and payment, or other dishonesty, are all examples of gross misconduct that will be dealt with as major offences under the Employees' Disciplinary Code. The timing of disciplinary action will have regard to ongoing police investigations and prosecution and the Head of SWLFP will advise on the most appropriate timing.

Restitution

52. The recovery of Council losses arising from fraud and corruption shall be maximised in order:
- (a) to minimise the residual financial impact on the Council,
 - (b) to punish the offender; and
 - (c) to deter offenders and others from defrauding the Council or committing related acts of corruption.
53. Where it is in the public interest, losses will be fully and accurately quantified including all relevant costs and damages. Compensation and/or Confiscation Orders will be requested in criminal cases and civil action will be taken where appropriate including cases already subject to criminal prosecution. Injunctions and restraint orders will be pursued where necessary to protect the Council's interests. Direct recovery from the perpetrator will be considered where appropriate on a no prejudice basis, and the repossession of Council assets will be pursued.
54. Any third-party liability will be established and pursued in order to recover residual losses, and this could include banks, Council contractors and the Council's insurers. Directors, through their service managers, will initiate such claims, having regard to advice from Internal Audit and from the Council's Insurance Manager as appropriate. The Council regularly reviews its risk exposure and maintains appropriate insurance cover in respect of anticipated/possible claims.

Reporting to officers and Members

55. Significant fraud referrals and Whistleblowing are discussed by the Whistleblowing Monitoring Group, chaired by the Monitoring Officer, and s.151 officer and relevant Service Director.
56. The Head of SWLFP reports to and discusses activity levels and outcomes in relation to fraud, corruption, and financial irregularities with the Shared Service Board on a quarterly basis. In addition, Interim and Annual Fraud Update Reports that include activity levels and outcomes are reported to and discussed with The Audit and Governance Committee.

57. To provide early warning to key Members of a significant fraud and any corruption case involving an employee, the Head of SWLFP will inform, on a private and confidential basis and as appropriate, this will include the Leader of the Council, the Leader of the Opposition, and the Chairman of the Audit Committee. In all such cases the Head of SWLFP will also inform the employing Director. The information will be purely background to avoid any possibility this could prejudice any potential hearing.
58. The Anti-Fraud & Anti-Corruption Statement is planned to be reviewed and reported to Audit Committee at least once every three years.

Publicity

59. Internal publicity provides feedback to staff to both inform them of the types of issues arising and to seek to deter further offences being committed by highlighting the successful investigations and the robust nature of the potential outcomes.
 60. External publication via a Press Release or Council Newsletter for high profile cases or for reports of levels of activity and outcomes also provide the opportunity to reinforce the Council's zero tolerance, robust response action and the message of deterrence.
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THE NOLAN PRINCIPLES OF PUBLIC LIFE

Whenever conducting the business of the Council, or acting as a representative of the Council, the following principles govern the conduct of Members and Co-Opted Members:

- Selflessness** - Members should serve only the public interest.
 - Integrity** - Members should not place themselves under any financial or other obligation to outside individuals or organisations.
 - Objectivity** - Members should make decisions on merit.
 - Accountability** - Members should be accountable to the public for their decisions and actions.
 - Openness** - Members should be as open as possible and should give reasons for their decisions and actions.
 - Honesty** - Members should declare any private interests and resolve any conflicts in a way that protects the public interest.
 - Leadership** - Members should promote and support these principles by example, and should act in a way that preserves public confidence.
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ANNEX B**PROSECUTION/SANCTION POLICY**

1. The Council will invoke the highest level of sanction by applying appropriate criminal, civil, including disciplinary/ regulatory, sanctions in all cases where the evidence suggests that fraud, corruption, financial irregularities, or malpractice have been committed. In cases of proven fraud, the Council will seek to prosecute.
2. Sanctions are determined at the end of an investigation, subject only to applying any necessary interim or precautionary measures or sanctions, for example to prevent continuing fraudulent or corrupt activity or behaviour.
3. A range of sanctions is available to the Council. These include disciplinary action, civil proceedings, criminal proceedings, confiscation proceedings, formal cautions, and administrative penalties. In appropriate cases we take more than one form of action. For example, where staff have defrauded the Council, we may take disciplinary, prosecution and civil recovery action.
4. Where the Council takes action, the decision to refer cases for prosecution is taken by the Head of Fraud in conjunction with the Service Director, the Director with s.151 responsibility or their nominees.
5. In considering whether it is appropriate to prosecute for a criminal offence it is accepted that there are two 'tests' to be applied – the Evidential Test and the Public Interest Test. These are set out in the Code for Crown Prosecutors. The Prosecutor will consider both tests before approving a prosecution but will only go on to consider the Public Interest test where he/she believes that the Evidential Test is satisfied.
6. To meet the **Evidential Test**, the Prosecutor must be satisfied that there is enough evidence to provide a 'realistic prospect of conviction' bearing in mind that the Prosecution is required to prove its case to the criminal standard of proof, i.e. 'beyond a reasonable doubt', or so as to be sure. The evidence must be acquired in a form which can be used by the court, be admissible and be reliable. If there is not sufficient evidence, the case cannot go ahead no matter how important the case or how strong the public interest is in favour of prosecution. Consideration must be given to how the defence case may affect the prosecution case. If necessary, an advice file will be sent to the prosecutor for their opinion.
7. The **Public Interest Test** in each case will be considered where there is enough evidence to provide a realistic prospect of conviction. In serious cases a prosecution usually takes place unless there are sufficient public interest factors against prosecution. Public interest factors that affect the decision to prosecute usually depend on the seriousness of the offence or the circumstances of the offender. Aggravating factors may increase the need to prosecute while mitigating factors may suggest that another course of action, such as offering a sanction, is more appropriate.
8. To ensure that a 'realistic prospect of conviction' exists, investigations are conducted in accordance with relevant legislation and in line with published Codes of Practice and Guidance on evidence gathering, interviewing and rules of disclosure. Evidence is examined and if the Public Interest test is satisfied, the case file is passed on to either the Council's Head of Legal Services, the DWP or the Crown Prosecution Service (CPS) via the police. All prosecutors will then consider the evidence to ensure that both tests are met.
9. Our sanctions policy with regard to the most common types of fraud & corruption is set out below:

Anti-Fraud and Anti-Corruption Strategy

- housing fraud
- other fraud
- staff fraud & corruption
- Member fraud & corruption.

Housing Fraud

10. In all cases of fraudulent housing or homeless applications, where a tenancy has been obtained, the Council will work with the housing provider to seek repossession of the property and recovery of any financial losses. Priority is given to property recovery as one property lost to fraud is one less property available to use for genuine applicants.
11. Frauds committed by housing and homeless applicants are also considered for criminal prosecution. The factors that affect any decision to prosecute are based on the evidential and the public interest tests in line with the Code for Crown Prosecutors.
12. Where social housing properties have been sublet or are abandoned the Council always seeks repossession of the property and recovery of any financial losses. Under the Prevention of Social Housing Fraud Act 2013, the Council will seek to prosecute in appropriate cases and can now be granted unlawful profit orders (UPO's). An "unlawful profit order" is an order requiring the offender to pay the landlord an amount representing the profit made by the offender as a result of the conduct constituting the offence. These can be granted by both the criminal court and the civil courts and can be done without having to prosecute.

Other Fraud

13. In all other cases of fraud, for example direct care payments, grants, insurance claims, blue badges, residents' parking, licences, school places, market traders and other applications for financial assistance, where the Council suffers a financial loss, we always seek recovery. Where an organisation is involved in the fraud, the Council also make referrals to the relevant governing body, e.g. Charities Commission, Registrar of Companies and Professional Associations as appropriate.
14. The Council also considers criminal prosecution. The factors that affect our decision to prosecute are based on the Evidential and the Public Interest Tests. This includes cases of attempted fraud where the level and intent of deception are assessed, for example where the financial estimates or statements are deliberately misstated/altered.
15. Prosecutions are undertaken for a number of reasons by service areas outside of SWLFP e.g. Trading Standards, Environmental Health, who have their own procedures for deciding on appropriate sanctions and redress.

Internal Fraud

16. All cases of fraud, theft, financial misconduct, serious and intentional breach of financial regulations and corruption committed by officers are serious breaches of the disciplinary rules. Normally such cases, where proved, will be considered as gross misconduct where dismissal would be considered a likely sanction.
17. Where a financial loss has been identified we always seek to recover this loss either through the civil or criminal process. In addition, where appropriate under this policy we refer cases to the relevant prosecuting authority for criminal prosecution.

Member Fraud

18. All cases of fraud, theft, financial misconduct, and corruption committed by Members are serious breaches of the trust placed in them by virtue of their public office. The Council's Monitoring Officer and our Members' Standards Committee are responsible for dealing with any serious breaches of the Member's Code of Conduct.
19. Where a financial loss has been identified we always seek to recover this loss either through the civil or criminal process. In addition, where appropriate we refer cases to the relevant prosecuting authority for criminal prosecution.

Prosecution – General

20. A decision to prosecute as a result of the outcome of any investigation will not be made without the authority of the Director with s.151 responsibilities. Each case deemed suitable for submission for prosecution will be subject to a full review by the Head of Fraud and the Director with s.151 responsibilities and (as appropriate in each case) the relevant Legal Service, the Police, or other relevant prosecution Authority.
21. Despite the intention to prosecute offenders, there are associated costs in bringing a case to court which can be substantial and must be borne by the Council and the Council Taxpayers. By adopting this policy, the Council commits itself to give serious thought to the costs involved, before proceeding with any prosecutions.
22. The cost of prosecution (where not progressed through the Police and via them the CPS) will be borne by the Directorate concerned.
23. In normal circumstances, once the decision to prosecute has been made and approved, the prosecution process will proceed uninterrupted. However, it is acknowledged that occasionally external forces will have an adverse effect and it may be that the CPS or the relevant Legal Service chooses to discontinue action, or there may be some other reason why criminal prosecution cannot or should not continue.
24. In these circumstances, consideration will be given as to whether it is appropriate to suspend proceedings and if so whether to undertake civil proceedings as an alternative (with due consideration to the implicit costs).
25. Further considerations may also be made to the most appropriate body to prosecute cases. Benefits fraud cases are now the responsibility of the DWP in investigate and prosecute. Larger scale fraud may be referred to the Police and offered to the CPS for prosecution depending on the level of resource and skills required to bring about a successful prosecution.

Parallel Sanctions

26. The circumstances of an offence that involves or implicates a member of staff may dictate that both a criminal investigation and a civil/disciplinary investigation be conducted simultaneously (or in parallel).
27. Criminal investigation and prosecution can take substantially longer to undertake and complete than disciplinary investigation, and consequently any disciplinary investigation (and potential sanction) should not be unnecessarily delayed pending the outcome of any criminal investigation. The fact of the criminal investigation by itself should not form the grounds of the disciplinary investigation.

Anti-Fraud and Anti-Corruption Strategy

28. Due to differences with the burdens of proof between Criminal and Civil investigations it is preferable that the investigations are conducted separately (although this does not necessarily imply that the same department cannot handle both investigations or that information gathered cannot be shared between the two investigations). The Head of Fraud will liaise both with Human Resources and any officer tasked with conducting the disciplinary investigation.
29. Sanctions relating to disciplinary investigations are covered in the Employee Code of Conduct and can range in scope up to and including summary dismissal for proven Gross Misconduct.

REDRESS

30. The recovery of money and resources wrongfully taken from the Public Purse is a key part of our integrated strategy. Loss recovery is a key driver aimed at reducing losses from fraud & corruption and reducing exposure to the risks of fraud & corruption. As such, we actively seek to recover our losses.
31. Whilst the Council has insurance cover for losses from fraud, corruption or other such acts, these are subject to excesses and specific limits. We therefore do not rely on insurance as a preferred method of loss recovery.
32. We have a range of options available to us for recovering losses including applications under the Proceeds of Crime Act 2002. The options we consider include:
 - instigating recovery of property, removing from the Housing Register, cancelling temporary accommodation, disallowing from Right to Buy, suing for loss of rent and/or portable discount
 - charges on property
 - third party debt orders ('Garnishee' – where payment can be obtained from a third party who owes or holds money for the debtor, e.g. where a bank is ordered to pay the credit balance in a debtor's bank account to the creditor in satisfaction of a judgement or court order)
 - attachment of earnings
 - freezing injunctions
 - pursuing debts via legal proceedings
 - confiscation orders to secure the 'benefit' from a person involved in criminal activity, e.g. where a person has fraudulently obtained funding for social care which they have used to pay a mortgage on a property, the amount by which the property has increased in value may be confiscated as distinct from simply the amount of overpaid funding
 - compensation
 - restitution orders
 - use of the National Crime Agency (NCA) for the most serious crimes.
33. Wherever the Council takes proceedings, criminal or civil, in respect of fraud, corruption or other financial irregularity/ malpractice it will seek to recover all its costs in doing so.

Committee: Standards and General Purposes Committee

Date: 9 November 2023

Wards:

Subject: Progress Report on Risk Management

Lead officer: Asad Mushtaq, Executive Director of Finance & Digital

Lead member: Councillor Billy Christie, Cabinet Member for Finance and Corporate Services

Contact officer: Zoe Church, Head of Financial Strategy and Capital, 020 8545 3451

Recommendations:

- A. That the Standards and General Purposes Committee reviews the adequacy of the risk management framework and the associated control environment
 - B. To consider the Key Strategic Risks and Issues faced by the council, and determine whether these are being actively managed
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide a progress report on risk management within Merton, including details of the Key Strategic Risks (KSRs) faced by the council.
- 1.2 The risk management strategy was approved by Cabinet on 20th February 2023 and approved by Council on 1st March 2023 as part of the 2023/27 Business Plan.

The current Risk Management Strategy is at Appendix A.
- 1.3 All departments review their risks each quarter at their respective DMTs, followed by a review of all risks by the Corporate Risk Management Group (CRMG). The final report in the quarterly cycle is presented to CMT to review the risks that are on the Key Strategic Risk Register (KSRR); these are significant risks/issues, which may have a strategic impact on the council as a whole. (Attached as Appendix B)
- 1.4 Strategic oversight is provided annually by Cabinet, and assessment of governance arrangements are considered as part of the annual report to the Standards and General Purposes Committee.

2 DETAILS

- 2.1. Merton's risk management strategy emphasises the benefits and importance of having effective risk management and provides a concise and structured approach for managing our risks.

It includes clear guidance for defining the likelihood and impact of risks, in order to ensure a consistency in risk scores across the council. Our risks are scored using a Red, Amber or Green status, with scores ranging from one (Green) to a maximum of 24 (Red)

The strategy also includes the process for identifying and raising new risks, the removing of risks from our registers and for escalating any risks, which might affect the Council as a whole, onto the Key Strategic Risk Register (KSRR).

Guidance in relation to financial risk management, particularly in the context of budget setting and monitoring, is detailed in the strategy.

- 2.2. Departmental risks are reviewed quarterly by the relevant risk champions and DMTs, to ensure that they have been assessed accurately and in a manner consistent with risk assessment across the organisation and that effective Control Actions to mitigate the risk are in place and updated.

- 2.3. The Corporate Risk Management Group (CRMG) meets quarterly, within two weeks of the DMT risk review meetings, and subjects the departmental risk registers, the KSRR and risk registers for Pensions and Merton & Sutton Joint Cemetery Board, to a thorough scrutiny and challenge.

This includes reducing or increasing risk scores, where applicable, and ensuring that Control Actions are effective and current. CRMG also agrees the removal of any existing risks once they are no longer deemed to be a risk and the introduction of any new risks.

- 2.4. After each CRMG meeting details of all Key Strategic Risks and Issues, including proposed amendments such as increased or reduced scores and the addition of new or deletion of risks, are reported to CMT. Any urgent decisions regarding KSRs outside of this quarterly cycle can be escalated to CMT via the monthly financial monitoring report.

- 2.5. In accordance with the risk reporting cycle, the most recent quarterly review of departmental risks was undertaken by DMTs during September 2023, following which all risks were scrutinised at CRMG on 4 October 2023.

2.6. There are currently 7 Key Strategic Risks and 3 Key Strategic Issues on the KSRR.

- A Risk is defined as an event which might occur in the future
- An Issue is something which is happening now.

Of these Risks and Issues, four are scored as red:

- One red issue is scored at 18 (Likelihood: 6 Very High / Impact: 3 Serious):
 - RE16 / KSR61 Annual Savings Programme (Issue)
- Two red risks / issues are scored at 16 (Likelihood: 4 Significant / Impact: 4 Very Serious):
 - ER153/ KSR84 Implementation of the Climate Action Plan (risk)
 - IT30/ KSR83 Risk of Cyber attack on the Council's IT Infrastructure and Systems (risk)
- One red risk is scored at 15 (Likelihood: 5 Significant / Impact: 3 Very Serious):
 - RE02 / KSR49 Corporate Business Plan & Balanced Budget (risk)

2.7. The KSRR Q2, containing full details of all strategic risks and issues together with their associated Control Actions, can be found at Appendix B. The register details the steps/actions being undertaken to mitigate each risk/issue.

2.8. CRMG also reviews the level of insurance claims against the council on a quarterly basis. Cross-departmental efforts are discussed to try to resolve any identified issues.

2.9. The last report to Standards and General Purposes Committee was on 28 November 2022.

2.10. Zurich provided training on risk management to:

- Risk Champions on 5 July 2023, and
- Standards and General Purpose Members on 21 September 2023

2.11. The quarterly review of the departmental risk registers was undertaken throughout September 2023, and the results scrutinised by CRMG in early October 2023 and included in the 2024/28 Draft Business Plan. The proposed final Business Plan will be updated with January 2024 review information before being approved by February Cabinet and March Council.

- 2.12. Cabinet is responsible for agreeing the risk management strategy on an annual basis. The Standards and General Purposes Committee provides an annual independent oversight of the adequacy of the risk management framework and the associated control environment; and must be satisfied that the council's strategic risks are being actively managed.
- 2.13. The risk management strategy is included within the dedicated risk management pages on the Merton Hub, and informs and underpins all risk management processes. This includes a wide range of areas, including project management, procurement and savings delivery. The intranet also includes guidance and information to assist officers who are responsible for managing and monitoring risks.
- 2.14. All internal audit report recommendations are reviewed by the departmental risk champions to ensure all relevant risk issues are addressed, supporting the internal control process.

3 ALTERNATIVE OPTIONS

- 3.1. Not applicable.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. CRMG contributed to consultations for the revision of the Risk Management Strategy which is attached at Appendix B.

5 TIMETABLE

- 5.1. Not applicable.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. Merton closely monitors its financial position providing regular updates to CMT, Cabinet, Scrutiny and Council.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. Risk management is a requirement of regulation 4(a) (iii) of the Accounts and Audit Regulations 2015.
- 7.2. With regards to responses to requests made under the Freedom of Information Act 2000 (FOIA) and other statutory enquiries relating to Council's risk these are based upon the published Key Strategic Risk Register within the Council's annual Business Plan. Requests in relation to disclosure of departmental risk registers under FOI (or under other legislation) will be responded to by the provision of the departmental registers but redacted as and where appropriate.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. There is one specific Key Strategic issue around equalities that is contained within the body of the report.

9 CRIME AND DISORDER IMPLICATIONS

9.1. There are no Key Strategic Risks which focus on specific crime and disorder implications.

10 HEALTH AND SAFETY IMPLICATIONS

10.1. There is one Key Strategic Risk with Health and Safety implications that is contained within the body of the report.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix A – Risk Management Strategy (January 2023)
- Appendix B - Key Strategic Risk Register (Status as at Q2, 2023/24)

12 BACKGROUND PAPERS

12.1. Relevant papers held within the Resources Division



London Borough of Merton

Risk Management Strategy

Revised January 2023

Policy Statement

Merton's policy is to manage our risks by identifying, assessing and controlling them, with the aim of eliminating or reducing them to acceptable levels whilst being mindful that some risks will always exist and will never be eliminated.

The council recognises its responsibility to risk management by supporting a structured, systematic and focussed approach to risk management through the approval of our risk management strategy.

The effective management of risk is at the core of our approach to delivering cost effective and efficient services as well as sound corporate governance and is a continuous and evolving process, running through our strategies and service delivery arrangements. As risk is very much concerned with our objectives, the management of it will be closely linked to the creation of our strategic, service, project and partnership objectives and plans.

Our risk management process will be continuous and will support internal and external change. The risk management process will be fully integrated with the normal business management processes across the authority.

Merton's aims and objectives in relation to risk management are to:

- Establish and maintain a robust framework and procedures for the identification, analysis, assessment and management of risk, including reporting and recording.
- Minimise the council's exposure to unacceptable levels of risk, minimise injury, damage, loss and inconvenience to staff, residents and service users.
- Integrate risk management into the day to day activities of staff and the culture of the organisation, raising awareness of the importance and need for risk management.
- Assign clear roles and responsibilities for councillors and officers responsible for risk management
- Ensure consistent application of our methodology across all of our activities, including partnerships and projects.
- Effectively manage the total cost of risk.

We will achieve this by:

- Having a clear and concise risk management strategy which underpins our approach and responsibilities to risk
- Incorporating risk management into business planning, project management and service delivery
- Monitoring risk on a regular basis through the Corporate Risk Management Group (CRMG)
- Reporting on risk on a regular basis to the Corporate Management Team (CMT), Cabinet, and Standards and General Purposes Committee

Risk Management Strategy

The process of identifying and evaluating risks is known as risk assessment. By understanding the risks we face, we are better able to actively recognise where uncertainty surrounding events or outcomes exists, and identify measures which can be taken to protect the council, its staff, residents, customers and assets from these risks.

This strategy provides a structured approach to identifying emerging risks as well as assessing and managing current risks. It also incorporates a process for regularly reviewing and updating identified risks.

This strategy will be reviewed on an annual basis and updated where required.

What is risk?

Risk is the threat that an event or action may adversely affect an organisation's ability to achieve its objectives and successfully execute its strategies. A risk can be a threat, obstacle, barrier, concern, problem or event that may prevent us fulfilling our objectives.

Our risk management processes also include the assessment of Issues. Issues are current problems, questions, outstanding items, tasks or a request that exists in the immediate present. There is a strong element of fact surrounding it. An issue becomes a risk when the issue cannot be addressed and could continue or get worse.

Definition of Risk Management

Organisations exist to achieve their ambitions, aims and objectives. Risk Management is the process by which organisations methodically address and identify the risks that may prevent them from achieving these ambitions, aims and objectives. The intention is to achieve sustained benefit within each of their activities, and across the portfolio of all their activities.

Ultimately, risk management is about creating a better understanding of the most important problems facing organisations.

Risk is also implicit in the decisions all organisations take; how those decisions are taken will affect how successful they are in achieving their objectives. Decision making is, in turn, an integral part of the day to day existence and is particularly significant in times of change. Risk management therefore is a key component in the management of change and helps to support effective decision making.

We endeavour to identify all risks facing the council and to monitor, manage and mitigate (where possible) all those risks which are deemed to be high (scored Amber or Red). Risks are monitored via Departmental Risk Registers, and key crosscutting risks to the council are also placed on the Key Strategic Risk Register (KSRR).

The benefits of risk management

In addition to the business and service benefits of our approach, we are required to undertake risk management because it forms part of the Annual Governance Statement. We must, therefore, demonstrate that we have a systematic strategy, framework and process for managing risk.

However, the council recognises that the benefits of risk management far outweigh the requirement to undertake the activity and such benefits include:

- Stronger ability to achieve our ambitions, aims and objectives as key risks are managed.
- Better decision making as we are more aware of risk.
- Ability to take advantage of opportunities because we understand the risks attached to them.
- Better governance and the ability to demonstrate it to our stakeholders.
- Reduction in failure, loss, damage and injury caused by risk
- Improvement in our ability to adapt to change
- Improvement in our corporate governance
- Compliance with statutory and regulatory requirements

Organisational awareness of risk and risk management

Ensuring that there is a strong organisational awareness of risk management will be achieved through training sessions, reviews, departmental meetings, briefings and staff bulletins which will take place on a regular basis. Each department has an assigned Risk Champion who will offer guidance to staff where required. The [risk management intranet page](#) will be regularly reviewed and staff will be signposted to the information they need to pro-actively identify and manage risk i.e., the Risk Management Toolkit and other guidance.

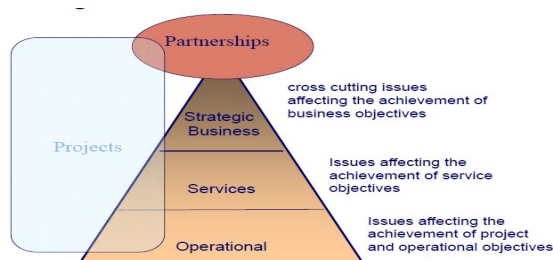
Risk Appetite

The council recognises that its risk appetite to achieve the corporate priorities identified within its business plan could be described in general as an “informed and cautious” approach. Where significant risk arises, we will take effective control action to reduce these risks to an acceptable level.

It is also recognised that a higher level of risk may need to be accepted, for example to support innovation in service delivery. To offset this there are areas where the council will maintain a very cautious approach for example in matters of compliance with the law, and public confidence in the council, supporting the overall “informed and cautious” position on risk.

How does risk management integrate with other policies?

Risk management links closely with Health and Safety, Business Continuity, Emergency Planning and Insurance; by ensuring close links we can enhance our resilience. Generally, a single issue or risk will fall into only one of these categories; however some may fall into two or more. As Business Continuity is a way of mitigating risk, its link with risk management is key to ensuring the continuous delivery of services which are important to the community.



Key Strategic Risks

These are the Council's most serious risks and tend to be either broad in impact whereby they have the potential to impact significantly on the capability, vitality, or success of the Authority as a whole or they are deep in impact, that is the effects of the risk event occurring are especially serious. The approach to corporate risks sets the context for decisions at other levels in the council. The number of corporate risks will vary depending on the Council's risk profile. However, generally corporate risks are the top ten to 15 most serious risks faced by the Council. A key strategic risk is likely to have one or more of the following characteristics: -

- Strategic and cross-cutting, with the potential to impact on a range of different areas or functions;
- Related to the Council's ability to successfully deliver one or more corporate objectives;
- Affects the outcomes sought from one of the Council's major programmes;
- Operates over the medium or long-term;
- The potential to impact negatively on the organisation's capacity, for example by limiting, reducing or failing to maximise financial or human resources;
- Linked to the organisation's ability to successfully deliver transformational change and major initiatives, while continuing with business as usual;
- Concerned with the wellbeing of residents, businesses and/or LBM staff; and may impact on the Council's reputation

Corporate risks are captured on the KSRR, which is owned by the Corporate Management Team (CMT) The KSRR is also presented to the Standards and General Purposes Committee meetings each year as this committee is responsible for monitoring the effective development and operation of risk management. Risks from the Departmental Risk Registers can be escalated here as part of the ongoing review process. The KSRR is reviewed on a regular basis.

Service Delivery / Operational Risks

These are risks that relate to the day-to-day delivery of Council services and could relate to a wide variety of different types or sources of risk. Key service risks should be recorded in the Departmental Risk Register. The risks should be owned by the relevant Head of Service (HoS) or Assistant Director and be reviewed on a regular, usually quarterly basis by Departmental Management Teams (DMTs).

Risk management in projects

Risk management is a key part of the ongoing management of projects and partnerships and is clearly defined in [Merton's Approach to Projects \(MAP\)](#).

Risk management in partnerships

The council is involved in a wide range of partnerships to achieve our ambitions, aims and objectives. It is vital we assess the risks to achievement within our key partnerships, and ensure that they are monitored regularly.

Our methodology for assessing and monitoring risks has been adopted by our key partnerships in order to ensure consistent scoring, and effective integration into our risk management system.

Financial Risk Management

Local government has faced unprecedented financial challenges in recent years that are likely to remain well into the next decade. The harsh financial economy faced by local authorities has led Central Government and the public sector accounting body CIPFA to start to consider how best to minimise the chance of further Section 114 notices being released and providing early warnings of authorities being unable to balance their budgets. Within Merton the following activity is already undertaken:

Budget Setting

- Financial pressures caused by demographic pressures in Special Educational Needs, Placements and Adult Social Care have been monitored closely – ongoing demands have received some additional funding
- Financial modelling within the Medium Term Financial Strategy and Capital has been developed
- Horizon spotting is used to improve response times to changes in Central Government funding.
- Financial Risk thresholds are kept under review
- Impact of Brexit and Covid

Budget Monitoring:

- All budgets are monitored monthly, and reviewed with outturn, current spend and commitments
- Monthly review of progress on delivery of savings with management action
- Monitoring resources are targeted at high-risk areas

Year End Accounting

- Reviewing closing issues to minimise the chance of the issues occurring again
- A greater emphasis on quality control of working papers
- More emphasis on reconciliation work within the financial year.

There is also a financial impact element to the authorities risk matrix which has been reviewed and simplified. Officers will continue to review activity and adopt best practice etc. where appropriate.

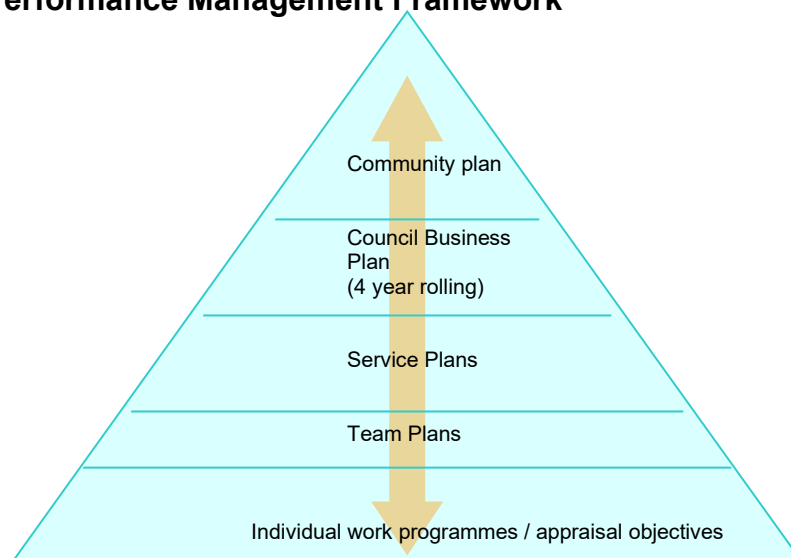
Corporate approach to risk management

In order to formalise and structure risk management, it is recognised there is an obvious and clear link with the business planning process and therefore risk management sits within the Financial Strategy and Capital team.

Corporate Risks – corporate risks not contained on the KSRR are normally incorporated into either the Innovation and Change or Financial and Digital Directorates (previously Corporate Services) where and appropriate risk owner will be identified.

The overall council Business Plan, incorporating the individual service plans, sets out what a team, division, department, or the council as a whole, want to achieve within a specific time frame, as shown below.

Merton Performance Management Framework



- CMT is ultimately accountable for delivering the council’s Business Plan therefore they are responsible for monitoring and reviewing the KSRR.
- DMTs are responsible for their own services’ risk registers.
- Divisions or teams are responsible for their own risk registers, if applicable.

It is important that risks identified and assessed at an operational level can be escalated to a departmental or corporate level. However, because a risk may have a great impact on a team it does not necessarily follow that it may have the same impact on the department, or the organisation as a whole.

Ultimately, it is the respective management team which decides if a risk is an appropriate inclusion on its risk register.

Scoring Risk

When determining a score for service level risks, definitions of likelihood and impact of risk should be used in conjunction with the matrix below. Therefore, if the likelihood of a risk is 4, significant, (occurs or likely to occur more than 25%, and up to 50% of the time) and the impact is 3, serious, (service provision - service suspended short term) – then the risk rating will be 12 (4x3) which is amber.

Definition of the Likelihood of Risk

Classification	Definition
6 - Very High	Occurs or likely to occur more than 90% of the time
5 - High	Occurs or likely to occur over 50% of the time
4 - Significant	Occurs or likely to occur over a 25% of the time
3 - Possible	Occurs or likely to occur less than a 25% of the time
2 - Low	Occurs or likely to occur less than 5% of the time
1 - Almost Impossible	Occurs or likely to occur less than 1% of the time

Definition of the Impact of Risk

Categories	1 - Marginal	2 – Moderate	3 - Serious	4 - Very serious
Financial Impact – FI	£100k - £500k per annum	£500k - £1m per annum	£1m - £5m per annum	Over £5m per annum
Service Provision - SP	Reduced service	Significant reduction	Service suspended short term	Service suspended long term / statutory duties not delivered
Health and Safety - HS	Broken bones / illness	Major illness / threat not life threatening	Loss of life / major illness	Major loss of life / large scale illness (pandemic)
Objectives - O	Objectives of one service area not met	Departmental objectives not met	Corporate objectives not met	Statutory objectives not met
Reputation - R	Adverse local media lead story short term	Adverse local media story long term. Adverse national publicity short term.	Adverse national publicity longer term	Remembered for years

Risk Matrix

Likelihood	6	6	12	18	24	Likelihood 6. Very high 5. High 4. Significant 3. Possible 2. Low 1. Almost impossible	Impact 4. Very Serious 3. Serious 2. Moderate 1. Marginal
	5	5	10	15	20		
	4	4	8	12	16		
	3	3	6	9	12		
	2	2	4	6	8		
	1	1	2	3	4		
		1	2	3	4		
			Impact				

Reporting and escalating risks

All risks on individual service risk registers are reviewed at Departmental Managers Team (DMT) meetings with particular attention given to red or increasing amber risks.

Risks are also checked for any cross-cutting implications. If the risk is high scoring and/or could have an impact across the organisation, then it must be included in Key Strategic Risk Register, which contains risks which could have a detrimental impact across the whole organisation should they occur.

Monitoring and Managing

During the year, new risks will arise that have not previously been considered and there may be changes to existing risks. Therefore, the risk registers need to be regularly managed, with risk owners re-assessing their risks, re-scoring them if appropriate, and providing sufficient narrative in respect of the Control Measures they have in place (ie the actions which they are taking to mitigate against the risk). The reviews of risk registers should be managed by exception. The reporting cycle as detailed below, takes place during April, July, October and January.

Quarterly (1 st Week)	Quarterly (2 nd Week)	Quarterly (4 th Week)	Annually	Annually
DMT – review operational service risks and propose KSRs as per the definitions of likelihood and impact for crosscutting risks	Corporate Risk Management Group (CRMG) – review service risks and proposed KSRs	CMT – identify and review KSRs	The Strategy is presented to Cabinet (Feb) and Council (March) for Review and Approval as part of the Budget Process	Standards and General Purposes Committee- provide independent oversight of the adequacy of the risk management framework and KSR's

All risks are reviewed according to the quarterly cycle shown above, with a particular focus upon red risks, and also upon amber risks which have increased their risk score since the previous quarterly review.

Removal of any risks from the registers must be approved by DMTs and CRMG prior to being presented to CMT. CRMG will only approve removal of a risk if it is scored green for a minimum of two consecutive reporting cycles (i.e., two quarters). There are otherwise no rigid guidelines for dropping risks from the registers because clear parameters are not always possible. A decision is sometimes taken to keep a low-scoring risk in view on the basis that its status might change over a short period, or so those with an assurance role can be confident mitigation against a risk can be sustained.

A flowchart showing how service, departmental, corporate and partnership risks are escalated and reported is shown on the final page of this Strategy.

Roles, Responsibilities and Governance

Councillors

Elected councillors are responsible for governing the delivery of services to the local community. Councillors have a responsibility to understand the key risks the council faces and will be made aware of how these risks are being managed through the annual business planning process. All Councillors will have a responsibility to consider the risks associated with the decisions they undertake and will be informed of these risks in the plans and reports submitted to them.

Chief Executive and CMT

The Chief Executive and CMT are ultimately accountable in ensuring that risk management is fully embedded in the council's business planning and monitoring processes as well as having overall accountability and responsibility for leading the delivery of the council's Risk Management Strategy and Framework. They are responsible for reviewing the Key Strategic risks. CMT will take a leading role in the risk management process, ensuring that risk management is communicated, understood and implemented by Councillors, managers and staff. CMT will also play an important role in establishing a supportive culture.

CMT will submit a annual report on the key strategic risks to the Standards and General Purposes Committee and an annual report to Cabinet.

Executive Directors

Each Executive Director is accountable for proper monitoring of their departmental risk register, action plans and the embedding of risk management into the business planning process of their department. They will be actively involved in the risk management process within their department and CMT, including nominating an appropriate Risk Champion for their department. Executive Directors are also accountable and responsible for leading the delivery of the council's Risk Management Framework in their respective Department. Alongside their DMT colleagues they monitor their Risk Registers on a regular, usually quarterly basis.

Executive Directors will:

- Work with their departmental management team to scan the horizon, put in place early warning mechanisms, and to take an overview of risk within their department
- Use information about risks to inform decisions, develop strategy and implement policy
- Champion and embed proactive, enabling and robust risk management practices within their department, in line with the risk management strategy
- Review and monitor risk appetite for their department
- Lead strategies to address corporate risks within their department
- Ensure risk registers are held for any major programmes and projects
- Assign responsibility for managing and controlling specific risks
- Serve as the primary link between risks emerging at the department level and the key strategic risk register, cascading risks up and action down
- Monitor the implementation and efficacy of risk management within their department

Section 151 Officer / Internal Audit

The Section 151 officer and Internal Audit will be responsible for carrying out independent reviews of the risk management strategy and processes. They will provide assurance and give an independent and objective opinion to the council on the adequacy of its risk management strategy, control procedures and governance. The section 151 officer will chair the CRMG group.

An annual Audit Plan, based on a reasonable evaluation of risk, will be carried out and an annual assurance statement will be provided to the council based upon work undertaken in the previous year. Internal Audit will: -

- Use risk assessments to inform its annual audit plan;
- Carry out risk-based audits, evaluating controls and providing an opinion of levels of assurance; carry out audits to test the suitability and implementation of the risk management framework; and
- Make recommendations for improving risk management practices

Risk Champions

Risk champions will work with their Director, Heads of Service, Managers and Team Leaders to ensure the RM Strategy and Framework is embedded in the Department and departmental planning, performance, project and partnership management, offering support and challenge. They will also represent their department at CRMG meetings.

Risk Champions will ensure that risks are identified, assessed and scored correctly by the Risk Owners, offering advice and guidance where appropriate. They will also challenge risk scores where they do not appear to be reasonable, or where they contradict the Control Measures narrative or the corporate Risk Scoring Guidance.

All Risk Champions will receive appropriate training to ensure that they can perform their role effectively. Training needs will be regularly evaluated.

Programme and Project Sponsors and Managers

Programme and Project Sponsors and Managers are responsible for the development and review of the Project and Programme Risk Registers. They will:

- Embed risk management, in line with the Council's risk management framework, within the programme/project lifecycle to support project definition, approval, change control, decision making and delivery
- Agree risk appetite within the programme/project and the overall approach for managing and escalating risk
- Maintain a programme/project risk register and an overview of total risk exposure
- Align risks with programme/project objectives and outcomes
- Assign clear accountabilities for risk, including risk owners and risk action owners
- Put in place early warning mechanisms
- Communicate clearly risks to stakeholders and relevant governance boards, and ensure risk is comprehensively covered in project documentation, escalate risks to directors and senior managers where appropriate, and if the overall risk exposure or a specific risk is particularly serious, to the Key Strategic Risk Register
- Seek out expertise to help effectively identify and control risks
- Maintain records of historic and current risk registers forming an effective audit trail.

Service Managers

Managers have a responsibility not only for the risks for which they are the risk owner, but are also accountable for those risks, within their service, which are owned / managed by others.

Service managers will:-

- Manage operational risk and the risks associated with policy implementation in accordance with the risk management framework;
 - Escalate serious risks to the department and corporate levels as appropriate, as well as advise when operational risk may impact on project delivery;
 - Take account of risk management issues when setting staff performance target
- They are required to maintain an awareness of risk and ensure that any risks they identify are captured by the risk management process, understanding and responding to the key risks which could significantly impact on the achievement of their service and/or team objectives. Managers should encourage staff to be open about discussing risk to support the identification of risks at an early stage and ensure that appropriate mitigation actions and control measures can be put in place.

Risk Owners

Risk owners are responsible for identifying and implementing appropriate actions which will mitigate against risks they own and reduce these risks to an level acceptable to the organisation. They are required to regularly review the effectiveness of their control measures and provide a formal update to DMTs and CRMG on a quarterly basis as part of the risk review cycle.

Risk owners will:-

- Seek out relevant expertise to help in the assessment of risk and appropriate control measures
- Review and report on the proximity and status of assigned risks
- Escalate risks to the department or corporate level as and when necessary
- Identify risk action owners for implementing control measures and ensure that they put in place actions to control risks, drawing on the advice of relevant experts; monitor risk and control measures and feedback on the progress in implementing controls and their efficacy.

Individual Employees

Individual employees need to have an understanding of risks and consider risk management as part of their everyday activities, identifying risks deriving from their everyday work, processes and environment. Risks which could impact on service delivery, the achievement of objectives, or their own or others' wellbeing must be identified and actively managed, with mitigating actions in place where appropriate.

All staff should

- Understand the Council's approach to risk management
- Make active and effective use of risk management
- Escalate risks to the project, department or corporate level as appropriate
- Provide feedback on the usefulness of the risk management framework.

Financial Strategy and Capital Team

The financial strategy and capital team is responsible for ensuring that risk management is embedded throughout the council, as well facilitating and supporting the risk management process and supporting risk owners.

The team will

- Ensure risk management guidance and intranet pages remain up to date and relevant,
- Maintain and administer the Key Strategic risk register and support the Corporate Management Team in ensuring it is comprehensive and accurate
- Keep abreast of best practice and draw on Internal Audit recommendations to review and coordinate improvements to the risk management framework;
- Communicate and promote the risk management framework,
- Be available to provide support to those undertaking risk management;
- Promote, integrate and reinforce risk management within other disciplines, in particular project governance and management and decision making

In addition, the financial strategy and capital team will ensure risk is part of the annual service planning process, facilitate the CRMG meetings, and submit strategic updates and reports on risk management to CMT, Cabinet, Standards and General Purposes Committee etc. as required.

Corporate Risk Management Group

The Corporate Risk Management Group will provide strategic direction and leadership to ensure our risk strategy is maintained and updated and that risks are appropriately identified and managed within the organisation. It will provide a forum for the detailed discussion and monitoring of organisational risks for the benefit of the council, its staff and the wider community.

CRMG will strive to ensure that the risk management framework is embedded within the council's overall strategic and operational policies, practices and processes in a consistent and standardised manner.

In addition, it will provide assurance that all risk systems and processes are operating effectively to minimise the Council's overall exposure to risk. The headline departmental risks and planned mitigation activity reported by each department will be discussed by CRMG on a quarterly basis. CRMG will then report its conclusions and recommendations for discussion at CMT.

Cabinet

Cabinet will receive reports on the risk management strategy to determine whether corporate risks are being actively managed. They are responsible for agreeing the strategy on an annual basis, or when significant changes are made, and to report to full Council on the adequacy of the risk management framework.

Standards and General Purposes Committee

The Standards and General Purposes Committee is responsible for monitoring the effective development and operation of risk management. Its role is to provide an independent oversight of the adequacy of the risk management framework and the associated control environment. Annual reports will be provided regarding the KSRR in order that the committee can determine whether strategic risks are being actively managed.

On an annual basis, the committee will review and recommend the adoption of the risk management strategy to cabinet, or if significant changes are identified, to request a revision.

Risk management in committee reports

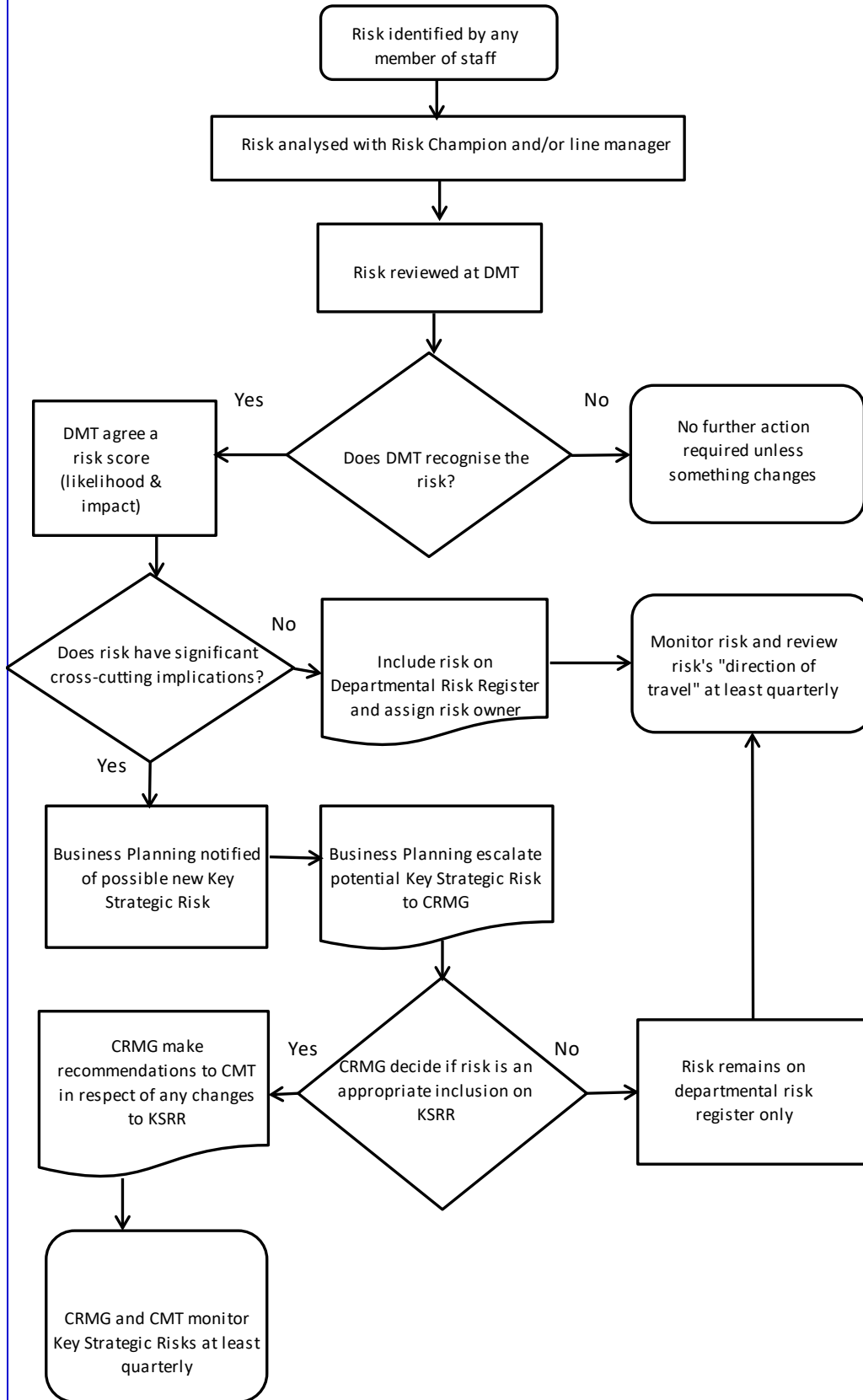
When a report is submitted to a committee the author is required to complete a section on Risk Management and Health and Safety Implications. The committee should be informed of any significant risks involved in taking a recommended course of action, or if it decides not to follow the recommended course of action. The risk assessment should follow the corporate risk management procedures and be scored using the risk matrix. The report should also give details of any control measures (either proposed or existing) to manage any significant risks identified. Where appropriate, reference should be made to any existing risk(s).

Report authors are advised to consult with the Financial Strategy and Capital team or their departmental Risk Champion, for further advice and to propose any risks to be considered for inclusion in the departmental or KSRR.

Risk Management Practice during Extraordinary Events

It is envisaged that the velocity of change during such an occurrence (i.e. Covid) will require the authority to maintain a separate risks and issues register to ensure an adaptable, flexible and frequent review to accurately track the movement of items. During these periods an additional risk log will be established, where by managers submit and update their risks directly via a secured, interactive shared portal (currently SharePoint). This information will then be reviewed and amended appropriately by senior management, DMTs, CMT and Members.

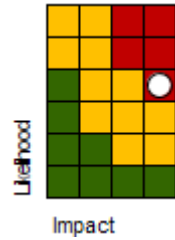




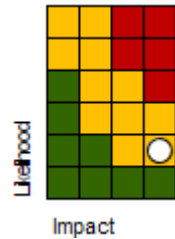




London Borough of Merton Risk Management Process

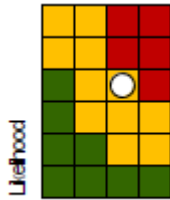





Risk Register ~ Key Strategic Risks

Appendix B

Code & Name	Risk or Issue	Risk Description	Cause(s)	Consequence(s)	Impact code	Matrix	Current Score & Review History	Control Actions	Date provided
CG05 / KSR79 Data Protection Compliance	Key Strategic Risk	We may fail to comply with the requirements of Data Protection legislation	- inappropriate processing, use, retention, access or inaccuracy of data - staff insufficiently aware of requirements of Act and other legislation	Harm to service users, through breach of privacy (could result in physical harm); loss of services; damage to reputation; financial impact on council through ICO fines; key stakeholders lose confidence & may not share data with the council	FI & R		12 04-Sep-2023	FOI/SARS response rate is improving largely due to weekly reports being sent to EDs re: o/s ones.	05 Sep 2023
							12 02-Jun-2023		
ER153/ KSR84 Implementation of the Climate Action Plan	Key Strategic Risk	Merton's Climate Action Plan is prepared by FutureMerton, but the delivery of the Council's climate objectives sits with every team, particularly services with buildings and vehicles specific to their service. The risks associated with the delivery of the climate action plan should remain a corporate risk as the mitigation measures are council-wide.	Due to the complexities and uncertainties of achieving decarbonisation, there are a number of potential causes: (a) National policy framework is uncondusive to local action (either through an ineffective policy framework of through lack of finance) (b) Lack of robust evidence/ expertise to assess greenhouse gas emissions and track progress (c) The estimated costs of implementing the actions are very high or very uncertain (d) Lack of control over the majority of emissions and therefore a reliance on behaviour change of Merton's residence and businesses (e) Lack of commitment/ resources of key Officers in all departments who would need to commit to actions and subsequently implement them	Failure to get an action plan which was fit for purpose may result in Merton not playing its part in mitigating the dangerous effects of climate change – as set out in the declaration of a climate emergency that was unanimously passed at Council. It would also mean not delivering against commitments set out in the (revised) Climate Change Act and the Mayor's 1.5 degree compatible climate action plan. This may result in a loss of public confidence and reputation damage for Merton council.	FI/ R		16 18-Sep-2023	Recruitment of retrofit officers was successful, but a new vacancy has emerged and the team are recruiting.	18 Sep 2023
							16 29-Jun-2023		
							16 21-Mar-2023	Despite full funding and posts and recruitment the following posts to deliver the climate plan remain vacant (outside future Merton): • Facilities Management buildings surveyor post. • Fleet management carbon reduction post	
							16 21-Mar-2023		

Code & Name	Risk or Issue	Risk Description	Cause(s)	Consequence(s)	Impact code	Matrix	Current Score & Review History	Control Actions	Date provided
IT30/ KSR83 Risk of Cyber attack on the Council's IT Infrastructure and Systems	Key Strategic Risk		Cyber attack	Financial, Reputational, Loss of Service – All of these areas would potentially be very severely impacted and affected.	R		16  17-Jul-2023	<p>The Council has invested in new technology to counter the threat of a cyber security attack, and any subsequent potential loss of data and services.</p> <p>However, the general level of risk continues to increase globally, with regular attacks on both commercial and government sectors alike.</p> <p>In April 2023 the LGA completed an external review of our cyber security arrangements and a summary report containing a number of recommendations was presented to CMT.</p> <p>Officers have developed an action plan to address the recommendations that has been signed off by CMT, together with approval for additional resources to complete the works and further develop the Councils current processes and procedures.</p>	31 Oct 2023
							16  02-Jun-2023		
							16  08-Mar-2023		
							16  02-Dec-2022		
KSR92 Safeguarding of children and vulnerable adults	Key Strategic Risk	<p>Failure to implement Safeguarding good practises and procedures or insufficient allocation of resources results in an avoidable safeguarding incident leading to serious injury or loss of life.</p> <p>Impact includes significant legal,</p>	<p>Serious failing in safeguarding duties, practice and procedures resulting in harm to a child / children or vulnerable people. A notable, high profile or systemic safeguarding incident or Local Child Safeguarding Practise Review that draws significant reputational harm to the borough</p> <p>Systemic failings in safeguarding duties under the relevant legislation relating to children and vulnerable adults.</p>	<p>Serious incidents of harm/abuse of children or vulnerable adults, including deaths or multiple deaths.</p> <p>Reputational damage to LBM.</p> <p>Risk of legal challenge and significant associated costs.</p> <p>Secretary of State intervention</p>	R		8  18-Sep-2023	<p>Robust supervision, regular review of performance information and audit processes in place to ensure effective safeguarding practice.</p> <p>Continued robust implementation of, and compliance with the London Safeguarding Children Procedures and Practice Guidance and for vulnerable adults the London Multi-Agency Safeguarding Policy and Procedures.</p>	18 Sep 2023
							8  18-Sep-2023		
							8  18-Sep-2023		
							8  16-Feb-2023		

Code & Name	Risk or Issue	Risk Description	Cause(s)	Consequence(s)	Impact code	Matrix	Current Score & Review History	Control Actions	Date provided
		regulatory and reputational consequences for the Council, risk of external intervention and impact on workforce recruitment and retention. High Cost of recovery.	Rising demand and/or workforce shortages relating to referral routes (MASH, Children Social Care) or to services managing Safeguarding enquiries and investigations. Failure of referral routes and/or failure by partners to identify risk and refer accordingly.	OFSTED / CQC intervention Cost of recovery action. Increasing placement costs. Impact on service delivery models and pathways.				Robust Independent Chairing and support arrangements for Children's and Adults Safeguarding Boards Recruitment of additional resource at times of acute demand increases	
Page 237 KSR93 Housing Supply	Key Strategic Risk	Lack of Housing Supply combined with increasing issues of affordability in respect of existing housing stock impacts on the Council's abilities to meet its statutory duties; to achieve the administration's priority ambitions for the borough; and to recruit and retain staff.	Increased Demand via Housing Register, Homeless Applications and Rough Sleepers Lack of turnover of existing social housing tenancies Lack of new build (across all tenure types) Increased competition in private rented market Rising house prices and rents 'price out' an increasing proportion of the population.	Increasing number of households in Temporary Accommodation, including accommodation outside of the borough, and associated General Fund costs.	R, SP		12  28-Sep-2023	Asset review carried out to identify opportunity to deliver 400 new council homes, and first 4 sites are being progressed through a partnership with L&Q. Continuing work with key developers to bring forward larger housing sites, as identified in the Local Plan. The pre application pipeline for these is still strong, but there is a general slow down in the market, so we need to ensure planning and policy encourages developers to invest in Merton.	28 Sep 2023
				Threat of legal challenge			12  24-Aug-2023		
				Increased use of B&B for families for longer than 6 weeks resulting in legal challenge and/or scrutiny from Govt Reputational risk and increasing resident dissatisfaction. Increased numbers of rough sleepers Inability of Council to deliver on administration priority ambitions. Inability to provide a longer term solution for refugees and asylum seekers looking to settle			12  16-Feb-2023		

Code & Name	Risk or Issue	Risk Description	Cause(s)	Consequence(s)	Impact code	Matrix	Current Score & Review History	Control Actions	Date provided
				in the borough, which impacts on the Council's ability to maintain credibility as a Borough of Sanctuary. Reducing attractiveness as an employer of choice.					
KSR94 Waste Services Change of Delivery Model & Mobilisation	Key Strategic Risk	Waste Collection Retendering and implementation of the new service may be affected due to the lack of market providers, and this may have the potential to impact street cleansing service mobilisation.	The Authority is tendering its Waste Collection Service the new contract is due to commence on 1st April 2025, this is at the similar timing of three neighbouring boroughs, which has the risk of causing pressure in the marketplace.	There are two primary risks to this process: <ul style="list-style-type: none"> • There are limited or no suitable bidders for the service • The bids submitted for the service are considerably higher than budget provision 	FI & R		9 22-Sep-2023	If there were insufficient interest or bidding was too high the service could be taken back in house – given the lead in time for the contract this would be possible and would be in-line with the return of street cleansing services	22 Sep 2023
RE02 / KSR49 Corporate Business Plan & Balanced Budget	Key Strategic Risk	We may fail to develop a corporate Business Plan & set a balanced budget for 23/24 & beyond	- Reduction in Government Grant - possible ongoing effect of COVID; - high level of inflation and utilities costs - ensuring DSG deficit is cleared	- negative impact on service provision - damage to council reputation - negative impact on staff morale - dissatisfaction of internal & external customers	FI		15 05-Sep-2023 12 16-Jun-2023 12 20-Mar-2023 12 20-Jan-2023	Increase in Likelihood risk to 5 leading to overall risk score of 15. A marked increase in forecast overspend in 2023/24 due to inflation, including potential pay award which has an ongoing effect and service demand costs, plus an indication that this will result in growth pressures in 2024/25 and beyond	05 Sep 2023

Code & Name	Risk or Issue	Risk Description	Cause(s)	Consequence(s)	Impact code	Matrix	Current Score & Review History	Control Actions	Date provided
CPI41 / KSR53 Equalities duties	Key Strategic Issue	We may be in breach of Equalities legislation regarding new policy development, designing services and decision making (formerly RE11)	- insufficient evidence to demonstrate how equalities implications have been considered	- reputational impact for council - risk of judicial review & litigation - negative impact on service users - loss of savings.	R		12 05-Sep-2023	Draft Equality, Diversity and Inclusion Strategy out to consultation and scheduled to be adopted by Cabinet in November 2023. EIA template and guidance review initiated. No new control measures required.	05 Sep 2023
							12 02-Jun-2023		
							12 17-Mar-2023		
							9 19-Dec-2022		
HR07/ KSR91 *NEW* Recruitment and Retention of Staff	Key Strategic Issue	Difficulty recruiting and retaining staff	It is a candidate led market at the moment and all organisations are struggling to recruit. Candidates are also looking for high levels of flexibility from their employers. Unemployment rates are very low and there are more jobs being advertised than people available	Inability to attract and retain good quality candidates/staff. Service delivery could be affected	SP - Service Provision		12 04-Sep-2023	In addition to the January update we are also bringing temporary and permanent recruitment together under a temporary Head of Talent and Resourcing.	04 Sep 2023
							12 02-Jun-2023		
							12 13-Mar-2023		
							12 19-Jan-2023		
RE16 / KSR61 Annual Savings Programme	Key Strategic Issue	Failure to deliver the savings that have been built into the MTFS	We are unable to achieve some of our planned savings due to the changing financial and economic environment facing the Council and its residents.	- we are currently delivering approx. 57% of our 22/23 savings - adverse impact on the authority's ability to balance its budget in the medium to long term - gap is larger than the contingency - we are required to reinstate reserves	FI		18 04-Sep-2023	Detailed focus via CMT and Cabinet on the delivery of savings together with mitigations for those that are proving challenging. Regular review via monthly Budget Monitoring reporting to CMT (quarterly reports to Cabinet), Govt returns etc. Budget Managers will be asked to review options if income situation continuing Ensuring speedy distribution of Govt grants to those most affected. Routine monitoring of impacted staff. Remote working. Enhanced Budget Monitoring	04 Sep 2023
							18 02-Jun-2023		
							18 08-Mar-2023		
							18 09-Dec-2022		

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Standards and General Purposes Committee

Forward work plan

March

- External Audit progress report
- External Audit Annual Letter
- External Audit Certification of Claims report
- External Audit Plans for Council and Pension Fund accounts
- Internal Audit Plan
- Internal Audit progress report
- Update on RIPA authorisations
- HR update report -Temporary and Contract Staff update
- Work programme

June/July

- Annual Governance Statement
- Internal Audit Annual Report
- Fraud Update report
- Annual Report of Standards and General Purposes Committee
- Complaints against Members
- Work Programme

September

- HR Update- Temporary and Contract Staff and Demographics update
- Work programme

November

- External Audit progress reports
- Internal Audit progress report
- Final Accounts
- Fraud Update Report
- Annual Gifts and Hospitality report (members)
- Annual Gifts and Hospitality report (officers)
- Annual review of Risk management Strategy and Strategic Risk register
- Annual Complaints Report
- Work programme

Add as required:

- Polling Places (last done November '23)
- Constitutional amendments
- Review of members' interests
- Member Development Update
- Independent / co-opted members (next due September '24)
- Reports on dispensations issued by Monitoring Officer
- Report on payment exceeding £1000 as a result of maladministration as directed by the LGO.
- Revisions to Contract Standing Orders (last done July '23)
- Freedom of the Borough (recommendations from working group)