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Date of meeting	**Monday, 7th September, 2026**
Time	**7.00 pm**
Venue	**Astley Room - Castle**
Contact	**Geoff Durham**

Castle House
Barracks Road
Newcastle-under-Lyme
Staffordshire
ST5 1BL

Audit and Standards Committee

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

To receive Declarations of Interest from Members on items included in the agenda

3 MINUTES OF PREVIOUS MEETING **(Pages 3 - 8)**

To consider the minutes of the previous meeting(s).

4 INTERNAL AUDIT PROGRESS REPORT - Q1 2026-27 **(Pages 9 - 40)**

5 CORPORATE RISK MANAGEMENT REPORT - Q1 2026-27 **(Pages 41 - 70)**

6 HEALTH & SAFETY ANNUAL REPORT 2025-26 **(Pages 71 - 86)**

7 CODE OF CONDUCT AND STANDARDS REPORT **(Pages 87 - 102)**

8 WORK PROGRAMME **(Pages 103 - 106)**

9 URGENT BUSINESS

To consider any business which is urgent within the meaning of Section 100B(4) of the Local Government Act 1972

10 DISCLOSURE OF EXEMPT INFORMATION

To resolve that the public be excluded from the meeting during consideration of the following reports, because it is likely that there will be disclosure of exempt information as defined in the paragraph 3 of Part 1 of Schedule 12A (as amended) of the Local Government Act 1972; and to note that the qualification requested in paragraph 10 of the legislation is met, as the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

11 CONFIDENTIAL ITEM - THIRD PARTY ACCESS FINAL AUDIT REPORT 2025-26 **(Pages 107 - 120)**

Members: Councillors Tift (Chair), SainReiners (Vice-Chair), Lefroy, Saxton, Stevenson, S Tagg and Whieldon

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums: Where the total membership of a committee is 12 Members or less, the quorum will be 3 members…. Where the total membership is more than 12 Members, the quorum will be one quarter of the total membership.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

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AUDIT AND STANDARDS COMMITTEE

Monday, 29th June, 2026
Time of Commencement: 7.00 pm

View the agenda here

Watch the meeting here

Present:	Councillor Glenn Tift (Chair)		
Councillors:	SainReiners Lefroy	Saxton Stevenson	Whieldon Holland
Apologies:	Councillor(s) S Tagg		
Officers:	Craig Turner Stephen Heppell	Service Director - Finance / S151 Officer Finance Manager / Deputy S151 Officer	
Also in attendance:	Alex Cannon	Staffordshire County Council KPMG	

1. **DECLARATIONS OF INTEREST**

There were no declarations of interest stated.

2. **MINUTES OF PREVIOUS MEETING**

Resolved: That the minutes of the meeting held on 27 April, 2026 be agreed as a correct record.

3. **PROPOSED ACCOUNTING POLICIES & SOURCES OF ESTIMATION UNCERTAINTY 2025/26**

The Finance Manager / Deputy S151 Officer introduced a report advising Members on the Council's proposed Accounting Policies and the Council's critical judgements in applying those Policies. Also, the Council's assumptions about the future and other major sources of estimation uncertainty that would form part of the 2025/26 Statement of Accounts.

Councillor Holland queried a reference to Appendix D and whether that should be Appendix C. This was confirmed to be the case.

Resolved:

(i) That the proposed Accounting Policies that will form part of the 2025/26 Statement of Accounts, be approved.

(ii) That the Council's assumptions made about the future and other major sources of estimation uncertainty that will form part of the 2025/26 Statement of Accounts, be approved.

(iii) That the Service Director for Finance (Section 151 Officer) be given delegated authority to make further changes to the proposed Accounting Policies to reflect the release of new or updated guidance if applicable.

Watch the debate here

4. **DRAFT STATEMENT OF ACCOUNTS 2025/26**

The Service Director for Finance/Section 151 Officer introduced a report concerning the financial outturn for 2025/26 which included commentaries on the General Fund outturn, the Balance Sheet, Collection Fund, Capital Programme and the Council's reserves.

Members were advised that the Council had delivered a favourable revenue outturn of £115,000 against the approved budget. The £115,000 had been transferred into the Budget Support Fund to strengthen the Council's financial resilience.

Attention was drawn to paragraphs 2.3 and 2.4 of the report which highlighted positive budget variances and areas where they had been offset.

Councillor Lefroy referred to page 45 of the report, second bullet point from the bottom which began 'To create a *connection*' and queried whether that should be '*collected'*. This was confirmed to be the case. Councillor Lefroy also asked if, at page 89, it could be made clearer what sources of income were being referred to.

Councillor Whieldon stated that it was worth noting how astute the Council had been in reaching the position of being financially sound.

Councillor Saxton, referring to the former Midway Car Park, queried whether the Council would have to buy the building back from Capital and Centric (C&C) if all units were not sold and if that was the case, did the Council have enough money in its reserves to do so.

The Service Director stated that that was not the case. If C&C did not achieve the levels for occupancy which prompted them to buy the building, the Council would have to run the project and have to borrow the funds at that point.

Councillor Saxton asked if a full risk assessment had been carried out as that would be a large amount of money to borrow. It was confirmed that all options were considered.

Councillor Sain-Reiners mentioned the five year plan and asked if there was a further plan, for example a ten year plan.

The Service Director confirmed that as soon as the budget setting process was commenced, the MTFS which looked at medium term (5 years) was produced. This had all the implications of borrowing contained within it.

A full analysis had been carried out ahead of approval of the project and a large amount of external funding had been gained for the project.

Resolved: (i) That the General Fund outturn and key issues in respect of the Council's financial position at 31 March 2026, be noted.

(ii) That the draft Statement of Accounts for 2025/26 for be approved for publication and audit, subject to some wording corrections being made.

Watch the debate here

5. **ANNUAL GOVERNANCE STATEMENT 2025/26**

The Service Director for Finance/Section 151 Officer introduced a report seeking approval of the Annual Governance Statement for 2025/26 for inclusion in the financial statements.

The Statement had been prepared using evidence from Service Directors and Managers' Assurance Statements, the work of both Internal and External Audit findings and corporate governance groups.

The Annual Review concluded that the Council's governance framework and system of internal control remained effective and provided reasonable assurance that significant risks were identified and managed appropriately.

Internal Audit had provided a substantial level of assurance over the adequacy of internal controls and the previous years' external audit had provided no significant governance concerns.

Resolved: That the Annual Governance Statement for 2025/26, be approved.

Watch the debate here

6. **INTERNAL AUDIT OUTTURN REPORT 2025/26**

Consideration was given to a report looking at the annual report of Internal Audit activity for 2025/26.

The Senior Audit Manager advised that the work carried out through the year had been broken up into three sections.

The table at paragraph 2.5 showed the results of the key financial systems audit, all but Payroll received a positive assurance opinion and the areas for improvement for Payroll were shown at paragraph 2.6.

Paragraph 2.8 showed all other Audit engagements and paragraph 2.11 outline high-level recommendations which had been made.

Due to resource pressures, two audits had yet to be completed and would be processed as soon as possible.

Paragraphs 2.12 to 2.17 summarised the Counter Fraud and Corruption work with further details attached at Appendix 2.

A number of data analytics exercises had been undertaken.

The Senior Audit Manager was pleased to report that, based on the work completed during the year, a substantial assurance opinion could be given on the overall adequacy and effectiveness of the Council's governance, risk management and control framework.

Finally, compliance against the Global and Internal Audit Standards was outlined from paragraph 2.32 and no standards were shown as not being in place. An action plan had been developed to address the few areas that had been assessed as being

partially in place but none were significant enough to affect the effectiveness of the Internal Audit standards of service or the annual opinion.

Councillor Lefroy raised concerns about there only being limited assurance on third party excess under 'cyber' and asked what measures had been taken to mitigate against the risks. It was confirmed that those control weaknesses had been addressed.

Councillor Lefroy asked if Internal Auditors were satisfied and had carried out tests to ensure that that was the case. Councillor Lefroy was advised that no immediate follow-ups were done from management responses, but would be taken into account during the year for the annual planning process. Councillor Lefroy asked that that be noted for throughout the year.

Councillor Holland stated that a previous iteration of the Committee had received a detailed report on cyber risk and asked if officers remembered the content of that report. If it was still relevant, would it be worthwhile to share the document confidentially. The Service Director stated that he would be happy to share that, confidentially.

Councillor Whieldon felt that testing should be done sooner rather than later as it could be too late by then. The Senior Audit Manager stated that if that were done, it would require further audit work, creating extra pressure on the Plan. If it was felt that it needed to be put in place it would have to be approved by this Committee.

Councillor Lefroy referred to the paragraph on debt recovery in the table at the bottom of page 141 of the report and asked for assurance that debt recovery was being strengthened. Councillor Lefroy was advised that it was still in a draft reporting stage with findings still ongoing. The Service Director confirmed that the Council had a Debt Recovery Policy which was approved in 2023. Work undertaken on sundry debtors had increased greatly. The Policy had set procedures but they were not always adhered to so work was being carried out to strengthen that.

Resolved: (i) That the outturn report containing the annual internal audit opinion for 2025/26, be received.

(ii) That the 'Substantial' assurance opinion on the overall adequacy and effectiveness of the organisation's governance, risk and control framework (i.e. the control environment) for the 2025/26 financial year, be noted.

Watch the debate here

7. **TREASURY MANAGEMENT ANNUAL REPORT 2025/26**

The Finance Manager / Deputy S151 Officer introduced a report asking Committee to receive the Treasury Management Annual Report for 2025/26 and to review the Treasury Management activity for that period.

Treasury Management was about how the Council managed its cash, invested surplus funds, managed borrowing and controlled financial risks while ensuring liquidity.

Three key points were made:

- The Council remained compliant with all treasury limits and prudential indicators throughout the year.

- The Council prioritised security of funds with investments made short-term and placed with highly secure counter-parties such as the Debt Management Deposit facility.

- An average return of 3.71% was achieved, generating £231,000 of interest income over the year.

Throughout the year there had been significant economic volatility including global events and inflation uncertainty. At year end, the Council held £4.05m and £8m of borrowing reflecting cash flow and capital programme requirements.

The overriding priority had been the security of the Council's funds.

During 2025/26, treasury activity had been prudent, compliant and aligned with the approved Strategy.

Councillor Lefroy, referring to cash and borrowings, asked if it would be possible in the future to look at a facility with the bank to offset one against the other. The Finance Manager advised that the advice from Arlingclose Ltd was that the Council keep as little as possible in its current account and general fund account, so that was limited to around £1m. At year end, borrowing requirements increase in order to cover everything off. Whilst there was a borrowing of £8m, there were investments of £4.05m. Advisors had not approached the Council regarding offsetting but it was certainly something that they could be asked about.

Resolved: That the Treasury Management Annual Report for 2025/26 be received, ahead of it being reported to Full Council on 30 September 2026.

Watch the debate here

8. **CORPORATE RISK MANAGEMENT REPORT Q4 2025/26**

The Service Director for Finance /Section 151 Officer introduced a report updating the Committee on the current position regarding risk management controls and identified corporate risks.

The final quarter for 2025/26 showed that there were currently no risks that were more than 6 months overdue for a review. There had been no risk level increases or new risks identified. Members' attention was drawn to the Corporate Risk Register that was attached to the report.

Councillor Holland referred to the cyber risk stating that the Council still did not have an insurance policy in place and asked if Members had any particular concerns regarding that element of risk that they would like to see investigated more. The Service Director suggested that, for the next meeting, a report be brought from the Service Director for IT and Digital regarding cyber risk and the insurance around it.

Councillor Lefroy asked for clarification that the Council had no insurance for cyber risk. The Service Director stated that he would find out more details on that matter ahead of the next meeting.

Councillor Holland stated that there was a narrative on page 6 of the risk register, under the action plan, which covered that.

Councillor Lefroy suggested that a cooperative approach across Staffordshire could be considered in order to get a better premium as it was unlikely that authorities would be cyber attacked all at the same time.

Resolved:

(i) That it be noted that there were currently NO risks that were more than 6 months overdue for a review up to end of Quarter 4, 2025/26.

(ii) That it be noted that there had been NO risk level increases.

(iii) That it be noted that NO new risks had been added

(iv) That the Corporate Risk Register Profile be noted

(v) That officers be advised of any individual risk profiles that Committee would like to scrutinise in more detail at its next meeting.

(vi) That it be noted that, whilst the likelihood of a risk materialising may be mitigated, the likely impacts may not change.

Watch the debate here

9. **WORK PROGRAMME**

Members asked for a report on Local Government Reorganisation and the risks to this Council. The Service Director advised that he would look into the suggestion and liaise with the Chair ahead of the next meeting.

Resolved: That the Work Programme be noted

Watch the debate here

10. **URGENT BUSINESS**

There was no urgent business.

Councillor Glenn Tift
Chair

Meeting concluded at 8.02 pm

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Report to Audit and Standards Committee

07 September 2026

Internal Audit Progress report - First Quarter 2026/27

Lead Member:

Cllr Graham Shaw – Deputy Leader and Cabinet Member for Finance

Lead Officer:

Alex Cannon – Senior Audit Manager

Key Decision: No

Ward(s): All

Appendices: Appendix A – Supported Accommodation Audit Report (2025/26)

Report Assurance:

	Name	Date
Lead Officer	Alex Cannon	13/08/2026
Monitoring Officer	Olwen Brown	
Section 151	Craig Turner	
Chief Executive	Gordon Mole	
Cabinet Member	Martin Rogerson	

Report Summary

This report provides the Audit and Standards Committee with an update on delivery of the 2026/27 Internal Audit Plan for the period 1 April to 30 June 2026.

The first quarter focused on commencing delivery of the approved plan, allocating internal and external resources, agreeing scopes and scheduling fieldwork. Although no reviews reached draft report stage during the quarter, one review has progressed to fieldwork and further reviews have entered scoping, contractor engagement or confirmed scheduling.

The approved Counter Fraud Plan is also progressing through the triage of referrals and preparation for proactive data analytics work. No audit or fraud matters have been identified that require separate escalation to the Committee at this stage.

Recommendations

That the Committee:

1. Notes the progress against the 2026/27 Internal Audit Plan.

1. Background

1.1. This first progress report for 2026/27 is submitted to the Audit and Standards Committee as part of our ongoing commitment to providing robust and transparent oversight of internal control, risk management, and governance processes within the Council. The internal audit function plays a critical role in ensuring that the Council operates in compliance with relevant laws, regulations, and internal policies, while also seeking to enhance the efficiency and effectiveness of its operations.

1.2. This progress report provides an overview of the internal audit activity from 1 April 2026 to 30 June 2027. The purpose of the progress report is to outline the progress made against the approved Internal Audit Plan for the year, highlight any significant findings and emerging risks identified during the audits conducted, and provide an update on the implementation of management actions in response to previous audit recommendations.

1.3. The first quarter focused on mobilising the 2026/27 plan, agreeing audit scopes, allocating internal and external resources, and scheduling fieldwork around service availability and the planned phasing of key financial systems work. Although no reviews reached draft report stage during the quarter, one review has progressed to fieldwork, and a further group of audits has entered scoping, contractor engagement or confirmed scheduling. The current position remains consistent with the planned profile of delivery, under which a significant proportion of financial systems work is scheduled from the third quarter onwards. Delivery against the 2026/27 Internal Audit Plan is summarised below.

Position	No. of Audits	% of Audits
Fieldwork underway	1	4%
Scoping or contractor engagement	7	26%
Scheduled	12	44%
Not Started	7	26%

1.4. This report is intended to support the Audit and Standards Committee in fulfilling its oversight responsibilities by providing assurance that appropriate controls are in place, that risks are being managed effectively, and that the Council is continuously improving its governance practices. The report also seeks to identify areas where further attention or action may be required to address emerging issues or gaps in control.

2. Purpose

2.1. This report provides an update on Internal Audit progress in relation to the 2026/27 Internal Audit plan for the period from 1 April 2026 to 30 June 2027.

3. Strategic Approach

Completed Audit Reviews

3.1. No audits have been completed during this period.

Progress of the Internal Audit Plan

3.2. Delivery against the 2026/27 audit plan up to 30 June 2026 is summarised below.

Directorate	Audit	Status
Commercial Delivery	Regeneration Delivery Oversight (Client-Side Management) - Health check	Not Started
	Facilities management (inc. Engineering)	Starting September
	New J2 system	Starting October
Finance	Budgetary Control	Q3
	Creditors	Starting September
	BACs/Direct Debits	Starting September
IT & Digital	Customer Relationship Management (CRM) system	Starting January
	Patch management (Cyber Assurance)	Starting November
	Data Sharing Agreements/Data Protection Impact Assessments	Starting August
Legal and Governance	Members Code of Conduct	Onboarding Contractor
	Members Induction Programme	Not Started
	Risk Management	Not Started
	Procurement Act	Scoping
Neighbourhood Delivery	Housing Benefits	Scoping
	Markets	Onboarding Contractor
	Fixed Penalty Notices (Enforcement)	Starting September

Planning	Monitoring of the Planning Policy	Onboarding Contractor
Regulatory Services	Environmental Protection (Noise Nuisance)	Scoping
	DFG Grant Verification	Fieldwork Underway
Strategy, People & Performance	Commercial Programme	Not Started
	Performance Framework	Not Started
	Appraisals	Starting October
	Mileage and Expenses (Officers and Members)	Q3
	LGR	Not Started
	Payroll	Q4
Sustainable Environment	Extended Producer Responsibility (EPR)	Onboarding Contractor
	Recycling and Fleet Services Capital Investment Programme – Governance and Oversight	Not Started

Top Risk Review Progress

3.3. The approved plan identified five areas as priority risk reviews. Data Sharing Agreements/DPIAs is scheduled to commence in August, Patch Management is scheduled for November, and contractor engagement is under way for the Members' Code of Conduct review. Regeneration Delivery Oversight and the flexible LGR allocation have not yet commenced.

These reviews will continue to be monitored closely because of their direct relationship to cyber resilience, information governance, major programme delivery and organisational change.

Counter Fraud

3.4. The approved Counter Fraud Plan provides 40 days across strategic development, fraud awareness, prevention and deterrence, detection and reactive investigation.

3.5. During the period, 3 referrals were received, predominantly concerning suspected benefit fraud. These were triaged and referred or progressed through established arrangements, including liaison with the Customer Hub Manager and relevant external agencies where necessary.

3.6. Work has also commenced with Finance to identify and extract datasets for proactive data analytics and continuous controls monitoring.

3.7. No matters have been identified that require separate escalation to the Audit and Standards Committee at this stage.

Cancelled Audits

3.8. No audits have been cancelled during this period.

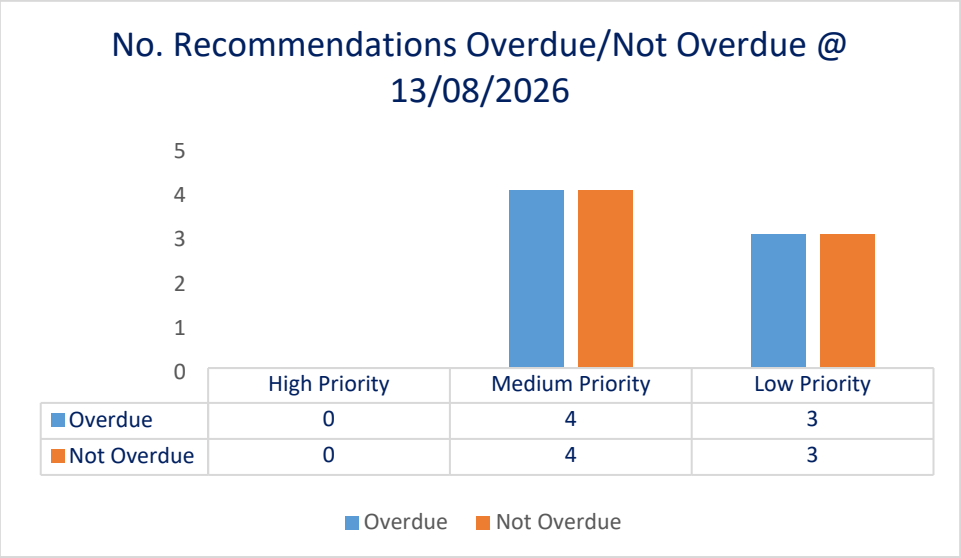
Recommendations

3.9. There are 211 audit recommendations that are being tracked, the status of these are summarised below:

Area	Total	Implemented	Risk Accepted	Superseded	Not Yet Implemented	
					Not Overdue	Overdue*
Commercial Delivery	30	20	4	0	5	1
Neighbourhood Delivery	30	15	1	0	13	1
Regulatory Services	18	11	0	0	6	1
IT & Digital	60	47	2	2	6	3
Strategy, People & Performance	36	11	1	1	22	1
Legal and Governance	17	11	0	0	6	0
Sustainable Environment	18	16	0	0	2	0
Finance	2	2	0	0	0	0
Total	**211**	**133**	**8**	**3**	**60**	**7**
	%	63.0%	3.8%	1.4%	28.4%	3.3%

3.10. Figure 1 below shows the number of high, medium and low priority recommendations which have not yet been implemented, and their status as either overdue or not overdue.

Figure 1



3.11. The proportion of overdue recommendations remains low, with seven recommendations, equivalent to 3.3% of those being tracked, currently overdue. None of the overdue recommendations is high priority, and Internal Audit will continue to liaise with management to obtain updates on their implementation.

4. Finance & Resources

3.1 The service is currently forecast to be delivered within budget. The financial implications resulting from the recommendations made within audit reports will be

highlighted within individual reports wherever possible. It is the responsibility of managers receiving audit reports to take account of these financial implications, and to take the appropriate action.

5. Legal & Governance

5.1. Whilst there are no direct implications arising from this report, the Accounts and Audit Regulations 2015 specifically require that a relevant body must “maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control in accordance with the proper internal audit practices”.

6. Supporting Information

6.1. Report to Audit and Standards Committee 27 April 2026 – 2026/27 Internal Audit Strategy & Plan (Link).

Staffordshire County Council

NEWCASTLE UNDER LYME BOROUGH COUNCIL

Supported Accommodation

Final Audit Report

2025/26

Our Purpose

To strengthen the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

Chief Audit Executive
Lisa Andrews

Senior Audit Manager
Alex Cannon

Lead Auditor
Lesley Heasman

Report Status
Draft Report Issued – 23rd April 2026
Final Report issued – 2 June 2026

Draft Report Distribution
Rosie Bloor – Customer Hub Manager
Roger Tait – Service Director - Neighbourhood Delivery
Nesta Barker – Service Director Regulatory Services
Craig Turner – Service Director for Finance (S151 Officer)
Corporate Leadership Team

Final Report Distribution
Gareth Humphreys – Customer Hub Lead
Rosie Bloor – Customer Hub Manager
Gillian Taylor - Housing and Vulnerability Manager
Roger Tait – Service Director - Neighbourhood Delivery
Audit and Standard Committee.

Contents

1 Executive Summary

1.1 Scope and Background of Audit

1.1.1 The audit of supported accommodation has been included to provide assurance over the management and oversight of Housing Benefit subsidy claims. As the local authority claims a subsidy from the Department for Work and Pensions (DWP), this review will assess whether subsidy claims are accurate, compliant with DWP regulations, and appropriately monitored to minimise financial risk.

Housing Benefit assessments for supported accommodation carry a high financial risk to the Council in terms of paying potentially ineligible costs through benefit claims, and through being unable to reclaim some or all the costs via subsidy from the DWP. Errors by the Council in incorrectly classifying the claims can also result in financial subsidy penalties.

The audit focused on the classification of accommodation types, rent reasonableness assessments, and controls in place to ensure that claims for providers (both registered and unregistered), meet eligibility criteria and do not expose the Council to financial loss or subsidy clawback.

Losses for subsidy claims for the last three years are;

- 23/24 – 989k
- 24/25 – 930k
- 25/26 to date 817k (averages out just under £70k per 4 weekly payments run)

The decisions regarding Supported Housing eligibility are quite subjective and have to be considered on a case-by-case basis. People with support needs are identified as:

- older people
- people with a learning disability
- people with a physical disability
- autistic people
- individuals and families at risk of or who have experienced homelessness
- people recovering from drug or alcohol dependence
- people with experience of the criminal justice system
- young people with a support need (such as care leavers or teenage parents)
- people with mental ill health
- people fleeing domestic abuse and their children
- There is Government guidance detailing what is classed as support needs which details best practice although not legislative

1.1.2 The review considered whether appropriate processes and checks are in place to verify that both claimants and landlords are submitting legitimate supported accommodation claims, and whether sufficient action is being taken to ensure providers are registered.

Testing included a sample of claims to ensure all supporting evidence is available, which

includes checks to ensure landlords are providing sufficient support to the claimants within their premises.

The spend for supported housing benefit for 2024/25 was circa £850k, with 2025/26 estimated to be over £1m.

During the period under review, the supported accommodation team has taken steps to strengthen elements of the control framework (for example, introducing and developing assessment and engagement documentation); however, as summarised in the root cause analysis at section 1.3.3, the consistent embedment and routine operation of these controls is constrained by limited resourcing/capacity.

1.2 Summary of Audit Findings

Control Objectives Examined	No of Controls Evaluated	No of Adequate Controls	No of Partial Controls	No of Weak Controls
To ensure that policies and procedures are available for supported accommodation claims and that these documents are appropriately approved and shared with staff for consistent application.	0	0	0	0
To ensure that only eligible claimants receive supported accommodation benefits and that sufficient evidence is obtained to justify vulnerability classifications.	5	1	2	2
To ensure that accommodation providers meet licensing or registration requirements and that controls exist to manage providers effectively.	3	1	2	0
To ensure that landlords claiming higher rents provide genuine and sufficient support to tenants, evidenced through appropriate documentation.	2	1	1	0
To ensure that supported accommodation expenditure and subsidy claims are regularly monitored, accurately reconciled, and reported to minimise financial risk.	3	3	0	0
To ensure that controls are in place to prevent fraudulent or inflated claims and to mitigate the risk of subsidy clawback through robust classification and rent checks.	4	2	1	1
TOTALS	**17**	**9**	**5**	**3**

1.2.1 The following issues were considered to be the key control weaknesses:

Rec Ref	Risk Rating	Summary of Weakness	Agreed Action Date
3936	Medium priority	INA forms are not always completed with sufficient detail for a fair assessment to be made and details of the reviewer, and why a decision has been granted or refused, is not recorded.	30 September 2026
3941	High priority	Claimants recorded as short-term supported accommodation are remaining in placement beyond the intended two-year transitional timeframe.	30 September 2026
3942	Medium priority	Additional support checks are only undertaken for new landlords or where a landlord has been subjected to a scheme visit. Retrospective checks are not being undertaken.	N/A
3943	Low priority	INA forms are not formally reviewed or signed off and decision rationale is not recorded.	30 September 2026
3944	Medium priority	Currently there is one individual responsible for the review and approval of registered and unregistered (non-HMO) landlords providing supported housing as well as overseeing supported accommodation assessments.	N/A
3962	Medium priority	HMO-licensed supported accommodation properties are not subject to a consistently applied and recorded inspection cycle.	N/A
3957	Medium priority	The Council does not operate a documented, periodic, risk-based monitoring approach for supported accommodation providers that are not HMOs.	N/A
3958	Low priority	Currently there is no process or policy in place to manage a complaint received from a tenant in respect of a landlord.	31 May 2026
3945	High priority	There is no formalised process for liaising with tenants and obtaining evidence to ensure that their support needs meet the required criteria to reside in supported accommodation. Nor is evidence obtained that these needs are being met with a timetable in place for moving on to unsupported accommodation within two years of their residency.	30 September 2026
3946	Medium priority	The Council does not routinely request, review and evidence-check an itemised breakdown of IHM charges to confirm what is being charged for and to remove any ineligible/duplicate elements.	30 September 2026
3949	Low priority	There are no random or targeted tests undertaken with high-risk landlords.	N/A
3948	Medium priority	There is currently no documented approach for referring suspected supported accommodation Housing Benefit fraud for investigation, and no cases have been investigated to date.	Implemented

This report focuses on the weaknesses in the Organisation's systems of control that were highlighted by this audit and recommends what Audit considers to be appropriate control improvements. This report contains the following number of recommendations.

High	Medium	Low	Total

2	7	3	12

Another one minor priority issue has been highlighted for management's consideration.

1.3 Summary of Control Assurance Provided

1.3.1 **Limited** - Internal Audit is able to offer limited assurance in relation to the areas reviewed and the effectiveness of the controls found to be in place. Some key risks were not well managed, and systems required the introduction or improvement of internal controls to ensure the achievement of objectives.

1.3.2 This audit has been awarded a limited assurance opinion as a result of the following issues being identified by Internal Audit:

- A lack of routine, formalised review and move-on monitoring for short-term supported accommodation cases, resulting in tenants remaining in placement beyond the intended two-year transitional timeframe;
- The absence of a formalised process for liaising with tenants and obtaining evidence to confirm that support needs meet the criteria for supported accommodation, that those needs are being met, and that time-bound move-on planning is in place.
- In addition, there are weaknesses in the quality and audit trail supporting eligibility decision-making, weaknesses in provider oversight arrangements (including reliance on a single officer for supported accommodation provider/claim approvals and non-HMO providers not being subject to a documented periodic, risk-based monitoring approach), and gaps in compliance and risk-based assurance activity (including HMO-licensed supported accommodation properties not being subject to a consistently applied/recorded inspection cycle and insufficient scrutiny of IHM charge breakdowns to identify/remove ineligible or duplicate elements).
- Finally, escalation arrangements for suspected fraud are not embedded in a documented way for supported accommodation cases, and no suspected fraud cases have been investigated to date, reducing assurance that potential irregularities will be identified and progressed appropriately.

1.3.3 Where appropriate, a root cause analysis has been carried out to determine the underlying factors behind the control weaknesses identified in this report. This analysis forms the foundation for the recommended actions. The main key root cause theme that has led to the limited assurance opinion is that the supported accommodation function appears to be under-resourced/has limited capacity, which limits the ability to consistently pursue missing/unclear evidence, challenge inconsistencies and document decision rationale, and also constrains delivery of additional activity (including retrospective Initial Needs Assessments/follow-ups, routine tenant follow-ups, regular inspections being undertaken/recorded, and random/targeted tests on high-risk landlords). It is anticipated by the service area that capacity will be further stretched when additional legislation comes into effect in 2027.
Strengthening resourcing/capacity would support implementation of the recommended verification and monitoring controls, which may reduce the risk of incorrect or inappropriate supported accommodation claims and related payments, and may improve the Council's ability to evidence correct classification and maximise subsidy recovery, although the extent of any financial impact has not been quantified as part of this audit

2 Positive Assurance

We attempted to establish whether the Organisation's system of control for the following areas contained all the key controls expected of a sound and robust process. Through a combination of control evaluation and testing we confirmed that the following adequate controls were in operation:

2.1 Eligibility and Evidence controls

- Given the high financial risk and cost associated with supported accommodation, the Housing Benefit Team has strengthened controls to improve the accuracy of payments, ensure correct claim classification, and maximise subsidy recovery.
- Discussions with the Customer Hub Lead indicated that, for long-term supported accommodation, eligibility and placement suitability checks are undertaken via Continuing Healthcare/Social Services processes, and the service considers these checks sufficient for establishing disability/need and suitability. Historically, short-term supported accommodation claims were accepted without detailed checks. To address this risk, a programme of landlord scheme visits commenced in January 2024. These visits are being carried out for all landlords claiming supported accommodation, prioritising larger providers, regardless of registration status. As part of this process, landlords are required to complete a Supported Accommodation Questionnaire, which captures information on property ownership, rent setting, staffing arrangements, and the nature of support services provided. Landlords must return the completed questionnaire within one month, after which eligibility is assessed and, where appropriate, a scheme visit is arranged.
- Upon completion of the questionnaire, a face-to-face meeting is held with the landlord. This includes visits to selected premises and, where possible, informal discussions with residents. In some cases, tenants may also be asked to complete a Tenant Enquiry Form to confirm their support needs, the services provided, and their future accommodation intentions.
- In addition, an Initial Needs Assessment (INA) Form has been introduced for supported accommodation claims submitted from July 2024 onwards. This form requires landlords to detail the tenant’s specific care, support, and supervision needs, previous accommodation, vulnerability, and planned outcomes. The INA is used to assess whether the level of support provided justifies enhanced Housing Benefit. Where sufficient evidence is not provided, or where the support offered does not meet the required threshold, claims are assessed in line with standard Housing Benefit procedures.
- Once a landlord has been assessed and approved, they are required to complete an INA for all new tenants. This ensures that individual needs are identified at the outset and that the support provided continues to meet the criteria for supported accommodation.
- Although the number of supported housing schemes has continued to increase, the enhanced assessment of landlords and claims has had a positive impact. Subsidy losses have reduced despite expanded provision, indicating improved control effectiveness and claim accuracy.

2.2 Provider Compliance and Registration

- Formal licensing and registration checks are undertaken for properties classified as Houses in Multiple Occupation (HMOs), defined as accommodation occupied by three or more individuals sharing facilities such as kitchens or bathrooms. Landlords are required to submit licence applications and supporting documentation via the GOV.UK portal. Application details and evidence, including fire alarm and detection system certification, are transferred to the Civica APP case management system. This system is used to maintain case records, issue licences, manage renewals, set review dates, and support the HMO register and the risk-based inspection programme.
- Although applications and renewals are submitted via GOV.UK, landlords are also required to provide an updated gas safety certificate annually, ensure smoke alarms are installed and maintained, and supply electrical safety certificates when requested. HMO licences are subject to re-registration every five years, at which point all supporting evidence must be resubmitted for verification.
- In addition to the statutory HMO register, a comprehensive landlord register is maintained by the Customer Hub Lead. This register records all supported accommodation properties and includes details such as property addresses, type of provision, provider business information, funding arrangements, and rent levels.
- Properties applying for supported accommodation costs that are not classified as HMOs are required to complete a separate questionnaire. This captures details of the premises, rent charges, and the nature of support provided. Providers must also demonstrate that they operate on a not-for-profit basis and supply financial and service information to confirm that the level of support provided is more than minimal.
- From the 30 claimants selected for testing purposes, four of the properties were registered as HMO properties). The electric, fire, emergency lighting and PAT testing certificates were provided, and all were in date.

2.3 Verification of Support Services

- Since January 2024, the Customer Hub Lead has undertaken scheme visits to all landlords claiming supported accommodation. Prior to a visit, landlords are required to complete an INA outlining the tenant's support needs and how these will be met. The INA is reviewed by the Customer Hub Officer to assess claim eligibility and supported accommodation benefit is not paid until the scheme visit has been completed. During visits, informal discussions may take place with tenants to confirm whether support is being delivered and needs are being met.
- For long-term supported accommodation, tenants typically have complex medical and support requirements. Eligibility checks and placement reviews are undertaken by Social Services to ensure accommodation remains appropriate. While medical evidence is required to support these decisions, it is not collected or verified by the Customer Hub Team due to the sensitive nature of the information.
- There are plans to introduce structured tenant request forms and routine follow-up visits; however, these are not currently operating due to capacity constraints within the team
- At present, Aspire is the only provider with Service Level Agreements (SLAs) in place with the Council. Two SLAs exist, covering silver and gold accommodation standards, both of which specify the criteria required to qualify for enhanced supported accommodation payments. Preparatory work is currently underway to establish an SLA

with Brighter Futures.

2.4 Financial Oversight and Monitoring

- Monthly subsidy monitoring reports are produced by the Customer Hub Lead (Benefits) and reviewed to identify anomalies or variances. Where issues are identified, actions are documented and tracked within the reporting spreadsheet. A monthly reconciliation is also undertaken between Civica and NEC. Evidence provided confirmed that, as of February 2026, both systems reconciled to £13,797,623.74, with no discrepancies identified. Supported accommodation expenditure is not reported separately, as Housing Benefit payments are reconciled in aggregate and are not split between supported and general needs within Civica.
- The subsidy claims spreadsheet is maintained by the Customer Hub Lead (Benefits) and reconciled throughout the year. While variances are monitored on an ongoing basis, adjustments are only finalised when the subsidy year is closed. The final subsidy claim is submitted to the DWP by 30 April following year-end.
- The Finance Department provided the annual Housing Benefit payment summary for 2025/26, totalling £16,522,259.51, together with supporting evidence for cancelled BACS payments of £3,806.16 and debtor adjustments of £1,034.29, confirming that the totals reconciled.
- The Customer Hub Lead (Benefits) also undertakes detailed checks of subsidy classification within cells 96 and 97 of the subsidy claim. Cell 96 relates to vulnerable claimants, for whom 60% subsidy is reclaimable on top of the rent officers determination, while cell 97 relates to non-vulnerable claimants where only the rent officers determination amount of subsidy is payable. Prior to submission of the final claim, a report is re-run, and every case is reviewed to confirm correct classification. Any errors identified are corrected before submission to the DWP.
- A review of all supported accommodation-related subsidy adjustments for 2025/26 confirmed that discrepancies are clearly recorded within the subsidy spreadsheet, alongside explanatory notes and documented corrective actions.
- There are no standalone performance indicators specifically for supported accommodation claims; however, these are captured within wider Housing Benefit performance measures. Due to the enhanced verification required for supported accommodation, processing times are measured from the date all required landlord information is received rather than the claim receipt date. The internal target for new Housing Benefit claims is 18 days, against a national target of 20 days. As of February 2026, average processing time for new claims was 10.84 days. Performance data is produced monthly, reviewed by the Customer Hub Manager, and reported to the Service Director - Neighbourhood Delivery.
- Performance reports presented to Cabinet apply a six-day target, with performance of 4.40 days in Q2 and 4.51 days in Q3. This variance in targets was clarified with the Customer Hub lead (Benefits) who explained that these performance figures combine new claims and changes, whereas the 18-day target applies solely to new Housing Benefit claims.
- The Assessment Team conducts ongoing checks to ensure supported accommodation claims are accurately coded for subsidy purposes and carries out regular assurance checks with the DWP to maximise subsidy recovery. In addition, the Customer Hub Lead

(Benefits) performs a final comprehensive review of subsidy classifications prior to year-end closure to confirm all expenditure is recorded in the correct subsidy cell.

2.5 Fraudulent or Inflated Claims Risk Management

- Discussion with the Customer Hub Lead confirmed that recovery of overpaid or incorrect payment would be the same as procedures followed for housing benefit claims. Claims for reimbursement would be to the landlord as they receive the payments and these can be recovered via deductions from direct payments, via an invoice or by civil proceedings.
- The Customer Hub Lead advised that dates of birth and National Insurance Numbers are cross referenced to any other claims on the system and that although the system could initially set up a duplicate claim if there was a variation in the different application, this would be rectified once a searchlight check and cross referencing has been done.
- Clarification was sought regarding any protocols in place for internal or joint fraud investigations with corporate fraud teams. The Customer Hub Lead advised that should a fraud investigation be required this would follow the same protocol as fraudulent housing benefit claims. Benefit fraud is dealt with by the Single Fraud Investigation Service at the Department for Work and Pensions (DWP). When fraud is suspected, a Single Fraud Investigation Referral form is completed and sent to DWP.

3 Control Weaknesses & Recommendations

3.1 Eligibility and Evidence controls

3.1.1 It is expected that robust eligibility checks are completed when a claim starts.

A sample of 30 claims were selected for testing (15 from November 2025 and 15 from January 2026), five were supported by an INA) Completion of the forms was varied with some quite detailed with sufficient information recorded to evidence a tenant's care, support and supervision needs, vulnerability status (where applicable), and the support outcomes/plan the landlord states will be delivered to justify enhanced Housing Benefit.

However, testing identified the following exceptions:

- One INA submitted by GLOW was incomplete (Benefit claim 21022895);
- one included minimal information. (Benefit claim 0065995A);
- One submitted by The Lyme Tree Trust appeared to include information that was contradictory of support required (Benefit claim 21023327); and
- The INA does not record who reviews the form upon receipt from the landlord. This information would be useful together with reasons for accepting or rejecting a claim.

Root cause: The supported accommodation review process is reliant on landlord self-reported information and follow-up challenge activity, but the function is under-resourced (only two officers), meaning there is insufficient capacity to consistently pursue missing/unclear evidence, challenge inconsistencies and document decision rationale. This results in variable quality of information received and an incomplete audit trail to support eligibility decisions

There is a risk that landlords are claiming supported accommodation benefits inappropriately and a full audit trail is not available.

Recommendation Ref 3936		**Summary Response**	
Risk Rating:	**Medium priority**	**Responsible Officer:**	Gareth Humphreys – Customer Hub Lead
Summary of Weakness: INA forms are not always completed with sufficient detail for a fair assessment to be made and details of the reviewer, and why a decision has been granted or refused, is not recorded.		**Agreed Actions:** Details of reviewer and rationale for decision (including rejection of incomplete forms) to be recorded on INA forms and/or system Capacity does not exist at present to pursue/challenge landlords for missing/unclear evidence	
Recommendation: It is recommended that systems and support be put in place to ensure that staff are able to further investigate landlord claims in a timely manner to ensure claims received are sufficient and adequate and that details of the assessor and how they have reached their decision is recorded either on the		**Implementation Date:** September 2026 for INA forms No date can be set at present for landlord liaison due to unavailability of capacity	

form or on the system for completeness.	

3.1.2 It is expected that periodic reviews are undertaken for claimants on a regular basis.

The frequency of housing benefit reviews is not set nationally. The Customer Hub Lead advised that reviews are not currently undertaken due to limited resources, and the service is therefore unable to carry out routine reviews at present. It is hoped this will be possible in future.

Updates to housing benefit claims are undertaken when notifications are received from DWP, however this would not be specific to the supported accommodation element of the claim.

A sample of 30 claims were tested which showed that there were 20 claimants in short-term accommodation, 7 were in long-term accommodation and three landlords were new and were awaiting assessment. Short-term supported housing is intended to be transitional, with residents moving on to settled accommodation within two years. Of the 20 claimants in short-term accommodation, nine of these claimants had been in residence in excess of 2 years and with six of the claimants exceeding four years as tenants in their properties. Given that short-term supported housing is intended to be transitional, extended stays may indicate a lack of effective move-on arrangements and reduce assurance that support remains appropriate and delivered.

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Root cause: Insufficient capacity and lack of a formal, routine review/move-on monitoring process for short-term supported accommodation (including tenant engagement) results in reactive oversight and reliance on landlord notifications, allowing placements to continue beyond the intended transitional period without documented reassessment or move-on planning

There is a risk that supported accommodation continues to be paid for tenants that no longer require support but continue to live in the premises.

Recommendation Ref 3941		**Summary Response**	
Risk Rating:	**High priority**	**Responsible Officer:**	Gillian Taylor - Housing and Vulnerability Manager Gareth Humphreys – Customer Hub Lead
Summary of Weakness: Claimants recorded as short-term supported accommodation are remaining in placement beyond the intended two-year transitional timeframe.		**Agreed Actions:** Capacity does not exist at present to implement a regular, formal review and move-on monitoring process, although officers are clear on how this process would be mapped out and a template for it has been drafted. Data has also been collected on claimants who are in short-term placements and the duration of their stay	
Recommendation:		**Implementation Date:**	

It is recommended that a formal, documented review process for all claimants recorded as being in short-term supported accommodation is implemented. As a minimum, where a claimant has been in the same short-term placement for 18 months or more, the Council should complete (and retain evidence of) a review to confirm: (i) that the claimant continues to meet the supported accommodation criteria, (ii) that the support being claimed for is still being provided and remains appropriate to the claimant's needs, and (iii) that a clear, time-bound move-on plan is in place (or where this is not achievable, the reasons are documented). Management should also consider undertaking regular, scheduled reviews of all short-term supported accommodation cases (for example six-monthly), with the outcome recorded (including reviewer, date, decision rationale and any actions agreed). Reviews should be prioritised where length of stay exceeds the intended two-year transitional timeframe for short-term supported housing, and where reviews identify that support is no longer required or is not evidenced, appropriate corrective action should be taken (including reclassification where applicable and/or engagement with the provider to agree next steps).	No date can be set at present to implement this process due to unavailability of capacity and lack of available move-on provision. A template for implementation will be finalised by September 2026

3.1.3 It is expected that the Council carries out scheduled reviews of supported accommodation cases to verify that the level and type of support being provided continues to justify the supported accommodation classification.

The introduction of scheme reviews and INAs is part of the Council's strengthened approach to short-term supported accommodation, noting that historically claims were accepted without detailed checks. A programme of provider reviews/scheme visits has been underway since early 2024, and INAs were introduced from July 2024 to support eligibility decisions for new tenants once a provider's scheme has been reviewed/approved. However, this approach is not currently being applied retrospectively to tenants already in residence prior to the provider review, as completing INAs (and associated follow-up/tenant engagement) for the existing cohort would require significant additional resource. Management advised that, while a full review of all existing tenants would be the preferred position to strengthen ongoing assurance, this is not currently achievable under existing staffing/capacity arrangements.

Root cause: The supported accommodation function does not have sufficient capacity/specialist resource to undertake and follow up INAs for the wider cohort alongside ongoing provider reviews.

There is a risk that existing tenants are residing within supported accommodation that do not meet the criteria.

Recommendation Ref 3942	Summary Response

Risk Rating:	Medium priority	Responsible Officer:	Gareth Humphreys – Customer Hub Lead
Summary of Weakness: Additional support checks are only undertaken for new landlords or where a landlord has been subjected to a scheme visit. Retrospective checks are not being undertaken.		**Agreed Actions:** Capacity does not exist at present to undertake retrospective landlord checks	
Recommendation: It is recommended that all tenants/landlords undergo checks on a regular basis to ensure that supported accommodation criteria is being met and being provided to appropriate tenants.		**Implementation Date:** No date can be set at present to undertake retrospective checks due to unavailability of capacity	

3.1.4 It is expected that segregation of duties is maintained between assessment and approval.

Discussion with the Customer Hub Lead established that assessments for supported housing are undertaken in the main by the Customer Hub Officer with some being undertaken by the Customer Hub Lead. Whilst the Customer Hub Lead completes occasional spot checks of assessments approved by the Customer Hub Officer, there is no formal process for signing off claims and the assessments completed by the Customer Hub Lead are not checked by anyone.

There is a risk that INA forms are incorrectly approved due to the lack of segregation and oversight, reducing assurance that eligibility decisions are consistently supported and increasing the risk of unsupported or inconsistent approvals.

Recommendation Ref 3943		Summary Response	
Risk Rating:	Low priority	Responsible Officer:	Gareth Humphreys – Customer Hub Lead
Summary of Weakness: INA forms are not formally reviewed or signed off and decision rationale is not recorded.		**Agreed Actions:** Customer Hub Lead to review and sign off a sample of INAs completed by Customer Hub Officer each month	
Recommendation: It is recommended that a process be implemented whereby the Customer Hub officer and the Customer Hub Lead reperform a number of assessments each month to gain assurance that an appropriate decision has been reached regarding eligibility for supported accommodation benefit.		**Implementation Date:** September 2026	

3.1.5 It is expected that scheme visits and supported accommodation provider/claim approvals are undertaken through a documented multi-disciplinary assessment process, with clear roles and recorded decision-making to ensure appropriate expertise is applied, segregation of duties is maintained, and arrangements are resilient for business continuity.

Whilst there is a regular updated register of housing providers and visits are undertaken

when notification of a new landlord is received or when a scheme visit is undertaken, the responsibility for these visits currently lies with one individual, which is the Customer Hub Lead. As the approval of properties/claimants is quite subjective it would be preferential that a multi-disciplinary team is in place to make these assessments. This will help ensure expertise from different areas is utilised and will also be beneficial in relation to business continuity arrangements and from a segregation of duties perspective.

Other authorities who receive SHIP funding (Supported Housing Improvement Programme) have set up multi-disciplinary teams and have found this to be the best approach and work effectively. Teams that should be considered as part of this multi-disciplinary team include housing, homelessness, housing benefits, public and environmental health. This would ensure a transparent and open process with the likelihood of inappropriate properties/landlords being permitted to claim supported accommodation.

There is a risk that due to the lack of segregation and other expert opinions, incorrect decisions relating to supported accommodation could be made. In addition, there are business continuity risks in relation to the assessment of supported accommodation claims, should the member of staff be absent for significant period of time.

Recommendation Ref 3944		**Summary Response**	
Risk Rating:	**Medium priority**	**Responsible Officer:**	Service Director- Neighbourhood Delivery and Service Director – Regulatory Services
Summary of Weakness: Currently there is one individual responsible for the review and approval of registered and unregistered (non HMO) landlords providing supported housing as well as overseeing supported accommodation assessments.		**Agreed Actions:** A multi-disciplinary team from Customer Hub and Housing and Vulnerability is to review and approve landlords providing supported accommodation and carry out supported accommodation assessments. Support will also be required from Staffordshire County Council Social Services in appropriate cases.	
Recommendation: It is recommended that a multi-disciplinary Team be put in place for the assessing of properties to ensure suitable for supported accommodation. Should the Customer Hub Lead be absent for any length of time this would ensure that knowledge had been shared and others could continue with the assessments in the interim.		**Implementation Date:** No date can be set at present to set up and deploy this team due to unavailability of capacity across both services	

3.2 Provider Compliance and Registration

3.2.1 It is expected that licensing and applicable safety certificates checks are undertaken prior to providers being registered for Houses in Multiple Occupation (HMO)

Where supported accommodation meets the legal definition of a HMO, the Council has specific statutory responsibilities under Part 2 of the Housing Act 2004 and the Management of Houses in Multiple Occupation (England) Regulations 2006. This includes requirements for mandatory HMO licensing. As part of this framework, the Council is

required to undertake inspections as part of the licensing process, carry out re-inspections upon licence renewal, and undertake inspections where complaints are received or where risks to health and safety are identified. These requirements apply irrespective of whether the HMO is used for supported accommodation or general private rented housing.

Of the 30 properties/claims selected for testing, four related to HMO properties; 33, 41 and 56 London Road for which the Lyme Trust are the registered landlord and 7 Sidmouth Avenue for which Glow are the registered landlord. The inspection history for these four properties was reviewed. The most recent inspection dates varied significantly, with 33 London Road last inspected on 17 June 2025, 41 London Road on 21 September 2023, 56 London Road on 16 July 2025 and 7 Sidmouth Avenue on 22 August 2018.

Root cause: Limited resource/capacity within the service area means the Council is not always able to consistently undertake and/or record the expected HMO inspection activity (including timely inspections as part of the licensing/renewal cycle and responsive inspections where required), resulting in variable inspection coverage across supported accommodation HMOs.

There is a risk that the Council are unaware of the status of properties for which they pay enhanced benefits to and that these properties are not being retained in adequate condition.

Recommendation Ref 3962		**Summary Response**	
Risk Rating:	**Medium priority**	**Responsible Officer:**	Gillian Taylor - Housing and Vulnerability Manager
Summary of Weakness: HMO-licensed supported accommodation properties are not subject to a consistently applied and recorded inspection cycle.		**Agreed Actions:** Capacity does not exist at present to increase the current inspection cycle and update records	
Recommendation: It is recommended that an inspection programme be implemented whereby all HMO properties are inspected on a regular, rotational basis to ensure ongoing compliance with HMO licence requirements and property safety standards.		**Implementation Date:** No date can be set to increase the current existing inspection cycle at present due to unavailability of capacity, however current inspection programme within existing resources is based on property risk and due date	

3.2.2 It is expected that the Council undertakes periodic, risk-based monitoring to confirm supported accommodation providers remain compliant with ongoing requirements. suitable for living in, but this is not a requirement…

The Supported Housing (Regulatory Oversight) Act 2023 is expected to introduce a licensing framework for supported accommodation and link entitlement to enhanced Housing Benefit to holding a valid licence, with the National Supported Housing Standards covering areas such as property conditions, support quality, safeguarding, staff competence, local need and governance; local authorities will be required to publish Supported Housing Strategies assessing current and future need by 31 March 2027 and to run licensing schemes, with draft regulations expected in 2026 and the full framework not

expected before 2027. Until that licensing framework is in force, supported accommodation that is not a HMO is not currently subject to a mandatory inspection regime linked to supported-housing licensing. However, local housing authorities have duties and powers under the Housing Act 2004 to keep housing conditions under review and to arrange inspections where appropriate to determine whether Category 1 or 2 hazards exist (for example following complaints or where an inspection is considered appropriate for other reasons). The Housing Health and Safety Rating System (HHSRS) provides a risk-based approach for assessing hazards in residential properties and is used to identify risks to health and safety. In addition, DWP guidance recognises that, beyond administering Housing Benefit, local authorities have a role in the strategic planning, commissioning and monitoring of supported housing in their area. Therefore, implementing proportionate, risk-based monitoring for non-HMO supported accommodation would support assurance that accommodation remains suitable and safe pending the introduction of the new licensing requirements and standards.
The abolition of unlicensed landlords will also increase the subsidy that can be claimed as all landlords will be required to be registered, however this will entail a substantial amount of additional work for an already over-stretched team.

We were informed by the Customer Hub Lead that currently, landlords that are not classed as HMO's do not undergo further inspections due to capacity issues within the team.

Root cause: Discussions with the Customer Hub Lead identified that these inspections are not undertaken due to a lack of resources/capacity, which they believe will be further stretched when changes to legislation come into effect.

In the absence of periodic, risk-based monitoring of non-HMO supported accommodation providers, the Council may not identify and address property condition hazards or emerging compliance issues in a timely way, reducing assurance that accommodation remains safe and suitable for vulnerable residents and weakening the Council's readiness to evidence compliance with the forthcoming supported accommodation licensing and standards framework and associated strategic duties.

<table>
<tr><th colspan="2">Recommendation Ref 3957</th><th colspan="2">Summary Response</th></tr>
<tr><td>Risk Rating:</td><td>Medium priority</td><td>Responsible Officer:</td><td>Gillian Taylor - Housing and Vulnerability Manager</td></tr>
<tr><td colspan="2">Summary of Weakness:

The Council does not operate a documented, periodic, risk-based monitoring approach for supported accommodation providers that are not HMOs.</td><td colspan="2">Agreed Actions:

Capacity does not exist at present to set up and deliver a documented, periodic, risk-based monitoring approach for non-HMO supported accommodation providers

A multi-disciplinary team from Customer Hub and Housing and Vulnerability could inspect, review and approve non-HMO supported accommodation provision if capacity was created notwithstanding properties that are covered by registered providers, care setting or CQC inspections.</td></tr>
<tr><td colspan="2">Recommendation:</td><td colspan="2">Implementation Date:</td></tr>
</table>

It is recommended that consideration be given to the current staffing arrangements in relation to the supported accommodation inspections. This may be in the form of additionally trained staff or the implementation of a multi-disciplinary team to assist with the inspections/visits.	No date can be set at present to set up and deploy this team due to unavailability of capacity.

3.2.3 It is expected that the Council has a documented and publicised process for supported accommodation tenants to raise complaints about landlords/providers.

Whilst the council have a formal complaints policy and process on their website there is no reference to how to complain regarding a landlord and details of any support that the council can offer

If there is no clear, accessible and documented process for tenants to raise landlord/provider complaints, then concerns may go unreported or unaddressed, allowing poor standards to persist and exposing the Council to increased reputational and regulatory risk

Recommendation Ref 3958		**Summary Response**	
Risk Rating:	**Low priority**	**Responsible Officer:**	Gillian Taylor - Housing and Vulnerability Manager
Summary of Weakness: Currently there is no process or policy in place to manage a complaint received from a tenant in respect of a landlord.		**Agreed Actions:** The recently formally adopted process for tenant complaints regarding landlords in relation to the Renters Rights Act is to include tenants in supported accommodation	
Recommendation: It is recommended that guidance be made available for tenants to ensure they are aware of their rights should they wish to raise a complaint regarding a landlord who is in receipt of supported accommodation benefit.		**Implementation Date:** May 2026 (information published on Council website)	

3.3 Verification of Support Services

3.3.1 It is expected that appropriate documentation/evidence is available to verify that landlords claiming higher rents are providing sufficient support to their tenants.

Discussions were held with the Customer Hub Lead and the Customer Hub Officer who advised that prior to July 2024, claims for supported housing were granted on an honesty basis without any investigation. Currently, whilst some background information is beginning to be gathered via an Initial Needs Assessment form which is completed by the landlord, evidence such as probation letters, or GP reports are not obtained. Ad-hoc meetings with tenants do occur during scheme visits but there is no formalised process to liaise directly with tenants that are residing within supported accommodation to understand their needs, whether the accommodation allocated is appropriate and whether their needs are being met.

Evidence is also not being obtained to demonstrate that a tenant's needs are being met by their housing provider, with a timetable in place for moving on to unsupported accommodation within two years of their residency.

Although management has developed/identified a tenant questionnaire/request form to support structured tenant engagement and intends to introduce routine follow-up visits/forms, these arrangements are not currently embedded and have not been implemented under existing staffing/capacity arrangements.

Root cause: Supported accommodation verification controls were historically underdeveloped (claims previously accepted on an honesty basis) and, although tools such as landlord INAs and a tenant questionnaire have since been developed, limited staffing/capacity has prevented the formal embedding of a consistent process to obtain and document independent supporting evidence and routine tenant follow-ups, to confirm needs are being met and move-on planning is in place.

There is a risk that supported accommodation is being provided to tenants that do not meet the criteria for support and/or that their support needs are not being met in order for them to be able to move on to unsupported accommodation.

Recommendation Ref 3945		**Summary Response**	
Risk Rating:	**High priority**	**Responsible Officer:**	Gareth Humphreys – Customer Hub Lead Gillian Taylor - Housing and Vulnerability Manager
Summary of Weakness: There is no formalised process for liaising with tenants and obtaining evidence to ensure that their support needs meet the required criteria to reside in supported accommodation. Nor is evidence obtained that these needs are being met with a timetable in place for moving on to unsupported accommodation within two years of their residency.		**Agreed Actions:** Capacity does not exist at present to set up and deliver a formal tenant engagement process, although officers are clear on how this process would be mapped out and implemented. A multi-disciplinary team from Customer Hub and Housing and Vulnerability (Social Services where necessary) could engage with tenants and obtain/review evidence in respect of their support needs meeting the criteria for supported accommodation, and being met, if capacity was created.	
Recommendation: It is recommended that management formalise and implement the intended tenant engagement approach by adopting the existing tenant questionnaire/review template. As a minimum, this should be completed for all new claimants (post-scheme approval) and management should introduce a risk-based schedule of follow-up reviews for tenants in residence to evidence (i) current support needs, (ii) whether support is being delivered, and (iii) move-on plans/progress. Where the full roll-out of routine follow-ups is not achievable under current staffing arrangements,		**Implementation Date:** No date can be set at present to set up and deploy this team due to unavailability of capacity. The existing tenant questionnaire is fit for purpose should capacity be created to roll it out to all claimants on a prioritised basis. A proportionate approach template will be drafted by September 2026 for use if capacity becomes available to progress with tenant engagement.	

management should define and document a proportionate approach (e.g., prioritisation criteria, minimum review frequency, and triggers for review), with outcomes recorded on the case file to provide an auditable trail.	

3.3.2 It is expected that Intensive Housing Management (IHM) charges are only accepted where providers evidence what IHM comprises and demonstrate delivery.

Intensive Housing Management is a term used to describe the housing management tasks that supported housing providers perform in addition to the duties of a general needs' landlord.
Where charges relate to services which contribute to the accommodation satisfying the care, support or supervision requirement to be specified accommodation, they must be eligible.
The gov.uk website advises local authorities to ask for a breakdown of these charges and then identify and deduct any ineligible or duplicate charges.

Due to limited resource and capacity, we were advised that the Council is not currently undertaking detailed scrutiny of providers' IHM charge breakdowns to identify and remove any ineligible or duplicate elements.
Root Cause : a lack of resource and capacity

If detailed scrutiny of providers' IHM charge breakdowns is not undertaken to identify and remove any ineligible or duplicate elements, there is a risk that IHM is being claimed without being provided and/or that ineligible/duplicate charges remain within the eligible rent calculation, resulting in inappropriate supported accommodation Housing Benefit payments and associated financial exposure for the Council.

Recommendation Ref 3946		**Summary Response**	
Risk Rating:	**Medium priority**	**Responsible Officer:**	Gareth Humphreys – Customer Hub Lead
Summary of Weakness: The Council does not routinely request, review and evidence-check an itemised breakdown of IHM charges to confirm what is being charged for and to remove any ineligible/duplicate elements.		**Agreed Actions:** Breakdown of IHM charges is already requested from every provider on a scheme-wide basis, but not on an individual resident basis However, capacity does not exist at present to scrutinise the charges and remove ineligible/duplicate elements	
Recommendation: It is recommended that a documented IHM scrutiny process is implemented whereby, for any provider claiming IHM, the provider must submit an itemised breakdown and supporting evidence of the IHM activities/charges (and any associated split against other charges), and the Council must review and record the assessment outcome on file (including deductions of any ineligible or duplicate		**Implementation Date:** No date can be set at present to set up and deliver this process due to unavailability of capacity. Requests for breakdown of IHM charges for individuals is not required as scheme-wide costs are apportioned as a percentage to each individual.	

elements and escalation where concerns persist), using a proportionate risk-based approach if full coverage is not achievable within current resources.	A template scrutiny process will be drafted by September 2026 for use should capacity be created to progress scrutiny of IHM charges.

3.4 Fraudulent or Inflated Claims Risk Management

3.4.1 It is expected that adequate controls are in place to prevent and detect fraudulent or inflated claims being processed, and that targeted checks on high-risk providers are undertaken.

There are no random targeted tests undertaken on high-risk providers at present which is, in the main, due to capacity issues. It is hoped by the service area that when the new supported accommodation requirements are in place whereby all landlords are required to be registered, that this will reduce high risk providers. However, there is currently no date known for these changes to come into effect.

Root cause: There is no capacity within the team to undertake random or targeted tests on high-risk landlords.

There is a risk that high risk landlords do not undergo sufficient monitoring allowing them the opportunity to operate unethically or non-compliant practices going undetected and potentially leading to inappropriate supported accommodation payments and associated financial and reputational impact for the Council.

Recommendation Ref 3949		**Summary Response**	
Risk Rating:	**Low priority**	**Responsible Officer:**	Gareth Humphreys – Customer Hub Lead
Summary of Weakness: There are no random or targeted tests undertaken with high-risk landlords.		**Agreed Actions:** Capacity does not exist at present to undertake random or targeted tests with high risk landlords. Identification of high risk landlords and a prioritised programme of annual tests would be undertaken if capacity is created.	
Recommendation: It is recommended that random checks/visits to high-risk landlords be implemented to reduce the risk of inappropriate claims and poor practice going undetected through proactive, risk-based monitoring.		**Implementation Date:** No date can be set for this at present due to unavailability of capacity. However, tests will be undertaken on a case by case basis if suspected fraud is identified.	

3.4.2 It is expected that escalation processes are in place should fraud be suspected.

Whilst there are processes in place to recover monies, where necessary there have been no cases escalated where there may be suspicions that a fraud has occurred. The Customer Hub Lead advised that as the awarding of supported accommodation is subjective with no documented processes the proving of fraud would be difficult. However, suspected fraud can still be investigated where evidence indicates dishonest

false representation or non-disclosure. In considering whether suspected fraud cases should be escalated, it is important to note that the fact a supported accommodation assessment involves professional judgement does not, of itself, mean that fraud would be difficult to evidence; fraud is established by demonstrating that an individual or organisation dishonestly made a false representation (or failed to disclose information) with the intention of making a gain or causing (or exposing another to) a loss, as set out in the Fraud Act 2006 and the Crown Prosecution Service's prosecutorial guidance. Consistent with this, GOV.UK defines benefit fraud as claiming benefits you are not entitled to on purpose, for example by providing false information or not reporting a change in circumstances; therefore, where there are credible indicators of deliberate misrepresentation or non-disclosure, these cases remain capable of investigation and should not be discounted solely on the basis that eligibility decisions can be subjective.

There is a risk that fraudulent claims are being made and paid with no actions being taken to investigate.

Recommendation Ref 3948		**Summary Response**	
Risk Rating:	**Medium priority**	**Responsible Officer:**	Gareth Humphreys – Customer Hub Lead
Summary of Weakness: There is currently no documented approach for referring suspected supported accommodation Housing Benefit fraud for investigation, and no cases have been investigated to date.		**Agreed Actions:** A general corporate fraud investigation and referral process already exists and would be used for supported accommodation fraud.	
Recommendation: It is recommended that a documented fraud referral and escalation process is established and embedded for supported accommodation Housing Benefit cases, so that where concerns arise regarding the support being provided and/or the suitability of accommodation, the case is promptly recorded, supported by an evidence summary, and referred to the Counter Fraud function for case assessment and investigation in line with the Council's fraud reporting and investigation arrangements.		**Implementation Date:** Already in place.	

4 Minor Issues

During the course of this audit, Internal Audit have identified control issues which are considered to pose only a minor risk to the Organisation. As such, we have not raised formal recommendations for management to respond to and we do not intend to formally follow up any of these issues. Management is at liberty to take whatever action it deems necessary to mitigate the following minor risks:

4.1 Formal Agreements

- The majority of landlords do not have an SLA in place between themselves and the Council which may make enforcement of a service difficult if support requirements are not formally documented for each of their schemes. Whilst it is not a statutory requirement to have an SLA in place with landlords for each of their schemes, it is recognised as best practice

Disclaimer

The matters raised in this report are only those that came to the attention of the auditor during the course of the internal audit review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. SCC neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

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Report to Audit and Standards Committee

07 September 2026

Corporate Risk Management Report - First Quarter 2026/27

Lead Member:

Cllr Martin Rogerson – Cabinet Member for Legal, Governance and Organisational Performance

Lead Officer:

Olwen Brown – Service Director for Legal and Governance (Monitoring Officer)

Key Decision: No

Ward(s): All

Appendices:

Appendix A – New added risk
Appendix B – Corporate risk register

Report Assurance:

	Name	Date
Lead Officer	Craig Turner	
Monitoring Officer	Olwen Brown	
Section 151	Craig Turner	7/8/26
Chief Executive	Gordon Mole	
Cabinet Member	Martin Rogerson	

Report Summary

The Council's Risk Management Strategy (RMS) sets out how it identifies, records, manages and reports on risk. The RMS requires that medium and high risks are reported to the committee quarterly, along with any risk profiles that are overdue by 6 months or more. Best practice guidance provided by the Association of Local Authority Risk Managers (ALARM) and the Chartered Institute of Public Sector Accountants (CIPFA) informs the objectives of the RMS.

Recommendations

That the Committee:

1. Notes that there are currently no risks that are more than 6 months overdue for a review, up to the end of quarter one of 2026/27.

2. Notes that there have been no risk level increases.

3. Notes that there has been one new risk added (Appendix A).

4. Notes the Corporate Risk Register profile (Appendix B).

5. Advises Officers of any individual risk profiles that the Committee would like to scrutinise in more details at its next meeting.

6. Notes that whilst the likelihood of a risk materialising may be mitigate, the likely impacts may not change.

1. Background

1.1. The Council uses Governance, Risk and Control Environment (GRACE) software to monitor and manage its risks by creating individual risk profiles which rank based on likely occurrence and impact, after applying relevant mitigation measures. The system allows for the creation and monitoring of mitigation action and the assignment of risk owners.

1.2. The RMS describes how risks are escalated and reported through that hierarchy depending on the nature of the risk, and in light of any delays in reviewing risk profiles or applying mitigation measures.

1.3. The software allows risks to be managed in this way at service and directorate level, and, where warranted, corporately through this Committee and the Corporate Leadership Team (CLT). The Council reviews its high risk at least monthly and its medium risks at least quarterly. The software prompts risk owners to review their risk profiles at specified intervals and escalates overdue reviews.

1.4. The Council's Risk Champion (who has a direct reporting line to the Monitoring Officer and CLT) challenges risk owners in respect of the controls, further actions, ratings and emerging risks related to their risk profiles. They are also challenged on the reasons for inclusion or non-inclusion of risks and amendments to profiles.

1.5. Project specific risks are managed to a high level in project specific risk registers, and are reviewed in accordance with the RMS on a monthly basis. Any specific projects can, where required, also have their risks monitored, maintained and managed in project board meetings, but also remain subject to the escalation requirements in the RMS.

1.6. At the end of quarter one of 2026/27 there are no overdue risk reviews of more than 6 months and no risks had increased in risk level rating.

1.7. In the same quarter there was one new risk added as shown below (further detail is shown at Appendix A):

Profile	Management Level	Risk	Final Rating	Risk Owner
Planning Policy	Operational	New Local Plan (2030-2045)	Amber C	Allan Clarke

2. Purpose

2.1. To update the Committee on the current position in respect of risk management controls and identified corporate risks.

3. Strategic Approach

3.1 The RMS provides a framework for embedding risk management across the Council with defined roles and responsibilities and a structured process. This will then ensure that opportunities are maximised, risks minimised and that risk management will continue to be embedded in the Council's management and decision making processes.

3.2 The Audit and Standards Committee provides independent assurance on the adequacy of the Council's risk management framework, internal control environment and corporate governance. It oversees how strategic and operational risks are identified, monitored and mitigated.

4. Finance & Resources

4.1. Finance and resources implications arising from particular risks are identified and managed as part of the risk profile in question.

4.2. The Council's general fund reserve is based on a review and risk assessment of financial risks in order to determine a recommended minimum level of reserve, this reserve currently holds a risk assessed balance of £2.225m.

5. Legal & Governance

5.1. The RMS and the procedures it sets out, including the escalation of risks and reporting to this Committee satisfies the requirements of the Accounts and Audit Regulations, which state that:

'The relevant body is responsible for ensuring that it has a sounds system of internal control which facilitates the effective exercise of its functions and the achievement of its aims and objectives; ensures that the financial and operational management of the authority is effective, and includes effective arrangements for the management of risk.'

6. Supporting Information

6.1. Report to Audit and Standards Committee 27 April 2026 – Corporate Risk Management Report 2026/27 (Link).

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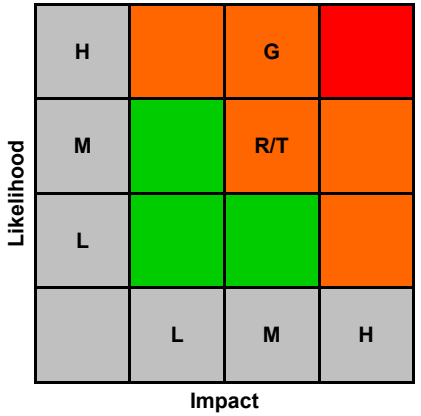
Planning Policy

Risk New Local Plan (2030-2045)



Impact Measures

Risk Description	Due to tranisitional arrangements to support the NUL Local Plan (2020-2040). The Council is required, through regulations, to start work on the new Local Plan in line with the revised Local Plan system by the 30 June 2026. Cabinet on the 23 June 2026 resolved to overturn the recommendation and not start to produce the Local Plan due to the implications of Local Government Reorganisation not being known.		
Potential Consequences	Direction from the government to start the new local plan will have reputational consequences for the Council with the potential for negative publicity. Government have provided funding for the Council to start the new local plan previously. There is a risk that a direction would ask for this funding to be returned. Direction from the government will mean that management will have to start the local plan within timescales dictated by the government which may have capacity / financial implications for the Council		
Implication	Reputational, Financial, Third Party Intervention		
Risk Owners	Allan Clarke		
Risk Rating (G)	Medium Amber D	**Last Review**	23/07/2026
Final Risk Rating (R)	Medium Amber C	**Next Review**	30/09/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	
Path	Planning Policy/Planning and Development/Commercial Development and Economic Growth/Newcastle Under Lyme		

Objectives

Key Controls Identified

Briefing of Council Members / Senior Officers

Ongoing Discussions with MHCLG

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

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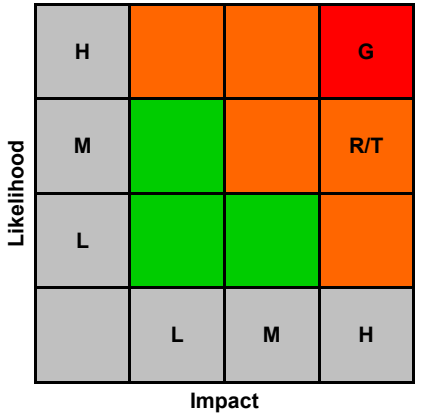
Corporate Risks

Risk Air Quality



Impact Measures	
Risk Description	Failure to comply with the Government Directive Timetable
Potential Consequences	* Failure to deliver within prescribed timescale, failure to safeguard health, failure to identify alternatives to CAZ, failure to deliver to standard required. * Failure to comply with Directive Timetable and requirements may result in legal action by Government and Client Earth against the Council. * Failure by UK Government to satisfy ECJ may lead to fines being passed down to failing LA's under Localism Act. *Failure to deliver existing workload commitments and statutory duties.
Implication	Damage to health / potential legal challenge and further action by Government including intervention in LA Air Quality function. Significant financial implications. Lack of Public Confidence. Reputational damage. Fines if passed down are likely to adversely impact council services. Failure to deliver existing workload commitments and statutory duties
Risk Owners	Nesta Barker; Olwen Brown; Gordon Mole
Risk Rating (G)	High Red E
Last Review	17/07/2026
Final Risk Rating (R)	Medium Amber D
Next Review	15/10/2026
Target Risk Level (T)	Medium Amber D
Treatment	Treat
Path	Corporate Risks/Newcastle Under Lyme

Objectives

1 - One Council delivering for Local People	Corporate
3 - Healthy, Active and Safe communities	Corporate

Key Controls Identified

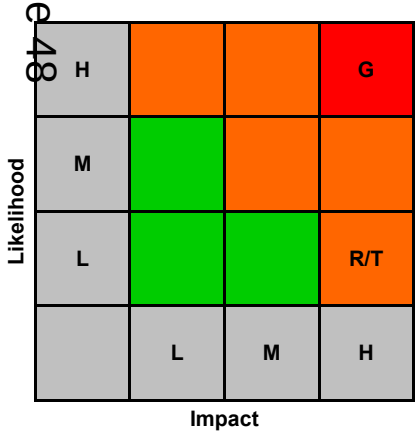
Air Quality project

Specific risks highlighted in EH profile

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Full business case to be produced.	Final business case submitted in 2024, in 2026 DeFRA have requested further works on preferred option and to revisit alternative options. Deadline of December 2026 agreed for submission of business case.	Planned	Nesta Barker	31/12/2026	

Risk Breach of health and safety



Impact Measures			
Risk Description	Failure to comply with relevant health and safety legislation.		
Potential Consequences	Death or harm to staff, contractors or members of the public. Third party intervention.		
Implication	Reputation. Financial. Legal.		
Risk Owners	Andrew Bird; Georgina Evans-Stadward		
Risk Rating (G)	High Red E	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber C	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

Home-working risk assessments

Health & Safety Policy and Employees Handbook

Target 100 corporate H&S system

Internal training policies, EDR, annual training audit, training resources secured, relevant training provided.

Health & Safety officer post on establishment.

Inspection programme of premises.

Incident Management Team

Liaison with external bodies.

Update seminars, professional membership, access to legislation and reference materials, support from legal services

Corporate Health & Safety Committee including senior representation.

Corporate Business Continuity Plan

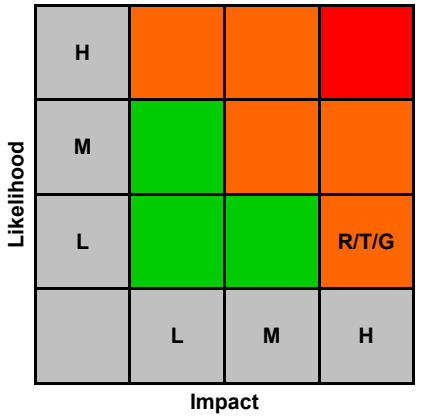
Comprehensive refresher training programme completed

Health and Safety sub-committees established and operational

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Monitoring home-working risk assessments	Ask T100 to try to identify staff who have completed the home-working risk assessment and follow up with those who haven't	Ongoing	Andrew Bird Georgina Evans-Stadward	30/09/2026	

Risk Community Cohesion



Impact Measures			
Risk Description	Potential breakdown of community cohesion, leading to public disorder.		
Potential Consequences	Disorder and/or targeting of community groups, loss of sense of safety, damage to public spaces and buildings.		
Implication	Reputation: Loss of trust in public agencies including NULBC Political: Rise in extreme political views of any persuasion within the community Resources: Police as Cat 1 responder withdraws from other duties Financial: Cost implications of recovery		
Risk Owners	Georgina Evans-Stadward; Gordon Mole; Roger Tait		
Risk Rating (G)	Medium Amber C	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber C	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Tolerate
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

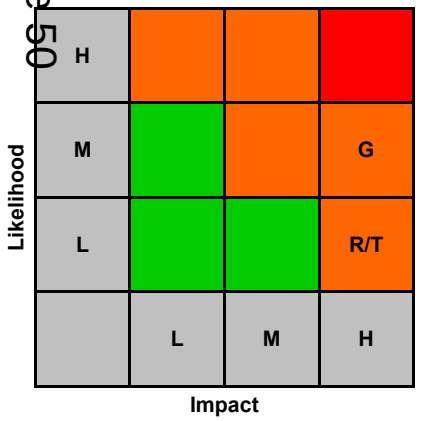
Multi-Agency Response plan

Partners and Partnership working

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

Risk Corporate Governance



Impact Measures	
Risk Description	Failure of Corporate Governance exposes the Council to financial, legal or reputational risk.
Potential Consequences	Loss of organisational capacity
Implication	Financial implications Legal challenges Reputation damage Government intervention
Risk Owners	Olwen Brown
Risk Rating (G)	Medium Amber D
Final Risk Rating (R)	Medium Amber C
Target Risk Level (T)	Medium Amber C
Path	Corporate Risks/Newcastle Under Lyme

Last Review	02/07/2026		
Next Review	30/09/2026		
Treatment	Treat		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

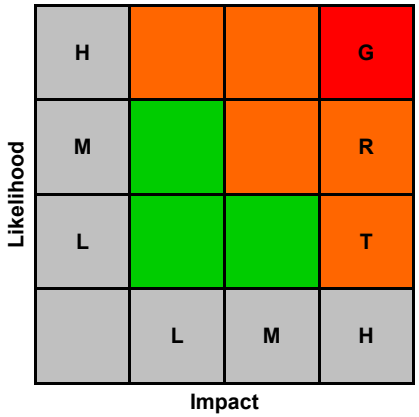
Key Controls Identified

Audit & Standards Committee
Advice obtained from external bodies as and when required
Corporate Leadership Team
Internal Audit inspections
Monitoring Officer
Effective scrutiny arrangements
Council Constitution
Scrutiny Protocol

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Induction of newly elected members	Ensure effective induction for new members	Ongoing	Olwen Brown Gordon Mole Craig Turner	29/05/2027	
Review of the Scrutiny Protocol	To complete the review of the protocol for the council	Planned	Olwen Brown	30/09/2026	In discussion for external training for Members.

Risk Cyber risk



Impact Measures	
Risk Description	The Council's infrastructure could be compromised by the introduction of malicious software. This could include a traditional destructive virus or another type of incursion such as information gathering software, ransomware, credential harvesting, etc.
Potential Consequences	This risk implies that the Council's network or infrastructure has been compromised and an unknown threat actor who has successfully introduced malicious software such as a virus or ransomware to our environment. It should also be considered that this introduction has or will disrupt services or otherwise compromise the Council's information systems over an undetermined period.
Implication	financial, operational, strategic, compliance, criminal, and reputation impacts.
Risk Owners	Sam Clark; Gordon Mole
Risk Rating (G)	High Red E
Final Risk Rating (R)	Medium Amber D
Target Risk Level (T)	Medium Amber C
Path	Corporate Risks/Newcastle Under Lyme

Last Review	17/07/2026
Next Review	15/10/2026
Treatment	Treat

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

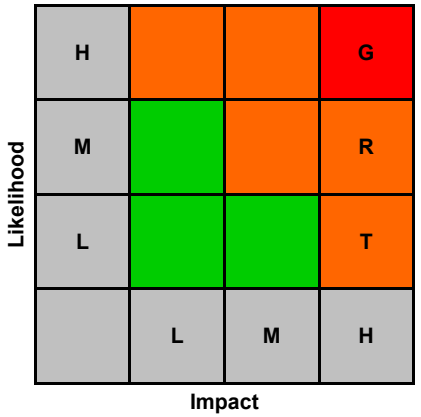
Key Controls Identified

- Internet and email policies
- Anti-Virus software
- Comprehensive Information Security policies
- Blocking of Removable Media
- Mandatory Information Security training for staff
- Information Security Group
- Receive Gov Cert UK Warnings from NCSC
- Anti-Ransomware software
- Patch management
- Use of Virtualised Environments
- Attendance at West Midlands WARP (West Midlands Warning and Reports Procedures Group)
- Corporate Business Continuity Plan
- Location Sign-ins
- Security Operations Centre

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Cyber Certifications	The council should consider the implementation of cyber security based frameworks and certifications, such as Cyber Essentials, NIST, ISO27001.	Ongoing	Sam Clark Audrey Clowes Atusa Marashi	01/10/2026	Work continuing on meeting the required IT security standards and certifications.
Procure Cyber Insurance	The Council does not currently have a Cyber Insurance policy in place. This provides significant financial risk to the council in the event of a cyber incident. The key challenges faced by the council in procuring cyber insurance has been the financial cost of such policies, alongside the technical requirements of such policies. For example, most policies require the alignment to a cyber framework or for certain security controls to be in place.	Planned	Annette Bailey Olwen Brown Sam Clark Simon Sowerby	31/12/2026	No change. Work on going to review requirements of insurance providers. This will then be a decision as part of the corporate insurance renewal based upon the level of achievable cover and cost.

Risk Data Breach



Impact Measures			
Risk Description	Non-compliance with the Data Protection Act and and General Data Protection Act		
Potential Consequences	Potential unlimited fines and damage to reputation. Risk of harm and safeguarding issues.		
Implication	Financial, Legal, Reputation, Criminal,		
Risk Owners	Olwen Brown; Sam Clark		
Risk Rating (G)	High Red E	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber D	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate

Key Controls Identified

Action plan produced

Corporate Business Continuity Plan

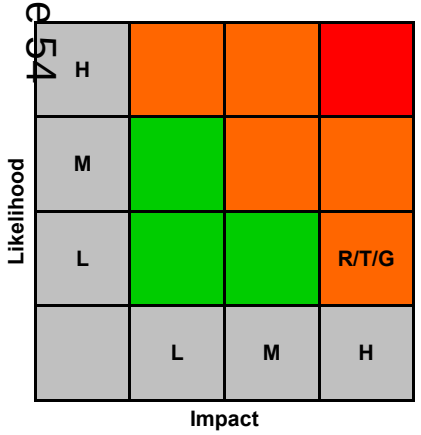
Information Governance Group Formed

Training available

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
GDPR Training	Continue a corporate push on GDPR training as a mandatory training package.	Ongoing	Sam Clark Georgina Evans-Stadward	31/03/2027	Training is being actively pushed via the portal. New Acceptable Use Policy also requires the completion of the training.
Review of GDPR policies	A wider review of GDPR policies required, including information security, data retention and disposal, FOI, SAR etc.	Ongoing	Sam Clark Julie Hallam Jackie Johnston	31/12/2026	Work continuing on the review of policies and procedures.

Risk Failure of a Structure



Impact Measures			
Risk Description	Risk of failure of Bathpool Reservoir and Nelson Reservoir or other major structures, due to environmental factors, and general wear and tear.		
Potential Consequences	Flooding of mainline rail; collapse of drains;		
Implication	Reputation. Financial. Legal		
Risk Owners	Andrew Bird; Simon McEneny; Gordon Mole		
Risk Rating (G)	Medium Amber C	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber C	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

3 - Healthy, Active and Safe communities	Corporate

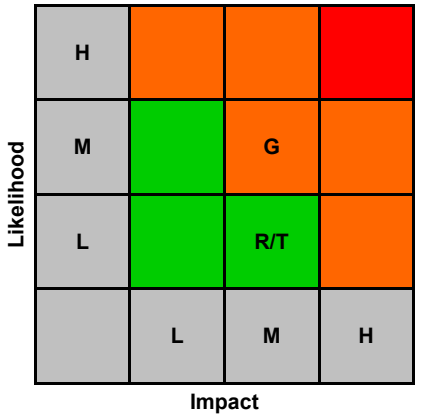
Key Controls Identified

- Corporate Business Continuity Plan
- Regular joint agency review meetings
- Regular vegetation removal
- Regular water drainage from the Sluice 'tap'
- Survey Work on Structure

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Monitoring of Structures	Monitoring of structures through partnership working and agreed monitoring schedule	Ongoing	Simon McEneny	30/09/2026	

Risk Failure to deliver the Environmental Action Plan



Impact Measures

Risk Description	Failure to achieve the most economic energy & fuel price tariffs for the council; Failure of the Council to audit and report on its Carbon Emmissions to Central Government; Failure of the council to achieve statutory reductions in carbon emissions; Inefficient use of energy at the council; Insufficient finance to implement the Carbon Reduction Programme		
Potential Consequences	Failure to achieve anticipated savings in energy and fuel consumption. Outcomes not realised and reputational damage to the council. Increased cost to the council. Failure to comply with the council's Environmental Strategy. Failure to achieve Value for Money. Adverse impact on other budgets/service areas. Non compliance with statutory legislation.		
Implication	Financial. Reputation. Legal. Political. Governmental (watching brief with the change in July 2024 Government - may amend the targets, timelines and grant funding)		
Risk Owners	Andrew Bird		
Risk Rating (G)	Medium Amber C	**Last Review**	17/07/2026
Final Risk Rating (R)	Low Green B	**Next Review**	13/01/2027
Target Risk Level (T)	Low Green B	**Treatment**	Tolerate
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

Annual allocation of capital funding

Energy data loggers in place at all the council buildings with a high energy use

Energy purchase contract in place

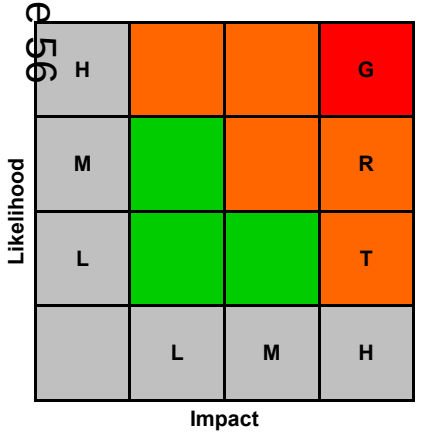
Government Sep 2022 Business Energy Relief (cap) Scheme

Ongoing introduction of low-energy products

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

Risk Financial Risk



Impact Measures			
Risk Description	Council's financial position is unsustainable in the medium to long term.		
Potential Consequences	Council unable to provide anything other than statutory (core) services.		
Implication	Reputation damage. Government intervention. Financial.		
Risk Owners	Craig Turner		
Risk Rating (G)	High Red E	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber D	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Tolerate
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

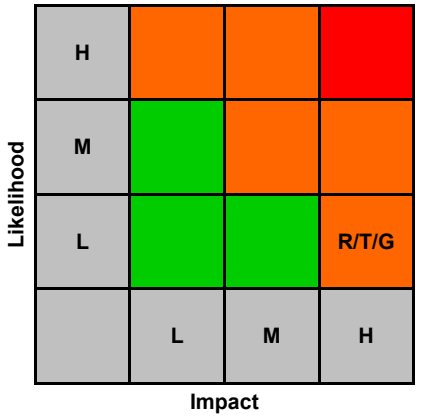
Key Controls Identified

Adequate level of reserves and balances
Regular financial risk assessments
Realistic medium term financial plan
Corporate Leadership Team
Corporate Business Continuity Plan

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

Risk Kidsgrove Sports Centre



Impact Measures			
Risk Description	Financial failure of new operator and financial risk of step-in by Council		
Potential Consequences	Subsidy would have to be found by the Borough Council. Staffing implications.		
Implication	Financial implications, Political. Resource.		
Risk Owners	Craig Turner		
Risk Rating (G)	Medium Amber C	**Last Review**	09/07/2026
Final Risk Rating (R)	Medium Amber C	**Next Review**	07/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Tolerate
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

Draw-down fund

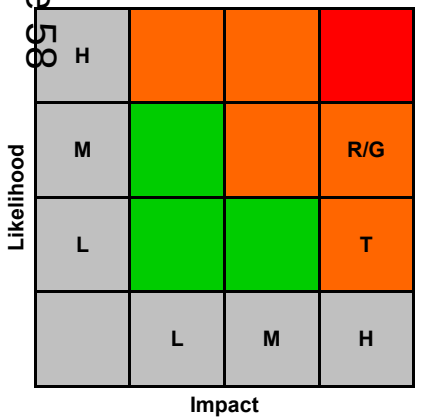
Management Agreement

Contract management

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

Risk Loss of major contractor



Impact Measures			
Risk Description	Loss of major contractor or supplier to the Council.		
Potential Consequences	Disruption to service; Potential claims		
Implication	Reputation damage; Financial costs;		
Risk Owners	Gordon Mole		
Risk Rating (G)	Medium Amber D	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber D	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

Corporate Business Continuity Plan

Market intelligence

Continuous monitoring of contracts and annual credit check

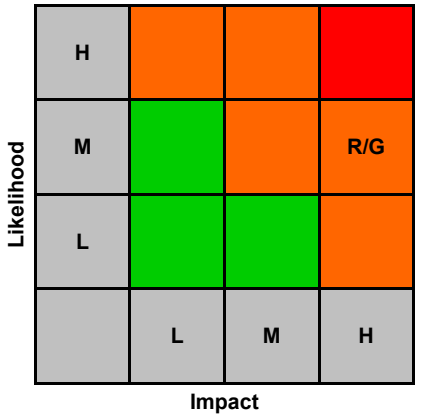
Contracts register in place

Corporate Procurement Officer & Procurement Strategy

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Critical supplier lists monitor and review	Contract Register updated and circulated as appropriate. As an aside alterts are received on specified organisations if anything changes - e.g. credit ratings, risk ratings etc.	Ongoing	Simon Sowerby	30/12/2026	The contract register is reviewed annually, ending around Nov/Dec. this is then sent to the relevant Directors and Business Managers to monitor.

Risk Member safety



Impact Measures			
Risk Description	Safety and security of elected members		
Potential Consequences	Physical assault, potential resignations		
Implication	Political, Reptuation, Financial, Legal		
Risk Owners	Olwen Brown; Gordon Mole		
Risk Rating (G)	Medium Amber D	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber D	**Next Review**	16/08/2026
Target Risk Level (T)		**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

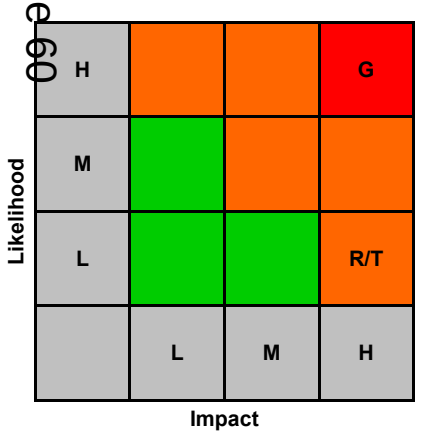
Key Controls Identified

Advice

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Consideration of safety devices	Consideration on the potential provision of personal safety devices	Planned	Georgina Evans-Stadward	31/10/2026	In-line with those provided to staff for lone-working

Risk No.1 London Road



Impact Measures

Risk Description	The displacement of residents of the property, and those in the surrounding areas, including businesses, due to a major fire incident. The Borough Council would be a Cat2 responder for the incident, but a Cat1 for the recovery. The likelihood of fire consuming the whole building.
Potential Consequences	Cat 2 - Displacement of 93 households in the property - and unknown surrounding properties. Cat 1 - High demand for alternative accommodation, after the emergency evacuation procedures are followed. Unsafe building - Cat 1 - Fire Service, then Cat 2 - Council Building Control. Transportation issues - moving people around after incident - the resident's cars are parked under the building. Internal Housing Advice service may need to make eligibility decisions on displaced residents (long-term). Enforcement against the landlords/freehold tenants/leaseholders - can be made, but should it be, whilst they are undertaking the necessary steps to obtain funding, materials and workforce to correct the issue.
Implication	Financial. Staffing. Reputation. Legal. Political. Environmental.
Risk Owners	Nesta Barker
Risk Rating (G)	High Red E
Final Risk Rating (R)	Medium Amber C
Target Risk Level (T)	Medium Amber C
Path	Corporate Risks/Newcastle Under Lyme

Last Review	17/07/2026
Next Review	15/10/2026
Treatment	Treat

Objectives

3 - Healthy, Active and Safe communities	Corporate

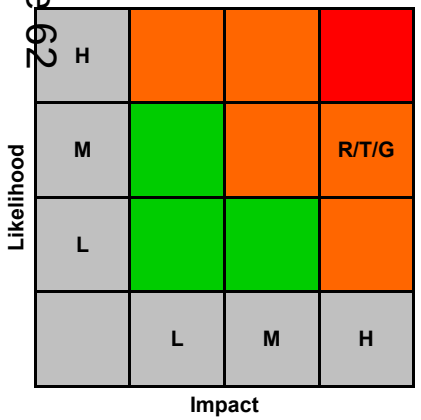
Key Controls Identified

- Bellwin Scheme should meet 85% of cost
- Staffordshire Fire and Rescue Service
- Support from Civil Contingencies Unit
- Developed CCU emergency site specific plan
- Contractors appointed

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
To complete the required fire safety works	For the Management Committee to obtain monies from the Building Safety Fund, successfully tender for the works and move on to site. If sufficient process isn't made, the Local Authority has a duty to take action under the Housing Act 2004.	Planned	Nesta Barker	31/05/2029	The granting of the monies from the Building Safety Fund to the Management Committee is outside of the Council's responsibility. The fire safety works involve compartmentalising flats and floors from each other which should reduce the likelihood of a fire spreading, compared to the current situation. The Joint Inspection Unit are supporting the Council in the enforcement considerations as it is recognised that dealing with this type of building is not with the skill set of the Council's Environmental Health Officers. See comment in Risk Review of 22/11/2024 for latest position.

Risk Safeguarding



Impact Measures			
Risk Description	Failure of the Borough Council (both officers and Members) to recognise both a moral and legal obligation to ensure a duty of care for children and adults across its services.		
Potential Consequences	Harm and Death. Third Party intervention with investigations.		
Implication	Legal. Reputation. Community. Financial. Political.		
Risk Owners	Georgina Evans-Stadward		
Risk Rating (G)	Medium Amber D	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber D	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber D	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

3 - Healthy, Active and Safe communities	Corporate

Key Controls Identified

Policy and Procedures

Personnel

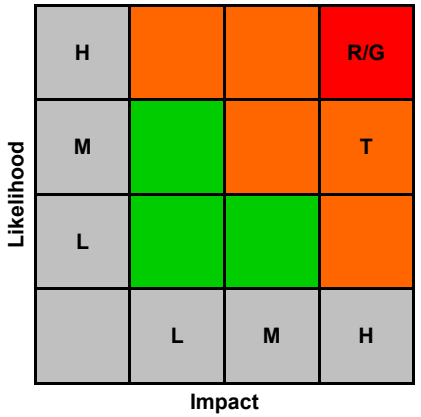
Partners and Partnership working

Adult and Child Safeguarding mandatory training

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Corporate awareness raising across the business to recognise Safeguarding as each persons responsibility where required	CLT and Safeguarding Champions to cascade reminders down to staff and Members	Ongoing	Nesta Barker Andrew Bird Olwen Brown Sam Clark Allan Clarke Georgina Evans-Stadward Catherine Fox Joanne Halliday Rachel Killeen Simon McEneny Gordon Mole Roger Tait	31/03/2027	Part of Mandatory training on the e-learning portal.

Risk Security of Council sites



Impact Measures			
Risk Description	Failure to maintain the safety and security of sites, officers, public and partners in Council occupied buildings.		
Potential Consequences	Death and harm; legal proceedings; theft and damage to property and assets;		
Implication	Legal, Reputation, Political, Financial, Management, Assets, Customer		
Risk Owners	Gordon Mole		
Risk Rating (G)	High Red E	**Last Review**	17/07/2026
Final Risk Rating (R)	High Red E	**Next Review**	16/08/2026
Target Risk Level (T)	Medium Amber D	**Treatment**	Tolerate
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

3 - Healthy, Active and Safe communities	Corporate

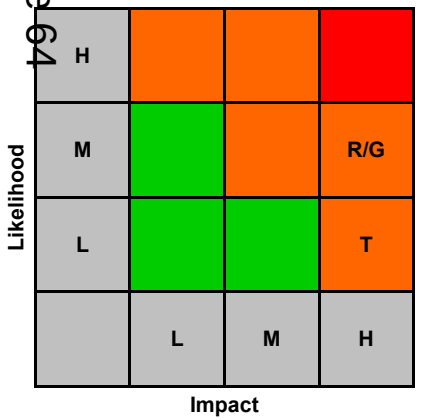
Key Controls Identified

Staff reminders

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

Risk Strategic Projects



Impact Measures	
Risk Description	Failure to deliver key strategic project or priorities.
Potential Consequences	Local economic impact Loss of influence and control
Implication	Political. Reputation. Financial. Legal. Environmental. Opportunities. Management. Assets. Partnerships. Customers.
Risk Owners	Simon McEneny
Risk Rating (G)	Medium Amber D
Final Risk Rating (R)	Medium Amber D
Target Risk Level (T)	Medium Amber C
Path	Corporate Risks/Newcastle Under Lyme

Last Review	17/07/2026		
Next Review	15/10/2026		
Treatment	Treat		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
3 - Healthy, Active and Safe communities	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

Advice obtained from external bodies as and when required

Corporate Business Continuity Plan

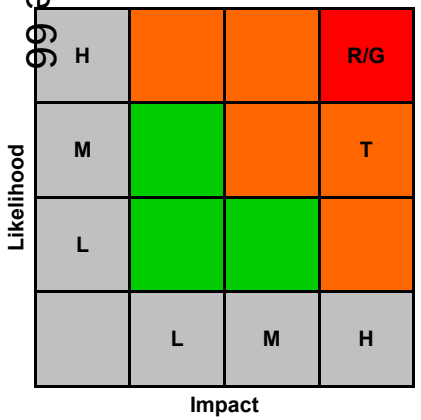
Governance

Resources

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Develop programme of commercial deliveries and investments		Ongoing	Joanne Halliday	30/09/2026	on going but difficult climate currently (not slowing down). Work is happening via the One Commercial platform, and it will be looked at to discuss and move forward at a later date.
Scheme specific risk registers	Scheme specific risk registers to be reported quarterly to relevant governance boards	Ongoing	Nesta Barker Andrew Bird Sam Clark Allan Clarke Georgina Evans-Stadward Joanne Halliday Rachel Killeen Simon McEneny Roger Tait Craig Turner	30/09/2026	AH believes these risks are being considered various council committees, however it is being looked to strengthen communications on the submission of reports to the relevant Committee.

Risk Supported Accommodation



Impact Measures	
Risk Description	Increasing number of unregulated supported accommodation providers, claiming inflated rent costs via housing benefit claims, resulting in the council being unable to reclaim proportionate amounts from DWP.
Potential Consequences	Increasing losses from subsidy claim from DWP, and overspend on budgeted amount to cover losses. Increased complaints due to not processing HB claims within the legal timeline. Failure to meet corporate performance targets in relation to HB processing. Unreasonable workloads resulting in potential stress related absence. Missed opportunity to identify valid and invalid claims, to reduce losses or make savings.
Implication	Financial. Reputation. Legal. Political. Perfomance. Customers. Partnerships. Management. Opportunities.
Risk Owners	Roger Tait
Risk Rating (G)	High Red E
Final Risk Rating (R)	High Red E
Target Risk Level (T)	Medium Amber D
Path	Corporate Risks/Newcastle Under Lyme

Last Review	17/07/2026
Next Review	21/08/2026
Treatment	Treat

Objectives

1 - One Council delivering for Local People	Corporate
3 - Healthy, Active and Safe communities	Corporate

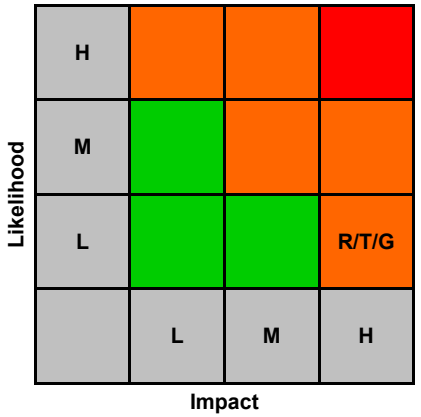
Key Controls Identified

Compliance
Consultancy advice
Gateway process
Single point of contact
Staff support

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Review list of providers	Prioritised a non-registered provider which results in high cost to the Council and negotiated agreement for them to become a Registered Provider which results in lower risk for any inflated claims and allow greater subsidy from DWP (reduced loss of £200k)	Ongoing	Rosie Bloor Gareth Humphreys	30/06/2027	Customer Hub team worked with an identified provider who has agreed to become Registered, hence facilitating greater subsidy claim for the Council to reduce costs. The resultant saving is being reinvested into staff resource to progress the review and engage with other providers.
Staff resource	Additional staff resource being recruited to progress the reviews of exising HB claims and new providers	Ongoing	Nesta Barker Roger Tait	30/06/2027	2 ftes to be recruited for 12 months and work plan to be set focusing on the recommendations in the audit report.

Risk Town Centre Regeneration/Development Failure



Impact Measures			
Risk Description	Failure to deliver major redevelopment schemes in Newcastle Town Centre		
Potential Consequences	Unfinished construction projects on Council land / assets leading to having to source a new contractor to complete developments, if started on site, loss of time to complete as procurement of new contractor and due diligence on works completed, having to find a purchaser for finished developments.		
Implication	Financial. Reputation. Political. Public relations.		
Risk Owners	Simon McEneny		
Risk Rating (G)	Medium Amber C	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber C	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber C	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate
4 - Town Centres for all	Corporate

Key Controls Identified

Governance

Contract Management

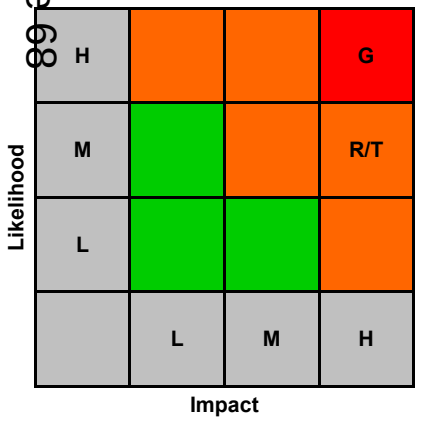
Development Agreement with Capital&Centric

Step In Rights for Failure to Deliver

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Contract Management of schemes / Capital&Centric	Robust construction management of development agreement and progress on site with / by Capital&Centric	Ongoing	Simon McEneny	31/12/2026	Risk established

Risk Walleys Quarry



Impact Measures			
Risk Description	Pollution issues in respect of the quarry and the failure to deliver long-term restoration		
Potential Consequences	Citizen quality of life seriously impacted/health. Adverse media attention. Service Delivery. Economic impact on the Borough.		
Implication	Reputation. Financial. Resource. Political. Environmental. Customer. Legal.		
Risk Owners	Nesta Barker; Olwen Brown; Gordon Mole; Craig Turner		
Risk Rating (G)	High Red E	**Last Review**	17/07/2026
Final Risk Rating (R)	Medium Amber D	**Next Review**	15/10/2026
Target Risk Level (T)	Medium Amber D	**Treatment**	Treat
Path	Corporate Risks/Newcastle Under Lyme		

Objectives

1 - One Council delivering for Local People	Corporate
3 - Healthy, Active and Safe communities	Corporate

Key Controls Identified

Odour Incident Management Team

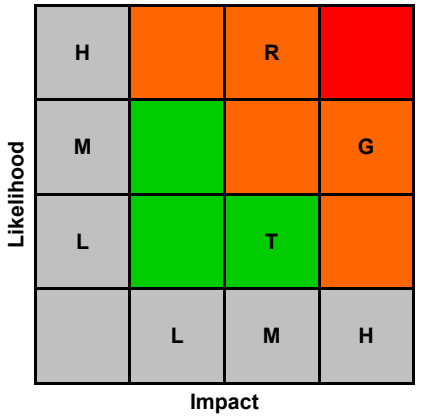
Specific Walley's Quarry risk profile in place

Recovery Co-ordinating Group

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments
Continue with IMT works	Ongoing	Nesta Barker	31/03/2027	
Regular liaison with the Liquidators	Ongoing	Nesta Barker Olwen Brown Gordon Mole Craig Turner	30/09/2026	

Risk Workforce



Impact Measures

Risk Description	Lack of capacity due to failure to replace and retain key staff or provide resources to cover the work of staff temporarily involved in other priority areas. Failure to consistently train and develop employees to meet the needs of the Council. Delays to implement reviews of policies and procedures. Aging workforce in certain areas. Potential changes through Local Government Reorganisation.
Potential Consequences	Implications for staff morale, effective recruitment and retention. Fair treatment of staff. Skills shortages both locally and nationally. Out of date policies. Failure to maintain day to day service provision where service quality, availability and consistency of service is affected. Ineffective leadership. Inconsistencies of interpretation of policies and procedures. Not supporting managers and employees. Reduced levels of service, non provision of training needs, non involvement in partnership needs etc. due to existing staff meeting the additional workload arising from lack of capacity. Failure to achieve objectives of improvement plan. Increased costs to the authority in relation to flexible retirement.
Implication	Legislation. Environmental. Customer. Partnerships. Assets. Management. Reputation. Opportunities. Financial. E-Government. Political.
Risk Owners	Georgina Evans-Stadward
Risk Rating (G)	Medium Amber D
Final Risk Rating (R)	Medium Amber D
Target Risk Level (T)	Low Green B
Path	Corporate Risks/Newcastle Under Lyme

Last Review	17/07/2026
Next Review	15/10/2026
Treatment	Tolerate

Objectives

1 - One Council delivering for Local People	Corporate
2 - A successful and sustainable growing Borough	Corporate

Key Controls Identified

- Apprenticeship levy available
- Corporate Leadership Team are maintaining an overview
- Robust process in place for vacancy approval
- Interim posts available
- Leadership Development Programme
- Staff surveys
- Updating recruitment procedures
- Mandatory use of OPUS
- Corporate Business Continuity Plan
- Workforce policies in place

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Due for Completion by	Comments

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Report to Audit and Standards Committee

07 September 2026

Health & Safety Annual Report 2025-26

Lead Member:

Cllr Ben Simpson – Cabinet Member for Waste Recycling & Green spaces.

Lead Officer:

Andrew Bird – Service Director Sustainable Environment

Key Decision: No

Ward(s): All

Appendices: Appendix 1 – Annual Health & Safety Report 2025-26

Report Assurance:

	Name	Date
Lead Officer	Andrew Bird	12th August 2026
Monitoring Officer		
Section 151		
Chief Executive		
Cabinet Member		

Report Summary

To inform members of issues and trends regarding corporate Health and safety matters.

Recommendations

That the Committee:

Note the content of the report in Appendix 1

1. Background

1.1. Each year the Council produces an annual report relating to Health and safety across the organisation. This report relates to the last financial year 1st April 2025-31st March 2026.

2. Update on Work Undertaken

2.1. Policies and guidance have been reviewed in the last year as follows;

- Corporate Health Safety Policy
- Driving at Work Policy – this requires further work to update and reissue to employees
- Invac plans and risk assessments are being developed for high-risk buildings such as Jubilee 2 and castle House for the forthcoming Martyn's law requirements. Consultation with other Councils continues to ensure this project is completed.

2.2. Work continues with Target 100 (T100), the Council Health & Safety database system, to improve the functionality of the system. There is a new version (7) which will be launched soon.

2.3. Training has been successfully delivered in the following areas:

- Fire Marshal and Controlling Officer
- Volunteer safety Briefing
- Online mandatory training update.

2.4. RIDDOR's have increased in the period however unreportable accidents have decreased. Near miss reporting has also decreased.

2.5. Health and Safety inspections have taken place as scheduled with the exception of the vehicle repair workshop at Knutton Lane Depot. Inspections are scored for comparison year on year.

2.6. All site-specific committees have been held as appropriate, and feedback provided to the Corporate Health and Safety committee.

2.7. Fire drills and resultant advice and guidance have all been undertaken in accordance with the schedule.

2.8. A fire strategy for the Knutton Lane Depot is underway following the recommendations of the previous year's fire risk assessment.

2.9. Work continues to support major refurbishment at Knutton Lane Depot.

2.10. Upgrade to the LEV system in the garage workshop is being procured.

2.11. A safe system of work for working at hight on the roof of refuse collection vehicles (RCV's) is in progress including inspections of roof working systems, purchase of work at height equipment and training for staff to use it.

3. Strategic Approach

3.1. Failure to adopt best practice health and safety standards could result in wastage of Council resources and the provision of an inefficient service.

3.2. Several of the Councils front line operational services, especially recycling and Waste are deemed nationally as very high-risk activities, which unfortunately still result in several fatalities across the country each year. The Council needs to ensure its operations make use of and industry and health and safety guidance to effectively manage operations keeping staff and the public safe.

4. Finance & Resources

4.1. Much of the health and safety service delivery is carried out in-house from existing resources, this also includes training courses. On occasions, external providers may be required to conduct specialist training courses i.e. First Aid. The costs for this are met from within the existing Corporate Training budget.

4.2. Effective management of health and safety ensures insurance and other claims are appropriately managed.

5. Legal & Governance

5.1. The Council is required to comply with all relevant Health and Safety legislation.

5.2. Failure to ensure suitable and sufficient arrangements for Health and Safety may lead to investigation and or enforcement action by the Health and Safety Executive as the enforcing authority for the Councils activities.

6. Supporting Information

6.1. Supporting information is included in Appendix 1 of this report.

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Appendix 1 -

NEWCASTLE UNDER LYME BOROUGH COUNCIL - ANNUAL HEALTH & SAFETY REPORT APRIL 2025 – MARCH 2026

1. INTRODUCTION

1.1 This report outlines the current state of health and safety matters during the twelve months from 1st April 2025 to 31st March 2026.

2. POLICIES AND GUIDANCE

2.1 The Corporate Health and Safety Policy was reviewed to ensure the responsible person for fire was identified as the Chief Executive and further alterations to staff changes and management structure.

2.2 The Driving for Work Policy requires review with additional information to be added. Grey fleet driver registration has now also been implemented in conjunction with TTC Continuum to ensure all those driving for work purposes in their own vehicles are adequately licensed with all applicable vehicle inspections and insurance in place.

3. TARGET 100

3.1 The contract was renewed with T100, and support pages have been developed on Connexus on several key subjects. Development calls have also revealed that the accident form and accident investigation form can be tailored to better suit our requirements and ways of working. Development of forms is an ongoing project.

4. HEALTH AND SAFETY TRAINING

4.1 The following Health and Safety Training has been undertaken –

First aid – Lists in each building were updated. Provision was evaluated and a proposal for refresher training drafted for consideration by CLT.

Evac chair –Ongoing training will need to be resourced externally due to the constraints of staff availability from Jubilee2.

Manual handling – training sessions will take place before the end of 2026 delivered by a third party.

Controlling officer – refresher training was delivered at Castle House, Kidsgrove and Knutton Lane Depot.

Fire Marshal Training- Knutton Lane depot has returned to designated fire marshals in each area, and the evacuation process has been updated with a tag board system. The next evacuation to include the new process is in the Autumn.

Online mandatory training – the new online training package was finalised, and all staff have been reminded to complete the mandatory sections such as health and safety, fire training and display screen equipment. Uptake is being monitored via Human Resources.

5. ACCIDENT REPORTS –

5.1 Please see table and graph below for a summary of employee accidents excluding verbal abuse cases.
The number of accidents also excludes road traffic accidents (including those on private property classed as “hit fixed”), near misses, ill health incidents and accidents involving contractors including agency staff.

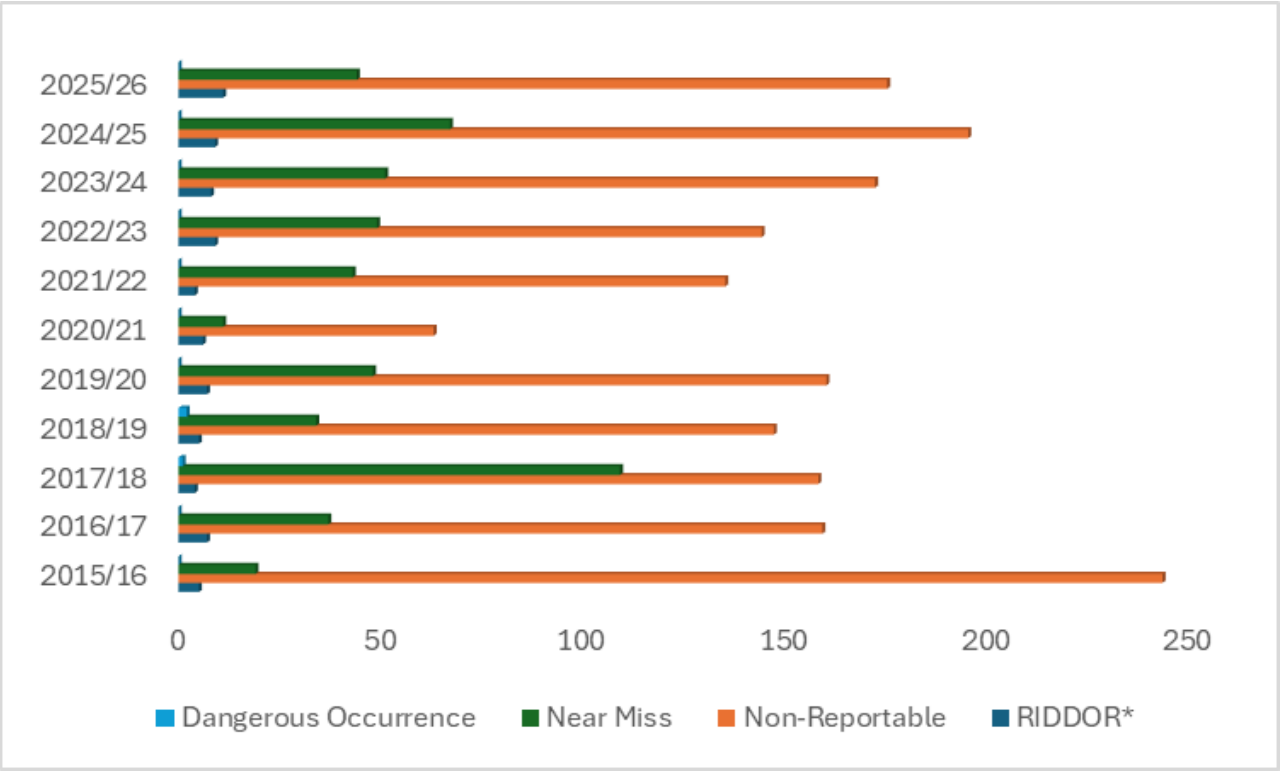
Year	Number of Accidents (employee only)	Number of Reportable (employee only)
2015/16	36	5
2016/17	34	7
2017/18	56	2
2018/19	53	3
2019/20	78	6
2020/21	64	3
2021/22	54	4
2022/23	50	8
2023/24	55	7
2024/25	75	4
2025/26	77	10

5.2 The table and graph below shows trends in all accidents (staff & members of public)

Year	RIDDOR*	Non-Reportable	Near Miss	Dangerous Occurrence
2015/16	5	243	19	0
2016/17	7	159	37	0
2017/18	4	158	109	1
2018/19	5	147	34	2
2019/20	7	160	48	0
2020/21	6	63	11	0
2021/22	4	135	43	0
2022/23	9	144	49	0
2023/24	8	172	51	0
2024/25	9	195	67	0
2025/26	11	175	44	0

The number of RIDDOR's has increased but the nature of the injuries, a mixture of strains and sprains from slips, trips and falls and muscular sprains and strains from manual handling and walking are the same as the previous year. Where trends have been identified risk assessments and SSOW have been reviewed.
The number of accidents and near misses relating to contact with a vehicle has increased and this is an ongoing project to train, educate and investigate design mechanisms to prevent contact with moving vehicles.

There has also been a decrease in near miss reporting this year unfortunately. This may be due to staff turnover rates; the multiple heat waves this year or time constraints to report issues. There is a trend within the near miss reports which include contact with moving vehicles and damage to structures at Knutton Lane Depot.

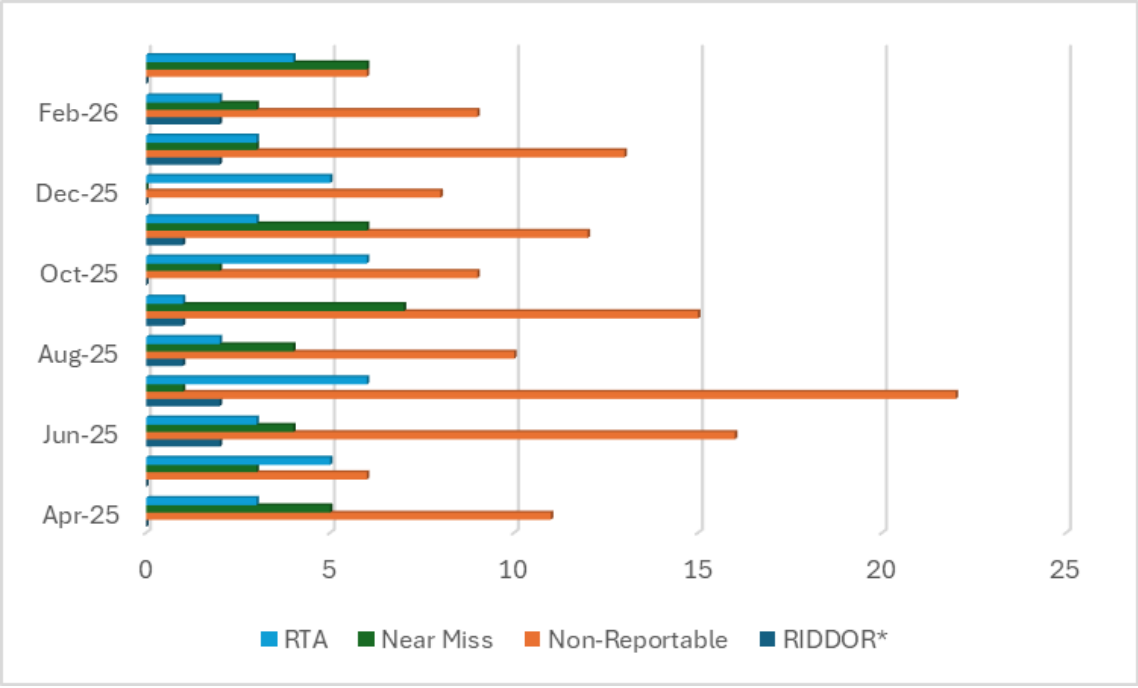


5.3 The table and graph below show a monthly breakdown of all accidents in 2025/26.

Month	RIDDOR	Non-Reportable	Near Miss	RTA	Dangerous Occurrence	Totals
April	0	11	5	3	0	**19**
May	0	6	3	5	0	**14**
June	2	16	4	3	0	**25**
July	2	22	1	6	0	**31**
August	1	10	4	2	0	**17**
September	1	15	7	1	0	**24**
October	0	9	2	6	0	**17**
November	1	12	6	3	0	**22**
December	0	8	0	5	0	**13**
January	2	13	3	3	0	**21**
February	2	9	3	2	0	**16**
March	0	6	6	4	0	**16**
Totals	**11**	**137**	**44**	**43**	**0**	**235**

* RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (Accidents which result in over a 7-day absence from work of an employee; a member of the

public taken from the premises by ambulance and specified injuries (broken bones etc.) would all be reportable to the Health & Safety Executive by the Local Authority.



5.4 RIDDOR Summary

Month	Injured Person	Location	Incident Type	Remedial Action
June 2025	Employee – over seven day injury	Collection Rounds	collection operative struck by manoeuvring waste vehicle, calf crush injury	An extensive investigation which led to a review of training for working in and around vehicle crush zones and a review of accident escalation and investigation processes. Contractors have been approached regarding vehicle proximity alarms and Dennis Eagle are designing an interlocked system to prevent access to the danger zone. SSOW and risk assessment for individual streets has been reviewed. Driver must have visual sight of all crew members and clear communications.

Month	Injured Person	Location	Incident Type	Remedial Action
June 2025	Employee – over seven day injury	Collection Rounds	sprained ankle as operative exited the vehicle to the floor	Toolbox talk on safe access and egress of vehicles
July 2025	Employee – over seven day injury	Collection rounds	rib muscular injury from manual handling food waste	Supervisor briefed IP regarding manual handling and Safe Working Practices
July 2025	Employee – over seven day injury	Collection rounds	walking on uneven ground, knee muscular injury (previous knee injury)	Ground conditions are not always stable. Where necessary they are reports to SCC.
August 2025	Employee – over seven day injury	Collection Rounds	exiting the cab on vehicle ankle sprain injury	Toolbox talk on safe access and egress of vehicles
September 2025	Employee – over seven day injury	Training provider	Manual Handling activity sprain/strain.	Within the arboriculture team it is anticipated that this could not be avoided as it is manual handling technique which workers have received training and scheduled refresher training for.
November 2025	Employee – over seven day injury	Collection Rounds	IP was in the road directing traffic as part of collection duties. The third-party vehicle hit the worker in the knee with the vehicle	There is no trend to further investigate. The safe working practice for positioning as part of collection duties has been reviewed and will be shared with the waste teams.
January 2026	MOP on NULBC land	Adjacent J2 Car Park	Slip trip and fall at same level. Injury was potentially dislocated hip.	Staff members provided first aid and escorted the MOP to A&E.
January 2026	Employee – over seven day injury	Collection Rounds	Slip, trip and fall at same level/ Back strain/sprain	Icy conditions are unavoidable at this time of year. IP had anti-slip boots on.

Month	Injured Person	Location	Incident Type	Remedial Action
February 2026	Employee – over seven day injury	Streetscene	slipped on the step when entering the vehicle resulting in knee strain/sprain	Toolbox talk on safe access and egress of vehicles
February 2026	Employee – over seven day injury	Collection Rounds	Over stretching, rib muscular strain/sprain	Not a work-related task, therefore unforeseeable.

All RIDDOR Accidents have been reported to the HSE and investigations have been completed with remedial actions undertaken where necessary as detailed above.

6. HEALTH AND SAFETY AUDITS & INSPECTIONS

6.1 The Corporate Health and Safety Officer has completed inspections of the following properties –

- Jubilee 2
- Kidsgrove Customer Service Centre
- Keele Cemetery
- Bradwell Crematorium
- Waste Transfer Sections, Knutton Depot
- Streetscene Areas of the Knutton Depot
- Brampton Museum
- Markets Office
- Queen Elizabeth Park Pavilion
- Silverdale Pavilion
- Westlands Tennis Pavilion
- Wolstanton Tennis and Bowls Pavilion

6.2 The following community centres were also inspected –

- Audley Community Centre
- Butt Lane Community Centre
- Chesterton Community Centre
- Marsh Hall Community Centre
- Silverdale Community Centre
- Whitfield Community Centre
- Wye Road Community Centre

6.3 All recommendations as a result of the inspection were directed to relevant parties for action.

7. KNUTTON DEPOT

7.1 The Knutton Lane Health and Safety Committee held meetings on:

- 10th April 2025
- 10th July 2025
- 22nd October 2025
- 9th January 2025
- 16th April 2026
- 12th August 2026

7.2 Matters arising from the meetings included:-

- Site visits such as those undertaken by the Environment Agency
- Depot walk around findings
- Depot refurbishment project- pedestrian walkways
- Accidents, incidents and near misses
- Target 100
- Fire, evacuation and strategy
- Training including first aid and manual handling
- Site rules, inductions, P.P.E and parking requirements
- Buildings, utilities and infrastructure and site security
- External yard, waste transfer station, salt yard
- Insurance issues for the depot and fire risk
- Results of third-party monitoring
- Aspire continue to attend the first section of the meeting as site tenants – mutual concerns are raised within this section

8. Leisure, Culture and Bereavement Services (SHE) Safety, Health and Environment Meetings –

8.1 These meetings have been established to oversee and monitor the implementation of British Standards for the management of Quality (ISO 9001), Environment (ISO 14001) and ISO 45001 (Health & Safety).

Meetings held on:

- 1st April 2025
- July 2025
- October/Nov 2026
- April 2026

8.2 During the Meetings the following points (regarding health and safety) are discussed:

- Hazards or incidents that have occurred in the organisation – pool blanket and roof repairs, sewer flies, tree damage in cemeteries following storms
- Inspections – internal and external - climbing wall inspected Mar 25, pool hoist condemned on inspection, emissions test at crematorium Aug 24, LOLER test for trollies
- New/revised legislation and guidelines.
- Risk Assessments/COSHH/Method Statements/Safe systems of work
- Financial provision for health and safety and staff welfare (including PPE)
- Fire evacuations
- Instructions and training for staff – Museum trialling invacuation procedure, crematorium technician continues to gain qualification
- Corporate Health and Safety Committee
- Any other business – solar panels fitted a the crematorium and cemetery

Minutes/Action logs from the meetings are provided for review at Corporate Health and Safety Committee meetings.

9. CORPORATE HEALTH AND SAFETY COMMITTEE

9.1 The Corporate Health and Safety Committee held the following meetings during the period

- 20th February 2025
- 24th April 2025
- 24th July 2025
- 30th October 2025
- 29th January 2026
- 23rd April 2026
- 30th July 2026

9.2 The committee discussed the following items at the last meeting:

- Insurance reports
- Accidents, incidents and near misses
- Accident & insurance claims
- Target 100
- Castle House Tenants Liaison Meetings – invacuation, lift concerns, security and Martyn's law requirements
- Facilities Management update
- Leisure and Cultural SHE / Leisure and Bereavement SHE
- Knutton Lane Depot Committee – the collision incident and the risk to pedestrians, insurance and fire strategy
- Trade Unions
- Insurance renewal commencement
- Staff training
- Policies and procedures – Driving for work requires update and publishing along with public protection and lone working

10. FIRE

10.1 Fire evacuations have been completed across all sites, including community centres at various points throughout the year.
Overall compliance was obtained but some areas for development included:

- Training Staffordshire county council staff and police staff to be controlling officers for out of hours and weekend evacuations.
- Fire risk strategy for site required further to Aspire tenancy commencement
- Castle Car Park electric car charging bay requires risk assessment, fire assessment completed but with outstanding issues to resolve

10.2 Evac chair training has been difficult to achieve, namely due to difficulties with staff availability from Jubilee2 to deliver the training. The training will now need to be provided by a third party to all staff.

11. EVENT SAFETY

11.1 Environmental Health received and reviewed approximately 27 events during the 2025-26 period. Events that have been held on Borough land by external organisations and therefore subject to review by health and safety include:

- Charity Ball
- Community Safety Day
- Civic Service
- Civic Reception
- Civic Mass
- Freedom Ceremony
- Andy's man club
- Art slam
- Business Festival
- Carols by Candlelight
- VE day Beacon
- Remembrance Parade
- Lantern Parade
- Madeley Half Marathon

12. CASTLE HOUSE

12.1 The invacuation alarm system has been tested and measured 82 dB which is within the tolerance level for an alarm system. There has been no feedback from the other tenants after sharing the draft invac plan for the building. Communications with Stafford safety officers suggest that we do not need an extensive plan just the "run hide tell" approach and staff have received training online Act and Scan. Risk assessments will be required for each building, and a template has been requested from SCC for this purpose.

12.2 A security review of the building is required, and an escalation process requires drafting for both customer hub staff and senior staff on site. This has been added to the corporate risk register.

12.3 The lifts continue to be problematic with both taken out of service simultaneously for a period of time. This has had a considerable impact on the accessibility of the building for tenants, and the new manager will work with SCC to provide a consistent service.

12.4 There continues to be issues with fire evacuation and unappointed fire marshals sweeping areas and reporting them in as clear to the controlling officer. Evacuations are therefore lengthy and ineffective.

13. FIRST AID

13.1 A review of provision has taken place with additional trained members required for Knutton Lane Depot and the Brampton Museum.

13.2 First aid training will take place before the end of this year to ensure the provision is in place. However, payments were not made to first aiders this year due to a clerical error.

13.3 Online training for both cardio-pulmonary resuscitation and the use of defibrillators was published on Connexus with local managers encouraged to share as a training package with those employees who are not online regularly.

14. AUDIT BY STAFFORDSHIRE COUNTY COUNCIL

14.1 The audit by Staffordshire County Council is now complete after multiple reviews of their findings. The main improvements are:

- A fire action plan that summarised the findings from each building fire risk assessment
- Some department risk assessments did not have target review dates or were overdue their review dates
- A formal process to benchmark performance against other councils and national HSE data to provide context and potential areas for improvement

15. LONE WORKING DEVICES

15.1 The new contract was awarded to Orbis, Managers have received training to update personnel records directly. However, the audit by Staffordshire County council revealed:

- Create a stand-alone, lone working policy
- Review and publish the employee protection policy
- Ensure there is a register of all lone working risk assessments for relevant departments
- Some lone working risk assessments were beyond their deadline for review
- Lone working is not integrated into one formal channel for risk assessment, and the public protection register
- Emergency arrangements should be periodically tested
- Performance monitoring of Orbis the provider needs to programmed

Report to Audit and Standards Committee

07 September 2026

Code of Conduct Update

Lead Member:

Cllr Martin Rogerson- Cabinet Member Legal, Governance and Organisational Performance

Lead Officer:

Olwen Brown- Service Director Legal and Governance

Key Decision: No

Ward(s): All Wards

Appendices:

Appendix 1 – Arrangements for dealing with Code of Conduct complaints
Appendix 2 – Member Code of Conduct Complaint Form

Report Assurance:

	Name	Date
Lead Officer	Olwen Brown	1/9/26
Monitoring Officer	Olwen Brown	1/9/26
Section 151	Craig Turner	1/9/26
Chief Executive	Gordon Mole	1/9/26
Cabinet Member	Martin Rogerson	

Report Summary

The council is required by the Localism Act 2011 to have arrangements under which allegations of breaches of the Code of Conduct can be investigated, and under which decisions on allegations can be made.

This report recommends some changes and updates to the current arrangements for the committee to then recommend to full Council, who must agree the changed arrangements.

The report also recommends that the Committee agree the three members of the committee, on a politically proportionate basis, who will sit as the Hearing Panel for Code of Conduct complaints, when the Panel is required.

Recommendations

That the Committee:

1. Agree the changes to the current arrangements as proposed in the attached Appendices;
2. Recommend these to full Council.
3. Appoint three members of the Committee to sit as the Hearing Panel for code of conduct complaints when required.

1. Background

1.1. The Localism Act 2011 fundamentally changed the way in which complaints against elected and coopted members “standards complaints” were dealt with. Before these changes members were subject to a much stricter and nationally based regime brought in by the Local Government Act 2000, with sanctions that included suspension.

1.2. Local authorities were now required to adopt their own Code of Conduct, based upon the Nolan principles, and local authorities other than parish councils were required, as part of the standards regime to have arrangements dealing with how complaints were to be dealt with and how decisions on allegations were made. Complaints against parish council members are dealt with by the principal council in their area- for this council so far as all parish councils within the borough are concerned. Such arrangements must involve an Independent Person.

1.3. The Council adopted arrangements when it was required to do so. However, these have not been updated for some time.

1.4. This Committee appoints three members to sit as a Hearing Panel when this is required. It will only be required after an investigation had been carried out into complaints and the report of the investigating officer makes findings of a breach. Whilst no investigations are currently underway it is recommended that appointments are made so that there is no delay if the panel is needed in the future.

2. Purpose

2.1. The changes to the arrangements for dealing with code of conduct complaints are designed to make them clearer and more up to date, removing some language that is no longer needed due to the passage of time since the Localism Act, and which also takes account of modern good practice. The Monitoring Officer deals with complaints against elected and coopted members of the Council and also with complaints against elected and coopted parish councillors. In recent months the

number of complaints has been rising significantly, with accompanied resource demands.

2.2. There are a couple of more significant changes. At the Council meeting on 8th July, it was agreed to add the public interest test into the consideration of complaints. This has been amplified in the proposed arrangements, with examples given of the sort of considerations that would fall within this test. The proposals emphasise that the Monitoring Officer will seek to resolve matters informally wherever possible.

2.3. Another change is to introduce the involvement of the Chair of the Audit and Standards Committee who will be consulted by the Monitoring Officer at the "initial view" stage, at the same time that the Independent Person is consulted. These consultations assist the Monitoring Officer in deciding how to deal with the complaints, but the decision remains that of the Monitoring Officer.

2.4. The procedure if a Hearing Panel is required is clarified and set out at the end of the arrangements.

2.5. The appointment of the three members of the Hearing Panel is felt to be timely; although there is no investigation at present which may require the Panel. If members are appointed, they will be able to meet as required without any further delay. The members of the panel should be appointed on a politically proportionate basis.

3. Strategic Approach

3.1. The proposed approach provides an up-to-date approach to dealing with code of conduct complaints which balances the need for a robust approach to member behaviour within the current legislative limits, with the need to consider the public interest test. Where a complaint justifies an investigation, it will receive it; but minor complaints will be dealt with proportionately.

4. Finance & Resources

It is important to ensure that the council has the necessary resources to deal with the complaints it receives.

5. Legal & Governance

5.1. The Council is required by the Localism Act 2011 to have arrangements to deal with code of conduct complaints.

6. Supporting Information

None

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NEWCASTLE·UNDER·LYME
BOROUGH COUNCIL

ARRANGEMENTS FOR DEALING WITH STANDARDS ALLEGATIONS UNDER THE LOCALISM ACT 2011

1. Context

These 'arrangements' set out how you may make a complaint that an elected or co-opted Member of this council or of a Parish Council in the Borough has failed to comply with the Authority's Code of Conduct and sets out how the Authority will deal with allegations of a failure to comply with the Authority's Code of Conduct.

Under Section 28(6) and (7) of the Localism Act 2011, the Council must have in place such 'arrangements. These have to provide for the Authority to appoint at least one Independent Person, whose views must be sought by the Authority before it takes a decision on an allegation which it has decided shall be investigated, and whose views can be sought by the Authority at any other stage, or by a Member or co-opted Member against whom an allegation has been made.

Code of Conduct complaints are dealt with as Strictly Private and Confidential.

2. The Code of Conduct

The Council has adopted a Code of Conduct for Members, which is attached as Appendix A to these arrangements and is available for inspection on the Authority's website and on request from the Monitoring Officer. Parish Councils may choose to adopt this Code or one of their own.

3. Making a complaint

If you wish to make a complaint, please complete the Code of Conduct form below

(To be inserted)

and email it to:

MemberCodeOfConduct@newcastle-staffs.gov.uk

Or write to:

The Monitoring Officer
Castle House
Barracks Road
Newcastle-under-Lyme,
Staffordshire, ST5 1BL

The Monitoring Officer has statutory responsibility for maintaining the Register of Members' Interests and is responsible for administering the system in respect of complaints of Member misconduct.

The Monitoring Officer will acknowledge receipt of your complaint as soon as possible and will keep you informed of the progress of your complaint.

4. Will your complaint be investigated?

The Monitoring Officer will review every complaint received and, and may speak to the complainant, subject member and any other individual to help reach their decision. The Monitoring Officer will usually consult with the Independent Person and the Chair of the Audit and Standards Committee before making their decision about how to deal with the complaint. The Monitoring Officer will inform you of the decision and the reasons for that decision. The decision however is that of the Monitoring Officer.

Code of Conduct complaints are subject to the public interest test.

The Monitoring Officer will consider all the factors put forward in the complaint and each of the public interest factors below in reviewing a complaint.

These are factors are not exhaustive and not all may be relevant in every case. The weight attached to each of these factors may also vary in each case.

c) The public interest factors are:

(i) The seriousness of the alleged breach;
(iii) Whether the allegation is that the subject members has misused a position of trust or authority, including a breach of confidentiality and caused harm to a person;
(v) Whether there is evidence of previous, similar behaviour on the part of the subject member;
(vi) Whether the alleged breach is such that it may damage public confidence in elected members;
(vii) The resources that would be required to undertake an investigation, compared to the seriousness of the alleged breach and the likely sanction if the subject member was found to have breached the Code;
(viii) Any admission of guilt, apology or other action already taken by the subject members to resolve or mitigate the complaint; and
(ix) Whether the complaint appears to be malicious, vexatious, political motivated or trivial retaliation.

a) The Monitoring Officer will consider the complaint, taking into account the Public Interest Test, and may decide to:

(i) Take no action;

(ii) Resolve the matter informally without investigation. This will be done after taking account of the views, if possible, of the complainant and the subject member, and may involve:

- An apology being made;
- Remedial action being taken;
- A recommendation for training to be undertaken; or
- Mediation.

(iv) Arrange a formal investigation of the complaint; or

(v) Refer the matter to the police or other relevant regulatory agency.

Where possible, the Monitoring Officer will seek to resolve complaints informally.

There is no appeal against the decision of the Monitoring Officer.

5. How is the investigation conducted?

If the Monitoring Officer decides that a complaint merits formal investigation, they may undertake it themselves or appoint an Investigating Officer, who may be another officer of the Authority, or an external person; as the Monitoring Officer considers appropriate.

The Investigating Officer will decide whether to meet or speak with you to understand the nature of your complaint and so that you can explain your understanding of events, suggest any documents the Investigating Officer needs to see, and who in your view it would be helpful for the Investigating Officer to interview.

The Investigating Officer would normally write to the Member against whom you have complained, provide him/her with a copy of your complaint, and ask the Member to provide his/her explanation of events, to identify what documents he needs to see and whom they feel it would be helpful to interview.

In exceptional cases, the Monitoring Officer can delete your name and address from the papers given to the Member, or delay notifying the Member until the investigation has progressed sufficiently.

At the end of his/her investigation, the Investigating Officer will produce a draft report and will send copies of that draft report, in confidence, to you and to the Member concerned, to give you both an opportunity to identify any matter in that draft report with which you disagree or which you consider requires more consideration.

Having received and taken account of any comments which you may make on the draft report, the Investigating Officer will send their final report to the Monitoring Officer who will take it through the remaining process.

6. What happens if the Investigating Officer concludes that there is no evidence of a failure to comply with the Code of Conduct?

The Monitoring Officer will review the Investigating Officer's report and, if satisfied that the report is sufficient, will write to you and to the Member concerned notifying you that they are satisfied that no further action is required and give you both a copy of the final report. If the member complained of is a Parish Councillor the Parish Clerk will also be informed.

7. What happens if the Investigating Officer concludes that there is evidence of a failure to comply with the Code of Conduct?

The Monitoring Officer will review the Investigating Officer's report and will then either send the matter for local hearing before the Hearings Panel or, after consulting the Chair of the Audit and Standards Committee and the Independent Person, and taking into account the Public Interest Test, seek local resolution without a hearing.

In such a case, they will consult with the Independent Person and with you as complainant and seek to agree a fair resolution which also helps to ensure higher standards of conduct for the future.

Such resolution may include the Member accepting that his/her conduct was unacceptable and offering an apology, and/or other remedial action by the authority.

If the Member complies with the suggested resolution, the Monitoring Officer will report the matter to the Standards Committee and the Parish Clerk for information but will take no further action.

However, if you tell the Monitoring Officer that any suggested resolution would not be adequate, the Monitoring Officer will refer the matter for a local hearing.

8. What is a Local Hearing

When a local resolution after investigation is not appropriate the Monitoring Officer will report the Investigating Officer's report to the Hearings Panel which will conduct a local hearing before deciding whether the Member has failed to comply with the Code of Conduct and, if so, whether to take any action in respect of the Member.

The procedure for local hearings is attached.

The Hearings Panel is a sub-committee of the Council's Audit and Standards Committee. It comprises three Members of the Council and is politically proportionate.

The Independent Person is invited to attend all meetings of the Hearings Panel and their views are sought and taken into consideration before the Hearings Panel takes any decision on whether the Member's conduct constitutes a failure to comply with the Code of conduct and as to any action to be taken following a finding of failure to comply with the Code of Conduct.

The Monitoring Officer will conduct a "pre-hearing process", requiring the Member to give his/her response to the Investigating Officer's report, in order to identify what is likely to be agreed and what is likely to be in contention at the hearing.

The Chair of the Hearings Panel may issue directions before the hearing as to how the hearing will be conducted, including as to how many witnesses may reasonably be called by the Investigating Officer or the Member.

At the hearing, the Investigating Officer will present his/her report, call such witnesses as they consider necessary and make representations to substantiate his/her conclusion that the Member has failed to comply with the Code of Conduct. For this purpose, the Investigating Officer may ask you as the complainant to attend and give evidence to the Hearings Panel. The Member will then have an opportunity to give his/her evidence, to call witnesses and to make representations to the Hearings Panel as to why he/she considers that he/she did not fail to comply with the Code of Conduct.

The Hearings Panel, with the benefit of any advice from the Independent Person, may conclude that the Member did not fail to comply with the Code of Conduct, and so dismiss the complaint.

If the Hearings Panel concludes that the Member failed to comply with the Code of Conduct, the Chair will inform the Member of this finding and the Hearings Panel will then consider what action, if any, the Hearings Panel should take. In doing this, the Hearings Panel will give the Member an opportunity to make representations to the Panel and will consult the Independent Person, but will then decide what action, if any, to take

in respect of the matter.

9. What action can the Hearings Panel take where a Member has failed to comply with the Code of Conduct?

The Hearings Panel may:

- Censure or reprimand the Member;
- Publish its findings in respect of the Member's conduct;
- Report its findings to Council or to the Parish Council for information;
- Recommend to the Member's Group Leader (or in the case of un-grouped Members, recommend to Council or to Committees) that they be removed from any or all Committees or Sub-Committees of the Council;
- Recommend to the Leader of the Council that the Member be removed from the Cabinet, or removed from particular Portfolio responsibilities;
- Recommend to Council that the Member be replaced as Executive Leader;
- Instruct the Monitoring Officer to or recommend that the Parish Council arrange training for the Member;
- Remove or recommend to the Parish Council that the Member be removed from all outside appointments to which he/she has been appointed or nominated by the authority or by the Parish Council;

The Hearings Panel has no power to suspend or disqualify the Member or to withdraw any allowances.

10. What happens at the end of the hearing?

At the end of the hearing, the Chair will state the decision of the Hearings Panel as to whether the Member failed to comply with the Code of Conduct and as to any actions which the Hearings Panel resolves to take.

As soon as reasonably practicable thereafter, the Monitoring Officer shall prepare a formal decision notice in consultation with the Chair of the Hearings Panel, and send a copy to you, to the Member and the Parish Council, make that decision notice available for public inspection and report the decision to the next convenient meeting of the Council.

11. Revision of these arrangements

The Chair of the Hearings Panel may depart from these Hearing Panel arrangements where they consider that it is expedient to do so in order to secure effective and fair consideration of any matter.

12. Appeals

There is no right of appeal against a decision of the Monitoring Officer or of the Hearings Panel.

If you feel that the authority has failed to deal with your complaint properly, you may make a complaint to the Local Government Ombudsman.

ARRANGEMENTS FOR THE CONDUCT OF A CODE OF CONDUCT COMPLAINT BY THE HEARINGS PANEL

These arrangements apply when an investigation into a complaint has been taken place, the final report of the Investigating Officer is received and in the view of the Monitoring Officer it is not possible to deal with the complaint other than by a hearing.

The Monitoring Officer will report the complaint to the Hearing Panel who will conduct a hearing before deciding if the Member has failed to comply with the Code of Conduct and if so what sanctions to apply.

These arrangements are part of the Council's arrangements for dealing with an alleged breach of the member Code of Conduct.

Preliminaries:

1. The Monitoring Officer will propose a date for the hearing to the Member and to the members of the Panel. This will normally be no less than four weeks in advance.
2. The Monitoring Officer will at that time ask the Member if they intend to attend the hearing; of any issues of fact that they disagree with in the Investigating Officers report and see if findings of fact can be agreed; ask if the member wishes to give oral evidence and call any witnesses and if so, who; and will ask the Investigating Officer if they wish to call witnesses and if so, who.
3. If either the Member or the Investigating Officer wishes to call witnesses the Monitoring Officer may consult with the Chair of the Panel who will rule on whether it is reasonable for the Panel to hear from those witnesses
4. The Panel and the parties will be provided with a bundle of documents at least five working days prior to the hearing.
5. The Panel will have three members appointed from the members of the Audit and Standards Committee. The quorum is two members.
6. All matters are decided by a simple majority of votes cast from members present; the chair has a casting vote.
7. If the Member fails to attend the hearing the Panel will take account of any representations received and may then decide either to proceed in the Members absence or adjourn to another date.
8. The Member may choose to be represented or accompanied by a legal representative, fellow member, friend or colleague; except that any legal representation should be notified to the Monitoring Officer no less than 14 days prior to the date set for the Hearing Panel .

Conduct of the Hearing[1]

The order of Business is as follows:

1. Elect a Chair (unless already elected at a previous meeting)
2. Apologies for absence
3. Declarations of interest
4. If the Member is absent, consideration of whether to go ahead with the hearing
5. Introduction of parties by the Chair

[1] The Chair can amend the procedure at any time. As advisers to the Panel the Monitoring Officer and Independent Person may ask questions of the parties or clarification at any time.

6. Consideration of whether the hearing should be held in public or private
7. The Investigating Officer presents their report and calls any witnesses
    a. The Member [2]questions the Investigating Officer and witnesses
    b. The members of the Panel question the Investigating Officer and witnesses
8. The Members present their case and calls any witnesses
    a. The Investigating officer questions the Member and witnesses
    b. The members of the Panel question the Member and witnesses
9. The Investigating Officer sums up their case
10. The Member sums up their case
11. The Chair invites the Independent Person to express a view
12. The Panel adjourn and deliberate in private assisted by the Monitoring Officer as required. They may come out of private session to seek additional evidence if necessary. If so, and this cannot be provided they may adjourn and issue direction about the provision of that evidence.
13. The Panel make their decision based on the evidence they had before them and reconvene
14. The Chair announces their findings on the alleged breach and any sanctions applied by the Panel.
15. The meeting closes.

There is no right of appeal against the decisions of the Panel.

[2] If the Member is legally represented this and all other actions of the member except giving evidence, may be done by their legal representative

THE BOROUGH COUNCIL OF NEWCASTLE-UNDER-LYME

Council Member Code of Conduct Complaint Form

Introduction

This form is for complaining to the Monitoring Officer that a Newcastle-under-Lyme Borough Councillor, or a Councillor sitting on one of the Town or Parish Councils in the borough, has acted in breach of their relevant Council Code of Conduct. This form is not for any other type of complaint.

For a complaint to be considered, the Councillor in question must have been acting in their capacity as a Councillor at the time of the issue complained about. The Code of Conduct does not apply to Councillors when they are not acting in that capacity. The Code does not apply to councillors before they are elected.

The conduct complained about must also have occurred within the last 12 months. We may consider older complaints, but you must set out in this form exceptional circumstances as to why the complaint wasn't made within 12 months.

Your complaint will be considered by the Monitoring Officer in accordance with the Councils arrangements for dealing with Code of Conduct complaints.

Code of Conduct complaints are dealt with on a strictly private and confidential basis.

Use of Data

We will use the information you provide to assess, investigate and determine your complaint and in accordance with data protection legislation. This will include sharing that data with the Council Member you are making a complaint about, and if necessary other relevant individuals such as an investigator, parish clerk, witnesses, councillors on a panel that may be convened to determine the complaint and "independent persons" who are appointed by law to help the Monitoring Officer consider your complaint.

If you do not want us to share your information, including your name and address details, you need to tell us why in this form. This may mean we are not able to consider your complaint, because being unable to share your information may restrict our ability to thoroughly consider your complaint, and the Council Member's ability to fully respond to it. We will need to be satisfied that there is a good reason not to share information, and that the complaint can still be properly and fairly investigated.

We keep all records for a period of 3 years following determination of the complaint, so that we can address any challenges to the process that may arise during that time.

Section 1 – your details

Please provide us with your name and contact details:

Title	
First name	
Last name	
Address	
Daytime telephone	
Evening telephone	
Mobile telephone	
Email	

Section 2

Please tell us which best describes you:

Member of the public	
An elected or co-opted Councillor of an Authority	
Member of Parliament	
Other Council officer or Authority employee	
Other (please specify)	

Section 3

Please provide the name of the Councillor(s) you believe have breached the Code of Conduct and the name of their council or authority.

FIRST NAME	LAST NAME	COUNCIL OR AUTHORITY NAME

Section 4

Please explain in this section (or on separate sheets if preferred) what the Councillor has done that you believe breaches the Code of Conduct.

For each Councillor complained about, please set out which Code of Conduct you think applies, and which parts of it the Councillor(s) in question have breached.

If you are complaining about more than one Councillor you should clearly explain what each individual person has done that you believe breaches the Code of Conduct.

It is important that you provide all the information you wish to have taken into account; either in the space below or attached.

For example:

- Be as specific as possible, about exactly what you are alleging the Councillor said or did. For instance, instead of writing that the Councillor insulted you, you should state what they said or did.
- Provide the dates of the alleged incidents wherever possible. If you cannot provide exact dates it is important to give a general timeframe.
- Confirm whether there are any witnesses to the alleged conduct and provide their names and contact details if possible. We may contact witnesses you tell us about.
- Provide any relevant background information.

ONLY COMPLETE THE NEXT SECTION IF YOU DO NOT WANT US TO SHARE INFORMATION ABOUT YOUR COMPLAINT

Please provide us with details of why you believe we should withhold your name and/or the details of your complaint. If you are complaining about a town or parish council matter it is usual for the Monitoring Officer to inform the parish clerk.

Section 5 - Additional Help

Complaints must be submitted in writing. This includes electronic submissions to the email address below:

MemberCodeofConduct@newcastle-staffs.gov.uk

Please submit your complaint by email if possible. If you cannot do this there is a postal address below.

In line with the requirements of the Disability Discrimination Act 2000, we can make reasonable adjustments to assist you if you have a disability that prevents you from making your complaint in writing.

We can also help if English is not your first language.

If you need any support in completing this form, please let us know as soon as possible.

Signed:

Dated:

The Monitoring Officer,
Newcastle Borough Council,
Castle House,
Barracks Road,
Newcastle,
Staffs, ST5 1BL

Revised August 2026

AUDIT & STANDARDS COMMITTEE

Work Programme 2026-27

Chair	Cllr Glen Tift
Vice-Chair	Cllr Janice SainReiners
Members	Cllrs Jeremy Lefroy, Christopher Saxton, Scott Stevenson, Simon Tagg and Joan Whieldon
Committee Champion	Craig Turner

The Audit & Standards Committee is responsible for overseeing the Council's audit and assurance arrangements. Its role is to provide independent assurance to members of the adequacy of the Council's corporate governance arrangements including risk management and its systems of internal control. More information is available in Section B2 of the Council's constitution.

For more information on the Committee or its work Programme please contact the Democratic Services:

- Geoff Durham at geoff.durham@newcastle-staffs.gov.uk
- Alexandra Bond at alexandra.bond@newcastle-staffs.gov.uk

Planned Items

DATE OF MEETING	ITEM	NOTES
07/09/2026	• Q1 Internal Audit Progress Report 2026-27 • Q1 Corporate Risk Management Report 2026-27 • Health and Safety Report 2025-26 • Code of Conduct and Complaints Procedure Update • Third Party Access Final Audit Report 2025-26	
16/11/2026	• Audited Statement of Accounts 2025/26 • Treasury Management Half Yearly Report 2026/27 • Q2 Corporate Risk Management Report 2026/27 • Q2 Internal Audit progress Report 2026/27	
08/02/2027	• Q3 Corporate Risk Management Report 2026/27 • Q3 Internal Audit Progress Report 2026/27	
12/04/2027	• Internal Audit Charter 2027/28 • Internal Audit Plan 2027/28 • Corporate Fraud Arrangements 2027/28 • Risk Management Policy & Strategy 2027/28 • External Audit Plan 2026/27 - KPMG	

Previous Items

DATE OF MEETING	ITEM	NOTES
29/06/2026	• Proposed Accounting Policies 2025/26 • Draft Statement of Accounts 2025/26	

	• Annual Governance Statement 2025/26 • Annual Internal Audit Report and Opinion 2025/26 • Treasury Management Annual Report 2025/26 Q4 Corporate Risk Management Report 2025/26	

Last updated on 25th August 2026

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