



**OADBY AND WIGSTON BOROUGH COUNCIL**

**STANDARDS AND ETHICAL INDICATORS**

**QUARTER 4 REPORT**

**2022/2023**

## 1. Introduction

This is the quarterly report to the Policy Finance and Development Committee detailing both the figures for the Ethical Indicators and the figures for the Local Determination of Complaints process for 2022/2023.

For clarification purposes the months covered by the quarters are as follows:

Quarter 1 – 1 April to 30 June  
Quarter 2 – 1 July to 30 September  
Quarter 3 – 1 October to 31 December  
Quarter 4 – 1 January to 31 March

The report is split into two parts for ease of reference; Part 1 refers to the local determination of complaints, part 2 is the table showing the ethical indicators figures.

The report will enable the Policy Finance and Development Committee to build up a picture over time of how many complaints are received and where these are coming from. The parts of the Code of Conduct which have been breached will also be recorded to enable training to be targeted effectively.

## 2. Part 1 – Local Determination of Complaints

The Monitoring Officer received 1 complaint in Quarter 3 of 2022/2023 which remained under assessment at the time of the last report. The assessment has now been completed and no further action was required.

The Monitoring Officer received 1 complaint in Quarter 4.

### 2.1 Source of Complaint

The source of the complaint in Q4 was a member and following assessment no breach of the Code of Conduct was identified.

### 2.2 Assessment Sub-committee Decisions

There have been No Assessment Sub-committee meetings in this quarter.

### 2.3 Timeliness of Decision

The Standards for England Guidance stated that the Assessment Sub-committee should complete its initial assessment of an allegation “within an average of 20 working days” to reach a decision on what should happen with the complaint. The Council has taken this standard and adapted it under the new rules to aim to hold an Assessment Sub-committee within 20 working days of notifying the parties that informal resolution is not possible.

### 2.4 Review Requests

There have been no review requests in this quarter. Review requests can only be made following a decision of 'No further Action' by the Assessment Sub-committee where there is submission of new evidence or information by the complainant.

## **2.5 Subsequent Referrals**

None.

## **2.6 Outcome of Investigations**

There were no formal investigations concluded in this period.

## **2.7 Parts of the Code Breached**

This section is intended to show where there are patterns forming to enable the Policy Finance and Development Committee to determine where there needs to be further training for Councillors. Targeting training in this way makes it more sustainable and, hopefully, more effective.

So far this year, the following areas of the code were found to have been breached:

Not applicable.

Ref	Performance Indicator Description	Officer responsible for providing information	Q1		Q2		Q3		Q4	
			2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023
LG1	Objections to the Council's Accounts	Head of Finance	0	0	0	0	0	0	0	0
LG2	Follow up Action relating to reaches of the Member/Officer Protocol (Members)	Head of Law & Democracy	0	0	0	0	0	0	0	0
LG3	Disciplinary Action relating to breaches of the Member / Officer Protocol (Staff)	HR Manager	0	0	0	0	0	0	0	0
LG4	Number of Whistle Blowing Incidents Reported	Head of Law & Democracy	0	0	0	0	0	0	0	0
LG5	No. of Recommendations made to improve Governance Procedures/Policies		0	0	0	0	0	0	0	0
LG6	No. of Recommendations Implemented		0	0	0	0	0	0	0	0

**Corporate Complaints**

Ref	Performance Indicator Description	Officer responsible for providing information	Q1		Q2		Q3		Q4	
			2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023
LG7	No. Corporate Complaints received	Policy, Compliance, and Data Protection Officer	37	37	35	29	20	32	47	53
	No. Corporate Complaints escalated to L2		7	9	1	5	5	5	12	6
	No. Corporate Complaints escalated to Ombudsman		1	2	0	3	0	0	1	0
LG7a	No. Corporate Complaints Resolved at L1		30	26	34	24	15	27	35	47
	No. Corporate Complaints Resolved at L2		6	7	1	5	5	5	12	6
LG7b	No. Corporate Complaints where compensation paid		0	1	0	2	1	0	2	0
	Service Area		-	Licensing	-	Housing	-	-	-	-
LG8	No. Ombudsman complaints received		0	2	0	3	0	0	1	0
	Service Area		-	Revs / Planning	-	Revs / Housing	-	-	-	-
LG8a	No. Ombudsman complaints resolved		0	2	0	2	0	0	1	0
LG8b	No. Ombudsman complaints not yet determined by the Ombudsman		1	0	0	1	0	0	0	0
LG8c	No. Ombudsman complaints where compensation paid		1	0	0	1	0	0	0	0

**Freedom of Information Act Indicators**

Ref	Performance Indicator Description	Officer responsible for providing information	Q1		Q2		Q3		Q4	
			2020/2021	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023
LG9a	No. of FOI Requests Compliant	Policy, Compliance, and Data Protection Officer	113	181	109	116	139	112	163	172
LG9b	No. of Non-compliant FOI Requests		19	11	39	8	16	8	21	16
LG9c	No. of FOI Requests still open and within the 20 working days		0	0	0	0	1	7	0	0
LG9d	No. of FOI Requests withheld due to exemptions/fees applied		7	4	4	2	0	2	2	1

**Regulation of Investigatory Powers Act Indicators**

Ref.	Performance Indicator Description	Officer Responsible for Providing Information	Q1		Q2		Q3		Q4	
			2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023
LG10	No. of Directed Surveillance Authorisations granted during the quarter	Head of Law & Democracy	0	0	0	0	0	0	0	0
LG10a	No. in force at the end of the quarter		0	0	0	0	0	0	0	0
LG10b	No. of CHIS recruited during the quarter		0	0	0	0	0	0	0	0
LG10c	No. ceased to be used during the quarter		0	0	0	0	0	0	0	0
LG10d	No. active at the end of the quarter		0	0	0	0	0	0	0	0
LG10e	No. of breaches (particularly unauthorised surveillance)		0	0	0	0	0	0	0	0
LG10f	No. of applications submitted to obtain communications data which were rejected		0	0	0	0	0	0	0	0
LG10g	No. of Notices requiring disclosure of communications data		0	0	0	0	0	0	0	0
LG10h	No. of authorisations for conduct to acquire communications data		0	0	0	0	0	0	0	0
LG10i	No. of recordable errors		0	0	0	0	0	0	0	0

## Anti-Social Behaviour Indicators

Ref.	Performance Indicator Description	Officer responsible for providing information	Q1		Q2		Q3		Q4	
			2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023
	No. of Complaints Registered	Head of Law and Democracy	31	24	27	17/34	17	11/14	17	3/17
	No. of Disposals		10	5	16	3/10	9	6/8	8	2/1
	No. of Complaints still Open		0	1	2	4/0	3	5/2	0	2/0
	No Further Action (where suspect identified)		2	3	3	1/8	5	0/3	1	0/4
	No Further Action (no suspect identified)		19	17	18	13/22	9	5/8	9	1/13

ASB Officer figures Red  
Housing ASB figures Blue

\*2021/22 Q4, one reported incident resulted in 2 suspects being identified

\*2022/2023 Q1, No Further Action (no suspect identified) – this result is 17 due to 2 suspects being identified and receiving Disposals on 1 report

\*ASB Officer – 2022/2023 Q4, No Further Action and Disposal given to same suspect for the same report after investigation.

## Food Safety Inspections

Ref.	Performance Indicator Description	Officer responsible for providing information	Q1		Q2		Q3		Q4	
			2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023
BPE31	No. of high-risk Inspections	Head of Law & Democracy	56*	3	33*	2	93*	4	159*	1
	No. of medium inspections		N/A	N/A	56	56				
	No. new business registered		14	9	8	13				
No. of high-risk Inspections Completed	16*		3	100*	2	33*	1	36*	4	
No. of medium risk inspections Completed	N/A		23	40						
No. of new business triaged	13	7	7	14						
No. of Inspections Outstanding	13	0	19	0	156	3	67	0		
High risk	0	0	0	0	3	16	0			
Medium risk	N/A	N/A	N/A	N/A	1	1	0			
New businesses *triage	1	3	1	0						

\* High risk before COVID was all A-D. High risk 2022-2023 is A's and B's.



- (1) We are continuing to follow, The Food Standard Agency COVID recovery plan. This set out how to deal with the backlog of inspections and prioritising inspections according to risk (High/ Medium and low)
- (2) Quarter 1 All high risk will receive a physical inspection. 10 in Total.  
 Quarter 2 All non-compliant C. 0.  
 Quarter 3 All non-compliant D's 0.  
 Quarter 4 All C's 57 (we also carried out 18 inspection of new businesses which were risk rating as a C).
- Outstanding and not in the recovery plan. D's 52 inspected or found to be closed in Q4 so 50 carried into  
 2023- 2024)  
 Outstanding and not in the recovery plan E's 154 E premises are under review with the FSA for change  
 in approach for 2023-2024.
- (3) New businesses continue to receive a triage call to assess their activities, if high risk then a physical inspection is selected to be carried out. Low risk is not being carried out now but remain under review.