

Audit Committee

Agenda

Monday 1 December 2025 at 7.00 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch the meeting live: youtube.com/hammersmithandfulham

MEMBERSHIP

Administration	Opposition
Councillor Patrick Walsh (Chair) Councillor Lisa Homan Councillor Callum Nimmo	Councillor Adrian Pascu-Tulbure (<i>Conservative</i>) Councillor David Morton (<i>Independent</i>)
Co-opted Independent Member	
Charlotte Moar	

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Members of the public are welcome to attend, but spaces are limited so please contact Debbie.Yau@lbhf.gov.uk if you'd like to attend. The building has disabled access.

Date Issued: 21 November 2025
Date Updated: 28 November 2025

Audit Committee Agenda

<u>Item</u>		<u>Pages</u>
1.	APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF INTEREST <p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.</p>	
3.	MINUTES OF THE PREVIOUS MEETING <p><i>This item contains exempt information. Discussion of them will require passing the proposed resolution at the end of the agenda to exclude members of the public and press.</i></p> <p>To approve the minutes and exempt minutes of the meeting on 27 October 2025 as accurate record.</p>	5 - 15
4.	ANNUAL REPORT OF THE AUDIT COMMITTEE - MUNICIPAL YEAR 2024/25 <p>This report summarises the work of Audit Committee over the municipal year 2024/25, i.e. from May 2024 to April 2025.</p>	16 - 22

- 5. CORPORATE ANTI-FRAUD SERVICE HALF-YEAR PROGRESS REPORT - 1 APRIL 2025 TO 30 SEPTEMBER 2025** 23 - 35
- This report summarises key anti-fraud activities and achievements for the first half of 2025/26, highlighting measures taken to reduce fraud risk to the Council.
- 6. CORPORATE HEALTH AND SAFETY ANNUAL UPDATE 2024/25** 36 - 77
- This report highlights the Council's Health & Safety Management arrangements, activities and performance for the financial year 2024/25.
- 7. MID-YEAR TREASURY MANAGEMENT REVIEW 2025/26** 78 - 86
- This report provides an update on the implementation (six months to 30 September 2025) of the 2025/26 Treasury Management Strategy, approved by Full Council on 26 February 2025, and presents the Treasury Management Strategy 2025/26 mid-year review.
- 8. DIGITAL SERVICES CYBER-SECURITY UPDATE** 87 - 99
- This report contains exempt information. Discussion of the report will require passing the proposed resolution at the end of the agenda to exclude members of the public and press.*
- This report is a six-monthly update provided by Digital Services on Hammersmith & Fulham's cyber-security readiness.
- 9. DATE OF NEXT MEETING**
- To note the date of next meeting:
- 16 March 2026
- 10. EXCLUSION OF THE PUBLIC AND PRESS**
- Proposed resolution:**
- The Committee is invited to resolve, under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of the exempt items of business, on the grounds that they contain the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

London Borough of Hammersmith & Fulham

Audit Committee Minutes



Monday 27 October 2025

PRESENT

Committee members: Councillors Patrick Walsh (Chair), Lisa Homan, Callum Nimmo, Adrian Pascu-Tulbure and David Morton

Independent Member: Charlotte Moar

Other Councillors: Councillor Rowan Ree (Cabinet Member for Finance and Reform)

External Auditor – Grant Thornton

Paul Cuttle (Key Audit Partner)
Nick Hallwell (Audit Senior Manager)
Louis Barber (Assistant Manager)

Officers

Sharon Lea (Chief Executive) (attended remotely)
Sukvinder Kalsi (Executive Director of Finance & Corporate Services)
James Newman (Assistant Director of Finance)
Mathew Dawson (Strategic Investment Manager)
Sophie Green (Treasury Manager)
Moirra Mackie (Head of Internal Audit)
Debbie Yau (Committee Coordinator)

1. APOLOGIES FOR ABSENCE

An apology for absence was received from David Hughes, Director of Audit, Fraud, Risk and Insurance. Sharon Lea, Chief Executive, was attending remotely.

The Chair took the opportunity to welcome Charlotte Moar, the newly appointed Independent Member of the Committee.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

Exclusion of the public and press

The Committee resolved, under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of the exempt minutes, on the grounds that they contained the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighed the public interest in disclosing the information.

The Committee held further discussions in private session after the open meeting.

RESOLVED

The minutes and exempt minutes of the meeting held on 9 June 2025 were agreed as an accurate record.

4. STATEMENT OF ACCOUNTS 2024/25, INCLUDING PENSION FUND ACCOUNTS AND ANNUAL GOVERNANCE STATEMENT

Councillor Rowan Ree (Cabinet Member for Finance and Reform) remarked that an important part of good governance of a borough was to publish its annual statement of accounts and subject them to scrutiny. He said the audit reports of this council in previous years and the reviews by LGA peers earlier this year had provided a lot of reassurance to residents and stakeholders that the London Borough of Hammersmith and Fulham (LBHF) was a well-run borough with well-managed services delivered in a ruthlessly, financially efficient manner. He thanked the hard work of officers and cabinet members in managing the budget effectively over the course of each year, and the efforts of Grant Thornton (GT), the External Auditor, in going through the accounts thoroughly and providing the assurance.

Sukvinder Kalsi (Executive Director of Finance & Corporate Services) highlighted the extensive range of services provided by the council to its residents and the complexity of its finances which were prescribed by all manner of regulations and legislation. It was therefore important to provide complete assurances to LBHF's residents, business and visitors that the finances of this authority were well-run. Sukvinder noted that GT's anticipated financial statements audit report opinion would be unmodified, and there were some minor recommendations. He said that some adjustments in terms of the records of some debtors and creditors had been made which however would not affect any of the figures set out in the statement of accounts. He extended his thanks to GT for their absolutely thorough efforts as reflected in the number of queries received and reviewed by the Finance Office.

Paul Cuttle (Key Audit Partner, Grant Thornton) outlined Grant Thornton UK LLP Audit Findings Report (ISA260) (Main Financial Statements 2024/25) (Appendix 2) which was driven by various standards that all auditors, including GT, were required to work to. He said that the document linked well to the External Auditor's Plan presented to this Committee earlier this year. Paul noted that GT's work was substantially complete, and the final set of accounts and representation letters would soon be signed off which shall put LBHF in a strong position ahead of most London councils which all started the auditing work at a similar time. Paul highlighted the positive experience working with LBHF that its draft set of accounts provided were of a good quality, noting some expected adjustments made in the review process. He stressed that there was no concern that would challenge GT's conclusion to issue a

qualified opinion. This council demonstrated again the amount of hard work it had undertaken to complete the work, just like the previous efforts of clearing the backlog by completing five sets of accounts in two years.

Paul Cuttle continued to introduce the Grant Thornton UK LLP Audit Findings Report (ISA260) (LBHF Pension Fund 2024/25) (Appendix 3) and the two Draft Letter of Representation 2024/25 (Appendices 4 & 5). He remarked it was a good experience in auditing the pension fund accounts and the report would soon be signed off after clearing two outstanding items. There was nothing unusual in the two representation letters which comprised standard things.

Charlotte Moar (Independent Member) appreciated the hard work of all as both of the statement of accounts and the pension fund were clean accounts. She referred to an unadjusted misstatement where there was about £1.6 million relating to capital expenditure which was picked up from the work on bank payments completeness testing (page 208). Charlotte was concerned whether there were any underlying issues that might impact the cash/bank payments.

In relation to the completeness error, Paul Cuttle highlighted that it was an isolated case and probably caused by the timing relating to an accrual. He noted that there was quite a lot of work around expenditure completeness and assured more testing would be undertaken if GT had any concerns relating to cash reconciliation element or actual recognition of expenditure within the periods in question.

Noting that a number of councillors had not returned the annual related party declarations and the recommendation for the management to strengthen the declaration process (page 211), Charlotte Moar asked if the management could be supported to stress the importance of related party declarations to enhance both the council's transparency and protection for individual members.

In response, Sukvinder Kalsi said he recognised more rigorous control should be put in place. As such, through the Cabinet Member for Finance and Reform, the internal reporting process would be streamlined and made clearer so that the few councillors who had not completed the declarations could do so soon. Councillor Ree recalled he had spent some evenings chasing down individual members to sign the declarations and he was prepared to double that efforts in the coming year.

Councillor Lisa Homan noted from the age profile on page 22 that a majority of LBHF staff were 50+ and asked if LBHF had considered this a risk and devised strategy to deal with this. Sukvinder Kalsi advised that most of the staff considered LBHF a wonderful borough to work for and spent more than 20 years of their working life here. To ensure succession planning and to encourage staff to progress through ranks, the council had put in place relevant arrangements, like apprentice schemes and Getting Ahead programmes. While the staff age profile would be kept in pace with the needs, Sukvinder highlighted the experience brought by staff aged 50+ and their knowledge about the borough allowed them to run the services more efficiently. In reply to Councillor Homan's further question, Sukvinder undertook to provide a comparison on staff age profiles across London boroughs.

ACTION: Sukvinder Kalsi

Councillor Adrian Pascu-Tulbure referred to the section on managing information (page 147) and noted that due to an incident taken place two years ago, the Information Commissioner's Office was unable to compliment LBHF at its report issued in May this year. He asked if this section should cover the incident and recommend steps to address the issues.

Councillor Ree assured that this section mainly dealt with information security and cyber security to ensure the council's cyber security systems were performing well. He remarked that the council could get some 20,000 potential attacks a day and be able to repel all of them. The incident referred to by Councillor Pascu-Tulbure had happened long time ago. The related systems and the processes had been changed since then. He stressed that technology was evolving fast, hence the council was constantly updating the systems and processes to keep pace with technological advancement.

Replying to Councillor Callum Nimmo's questions, Sukvinder Kalsi noted that earmark reserves, usually limited in scope, were normally used for a specific purpose. For example, there was an earmark reserve for the 3-year laptop replacement digital programme and resources in the relevant reserve could be used for the purpose. Other examples of reserves included insurance fund and investment projects.

On Councillor Nimmo's concern about the current level of reserves, Sukvinder noted that following the contribution of some £1 million over the past three years from underspends and revenue etc, the general balance of reserves right now stood in a comfortable and right level of the median position. He assured members that the council would continue to keep a close eye on the level of reserves and compare it across neighbouring boroughs.

In this connection, Councillor Ree stressed it was worth noting that when many local authorities were taking monies out of reserves in order to balance the books, the fact that LBHF had been able to put monies from a surplus budget onto its reserves for the last three years in a row was really an important achievement from which its residents could take reassurance.

Concluding the discussion, the Chair thanked Paul Cuttle and his GT team for their work in completing these annual reports, further to clearing the five sets of accounts in the backlog without any backstops and bringing LBHF's accounts up-to-date and on track. This meant money spent in LBHF was now fully accounted for.

RESOLVED

That the Committee agreed

1. To approve the 2024/25 Annual Governance Statement which is included in the Statement of Accounts (Appendix 1).
2. To approve the Statement of Accounts for 2024/25, including the Pension Fund Accounts (Appendix 1).
3. To note the content of the external auditor's 'Audit Findings Reports' (ISA260), (Main Audit and Pension Fund) including the auditor's findings,

recommendations and the Council's response to those recommendations (Appendices 2 and 3).

4. To approve the 2024/25 management representation letters (Appendices 4 and 5).
5. To approve the Pension Fund Annual Report 2024/25 (Appendix 6).
6. To note that the accounts remain 'unaudited' until final sign-off by the external auditor.
7. To delegate authority to the Chair of the Audit Committee, in consultation with the Executive Director of Finance & Corporate Services to approve any further adjustments to Appendices 1, 2, 3, 4, 5 and 6 which may be required as part of the completion of the audit work.

5. ANNUAL AUDIT REPORT (VALUE FOR MONEY) 2024/25

Councillor Rowan Ree (Cabinet Member for Finance and Reform) highlighted that this report summed up well the efforts of LBHF in making sure its services were delivered in a ruthlessly, financially efficient manner.

Sukvinder Kalsi (Executive Director of Finance & Corporate Services) said that the auditor was required to review the Council's value for money arrangements in the areas of Financial Sustainability, Governance and Improving Economy, Efficiency and Effectiveness. He was pleased to note that the overall assessment by the auditor against the five criteria was Green or Amber (page 422), which should give residents and businesses assurance that the council's finances were being well-governed.

Paul Cuttle (Key Audit Partner, Grant Thornton) introduced the Annual Auditor's Report on Hammersmith and Fulham Council 2024/25 (Appendix 1) and highlighted Auditor's various responsibilities in terms of its value for money work. He referred to a range of different recommendations that could be raised by GT, including statutory recommendations, key recommendations and improvement recommendations (page 469). He then elaborated that statutory recommendations used to be rare but they were now more common which reflected some of the issues within the sector. There were a couple of key recommendations relating specifically to the Housing Revenue Account (HRA) and a lot of work had been carried out in those areas in the past 12 months which made them no longer a significant weakness in their value for money arrangements. On improvement recommendations, there were a few with some having an amber rating but none had particular concerns. Paul reiterated that this value for money report was very positive and reflected very well on the council's financial sustainability around the governance arrangements.

Councillor Lisa Homan sought clarification on the Improvement Recommendation 1 (page 445). Sukvinder Kalsi explained that the recommendation was about reviewing the HRA budget and its 10-year financial plan to ensure they were based on pragmatic assumptions in terms of interest rates and inflation etc through conducting scenario planning, sensitivity analysis and stress testing. The results would be set out in the report to be presented to the Cabinet in February 2026.

Councillor Homan referred to the financial reporting arrangements (page 453) and asked about improvements on the timeliness of some financial reporting. Sukvinder Kalsi highlighted the internal governance and other processes which in his opinion were conducted in an optimised manner now. He undertook to review these needed procedures to see if they could be further streamlined to reduce the timescale of reporting to the Cabinet. James Newman (Assistant Director of Finance) noted that it was related to the current time-lag for the outturn report, which was much longer, and agreement had already been made to take that report to the Cabinet earlier.

Noting the big drop of the HRA Reserves in 2024/25, Councillor Adrian Pascu-Tulbure was concerned about the liquidity position at about 50% which might affect the council's sustainability over a long term.

Councillor Rowan Ree pointed out that monies were put in reserves for rainy days and the resources in the HRA general reserves had been spent to address the well-reported issues within the housing systems in Hammersmith and Fulham, including compliance with all the new building regulations. The council was topping up the general reserves year on year. He stressed that, coupled with the new rent policy, the HRA and its 10-year business plan as well as the housing services were now in a better and stable positions than they were two years ago.

Charlotte Moar (Independent Member) noted a key recommendation (KR2) in 2023/24 had progressed onto an improvement recommendation (IR4) in 2024/25 (page 466). According to the prior recommendation, the Council should continue on its improvement journey with the operational performance of its housing service to ensure it was meeting a minimum core service standard. In terms of current status, the Council was on an upward trajectory towards minimum standards being met by the March 2026 target (page 458). She expressed concern about the current acceptable minimum core standards and asked if there were other options to pace up or prioritise actions to prevent any slippage.

Sukvinder Kalsi gave an account on the organisational history in terms of the HRA. He said during the period between late 2016 and 2020, there was a significant change in the housing policy and rent policy when a -1% rent reduction was imposed which had taken out huge amounts of resources from local authorities' HRA. It was 13% in the case of LBHF. This had impacted on the level of investment on decent homes to maintain the minimum core standards. Sukvinder agreed that all LBHF residents deserved a decent home including central heating system and the council would make sure resources in HRA and its reserves would be invested to meet the standards and legal requirements such as the latest one about damp and mould. Sukvinder stressed that the pace would be determined by the amount of resources available to meet this need among other priorities such as building more affordable new homes for residents. Nevertheless, he assured the Committee that stock conditions were surveyed on an annual basis.

RESOLVED

That the Committee agreed to note the report.

6. TREASURY MANAGEMENT OUTTURN REPORT 2024/25

Mathew Dawson (Strategic Investment Manager) briefed members on the report, including Prudential Indicators, the challenging strategic financial environment in terms of the pricey long-term borrowing rates, the bank rate, the Council's borrowings including those for the Housing Revenue Accounts (HRA), liquidity and balances, and cash flows from the investments. Mathew added that the mid-year report covering the first six months in 2025/26 would be brought to the next Committee meeting in December.

Sophie Green (Treasury Manager) took members through the tables on the allocation of interest paid and received during the year 2024/25 (para. 4), the split of investments by duration as of 31 March 2025 (para. 6) and a breakdown of the indicators and actual position for the year ending 31 March 2025 (para. 20). She said that the average return achieved on investments managed internally for the year was 5.22% compared with the average 7-day money market rate (uncompounded) of 4.91%.

Sukvinder Kalsi (Executive Director of Finance & Corporate Services) reassured the Committee that all treasury management was done in line with the Council's Treasury Management Strategy Statement approved by the Council in February 2024. He noted that all the Prudential Indicators had been met, and more interests were generated from cash balances than from those on debts. He said the borrowing undertaken by the council was purely on the HRA and the debt level would be kept below 30% of the value of HRA's stock.

Summing up, the Chair thanked officers' good work in terms of investment and returns.

RESOLVED

That the Committee agreed to note the report.

7. RISK MANAGEMENT UPDATE

Moir Mackie (Head of Internal Audit) introduced the report. She said that following a review of the Risk Management Strategy 2025- 2028 in March 2025, the Corporate Risk Register was refreshed to rationalise and consolidate some of the risks. Having enhanced the understanding of the directors on the need to identify and manage the risks, the Corporate Risk Register was updated and presented to the Senior Leadership Team (SLT) on 1 October (please see page 485 and the heat map), and the update was on-going. She added that the Corporate Risk Register would be presented with identified mitigation actions as this was one of the external auditor's improved recommendations.

Councillor Callum Nimmo asked about the latest development around the Fair Funding Reform 2026/27 as there had been a lot of speculations. Sukvinder Kalsi (Executive Director of Finance & Corporate Services) responded that local authorities would not be notified of the grant funding for the next three years until around late November when the Chancellor delivered her budget speech. Nevertheless, Sukvinder said he hoped the central government would take a

pragmatic and considered view about the excellent services provided by this council and continue to incentivise the LBHF with the needed resources which would be very well-manged, as evidenced by the external auditor's findings earlier. Hopefully, the eventual proposals would just be slight modification, and the Committee could discuss this further at the next meeting in December.

Councillor Rowan Ree (Cabinet Member for Finance and Reform) highlighted that lots of behind-the-scenes work with lobbying groups of London councils and LBHF residents had been done to make sure that this borough would not be unfairly punished for its past hard work. He said LBHF's contributions far exceeded the returns it received, for instance, in terms of business rates, growth generated through innovative industrial strategy etc. He really hoped that this borough would be in the best possible position to continue to grow the economy for LBHF and across the country.

Councillor Adrian Pascu-Tulbure said he was glad to note there was cross-party aligned lobbying to make sure the LBHF had its fair share because it had done a lot.

Charlotte Moar (Independent Member) referred to Risk 18 on management of complaints etc. and noted the combined inherent impact and inherent likelihood at the heat map remained at level 16 in November 2024, March and June 2025. She asked about the target date for the figure to come down to 12 or below, given the next annual complaints report might come up soon.

Sukvinder Kalsi highlighted the council's intention to provide the best services without attracting any complaints. However, the council did go through a period of difficulty when its complaints arrangements were reviewed under the Housing Ombudsman P49 Report on Hammersmith and Fulham in March 2024. In summer this year, the Ombudsman was satisfied with the progress and discharged the recommendations. Going forward, appropriate responses to complaints would be provided within the time scales and there would be regular focus on complaints performance by the Chief Executive and SLT.

Councillor Rowan Ree remarked the council had adopted a straight-forward approach to provide all details of complaints arrangements with a view to identifying the problems early. He said the same issue attracted a cluster of complaints which, once resolved, would help reduce the number of complaints and hence the heat map figure. He believed it took time to work through the system.

The Chair recalled that the Committee had received the Housing Ombudsman report and discussed stage one and stage two complaints. The council had acknowledged its mistakes around handling housing-related complaints and proceeded to simplify the complaints procedures and deal with the backlog. He believed the SLT had taken the matter as a priority. While it took time to improve the complaint situation, it might take longer for the heat map figure to reflect the improvements made.

Sukvinder Kalsi remarked that it was absolutely a matter of priority as the Chief Executive, subsequent to the Housing Ombudsman report, had held weekly meetings to look at all the backlog and on-time complaints. He agreed to bring the annual complaints report back at some point.

ACTION: Sukvinder Kalsi

Sharon Lea (Chief Executive) expressed that the council welcomed complaints as they provided learning to the organisation. The SLT had been working on housing services which had made improvements over time. She understood complaints related to housing and other areas met the target timescales and there was no backlog. She said the next job was to bring the volume of on-time complaints down.

The Chair asked about the escalation of departmental risks which were managed within the departmental framework to the Corporate Risk Register. Moira Mackie noted there had been a lot of discussions with Directors and Executive Directors before drawing up the Corporate Risk Register. Some departmental risks were escalated where appropriate, but not all would need to be included in the Corporate Risk Register. SLT did challenge the Executive Directors to share their registers to make sure each risk hit the right level. Sharon Lea added that SLT did deep dives with each Directorate so there was transparency on mitigations.

As regards consistency across departments, Moira Mackie noted some departments might have more challenges than others due to the nature of the services they provided, whilst some others needed more learning. As such, a training toolkit was being developed to help colleagues understand that there was no fear of reporting a risk. The Chair echoed and considered it the best practice to share risk which was something faced by every employee.

RESOLVED

That the Committee agreed to note the report.

8. INTERNAL AUDIT PROGRESS REPORT (APRIL TO AUGUST 2025)

Moira Mackie (Head of Internal Audit) briefed members on the update which included a couple of draft audits and a few in progress. As the Internal Audit Plan was evolving during the year, audits for new risks identified would be included in each update. She highlighted the school audits which involved the engagement of the schools' finance and governance teams in developing the audit plan according to school calendar. She said her team visited the schools and met with school staff who usually became more responsive and helpful after understanding the purpose of doing audits. Moira added that those recommendations that were not yet implemented would be mapped on the report and follow-up work would be on-going until they were sorted. Their status would be set out clearly on the final report before it was signed off.

Charlotte Moar (Independent Member) welcomed the positive report. She referred to one of the Limited Assurance audits in the June report on "Client Affairs – Draft" which had not yet received the management response and asked about any progress, as set out in the June report, about their response on actions required to address the recommendations made.

In response, Moira Mackie said the relevant audit was re-visited shortly after the June meeting and the recommendations were all agreed. The team had also agreed with the Finance Team a schedule to carry out follow-up work in January and an update would be provided in the next progress report.

Noting the issue of staff turnover was one of the challenges faced by schools as indicated across several updates, the Chair was concerned about knowledge transfer in LBHF schools and academies during the transition.

Moira Mackie acknowledged the situation and noted that there were resources within the school finance team to support schools experiencing skill set issues and help them keep on top of things like running a deficit budget. She noted there were shared resources amongst schools where, say, a business manager might work for multiple schools across boroughs. When the shared arrangements now became clearer, there were benefits as work of different audits could also be pooled under the same business manager.

Responding to the Chair's further concern about sharing this best practice of shared resources, Moira Mackie reiterated the helpful sharing between business managers from different schools at the school business managers' forum she had attended previously. She said the team was mindful of ensuring the schools operated with the best finance and governance arrangements and encouraged them to share resources. For example, schools were encouraged to do independent reviews for each other without worrying about securing additional funds to meet the cost.

On the Chair's further question about whether the auditors of other local authorities also tied in their audit cycles with the school calendars, Moira Mackie noted that school audits used to be carried out once every 3 years which taking into account the on-going follow-up work was almost a continuous non-stop exercise. Now the school audits were held once every 5 years unless there were specific issues warranting earlier review. The tri-borough Internal Audit Team did the school audits across the three boroughs but only during term time when staff members were available. The other restrictions included unexpected Ofsted inspections, or a quick turnaround for an audit report before some mergers occurred.

RESOLVED

That the Committee agreed to note the report.

9. DATES OF FUTURE MEETINGS

Members noted the dates of future meetings:

- 1 December 2025
- 16 March 2026

10. EXCLUSION OF THE PUBLIC AND PRESS (IF REQUIRED)

Please see item 3.

Meeting started: 7.00 pm
Meeting ended: 8.24 pm

Chair

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Agenda Item 4

London Borough of Hammersmith & Fulham

Report to: Audit Committee

Date: 1 December 2025

Subject: Annual Report of the Audit Committee Municipal Year 2024/25

Report of: Councillor Patrick Walsh, Chair of the Audit Committee

Responsible Director: Executive Director of Finance and Corporate Services

Summary

This report summarises the work of Audit Committee (“the Committee”) over the municipal year 2024/25, i.e. from May 2024 to April 2025.

Recommendations

1. That the Committee receive and approve the report.
2. That the report be forwarded to Full Council for information.

Wards Affected: None

H&F Values

Our Values	Summary of how this report aligns to the H&F Priorities
Building a shared prosperity	Internal audit and risk management covers a wide range of services, including those which are delivered in partnership with local and national companies. Assurance may be required over risk management and governance arrangements to demonstrate the benefit to residents of co-delivered services.
Creating a compassionate council	Audit provides assurance that the Council’s resources are managed appropriately to provide the most effective support to the most vulnerable residents.
Doing things with residents, not to them	Where engagement with residents is part of service development, audit will consider how well co-production and resident access is embedded in a process.
Being ruthlessly financially efficient	Internal Audit helps to ensure that management have robust controls and practices in place to safeguard the Council’s assets, control expenditure and maximise potential income to protect and invest in essential frontline services which are in place to meet the Council’s priorities. The Council’s accounts demonstrate their fiscal responsibility and the delivery of value for money services.

Our Values	Summary of how this report aligns to the H&F Priorities
Taking pride in H&F	Investment in public realm services such as waste collection, street cleaning and open/park spaces is significant. The internal audit strategy identifies services for cyclical review, including contract management for outsourced services and performance delivery for in-house services.
Rising to the challenge of the climate and ecological emergency	Internal Audit consider the impact of strategies, including, the Climate and Ecology Strategy, in several different reviews that form part of the Internal Audit Plan.

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Background Papers Used in Preparing This Report

None

DETAILED ANALYSIS

Background

- On 9 December 2024, the Committee noted a proposal to undertake a Review of Effectiveness of the Committee, taking into account the CIPFA Toolkit for Effective Audit Committees and the CIPFA Skills and Knowledge Framework for Audit Committee members. The Committee agreed to participate in a workshop as part of the review, having completed individual self-assessments against the checklists in the Toolkit.
- The Workshop was held on 8 April 2025, facilitated by the Shared Services Director of Audit, Fraud, Risk and Insurance and the Head of Internal Audit.
- The purpose of the workshop was to:
 - Consider the results of the completed Toolkit self-assessment and Skills and Knowledge Framework; and
 - Identify topics for future briefings and training resources that would be of interest to the Committee.
- After the self-assessment and workshop were completed, the Committee was assured that it was performing its role in line with CIPFA's best practice.

5. One of the recommendations arising from this review was to enhance the Committee's effectiveness by providing an annual report to the Council on its work and performance every municipal year.
6. It was also agreed that the Committee would look to appoint an Independent Member for a fixed term of three years.

Committee Activity

7. The Committee's membership during the 2024/25 municipal year was as follows:
Cllr Patrick Walsh (Chair)
Cllr Florian Chevoppe-Verdier
Cllr Adrian Pascu-Tulbure
Cllr David Morton
Cllr Lisa Homan
8. The Committee's positive impact was facilitated by the officers who prepared reports and presented them at meetings of the Committee and addressed concerns raised by Members.
9. The Committee met on the following dates in the municipal year 2024/25:
 - 31 July 2024
 - 06 November 2024
 - 09 December 2024
 - 10 March 2025
10. The meetings were quorate on each occasion. The Chief Executive, The Executive Director of Finance and Corporate Services, the Assistant Director of finance, the Shared Services Director for Audit, Fraud, Risk and Insurance, the Head of Internal Audit and the Risk Manager attended relevant meetings as appropriate, along with other Executive Directors, Directors and professional colleagues in respect of specific items on each agenda.
11. The topics discussed at each meeting are contained in Appendix 1.

Internal Audit and Fraud Service Delivery Models

12. The Council's Internal Audit and Corporate Anti-Fraud service is managed by the Shared Services Director for Audit, Fraud, Risk and Insurance. The service is hosted by the Royal Borough of Kensington and Chelsea (RBKC) as part of a Shared Services Agreement, across three councils, which has been in place since April 2015. Internal Audit shared resources are drawn from an in-house team and external delivery providers, Mazars and PwC, including undertaking reviews in specialist areas.
13. In July 2024, the Committee noted the External Quality Assessment of the Internal Audit service against the Public Sector Internal Audit Standards, which had achieved the highest rating that could be given under the Standards. In March 2025 the Committee considered an update on the Service's progress towards implementing the Global Internal Audit Standards, which came into force on 1 April 2025. The Committee reviewed the Internal Audit Strategy,

which set out how the Service would deliver against the new standards, including a suite of proposed Key Performance Indicators which would feature in future update reports to the Committee. The updated Audit Charter and Mandate were also approved by the Committee in March 2025.

14. The Corporate Anti-Fraud Service (CAFS) provides a complete, professional counter-fraud and investigation service for fraud attempted or committed against the Council. All CAFS work is undertaken in line with appropriate legislation and ensures the Council fulfils its statutory obligations under the Local Government Act 1972 to protect public funds and effectively prevent and detect fraud and corruption.

Internal Audit Plan

15. The Committee reviewed the updated Strategic Audit Plan and the outline Annual Audit Plan at its meeting in March 2025. The '3 plus 9-month' approach to the Annual Plan was considered to be highly agile allowing priorities to shift in response to local and national events.
16. During the year, the Committee received reports on the progress against the Plan and on the outcomes from the individual audits undertaken. The Committee was also updated on the outcomes of follow up work and the actions taken by operational managers to implement improvements to controls.

Cumulative Assurance

17. The Committee received the draft Annual Governance Statement (AGS) for 2023/24 in December 2024, along with the annual accounts. The AGS established that the Council has arrangements in place to meet the requirements of the CIPFA/ SoLACE Delivering Good Governance in Local Government Framework.
18. The Head of Internal Audit's Annual Report on Internal Audit work and the Council's internal control arrangements for 2023/24 confirmed that overall satisfactory internal control arrangements and procedures remain in place across the Council with 89% of audits receiving a positive assurance opinion for 2023/24. In addition, management had fully implemented 91% of previously agreed recommendations and partially implemented a further 6%.
19. The Committee gained a level of assurance from the External Auditor that, in their view, the Council continued to have a strong control environment in place and the accounts considered to be of excellent quality. The External Audit also provided unqualified opinions on the Council and Pension Fund Accounts.
20. Within the audit of the main statement of accounts, the External Auditor made two medium priority and five low priority recommendations, with one prior year recommendation on which to follow up. The pension fund accounts had one new recommendation (already implemented) and one prior year recommendation to implement.

Risk Management

21. The Committee received regular reports on risks across the Council throughout the year and noted the work being undertaken to enhance the risk management process and the detail contained within the Corporate Risk Register.
22. The Risk Management Strategy 2025 to 2028 was noted and approved by the Committee in March 2025 and it was agreed that an annual risk management report will be provided to the Committee for 2025/26.

Fraud Updates

23. The Committee received reports on the Council's anti-fraud activity and welcomed the continuing high-profile focus of the anti-fraud resources on housing related fraud including illegal sub-letting, temporary accommodation and other tenancy related fraud.

Statement of Accounts and External Audit

24. The Committee is required under its Terms of Reference, to recommend for approval the Council's Annual Statement of Accounts and to consider whether appropriate accounting policies have been followed.
25. The Committee was encouraged that the External Auditor (Grant Thornton) continued to find the accounts and supporting working papers to be a high standard.
26. The 2023/24 statement of accounts (including pension fund accounts) and annual auditor's report (AAR, previously known as the VFM opinion) were received at the committee's November 2024 meeting. The External Auditor was broadly through its fieldwork at that point, and was able to indicate to the committee it expected to provide an unmodified opinion for both the main accounts and pension fund accounts which subsequently followed. There were two medium recommendations for the main accounts and three medium/one low recommendations for the pension fund accounts.
27. Within the AAR, the External Auditor made one improvement recommendation for the year 2023/24 (indicating that the Council should include more scenario planning in developing its annual budget). This was in positive contrast to two key recommendations and seven improvement recommendations made for the previous report covering 2021/22 and 2022/23.
28. The Council also received regular reports on the Council's Treasury Management activity.

Independent Member

29. The guidance provided by CIPFA in their Position Statement 2022: Audit committees in local authorities and police advises that the audit committees of local authorities should include co-opted independent members. Following the Review of Effectiveness Workshop in April 2025, the Committee agreed to appoint an Independent Committee Member to the Committee for a fixed term of three years.

Conclusion

30. Throughout the 2024/25 municipal year, the Audit Committee has consistently delivered robust scrutiny of the Council's governance structures and financial reporting processes.
31. The Committee will continue to evaluate and assess risk management across the Council, promoting the consistent application of best practices across the Council. The Committee will also remain committed to upholding strong internal controls and ensuring accountability for failures to meet these standards.

Consultation

32. The report has been subject to consultation with the Chief Executive, the Executive Director of Finance and Corporate Services, the Monitoring Officer and the Shared Services Director for Audit, Fraud, Risk and Insurance.

Legal Implications

33. There are no legal implications arising from this report.
Implications verified by Grant Deg, Director of Legal Services on 17 November 2025.

Financial Implications

34. There are no direct financial implications emanating from this report, but some of the content is financial in nature given subject matter.
Implications verified by Sukvinder Kalsi, Executive Director of Finance and Corporate Services on 13 November 2025.

Risk Management

35. There are no risk management implications arising from this report.
Implications verified by Jules Binney on 13 November 2025.

List of Appendices:

Appendix 1 Audit Committee Meetings – Municipal Year 2024/25

AUDIT COMMITTEE MEETINGS – MUNICIPAL YEAR 2024/25

Date of meeting	Accounts & External Audits	Internal Audits	Risk Management	Anti-fraud	Treasury Management	Other
31 July 2024	<ul style="list-style-type: none"> External Audit Plan 2023/24, Audit Risk Assessment and Statement of Accounts Update External Audit Programme & Sector Update 	<ul style="list-style-type: none"> Head of Internal Audit Annual Report 2023/24 	<ul style="list-style-type: none"> Risk Management Update 	<ul style="list-style-type: none"> Corporate Anti-fraud Service Annual Report 2023/24 		
06 Nov 2024	<ul style="list-style-type: none"> Statement of Accounts 2023/24 Annual Audit Report (Value for Money) 2023/24 				<ul style="list-style-type: none"> Treasury Management Outturn Report 2023/24 	<ul style="list-style-type: none"> Health & Safety Update April 2023 to March 2024 Annual Complaints Report 2023/24
09 Dec 2024		<ul style="list-style-type: none"> Internal Audit Update 2024/25 	<ul style="list-style-type: none"> Risk Management Update 	<ul style="list-style-type: none"> Corporate Anti-fraud Service Half-Year Report 1 April to September 2024 	<ul style="list-style-type: none"> Mid-year Treasury Management Review 2024/25 	
10 Mar 2025		<ul style="list-style-type: none"> Internal Audit Strategy 2025-2028, Internal Audit Charter & Mandate Global Internal Audit Standards Internal Audit Plan 2025/2 	<ul style="list-style-type: none"> Risk Management Strategy 2025-2028 Risk Management Update and Corporate Risk Register 2024/25 			

London Borough of Hammersmith & Fulham

Report to: Audit Committee

Date: 01/12/2025

Subject: Corporate Anti-Fraud Service Half-Year Progress Report – 1 April 2025 to 30 September 2025

Report of: David Hughes, Shared Services Director for Audit, Fraud, Risk and Insurance

Responsible Director: Director for Audit, Fraud, Risk and Insurance

Summary

The Council is committed to protecting public funds and actively combats fraud, bribery, and corruption. This report summarises key anti-fraud activities and achievements for the first half of 2025/26, highlighting measures taken to reduce fraud risk to the Council.

The Corporate Anti-Fraud Service (CAFS) delivers a comprehensive counter-fraud and investigation service, underscoring the Council's dedication to preventing, detecting, and discouraging fraud and corruption.

From 1 April to 30 September 2025, the Council's counter-fraud efforts achieved 79 positive results, preventing fraud worth an estimated £779,530 and a notional loss of £607,423. An additional £409,000 was identified for recovery via court-issued confiscation orders under the Proceeds of Crime Act.

Recommendation

1. For the Committee to note and comment on the report.
-

Wards Affected: None

Our Values	Summary of how this report aligns with the H&F Priorities
Building shared prosperity	CAFS carries out a variety of proactive measures to prevent and conduct reactive investigations, covering a diverse range of services provided by the Council. By actively preventing and uncovering fraudulent activities, and by recovering funds and assets obtained through fraud, CAFS safeguards essential frontline services for residents.
Creating a compassionate council	CAFS undertake proactive (preventative) and reactive (investigations) counter-fraud activity across various Council services. By preventing and detecting fraud and recovering fraud

	loss, it protects vital frontline services and contributes to establishing a caring council.
Doing things with residents, not to them	CAFS engages with residents and provides multiple reporting channels so that concerns about fraud against the Council can be reported and investigated.
Being ruthlessly financially efficient	CAFS supports the Council in its statutory obligation under Section 151 of the Local Government Act 1972 to ensure the protection of public funds and to have an effective system of preventing and detecting fraud and corruption.
Taking pride in H&F	CAFS collaborates with a wide range of service providers to integrate fraud-prevention measures into its operations. The service promotes its work, particularly its successful outcomes, demonstrating the Borough's commitment to tackling fraud.
Rising to the challenge of the climate and ecological emergency	CAFS seeks to ensure that the service supports the Council's aims and objectives in relation to climate change and carbon reduction.

Contact Officer(s):

Name: Andy Hyatt
 Position: Head of Fraud
 Telephone: 020 7361 2777
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Background Papers Used in Preparing This Report

None

1. INTRODUCTION

- 1.1. This report details fraud-related activity by the Corporate Anti-Fraud Service (CAFS) from 1 April to 30 September 2025, aimed at minimising fraud, bribery, and corruption against the Council.
- 1.2. CAFS remains a shared service providing the Council with a complete, professional counter-fraud and investigation service for fraud attempted or committed against the Authority.
- 1.3. The report also details activity and performance against the Council's Anti-Fraud and Corruption Strategy—which is the Council's plan to detect, prevent, and respond to fraud and corruption—to assess its effectiveness, highlights any current or emerging types of fraud risk, and provides an overview of the Council's arrangements to minimise fraud risk
- 1.4. Between 1 April 2025 and 30 September 2025, the Council processed 102 new referrals and concluded 132 investigations. Conclusions ranged from sanctionable offences to preventative measures, to actions to deter fraud, or to

no further action if no wrongdoing was found. Of the concluded cases, 79 resulted in positive outcomes related to preventing, detecting, deterring, or recovering from fraud loss. The table below shows this activity and details the fraud types.

Activity	Cases	Fraud types	Closed	Live
Live cases as of 01/04/25	225	Tenancy & Housing cases	54	144
New referrals received	102	Internal Fraud	11	9
Closed investigations. (Positive outcome 79)	132	High/Medium risk fraud	36	14
		Low-risk fraud	25	19
Live cases as of 30/09/25	195	POCA	6	9

- 1.5 The 79 positive outcomes identified have prevented fraud worth an estimated £779,530 and identified a notional loss of £607,423. An additional £409,000 was identified for recovery via court-issued confiscation orders under the Proceeds of Crime Act.
- 1.6 Valuing counter-fraud efforts helps demonstrate the financial benefits of this activity, underlining the importance of fighting fraud, and showing possible savings achieved through prevention work.
- 1.7 When CAFS counter-fraud activity intervenes and stops fraud, CAFS estimates the value of the losses that have been prevented going forward. This involves applying specific methodologies to calculate values that would have been lost if the fraud had continued unchecked. Additionally, to value the full extent of fraud, CAFS also calculates potential fraud loss by estimating how long the fraud may have occurred before their involvement.
- 1.8 The table below records the activity by case types and prevention/loss values.

Activity	Proven cases	Prevention (£'s)	Estimated Loss (£'s)	Recovery (£'s)
Tenancy Fraud	14	461,850	461,760	
Housing application fraud	7	31,450	-	-
Right to Buy	3	48,000	-	-
Internal (Staff, contractors and agency)	9	155,557	97,830	-
High/Medium risk fraud (e.g. NNDR, Parking, Social Care)	21	68,941	41,012	
Low-risk fraud (e.g. Freedom passes, Council Tax, SPD)	18	8,732	6,821	1,597
Proceeds of Crime	6	-	-	407,680
Press Release	1	5,000	-	-
Total	79	779,530	607,423	409,277

2. WHISTLEBLOWING

- 2.1 The Council's whistleblowing policy encourages and protects employees who report suspected wrongdoing or malpractice within the Council, especially when it involves a potential public interest. It provides a safe and confidential process

for raising concerns, ensuring that whistleblowers are protected from retaliation and that the reported issues are appropriately investigated.

- 2.2 Since 1 April 2025, CAFS has not received any new fraud referrals via the Council's whistleblowing policy, but staff continue to consistently report potential fraud through other means, such as the CAFS hotline or investigation mailbox.

3. ANTI-FRAUD AND CORRUPTION STRATEGY

- 3.1 The Anti-Fraud & Corruption Strategy 2024/27 outlines ongoing counter-fraud efforts, including the development and use of technology to expand coverage and enable proactive operations. Data-matching analytics are used to identify anomalies, enabling CAFS to maintain operational capacity and adapt to changing conditions, such as emerging threats.
- 3.2 The Strategy is built on four pillars: Govern, Understand, Prevent, and Respond, but due to high reactive case numbers, emphasis across the first half of 2025/25 has been on Prevent and Respond. During the second half of the year, CAFS plans to boost awareness activities, strengthening the Council's resilience by enabling it to identify, prevent, and withstand fraud.

4. COUNTER FRAUD ACTIVITY

Housing/Tenancy Fraud

- 4.1 Detecting and stopping social housing fraud can help alleviate some of the strain on the Council's housing resources, thereby freeing up homes for those who need them. CAFS provides an investigative service for all aspects of Housing, including requests for the succession or assignment of tenancies, allegations of subletting or other forms of tenancy breaches, and right-to-buy applications.
- 4.2 Tenancy fraud remains a high-risk issue, accounting for over 70% of the investigator's caseload. Investigation methods can be resource-intensive, although CAFS continue to explore the use of technology alongside the full extent of legislation to tackle this fraud type as efficiently as possible.
- 4.3 CAFS are members of the National Anti-Fraud Network, which enables them to utilise essential tools, data, and expertise to combat fraud and protect public funds. This includes direct access to centralised databases, instant summaries of financial activity reports, intelligence alerts and notifications about emerging fraud threats, and support in exerting powers under the Prevention of Social Housing Fraud Act 2013 and Investigatory Powers Act 2016.
- 4.4 Between 1 April 2025 and 30 September 2025, CAFS successfully recovered 14 misused properties. These have now been allocated or made available to those in genuine need of housing support within the community.

Location	P/Code	Size (bedrooms)	Reason for recovery	Prevention value (£)	Notional loss (£)
Linacre Court	W6	2	Abandonment	34,950	9,360
White City	W12	2	Subletting	34,950	58,500
White City	W12	3	Abandonment	49,575	76,050
Wood Lane	W12	1	Abandonment	17,275	4,680
White City	W12	Studio	Abandonment	14,225	20,280
Milfoil Street	W12	3	Data-match	52,625	5,850
Hazbury Road	SW6	3	Data-match	52,625	10,530
Sullivan Court	SW6	Studio	Subletting	14,225	71,370
White City	W12	3	Abandonment	49,575	56,160
White City	W12	2	Subletting	31,900	23,400
Fulham Palace Road	W6	3	Subletting	49,575	42,120
Percy Road	W12	1	Abandonment	14,225	4,290
Stevenage Road	SW6	2	Abandonment	31,900	65,520
Comeragh Road	W14	1	Abandonment	14,225	13,650
				461,850	461,760

Right to Buy

- 4.5 CAFS supports right-to-buy by reviewing new applications and performing due diligence to ensure tenants meet the criteria. They confirm all individuals involved and verify their residency, sometimes requiring visits.
- 4.6 These checks maintain the scheme's integrity and probity. Since 1 April 2025, this process has cancelled three applications due to identified anomalies or withdrawals during the review process.

Corporate Investigations

- 4.7 Corporate investigations refer to a wide range of different counter-fraud activities, from sensitive internal inquiries to unusual, less traditional fraud or wrongdoing.
- 4.8 Because the Council offers a wide range of services and support throughout the community, corporate investigations cover multiple activities. This includes not only counter-fraud investigations but also providing advice and guidance, all of which contribute to the organisation's assurance framework.
- 4.9 Since 1 April 2025, some corporate investigation work has included:

Dual working	<p>The Council collaborates with other local authorities and public sector organisations to prevent and detect potential fraud against their organisations. This joint working has been highly beneficial in identifying cases of dual working.</p> <p>Taking secondary employment is not a breach of the Code of Conduct, but it must be declared to the individual's line manager. However, it can lead to fraud when an employee knowingly collects two full-time salaries but splits their hours, so they only work 50% of the time for each one. This is often referred to as dual working.</p> <p>One recent referral required further investigation, linking an LBHF employee to the Ministry of Justice, Prison & Probation Service.</p>
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	<p>CAFS initially contacted the individual's line manager. The employee had not declared secondary employment, but it transpired that the subject requested to work from home for three months due to personal reasons. At the time, it seemed a reasonable request, and it was approved. The CAFS investigation revealed that the request timing aligned with the dates of employment with the Ministry of Justice (MoJ).</p> <p>CAFS contacted MoJ for further information, who in turn referred the matter to the employing department, His Majesty's Courts and Tribunals Service. Shortly after this contact with MoJ, the employee resigned, returned all LBHF equipment, and suggested awareness of our investigation.</p> <p>Calculating preventive and loss values involving employees is complex; CAFS methods focus on financial impacts such as time theft and rehiring costs. Most reported figures for staff fraud are therefore notional estimates, rather than direct economic losses to the Council.</p>
Blue Badge Fraud (Contractor)	<p>CAFS continues working in partnership with Blue Badge Fraud Investigators (BBFI) to investigate the misuse of disabled parking badges. BBFI investigators undertake street inspections to identify the misuse of disabled parking badges and, in one instance, found a Council contractor misusing a badge.</p> <p>An investigator observed a blue badge displayed in a parked vehicle, but background checks revealed that the badge holder was deceased. The car was removed to the local pound and later retrieved by the owner/keeper. During the interview, it was found that the owner was a care worker employed by a care provider contracted to the Council.</p> <p>Legal action remains ongoing, but CAFS ensured the Council invoked its contractual power with the care provider, which immediately removed the individual from the LBHF contract and confirmed it would take disciplinary action in accordance with its policies.</p>
School placement fraud	<p>School placement fraud is the act of providing false or misleading information on a school application to gain an unfair advantage in the admissions process, typically by misrepresenting the applicant's residential address to fulfil admission criteria. This can involve falsely claiming to reside at a particular address, using a temporary address solely for school placement, or even falsifying documents to support the fraudulent claim.</p> <p>Schools' admissions often refer cases to CAFS to assist in checking and verifying suspicious applications. One such application was passed for checking, and CAFS found no trace of the applicants on the LBHF voters' roll or in the borough's Council Tax register. Instead, the investigation found that the parents were liable for Council Tax in Chelmsford. Further inquiries included an email contact provided with the school application, which was also used on one of the CT accounts in Chelmsford.</p> <p>Based on the evidence gathered by CAFS, the application was declined.</p>

Fraud Hub

- 4.10 The Anti-Fraud & Corruption Strategy has objectives to enhance fraud prevention by leveraging information, technology, and proactive data analysis. Therefore, the Council has joined the London NFI Fraud Hub (a shared platform for data matching initiatives), which offers a cost-effective solution (£7,500 per

annum) for cross-boundary and internal data matching to identify fraud. It allows unlimited data uploads and generates real-time alerts for possible fraud cases as new data is submitted.

- 4.11 A designated investigation officer is responsible for supervising the Hub and is a pooled resource across the shared service, which contributes to further cost reductions. This officer is responsible for uploading datasets and investigating any anomalies arising. The datasets include housing tenancies, waiting lists, resident parking, council tax reduction information, and right-to-buy.
- 4.12 Since the start of the financial year, the Fraud Hub has identified seven positive outcomes, detailed in the table below.

Activity	Proven cases	Prevention (£'s)	Estimated Loss (£'s)
Tenancy Fraud – undisclosed change in circumstances	2	105,250	16,380
Housing application fraud	5	20,200	-
Totals	7	125,450	16,380

- 4.13 Additionally, 65 records were cleansed and data corrected, which is a key benefit of the Hub. By keeping data clean and accurate, it improves analytical accuracy, reducing the risk of missed fraudulent activity. The Hub analytic detection relies on spotting unusual patterns or anomalies which incorrect data can mask. Furthermore, clean data helps reduce false alarms, allowing investigators to focus on genuine fraud cases rather than wasting time on errors caused by poor-quality data.

Proceeds of Crime Act

- 4.14 Our primary aim must be to prevent fraud and corruption. However, those who keep on trying may still succeed. Therefore, a robust enforcement response is essential to pursue fraudsters and deter others.
- 4.15 Since April 2025, CAFS has used its Accredited Financial Investigator to recover fraud losses or secure Confiscation Orders in the Crown Court, totalling over £400,000, with recent orders against three additional defendants who were part of a joint investigation with trading standards regarding illegal online sports broadcast streaming.

Maintain a specialist investigative resource.

- 4.16 A vital element of a counter-fraud strategy is an organisation's ability to call upon competent, professionally trained officers to investigate suspected fraud.
- 4.17 All CAFS investigators are members of the Government Counter Fraud Profession (GCFP), which provides a professional structure with common standards and competencies for those in counter-fraud roles.

- 4.18 The government counter fraud profession brings together public sector specialists to develop a common set of skills, standards, and guidance to combat economic crime, fraud, and corruption across the public sector. The Public Sector Fraud Authority oversees the profession, which provides training and professional standards to enhance the capability and expertise of those working to protect public services from fraud.
- 4.19 The profession requires Councils to undergo peer reviews to ensure that investigators' CPD plans, qualifications, and training comply with GCFP standards. CAFS were reviewed by peers from the London Borough of Lewisham, who verified compliance with the standards and passed them.

CONSULTATION

- 5.1 The report has been subject to consultation with the Strategic Leadership Team.

EQUALITY IMPLICATIONS

- 6.1 There are no equality implications arising from this report.

LEGAL IMPLICATIONS

- 7.1 CAFS's work is governed by various legislation, including the Police and Criminal Evidence Act, the Criminal Procedures and Investigations Act, the Regulation of Investigatory Powers Act, the Fraud Act, the Prevention of Social Housing Fraud Act, the Proceeds of Crime Act, and the Data Protection Act.
- 7.2 There are no significant legal implications arising from this report.

Implications verified by Grant Deg, Director of Legal Services, on 4 November 2025.

FINANCIAL AND RESOURCES IMPLICATIONS

- 8.1 Resources required to deliver on the Council's Anti-Fraud and Corruption Strategy are funded from the budget allocated to CAFS. There are no additional resource implications arising from this report. Successful investigations and prosecutions can lead to the recovery of Council assets and money required to protect frontline services.

Implications verified by Sukvinder Kalsi, Executive Director of Finance and Corporate Services, on 3 November 2025.

RISK MANAGEMENT

- 9.1 The Council's Anti-Fraud and Corruption Strategy and anti-fraud policies help manage the Council's fraud risks by assisting managers in implementing effective controls.

Implications verified by Moira Mackie, Head of Internal Audit, on 3 November 2025.

	Appendix 1
	Case Description
1.	<p>TENANCY FRAUD: Non-residency - A case was referred to CAFS by the area housing team after a tenant applied to transfer her tenancy at Linacre Court to her son and his family. Questions were raised about the tenant's residency status, prompting checks, including a home visit during which the Housing Officer met with the tenant's son, who stated that his mother had moved out.</p> <p>CAFS conducted financial checks under the tenant's name, which revealed a mortgage, while background checks on the son linked him to an address in Hounslow. Further investigations confirmed that the son was privately renting the Hounslow property and that the tenant had purchased a separate property through a shared ownership scheme.</p> <p>The assignment was denied because the son was not a resident of the Linacre Court property, revealing that the assignment application was false. When the tenant was asked to attend an interview under caution to discuss her property purchase, the keys were returned.</p> <p>This case emphasises the importance of thorough checks and investigations to verify housing assignments and prevent fraudulent activity. The collaboration between CAFS and the housing team was essential in uncovering the facts and taking appropriate action.</p>
2.	<p>TENANCY FRAUD: Succession - CAFS received a referral concerning a succession application submitted by the daughter of a deceased tenant who had resided in a property on Wood Lane, W12. The daughter claimed she had been her late mother's primary caregiver and wished to succeed to the tenancy. However, no supporting evidence was provided to substantiate her claim of residing with the tenant during the qualifying period. Further concerns arose when a neighbour reported the property appeared unoccupied, with unopened letters at the front door.</p> <p>Background checks revealed discrepancies, including a connection to an address outside the Borough and inconsistent residential footprints within the Borough of Hammersmith & Fulham. Financial records indicated a significant amount of time spent outside the Borough.</p> <p>Regarding the tenant, Adult Social Care confirmed that the late tenant lived alone and received the Single Person Discount, suggesting that the daughter was not a full-time carer at the Wood Lane address.</p> <p>As the case progressed, the investigator found links to South Yorkshire, including council tax payments to Barnsley Council and financial transactions in the area, such as lessons with a local driving school. This evidence proved that the applicant did not meet the eligibility criteria for having lived continuously with the tenant for 12 months before their death, nor did they reside in the Borough for at least 5 of the 7 years preceding the tenant's death.</p> <p>CAFS recommended that Housing reject the succession and serve a notice to quit, which quickly prompted the applicant to withdraw their application, sign a vacation notice and return the keys. The one-bedroom property has since been recovered and relet by Housing.</p>

3.	<p>DIRECT PAYMENTS: Criminal prosecution - Direct payments (DP) enable individuals in need of care services to receive payments directly, allowing them to procure services themselves and enjoy greater flexibility and control over their support packages. These payments are regularly monitored to ensure they are used appropriately.</p> <p>In one instance, the Independent Living Advisor (ILA) raised concerns about a client living on Glenthorne Road. The advisor suspected that the payments to the care agency had ceased and that the client's daughter was misusing her mother's DP funds.</p> <p>Subsequently, a CAFS investigation found that the daughter had contacted the care provider, requesting that the care provider discontinue care. Thereafter, the daughter created fake invoices from the same care provider, which she submitted to the Council to convince the Council that the care was ongoing and to enable the DP monies to continue.</p> <p>Bank statements were requested via the CAFS Financial Investigator, and the findings revealed that the bank statement provided by the daughter was also fake. Furthermore, there was no evidence that any care provision was funded from the account; only personal transactions unrelated to care provisions were recorded.</p> <p>During an interview under caution, the daughter confessed to producing fraudulent documents and failed to inform the Council regarding the change in her mother's situation or care needs. She also admitted to fabricating the existence of a carer.</p> <p>At Westminster Magistrates Court, she pleaded guilty at the first opportunity to five offences, including three counts of forgery and counterfeiting, one offence under the Theft Act and one under the Fraud Act. Sentencing was referred to Isleworth Crown Court, where she received an eight-month suspended sentence, 100 hours of unpaid work, and a 25-day rehabilitation activity requirement. A Proceeds of Crime notice was served, and a timetable for confiscation was agreed.</p>
4.	<p>TENANCY FRAUD: Succession - A local housing officer referred this case to CAFS due to concerns about a potentially fraudulent succession application on the White City Estate. There was no direct family relationship between the applicant and the deceased tenant. The applicant claimed the late tenant was "like her father". Furthermore, there are doubts about her residency during the required 12-month period before the tenant's death. In particular, the tenant had received a single-person council tax discount and was receiving means-tested benefits, suggesting that no one else lived there.</p> <p>Checks revealed the applicant was registered elsewhere in Shepherd's Bush, with no links to the White City address. Although she claimed to have lived at the one-bedroom flat with her two children, enquiries with their school confirmed that both parents lived elsewhere in Shepherds Bush. Investigators conducted an unannounced visit and found a family living in the White City flat. They confirmed they had paid £1,200 in cash for rent and a deposit. They claimed the applicant lived elsewhere.</p> <p>The new subletting information prompted the commencement of legal possession action, although the succession applicant refused to return the keys. This led to court action, where the Council successfully obtained a possession order. Although bailiffs were scheduled to attend on 4 July 2025, the applicant returned the keys to the Council on the day of the eviction.</p>

5.	<p>TENANCY FRAUD: Abandonment - A husband and wife applied for Housing, claiming overcrowded conditions in a two-bedroom council property on the White City estate. They explained that they were living with the tenant (the applicant's sister) and her family,, so it was overcrowded. However, the Housing Solutions Team found anomalies in the application and referred it to CAFS.</p> <p>The investigator visited the property twice and found no evidence of the tenant or her immediate family living there. The applicant was a resident, but with no one else present and on initial inspection, it did not appear overcrowded. However, financial checks revealed the tenant had no links to the address, and utility bills were in the name of the housing applicant, not the tenant. Border checks were negative,, but social media suggested the tenant lived in America and owned property there.</p> <p>The tenant was invited to an interview and produced an expired passport to verify her identity, which seemed odd. When questioned, she denied living at the property and stated that she works nights and is often away from home. She insisted that the property was overcrowded and wanted her brother to be rehoused. After the interview, further investigations revealed an alternative surname, and checks linked her to a USA passport, which accounted for why she had initially been provided an expired passport.</p> <p>Using this name, the investigator conducted border inquiries, which revealed extended periods of absence from the UK. In view of this new information, she was invited to attend a formal interview under caution. On the day of the interview, another border check was conducted that showed she had returned to London from the USA a day earlier, further confirming her non-residency in the UK.</p> <p>Investigators observed that the tenant became agitated during questioning and eventually stated that she considered the flat unimportant and did not want any trouble. She agreed to give up the property, and her brother returned the keys to the housing office soon after.</p>
6.	<p>TENANCY FRAUD: Non-residency - In November 2019, the Education Team referred a case of persistent school non-attendance involving four children to the police due to safety concerns. The family, from a flat on the Peabody estate in Hammersmith, had not been seen for a long time.</p> <p>Following a collaboration between the police and CAFS, the family was traced to Nigeria, and border checks confirmed their departure from the UK in 2019. Additionally, finance checks indicated minimal financial activity, suggesting a limited presence in the UK.</p> <p>Multiple visits to the property initially yielded no response. However, during an unannounced visit, two females were found on the premises; one identified as the grandmother and the other as a family member. Observations indicated that the tenant and her children were not residing at the address. The tenant later contacted CAFS, explaining her temporary stay in Nigeria due to personal issues, and a subsequent check confirmed her return to Nigeria.</p> <p>CAFS shared intelligence with Peabody, who referred the matter to their legal team and initiated legal proceedings to obtain possession of the property. This was successful, and in July 2025 bailiffs attended the property; Peabody took possession and granted nomination rights to LBHF,, who have since allocated to a family living in temporary accommodation.</p>

7.	<p>TENANCY FRAUD: Non-residency - A male applied to assign a three-bedroom flat on the White City Estate into his name, claiming that he had been continuously resident with the family who were the named tenants, and refused offers of a one-bedroom accommodation.</p> <p>The subsequent CAFS investigation revealed that the applicant was dishonest, with financial links and residency at another address in W12, and other claimed family residents connected to addresses in Northolt.</p> <p>Based on the evidence gathered by CAFS, the case proceeded to court on a possession charge, but the applicant did not appear. The judge ordered the applicant to leave the property forthwith, pay the unpaid rent and court costs, and a daily charge until he moved out. Despite a second hearing at the applicant's request, the judge stated that the original decision remained unchanged and that the possession order stood.</p> <p>The applicant initially refused to leave, but despite complaining to a wide range of people, eventually accepted the outcome and moved out. The investigation confirmed that the applicant resided elsewhere, enabling the recovery of a three-bedroom property for a family in genuine need of support.</p>
8.	<p>TENANCY FRAUD: Discretionary succession - When the housing team received an application for discretionary succession from the son of a deceased tenant, the officers doubted whether the applicant was truly living at the Comeragh Road, W14, property, or if their real residence was elsewhere. The case was referred to CAFS.</p> <p>A discretionary succession under LBHF policy gives the Council the power to award a new secure tenancy to a family member who isn't legally entitled to inherit—such as a child or close relative—provided they've lived in the property for at least 12 months before the tenant's death.</p> <p>Enquiries by investigators soon found anomalies. To begin, the deceased tenant lived alone, with a single-person discount in payment, and electoral roll records showed no trace of the applicant at the tenanted property. Then, finance records linked the applicant to an address in Wolverhampton, with activity reported here since 2018. Their driver's licence was tied to yet another unknown address.</p> <p>The evidence collated by CAFS was passed to housing colleagues with a recommendation to deny the discretionary succession request.</p> <p>However, the applicant challenged the decision, escalating the matter to Putney County Court. But on the day of the hearing, they made no representations and failed to attend. The court granted outright possession, and bailiffs evicted the applicant.</p>

Agenda Item 6

Report to: Audit Committee

Date: 01/12/2025

Subject: Corporate Health and Safety Update
April 2024 – March 2025

Report of: The Corporate Health and Safety Board

Report author: Ian Church, Assistant Director, Corporate Property and Health & Safety

Responsible Director: Bram Kainth, Strategic Director of Place

SUMMARY

This report highlights the Council's Health & Safety Management arrangements, activities and performance for the financial year 2024/25

RECOMMENDATIONS

1. To note the Corporate Health and Safety performance of the Council during the period of April 2024 to April 2025.
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Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Our proactive approach to health and safety performance is aimed at eliminating and reducing workplace accidents.
Creating a compassionate council	Good health and safety culture embraces the moral, economic and legal aspects of safety at work.
Doing things with residents, not to them	Successful Health and safety management includes how our core aspects of business activities interact with interested parties.
Taking pride in H&F	Preventing unlimited fines for breaches in H&S statutory duties or financial settlements of civil claims brought against the council limits reputational damage via bad publicity.
Rising to the challenge of the climate and ecological emergency	We use less hazardous workplace substances which plays a major part in reducing our environmental footprint

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KEY POINTS OF NOTE

1. No enforcement action was taken against the Council by the Health and Safety Executive (HSE) during 2024/25. Seven cases were reported to the HSE during this period. However, following two serious reportable incidents (a trapped finger, and a contractor working at height / scaffolding issue), two letters of enquiry for further information on our H&S management arrangements were received by the Corporate Health and Safety team (though no further action taken by the HSE following our response).
2. Council staff utilise hybrid working arrangements depending on business needs. Our revised H&S Policy and Fire Strategy ensures that resources and support are provided for established (and constantly monitored) safety arrangements. The Civic Campus is scheduled for opening in 2026 with the re-occupation plan driving cross-Council collaboration and consultation to ensure a smooth transition to the new campus.
3. Across the Council's residential portfolio monthly monitoring of the 'big six' takes place: asbestos, fire, electricity, gas, lifts and water; highlighting any deviations from the target of 100%. In 2024/25 performance of 100% was reported to the Social Housing Regulator. The housing team is responding to Awaab's Law with its in-house damp and mould team, with a robust system in place to comply with legislative timeframes. The team is also continually adapting to the changes post Grenfell and increased oversight from the Social Housing Regulator and Building Safety Regulator.
4. At the end of Q3 2025/26 (after the reporting period), 97.7% of the Council's properties met the Decent Homes standard, with attention generally being required in areas such as windows, kitchens and bathroom replacement, as well as homes having issues as per the Housing Health and Safety Rating System. Performance of 97.7% is well above most London boroughs, which typically range between 87–94%, placing the Council as a top performer amongst its' peers.
5. Housing continues to deliver on the administration's commitment to enhance safety for its residents. The Council is investing circa £1.4 million per week in its current housing stock which includes improvements to health and safety.
6. Since October 2024 London Fire Brigade (LFB) has changed its approach to automatic fire alarms (AFAs) in commercial properties where there is no sign of fire or smoke, LFB will not automatically attend AFAs in most commercial buildings between 7:00 am and 8:30 pm, unless a 999 call confirms a fire, or the property is exempt from the policy. All corporate Premises Managers have been notified of this change.

7. Employee wellbeing is spearheaded by the People and Talent Team and supported by the Corporate Health and Safety team. The effectiveness of these collaborative initiatives is measured through employee attendance statistics and survey results. Generally, there is strong employee engagement
8. In 2024/25 seven RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) were reported to the HSE versus eight incidents in the previous year, representing an improvement of 12.5%. There are no definite trends and deeper underlying concerns amongst the reports made.
9. Reported Violence and aggression (V&A) in library buildings continues to be an issue with V&A increasing to 76 from 55 in 2023/24. Conflict Management training has been delivered to staff, with further training planned. This has highlighted the procedures for managing incidents on the ground and stressed the importance of incident reporting. As a result, there has been an increase in reported incidents, which in turn has allowed for more intervention activity. In addition, it has improved the collection of data for trend analysis identifying incident types, triggers, and potential root causes and this is driving mitigating actions.
10. Regular cross-service Library Safety Management meetings take place and include staff representatives. Actions have been implemented to improve CCTV monitoring and radios have been provided for site staff so that support can be mobilised as soon as an issue is identified. Further work is still needed to complete connectivity to the control room and this is being expedited. On-site manned security is in place at Shepherds Bush Library which has relieved library staff of the need to monitor and manage incidents. Actions are planned to revise the physical layout of library buildings in order to improve sight lines and enable better visibility of customer behaviour by front desk staff. In addition, officers are reviewing the library byelaws governing access to the library service and revising the procedure for banning individuals. Measures are being taken to improve communication between the staff at the different sites, in order to raise awareness of individuals who have caused concern. All sites are visited by the LET team as part of their regular schedule.
11. Library services are required by law to be provided to all individuals living or working in the area who wish to use them. The risks of running an open access service are common to all library services and kept under review. The measures taken by the Council have contributed to a reduction in incident escalation. However, it is not possible to eradicate the risk entirely owing to the nature of the service and therefore mitigation and management will continue to be a high priority.
12. A request was made via London Councils in November 2024 to understand the experiences others were having and the measures being taken. Six responses were received with several Councils having security in place for their higher profile libraries with CCTV across all sites, the issues the Council is facing are regrettably commonplace.
13. 2024/25 Display Screen Equipment (DSE) performance continues to trend at similar levels to 2023/24 with no material variation.

ACCIDENTS, INJURIES AND NEAR-MISS INCIDENTS

14. Appendix A details accidents, injuries and near-miss for the period April to March 2024/25. Seven RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) were reported to the HSE. For the year 2023-2024 there were a total of eight incidents reported to the HSE. There was no follow up response from HSE regarding RIDDOR reports submitted. The table below provides an overview of incidents reported to HSE.

Date Reported	Category	Type	Department
30/04/2024 to 18/02/2025	MOP taken directly to hospital for stitches for laceration to lower limb after fall onto tree stump in playground.	Slip, trip or fall same level	Place, Public Realm
	More than 7-day absence (staff)	Slip, trip, fall same level	Place, Public Realm
	More than 7-day absence (staff)	Physical assault	Place, Public Realm
	Fracture lower limb (pupil)	Slip, trip or fall same level	Schools
	Fracture of nose (staff)	Struck against object	Schools
	More than 7-day absence (staff)	Struck by object	Schools
	Other known injuries (pupil)	Fingers caught in door	Schools

15. All incidents that are reportable to the HSE are investigated by the Corporate Health & Safety team, seeking to make recommendations to prevent recurrence and requiring services to review risk assessments. Only RIDDOR incidents are reported to the HSE.

16. There was a total of 355 (291 non-school + 64 school) incidents reported to AssessNet, the Council's Health and Safety software system, for this period. This included:

- 291 total incidents were reported by Council departments (non-school), with 64 total incidents reported by schools
- 85 total injury incidents were reported by Council departments (non-school), of these 64 total injury incidents were reported by schools (47%), 12 of which were caused by violence and aggression (from a total of 18).
- 180 total near miss incidents were reported by Council departments (non-school), 138 of which were classified as violence and aggression, however 0 near misses were reported by schools.

- 25 incidents of property damage were reported, all from non-school departments.
17. Near misses are also investigated to drive immediate improvements and lessons learnt where no personal injury or property damage has been sustained. Near misses are a valuable source of information in the prevention of health and safety incidents in our workplace.
 18. A total of 2671 days is confirmed as lost to the council due to safety related incidents at work during the period. This includes 2100 for non-school staff and 571 for school staff on current figures produced by the system. School staff 'lost days' has shown a particular improvement being a reduction of 10.4% year-on-year. Other trends are being identified with the Wellbeing Centre to provide additional insight.
 19. Most incidents relating to violence and aggression were reported by front facing staff. This is noticeable in library buildings where verbal threats to staff remain an ongoing issue. Conflict Management training has been delivered to staff, and this is planned to continue in early 2026. A monthly Library Safety Board meets to discuss ongoing actions and includes members of library services from all levels.
 20. With the collection of valuable data for trend analysis. This data facilitated the identification of incident types, triggers, and potential root causes. Following initial analysis, the findings were presented to local teams for verification before being escalated to senior management and the Director of Public Realm. The outcome was a strong endorsement of the initiative, resulting in financial and operational support. This collaboration extended across Public Realm and Property Services, culminating in the implementation of a targeted training programme in summer 2024. A second phase is scheduled for early 2026.
 21. The Corporate Health and Safety team regularly engages with library managers, reviewing all reported incidents, supporting investigations, and attending both the Library Safety Board and monthly FM progress meetings. Additional support is provided during periods when managers are off duty, ensuring that staff and assistant managers have consistent access to health and safety guidance. Similarly, annual service audits are conducted, and mentoring, one-to-one support, and tailored guidance are available to all staff.
 22. These actions align with the national guidance outlined in Libraries Connected: Creating Safer Libraries, and work continues through the Library Safety Board to identify further actions to be taken. This board includes representation from all staffing levels, from Library Assistants to the Director of Public Realm.
 23. Civic Enforcement Officers are subject to violence and aggression. This risk is accentuated as they are lone workers. Conflict management training continues to be delivered to Civil Enforcement Officers. Following incidents of acts of violence and aggression, the team's supervisors now regularly accompany Civil Enforcement Officers to provide additional support.
 24. All officers work to the corporate lone working procedure and have access to solo protection devices. Training, including through the Susy Lamplugh Trust, is available throughout the year. The corporate Employee Protection Register is used for monitoring and reporting individuals and / or specific properties where there is an identified risk.
 25. Incidents of violence against staff are reported to the police. Service managers are required to follow-up with the police and to progress prosecutions against perpetrators

where evidence can be substantiated. The addition of body cameras to our higher risk employment groups and locations continues to assist in the evidence gathering process, as well as acting as a deterrent and will continue to do so to protect staff. Consideration is currently being given to the use of body cameras by the Civic Campus security team when mobilised.

26. Additional security provisions for councillor surgeries and other public facing meetings involving senior leadership are also being considered for wider roll-out. This would necessitate detailed risk assessments and the possibility of segregation and / or the scanning of individuals prior to entry.
27. Overall, total V&A incidents in 2024/25 have been stable compared to the previous year (166 incidents versus 168 incidents in 2023/24, however there has been a decrease in the number of incidents in some service areas such as Corporate Services, Housing and Schools, though this is counter-balanced by an increase in library buildings which rose from 55 to 76 reported incidents.
28. It should be noted that this assessment is based on what has been reported – the total number of instances that could or should have been reported in any given year will be higher and increased reporting in some teams could also be impacted by staff training during the year.

Actions taken to reduce V&A incidents

- a) All incidents are reported on the Council's AssessNET Health and Safety software system to gather better safety data and provide total visibility on the performance of risk management initiatives at a strategic level. Training is provided to staff on how to record this information.
- b) 'Respect our Public Services' posters continue to be displayed in all our council buildings including Clockworks, 145 King Street, Macbeth Centre and training venues and all libraries, to be clear with our visitors we don't tolerate violence and aggression to our staff. Posters have also been made available to schools.
- c) The Corporate Health and Safety team deliver a programme of conflict management training to front line teams. Teams receiving this in the calendar year 2024 have included Adult Social Care Reablement and Trading Standards.
- d) In addition, the Community Safety team have been delivering training to the Law Enforcement Team, Civil Enforcement Officer and Library teams. In September 2024, all library sites were closed for a morning to enable all staff to attend a session together. Other workshops were also undertaken with many other teams across the Council throughout the year.
- e) The council maintains an Employee Protection Register which is updated weekly and available on the intranet to detail individuals who have sanctions against them such as being banned from council buildings, only to be seen in person in pairs, and communication only via electronic means.
- f) Further to incidents of V&A occurring the H&S team advises managers to inform staff of the support available. Available support is also actively promoted and reviewed during audit. Support services include HRBPs, the EAP, The Wellness Centre and the council's Wellbeing Champions who are trained in mental health first aid. HR also meets with the EAP service on a regular basis. Matters such as the take-up and nature of support that

provided to staff on an on-going basis are addressed. The EAP service also provides support to staff and their families.

29. The following table shows a comparison between the safety incident reporting figures for this period and for the three previous financial years. Overall, this demonstrates notable improvement year-on-year when compared with 2023/24.

2024/2025		2023/2024		2022/2023		2021/2022	
Accidents resulting in injury (Including schools)	149	Accidents resulting in injury (Including schools)	166	Accidents resulting in injury (Including schools)	138	Accidents resulting in injury	51
Violence and Aggression (Injury and Near Miss including schools)	168	Violence and Aggression (Injury and Near Miss including schools)	166	Violence and Aggression (Injury and Near Miss including schools)	103	Violence and intimidation	81
Near miss (Including schools)	180	Near miss (Including schools)	218	Near miss (Including schools)	131	Near miss (other)	68
Dangerous occurrence	0	Dangerous occurrence	0	Dangerous occurrence	3	Dangerous occurrence	0

30. Regular meetings are being held to ensure the Civic Campus is prepared for safe and secure occupation. The Corporate Health & Safety team has completed the building's Fire Safety Strategy, which was previously shared and discussed at the Health and Safety Board and is now under review. In addition, all required risk assessments are being prepared, alongside other critical actions such as updating Personal Emergency Evacuation Plans (PEEPs) and related compliance measures.

31. Regular meetings are being held to ensure the Civic Campus is prepared for safe and secure occupation. The Corporate Health & Safety team has completed the building's Fire Safety Strategy, which was previously shared and discussed at the Health and Safety Board and is now under formal review. In addition, all required risk assessments are being prepared, including those related to general workplace hazards, fire safety, and accessibility. Critical compliance actions are also underway, such as updating Personal Emergency Evacuation Plans (PEEPs), planning that fire wardens and first aiders are appointed and trained, and verifying that statutory signage and emergency equipment are in place and functional. Coordination with corporate property services is ongoing to ensure that operational readiness aligns with both legal obligations and best practice. The Civic Campus will be subject to a final pre-occupancy safety audit to confirm full compliance and readiness for occupation.

32. Martyn's Law received Royal Assent in April 2025, introducing a 24-month implementation window. This period allows for the publication of statutory guidance by the Home Office and the establishment of a regulatory function within the Security Industry Authority (SIA). It also provides venues and duty holders sufficient time to understand and implement their responsibilities under the new legislation. The Act places a legal duty on those responsible for qualifying premises and events to assess the risk of terrorist attacks and take proportionate steps to improve protective security and organisational preparedness. Larger venues will be subject to enhanced requirements, including publicly visible security plans and staff training. This legislation will have wide-reaching implications across many Council functions, including property management, events, public spaces, and emergency planning. The Civic Campus property will be brought into operation in full compliance with Martyn's Law, ensuring robustness, preparedness, and alignment with statutory guidance. The Council will process as per the Home Office's guidance and ProtectUK resources, to ensure a consistent and cost-effective approach to implementation.
33. The Resident's and Buildings Safety Board provides internal review and discussion of safety compliance of our council housing.
- a) The board monitors the performance of the big six: asbestos, fire, electric, gas, lifts and water each month and highlights any deviation from target of 100%. In 24/25 we reported performance of 100% to the Social Housing Regulator, as part of the annual submission of Tenancy Satisfaction Measures. Monthly performance data is published on our website and on lift lobby screens in residential tower blocks.
 - b) The service is continuously audited, providing independent validation and transparency. In 24/25 the auditors found that asbestos and electrical audit were suitably designed, consistently applied and effective in their application. In addition, the audit of water safety management gave substantial assurance. Gas, fire and lifts are being audited in 25/26.
 - c) In 2024/25, the safety teams successfully retained its ISO9001 and Bluesky (fire door safety) and NICEIC (electric) accreditation evidencing complaint quality management systems
 - d) The board reports on the performance of its submission to the Building Safety Regulator of the requested (26 out of 49 to date) safety case submission for our higher risk buildings (7 storeys and above). We continue to work closely with the Regulator with a focus on intrusive structural information.
 - e) The board provides monthly housing sector updates including a recent national report on deaths of children under the age of 11 from balconies. We have undertaken a raising awareness campaign across with residents across our stock. Other sector updates include the growing risk of fires from lithium-ion batteries on e-bikes / e-scooters that have resulted in four fatalities since 2023 in London. Again, we have and continue to raise awareness of this hazard with our residents and working with the LFB.
 - f) The most recent sector update set out how Housing is responding to Awaab's Law with its inhouse damp and mould team and robust system to comply with the legislative timeframes.
 - g) The sector is continually adapting to the changes post Grenfell and increased oversight from the Social Housing Regulator and Building Safety

Regulator. The Board provides a forum to share knowledge and benefit from stakeholder input.

- h) Housing continues to deliver on the administration's commitment to enhance safety for its residents. H&F is investing circa £1.4 million per week in its current housing stock which includes health and safety measures.
- i) We have: (i) Upgraded over 6,000 front entrance fire doors sets to date and are programming another 2,800. (ii) Rolled out a programme of installing sprinklers in our higher risk buildings with 5 tower blocks completed (600 homes) and a further five blocks in progress (380 homes) with more to come. (iii) We have introduced evacuation alert systems to 9 blocks with another 5 planned. The alert system allows the London Fire Brigade to change the evacuation strategy from stay put to a phased evacuation in an emergency. (iv) We have installed five new wet risers (firefighting systems) in five tower blocks and renewed it in three other tower blocks. (v) In 2024/2025 we installed 1,300 new fuse boxes and upgraded over 6,000 fire detectors
- j) We continue to routinely work with the resident's safety group (FRAG) and other key stakeholders including the London Fire Brigade. We also highlighted our free services to provide Personal Emergency Evacuation Plans to those who need them and to complete an electrical safety check of their tumble dryers, and fridges
- k) Housing Stock Condition Surveys are vital in ensuring that the Council understands its stock and can accurately report on its Decent Home Standard and performance. Previously LBHF engaged with Ridge Consulting as our primary contractor for conducting surveys in Phase 1, on a two-year rolling programme of surveys from 2023 to 2025 producing 59% (6,800) of our tenanted stock condition surveys within that period. In addition to this LBHF have completed 88% (4,206) surveys of our leaseholder properties and 83% (1,682) of our communal areas in the same period.
- l) In July 2025 LBHF commissioned MLCS3 and directly employed 2 No. stock condition surveyors to further increase the number of properties with up-to-date stock condition surveys. The works Programme is focused on 13% (1,558) homes to be surveyed by the end of 2025 including the completion of all sheltered homes taking the stock condition position of our tenanted stock to circa 70%.
- m) The remaining 30% of the dwellings (3,581) are to be completed by June 2026. This will ensure that LBHF will have completed a stock condition survey for each property in a 4-year cycle.
- n) Decent homes - As at the end of Q3 2025/26 we reported that 2.3% of properties do not meet the DHS standard, this is an increase of 1.3% at the end of Q2. The larger elements of non-decency in Q2 are non-compliant windows, kitchen, and bathroom replacement as well as homes having HHSRS risks identified as part of our stock condition surveys.
- o) 66 properties crossed over into more than 1 category, these are being closely monitored through to their conclusion, and they are complex as involve various elements and trades.

- p) A breakdown of the number of properties and reasons for decency failures is detailed below, a dedicated team is working with specialist contractors to address the issues below, however it must be noted that all HHSRS Cat 1 Sever findings in each home are addressed immediately in the property.

Non-Decent Homes properties Q2 2025/26

Category	Number (Q2 – 2025/26)
Live Disrepair Cases (works due or outstanding) with HHSRS severe risk.	12
Non-Decent home (SCS)	107
Insufficient Comfort and EPC E or below	68
HHSRS Cat 1 (Severe) repair	66

HEALTH AND SAFETY BOARD - SUMMARY OF THE FINANCIAL YEAR 2024 / 2025

34. The function of the H&S Board is:

- a) To promote the recommendations from the previous year's annual report, driving consultation on policy review and change at strategic level through directorate senior management teams (DMTs) and trades unions (TU Forum).
- b) Examine and advise on matters reactive in nature that arise during the year, either through internal sources or external sources. For example, scrutiny of emerging trends in incidents (internal sources) to identify process or procedural changes via risk assessment review. This is done with a view to preventing recurrence, eliminating future risk, or reducing risk to the lowest level, as far as is reasonably practicable.

35. During year 2024/25 the board has advised on and moved forward the following items:

Premises controller policy and guidance document. Revised policies for premises controllers with accompanying guidance were approved by the board. One was designed for schools and the other for all other council buildings. The revision provided a more accessible style to help premises controllers and to give better understanding of the client role that the Council undertakes within the Construction Design and Management regulations (CDM). The corporate safety team continue to provide training to premises controllers through 1-1 training and class training sessions; however, focus is required at a number of premises to identify senior staff members to undertake this role.

Preventing violence and aggression towards staff. Work-related violence is described by the HSE as “Any incident in which a person is abused, threatened, or assaulted in circumstances relating to their work.”

Aggression and violence often take place between members of the public and customer facing employees, but it can also be experienced between colleagues. It poses a particular risk to those workers who are alone or work in remote locations or unsocial hours. A new training module is under review by Corporate Safety and HR to add to mandatory training.

H&S Strategy. As an employer, we are required by law to protect our employees, and others, from harm. Under the Management of Health and Safety at Work Regulations 1999, the minimum we must do is:

- identify what could cause injury or illness in the council (hazards)

- decide how likely it is that someone could be harmed and how seriously (the risk)
- take action to eliminate the hazard, or if this is not possible, control the risk.

Corporate Health and Safety officers and FM Compliance continue to review risk assessments from locations and individual teams to ensure they are completed correctly, reviewed, and actions completed. Corporate Safety officers will continue to visit individual teams to ensure this process is adhered to and offer advice and training to improve performance when required. FM compliance records can be found in Appendix B, these are updated monthly.

Operational risk register. An amendment to the operational risk register meant that red and amber outstanding actions were forwarded from the Board to departmental management teams and that the register will be available to councillors of the Audit Committee upon request.

Safety in Schools. The activity of the Health and Safety Team in conjunction with school head teacher, school business manager (SBM) and school premises/ facilities manager (SPM) is to support and contribute to the effective identification, mitigation of the broad range of work-related safety risks presented to staff and service users (pupils). Corporate Health and Safety will continue to support the school senior leadership teams (SLT) with the management of their health and safety arrangements. It is important that H&S risks in school settings are understood with H&S audit reports reflecting this.

Reported instances of violence and aggression in schools often involve pupils whose behaviour reflects dysregulation linked to their special educational needs. In many cases, such behaviour serves as a form of communication. These incidents are jointly managed by the local authority and school partners to ensure that pupils receive appropriate support and are placed in the most suitable educational setting.

Health and safety audit and visit programme. Corporate Health and Safety work closely with FM Compliance to ensure workplace inspections are carried out when due in a timely manner. (Appendix B). There is renewed focus following up on recommendations of work identified as being required during FM Compliance inspections to ensure that this work is executed in a timely manner. Additional management time is being given, and KPIs developed, to monitor this in particular.

Corporate Health and Safety undertake annual audits of key services and school operations. The audit process is aligned with ISO 45001 standards, identifying good practice and opportunities for continued improvement. Audits assess statutory building compliance and health and safety service requirements. They are evidence-based and focus on preventions of incidents; including reviews of risk assessments, training records, incident reporting procedures, contractor management, stress management strategies, and response to events/incidents; staff support mechanisms, fire safety strategies, first aid provision, etc.

Audit scopes are tailored to the specific operational risks of each service and may be expanded or reduced accordingly. In services where care is provided, audits delve deeper into the management of individual service user needs where these pose significant risks to staff or residents. The planned development of the audit programme aims to enhance data interrogation

capabilities, enabling more targeted identification of areas for improvement and supporting continuous service enhancement.

Operational performance overview. The operational risk register covers reactive and proactive monitoring. The register is distributed to the H&S Board at regular planned meetings from where it is taken by representatives to directorate management teams (DMTs) for update.

Performance Priorities for 2024/25

- **Training.** Throughout 2024/25 the Corporate Health & Safety team continued to offer and deliver monthly training on the accident and incident recording system, AssessNET, as well as Fire Marshal training and Conflict Management training that has already been delivered to Libraries and Civil Enforcement teams. This training is open to other front-line services as required.
- **Assessment for Home Working.** Training sessions and briefings continue to be delivered to managers and those that manage others through one-to-one training sessions, health and safety audits and service meetings. Completion of DSE Workplace training is generally in line with 2023/24 at 45%. The team has been meeting and working closely with Awaken, the DSE online training provider, to discuss ways to achieve greater compliance, with plans being formulated.

DSE Assessment. Corporate Health and Safety continue to carry out 30 – 60 minute one-to-one virtual DSE assessments with staff where specialist DSE and / or reasonable adjustments are required. Specialist ergonomic advice is provided as part of this process. Referrals are generated and sent to Corporate Health and Safety for assessment from the Wellness Centre, managers that require additional support and staff DSE self-assessment referrals.

DSE Training. DSE awareness training has been delivered to managers and staff. The training presentation covers the importance of effective display screen equipment management and the review and closure of self-assessments for staff within their teams.

Mandatory Online Health and Safety Training. Staff continue to complete additional mandatory online health and safety training modules as below:

- Health and safety induction
- Fire safety awareness
- Manual handling induction
- Workplace well-being

New starters are required to complete training when they commence work. Staff complete periodic refresher training thereafter. Managers are required to check that staff complete the training as required.

Wellbeing. The health and wellbeing survey is a tool devised and approved by the Health and Safety Executive (HSE) where there is a need to understand the factors that may be contributing and / or causing work-related stress. The line manager and the HR function will request that staff complete a Health and Wellbeing survey. In 2023/2024, 21 individual staff members from different service areas completed the survey, however in 2024/25, a department

comprising of 40 staff completed the survey, This survey was requested due to proposed changes to work processes, procedures and activities.

Safety and Wellbeing Policy. The statement was signed by the Chief Executive and the Leader of the Council in November 2025. The policy statement of intent is posted on notice boards in Council Buildings in the Borough.

Driver safety management. The Council has now implemented a fleet system called Mentor by eDriving with go-live in August 2025. Take up has been modest so far as implementation is not compulsory (being mobile telephone based rather than hardware installed within a vehicle), however there is confidence in the benefits of the system as absorption increases.

Induction training compliance. We aim to achieve 96% compliance by the end of this financial year. This includes display screen equipment (DSE) training and self-assessment compliance at induction, or at the two-yearly refresher training and assessment period as outlined in policy. Corporate Health and Safety will continue to monitor the upward trend.

EQUALITY, DIVERSITY AND INCLUSIVITY IMPLICATIONS

36. There are no equality, diversity and inclusivity implications in this report. Corporate Health and Safety continue to provide detailed advice and guidance on personal emergency evacuation plans. (PEEPs). These plans are tailored to the specific needs of the individual, thereby addressing, Equality, Diversity and Inclusivity implications. It is designed to consider any mobility, sensory, or cognitive impairments that could affect their ability to respond to standard evacuation procedures. The plan outlines the necessary support measures, designated roles, and evacuation routes, and is created in consultation with the individual and relevant personnel to ensure its effectiveness and compliance with health and safety regulations.

Financial Impact

37. A budget is allocated for training of safety responders (Nominated First Aiders, Fire Evacuation Officers, Evacuation Chair Operators) as identified in policy, which is coordinated by Corporate Health and Safety. Health and safety induction training is funded for all employees and coordinated through the 'Be-online Awaken' software program. Specific health and safety training is identified through risk assessment, verified through audit and funded by the respective department.
38. In Hammersmith and Fulham Council health and safety at work is equal to all other business. Strategic directors and assistant directors / chief officers are required under policy to budget for health and safety requirements at work. Similarly, under policy the council must ensure the decisions take account of health and safety and that resources are allocated for this purpose.

Completed by: John Howorth, Senior Accountant 17th November 2025

Legal Implications

39. Section 2 of the Health and Safety at Work Act 1974 ("the 1974 Act") places a legal duty on the Council as employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees. This duty extends to the provision

of equipment and systems of work that are safe and without risks to health, and the provision of such information, instruction, training and supervision as is necessary to ensure the health and safety at work of employees.

40. 'Except in such cases as may be prescribed, it shall be the duty of every employer to prepare and as often as may be appropriate revise a written statement of [the] general policy with respect to the health and safety at work of [the] employees and the organisation and arrangements for the time being in force for carrying out that policy and to bring the statement and any revision of it to the notice of all of [the] employees. (Health and Safety at Work etc. Act 1974. section 2(3)).
41. Failure to comply with its obligations under the 1974 Act or being able to demonstrate compliance, can result in prosecutions and substantial fines which may not be covered by insurance. It would also result in reputational damage.
42. The policy statement, signed by the leader and the head of paid service, is displayed in all LBHF workplaces. The statement is valid until October 2026 unless a change in head of paid service and / or leadership occurs first, in which case the statement must be renewed sooner. The organisation and arrangements for health and safety at work in LBHF are found on the intranet.

Mrinalini Rajaratnam – Head of Law – Place – 18 November 2025

Risk Management Implications

43. This update does not present any risk management implications.

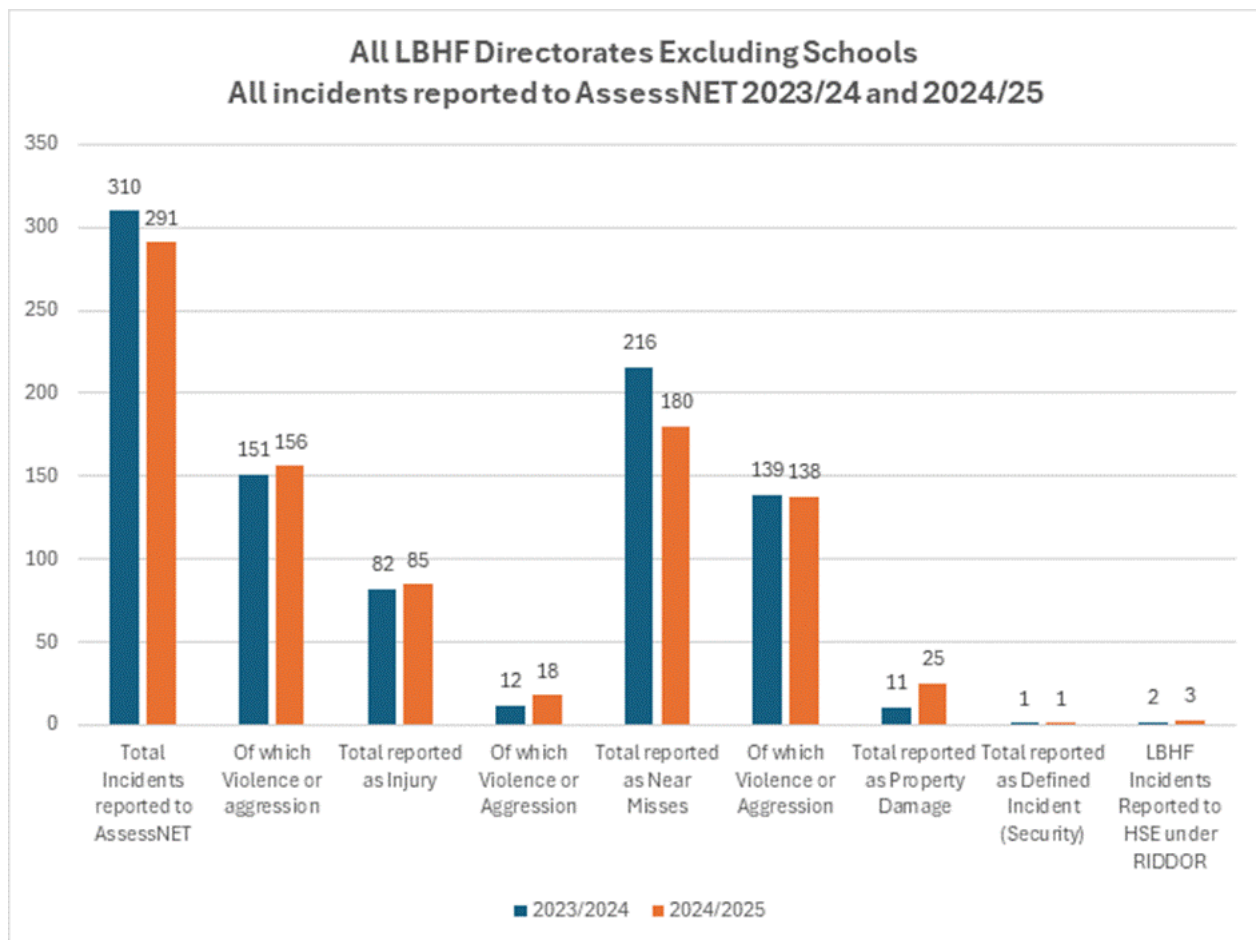
Jules Binney, Risk and Assurance Manager, 18th November 2025

LIST OF APPENDICES

- Appendix A** Safety incident reporting 2024/25 (April 2024 - March 2025) by incident type. Comparison is shown against 2023/24
- Appendix B** Property & FM Statutory Compliance Report for 01 April 2024
- Appendix C** Health and Safety on-line DSE training and self-assessment training status report – March 2025.

ACCIDENT AND INCIDENT FIGURES REPORTED TO THE ASSESSNET SYSTEM 2023/24 AND 2024/25

Overview All Directorates (Excluding Schools) Graph 1



2023/24 The Defined Incident was fire alarm set off by contractors doing work in library

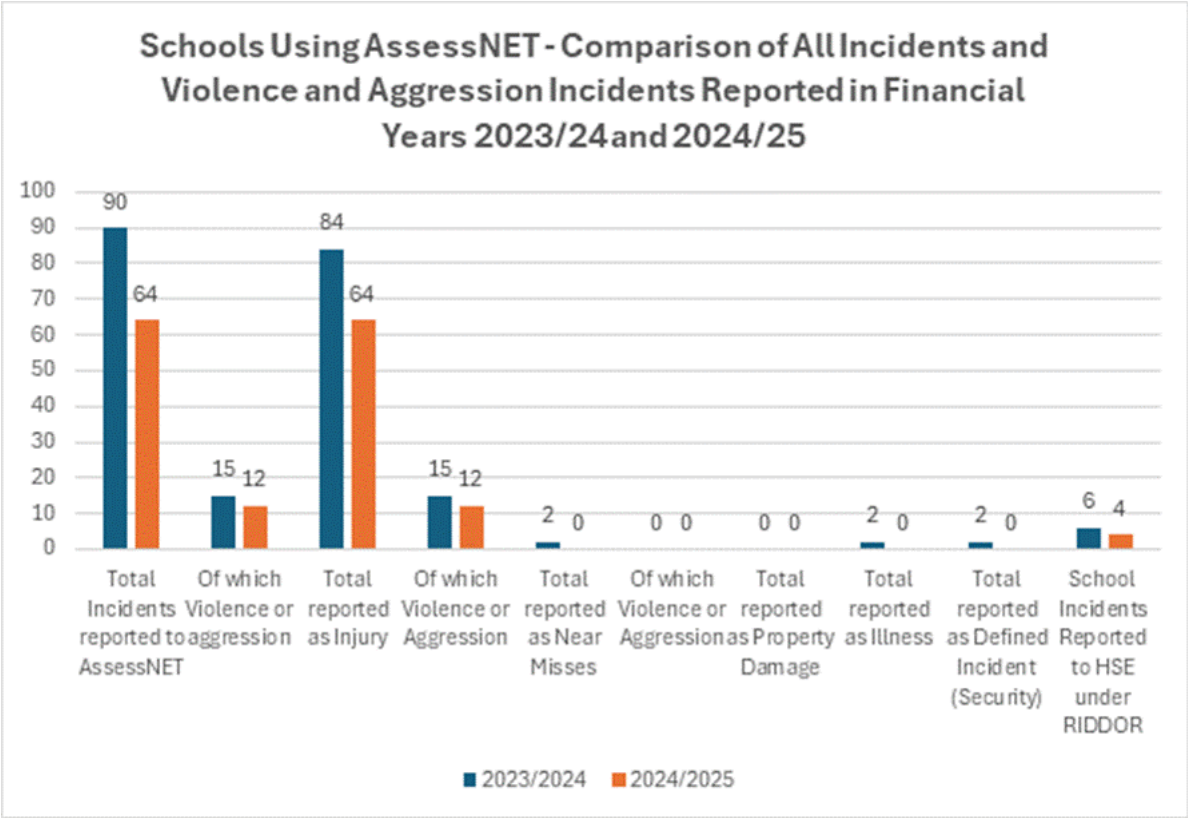
2024/25 The Defined Incident was theft from a customer by another customer in library

2024/25 RIDDOR* figures - one incident was reported late from a previous year

* RIDDOR stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. It's a set of health and safety regulations in the United Kingdom that legally requires employers, the self-employed, and those in control of workplaces to report certain serious work-related incidents, including accidents, occupational diseases, and dangerous occurrences to the Health and Safety Executive (HSE) [HSE: Information about health and safety at work](#)

LBHF SCHOOLS REPORTING ON ASSESSNET

Overview Schools Graph 2



The Defined incidents in 2023/24 were:

1. Suspicious person reported trying to spy on or photograph school/children
2. Unknown woman tried to talk to 6 year old child in playground

Reported instances of violence and aggression in schools often involve pupils whose behaviour reflects dysregulation linked to their special educational needs. In many cases, such behaviour serves as a form of communication. These incidents are jointly managed by the local authority and school partners to ensure that pupils receive appropriate support and are placed in the most suitable educational setting.

DIRECTORATES

FINANCE AND CORPORATE SERVICES (EXCLUDING HOUSING)

Year	Total Incidents	Total V&A Incidents	**% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	30	21	70%	3	10%	8	3	38%	21	19	90%	1	0	0	0	0
2024/25	16	12	75%	0	0%	2	0	0%	12	12	100%	2	0	0	0	0
	Decrease	Decrease	Increase	Decrease	Decrease	Decrease	Decrease	Decrease	Decrease	Decrease	Increase	Increase	No change	No change	No change	No change

Table 1

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY FINANCE AND CORPORATE SERVICES TEAMS (EXCLUDING HOUSING) red text denotes year on year increase

Corporate Services	Violence & Aggression	Human Factors	Slip, trip or fall	Not specified or Other	Vandalism / Malicious Damage	Machinery	Confined spaces	Contact with sharp object	Fall from height	Totals
2023/24	17	2	2	1	1	1	1	1	0	26
2024/25	11	0	0	0	2	0	0	1	1	15

Table 2

Finance	*Violence & Aggression
2023/24	4
2024/25	1

Table 3

*The Finance teams only reported Violence or aggression incidents during the periods.

HOUSING TEAMS ALL INCIDENTS

Year	Total Incidents	Total V&A Incidents	*% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	37	16	43%	0	0%	13	2	15%	24	14	58%	0	0	0	0	0
2024/25	43	13	30%	1	2%	18	1	6%	20	12	60%	5	0	0	0	0
	Increase	Decrease	Decrease	Increase	Increase	Increase	Decrease	Decrease	Decrease	Decrease	Increase	Increase	No change	No change	No change	No change

Table 4

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY HOUSING TEAMS red text denotes year on year increase

Housing	Violence & Aggression	Human Factors	Slip, trip or fall	Collision	Manual handling	Struck by object	Fire Safety/Accidental fire	Not specified or Other	Vandalism / Malicious Damage	Contact with sharp object	Hazardous substance/Exposure to Hazardous substance	Repetitive actions	Fainting fit	Fall from height	Fall of object from height/Impact	Electricity	Gas	Vehicles	Totals
2023/24	16	0	5	1	0	1	2	2	0	1	4	0	1	1	1	1	1	0	37
2024/25	13	2	11	2	2	0	1	2	2	2	2	1	0	1	1	0	0	1	43

Table 5

PLACE ALL INCIDENTS

Year	Total Incidents	Total V&A Incidents	% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	*Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	192	103	54%	30	16%	38	5	13%	144	98	68%	9	0	0	1	2
2024/25	201	128	64%	24	12%	43	15	7%	142	113	80%	15	0	0	1	2
	Increase	Increase	Increase	Decrease	Decrease	Increase	Increase	Decrease	Decrease	Increase	Increase	Increase	No change	No change	No change	No change

Table 6

2023/24 *Defined Incident was Fire alarm set off by contractors doing works in a library

** Riddors were slip, trip fall incidents, from Parks (MOP required 15 stitches in A&E) and Parking Services (Member of staff had more than 7 days absence.)

2024/25 *Defined Incident was theft from a customer by another customer in a library

** RIDDOR were both from Libraries: one slip, trip, fall (staff injury to hand and knee) and one assault on staff by customers.

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY INDIVIDUAL PLACE DIVISIONS red text denotes year on year increase

Place, Climate Change and Transport	Violence & Aggression	Human Factors	Slip, trip or fall	Collision	Manual handling	Security	Struck by object	Vandalism / Malicious Damage	Accidental Damage / Loss	Collapse of structure	Hazardous substance	Repetitive actions	Work Equipment	Total
2023/24	35	1	1	2	1	1	0	0	1	1	1	0	1	45
2024/25	27	0	3	1	0	0	1	1	0	0	0	1	0	34

Table 7

Place, Economic Development and Regeneration	Slip, trip or fall	Fall from height	Totals
2023/24	1	0	1
2024/25	0	1	1

Table 8

Place, Planning and Property	Violence & Aggression	Slip, trip or fall	Collision	Vandalism / Malicious Damage	Machinery	Lifting Equipment	Fainting fit	Fall of object from height	Total
2023/24	2	0	1	0	1	1	0	0	5
2024/25	8	2	1	1	1	0	1	1	15

Table 9

Place, Public Realm	Violence & Aggression	Human Factors	Slip, trip or fall	Collision	Manual handling	Security	Struck by object	Theft / Attempted Theft	Access Egress	Fire Safety	Not specified or Other	Vandalism / Malicious Damage	Accidental Damage / Loss	Environment al	Exposure to temperature extremes	Machinery
2023/24	66	16	14	3	3	3	4	4	3	3	3	1	1	2	2	1
2024/25	93	11	7	1	2	2	2	8	0	3	6	3	0	0	1	0

Table 10

Place, Public Realm (Continued)	Biological	Confined spaces	Contact with sharp object	Hazardous substance	Lifting Equipment	Repetitive actions	Trapped by object	Fall from height	Work Equipment	Self-inflicted	Total
2023/24	1	1	2	0	0	1	1	0	6	0	141
2024/25	0	0	1	2	1	1	0	2	4	1	151

Table 10 (Continued)

PEOPLE

Appendix A

People (CYPS and Social Care, Excluding Schools)

Year	Total Incidents	Total V&A Incidents	*% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	51	11	22%	5	10%	23	2	9%	27	9	33%	1	0	0	0	1
2024/25	31	3	10%	2	6%	22	2	9%	6	1	17%	3	0	0	0	0
	Decrease	Decrease	Decrease	Decrease	Decrease	Decrease	No change	No Change	Decrease	Decrease	Decrease	Increase	No change	No change	No change	Decrease

Table 11

2023/24 **RIDDOR incident - Education and SEND Staff member injured moving rubbish - more than 7 days absence

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY CYPS AND SOCIAL CARE - red text denotes year on year increase

CYPS (Excluding Schools)		Violence & Aggression		Human Factors		Slip, trip or fall	Collision	Manual handling	Struck by object	Access Egress	Not specified or Other	Vandalism / Malicious Damage	Contact with sharp object	Hazardous substance/Exposure to hazardous substance	Fainting fit	Fall from height	Self-inflicted	Electricity	Totals
2023/24	9	0	20		2	1	2	1	1	0	2	0	0	1	1	0			40
2024/25	1	1	8		3	0	1	0	0	2	1	1	2	0	0		1		21

Table 12

Social Care	Violence & Aggression	Human Factors	Slip, trip or fall	Manual handling	Struck by object	Not specified or Other	Accidental Damage / Loss	Machinery/C contact with machinery	Confined spaces	Fall from height	Water / Burst Pipes	Totals
2023/24	2	1	4	0	1	0	1	0	1	1	0	11
2024/25	2	0	2	1	0	2	0	1	0	1	1	10

Table 13

SCHOOLS

Year	Total Incidents	Total V&A Incidents	*% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	*Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	90	15	17%	15	17%	84	15	18%	2	0	0%	0	0	2	2	4
2024/25	64	12	19%	11	17%	64	12	19%	0	0	0%	0	0	0	0	4
	Decrease	Decrease	Increase	Decrease	No Change	Decrease	Decrease	Increase	Decrease	No change	No change	No change	No change	No change	No change	No change

Table 14

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY SCHOOLS **red text denotes year on year increase**

Page 59

Schools	Violence & Aggression	Slip, trip or fall	Collision	Manual handling	Security	Struck by object	Not specified or Other	Contact with sharp object	Trapped by object	Fainting fit	Fall from height	Fall of object from height	Self-inflicted	Illness	Total
2023/24	15	29	5	4	2	9	13	2	0	1	4	1	3	2	90
2024/25	12	21	8	0	0	8	2	2	4	0	7	0	0	0	64

Table 15

Appendix B

Statutory Compliance Report for 1st Oct 2025

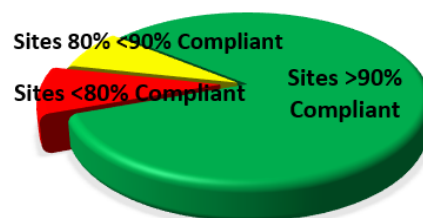
This report shows the overall compliance of its 67 operational buildings that Hard FM Technical Services manages and provides engineering support. It is a snapshot, on the 1st of every month showing state of compliance which can vary on a daily basis dependant when each are due. There are 7 core statutory disciplines.

Compliance is only confirmed when all comments or required actions raised during an audit are complete, however minor. This means that when a property is assessed, even if a certificate is issued, it is not deemed as Compliant until all matters raised are closed out, no matter the severity. This drives absolute transparency and better performance.

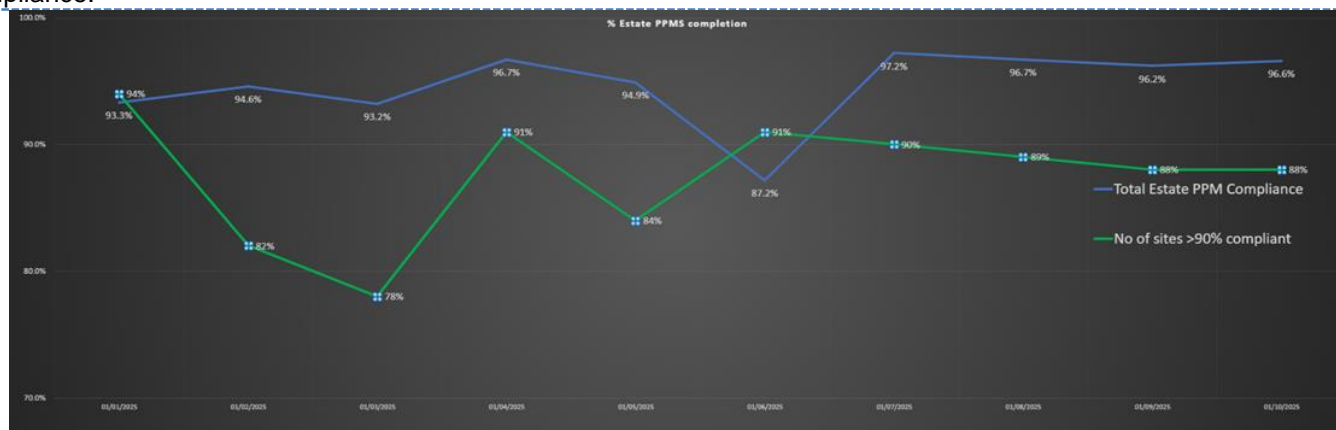
Current Overview of State of Corporate Compliance

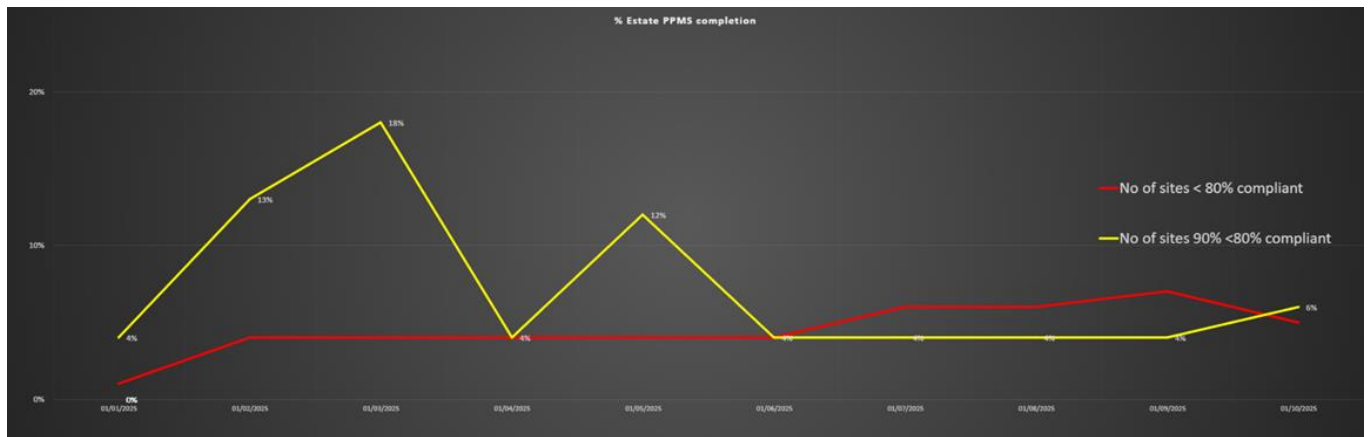
	Oct 2025		Sep 2025	
No. of Sites <80% Compliant	3	5%	6	9%
Sites 80% < 90% Compliant	4	6%	5	7%
No. of Sites <90% Compliant	59	89%	56	84%
Estate Compliant as a Whole	66	96.7%	67	96.2%

BREAKDOWN OF SITES STATE OF COMPLIANCE



Please note that not all the 39 workstreams are applicable to each site. Below represents all 68 sites showing number checks completed and number outstanding as well as amount of remedial works required to maintain their state compliance.





Fire Management Compliance

RAG Status

Overall, Fire Management increased from 96% to 97% compliant



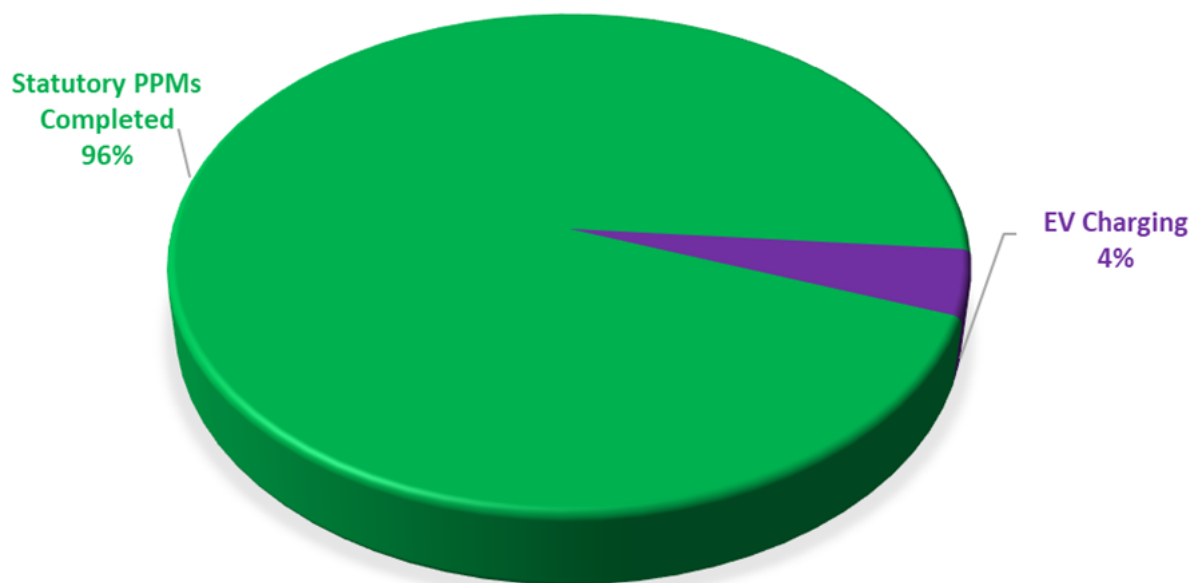
Action Plan:

1. 2 FRA's reports pending, site already visited. All other reports up to date.	90.2%
2. 2 Fire alarm visits needed to be rebooked as engineer had access issues. Fire Alarms maintenance checks completed for all other sites.	95%
3. All Annual emergency lighting checks complete.	100%
4. Fire extinguishers check all up to date.	100%
5. Fire Suppression 1 pending till 6 th October 2025 the rest complete.	66.7%
6. All Fire door checks completed	100%
7. All building containing Fire Shutters up to date	100%
8. All Fire Dampers checks complete.	100%
9. Maintenance on all Kitchen Ductwork complete.	100%

Electrical Management Compliance

Electrical Management Compliance decreased from 100% to 96% compliant

ELECTRICAL MANAGEMENT



Action Plan

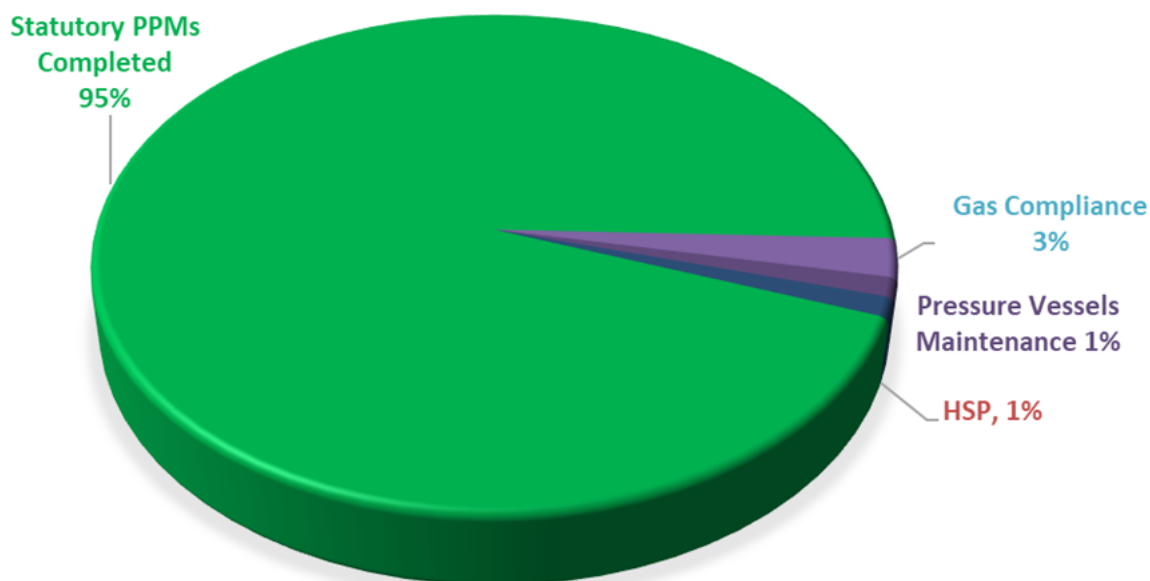
1. Backup generators completed.	100%
2. Ev Charging Points is a new PPM, sourcing suppliers	16.7%
3. Fixed Wire Testing completed.	100%
4. All PAT test complete bar 1 sit due on Friday.	100%
5. We are waiting for 1 lighting protections certificates to be verified	100%

Mechanical Management Compliance

RAG Status

Mechanical Management compliance decreased from 100% to 95% compliant

MECHANICAL MANAGEMENT



Action Plan

1. All LEVs completed.	100%
2. Commercial gas supply safety checks all complete	100%
3. Gas boiler checks completed – awaiting 1 sites certificate	93.3%
4. All pressure vessels checked, awaiting cert from 2 site	96.2%
5. All insurance pressure safety checks up to date	100%
6. 1 heat source pump service outstanding booked 6 th October and the rest has been completed.	75%
7. All mechanical automatic doors service up to date	100%
8. All electrical gates service up to date	100%

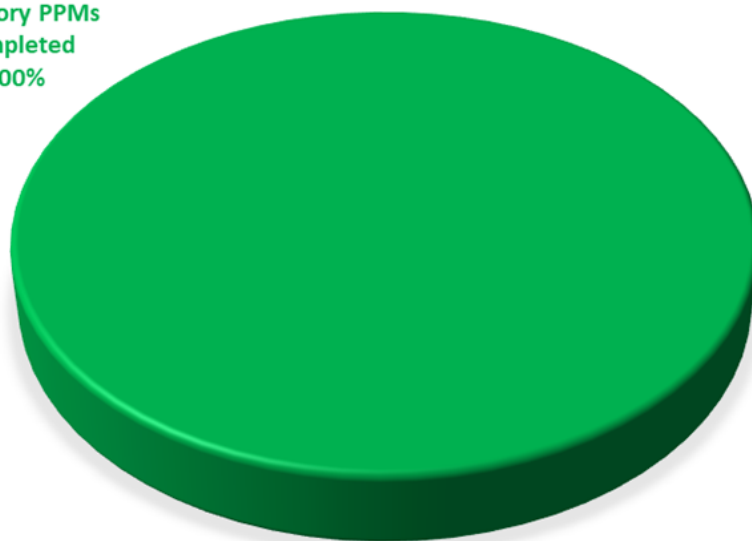
Lifting Operations and Lifting Equipment Compliance

RAG Status

Lift and Lifting Equipment compliance increased from 96% to 100% compliant

LIFTING OPERATIONS MANAGEMENT

Statutory PPMs
Completed
100%



Action Plan

1. All Lift maintenance up to date	100%
2. Awaiting 1x sites to be inspected by H&F Insurance contractor	100%
3. All Hoists inspected	100%
4. All sites evacuation chairs were checked	100%
5. All gantry and staircases inspected	100%
6. All Fall arrest systems inspected and certified.	100%
7. All electrical gates service up to date	100%

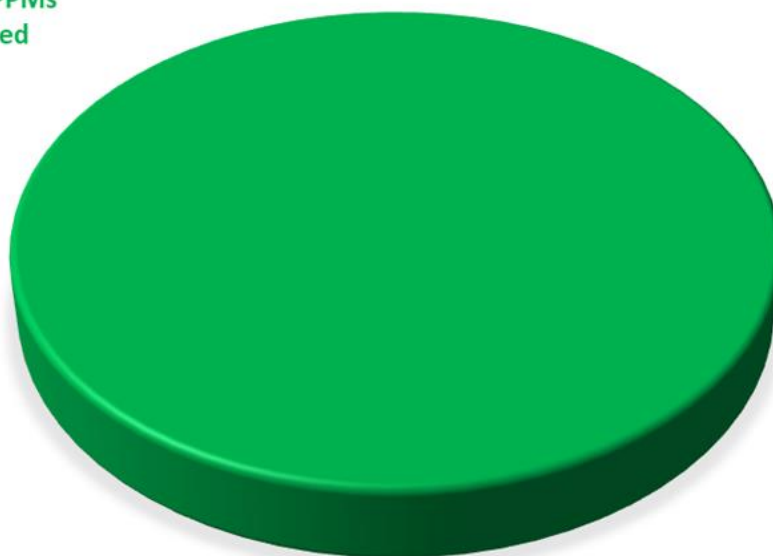
Occupational Health Compliance

RAG Status

Occupational Health Compliance remained the same at 100% compliant

OCCUPATION HEALTH MANAGEMENT

Statutory PPMs
Completed
100%



Action Plan

1. All Asbestos management plans completed.

100%

2. All Legionella reinspection's complete.

100%

3. All COSHH completed

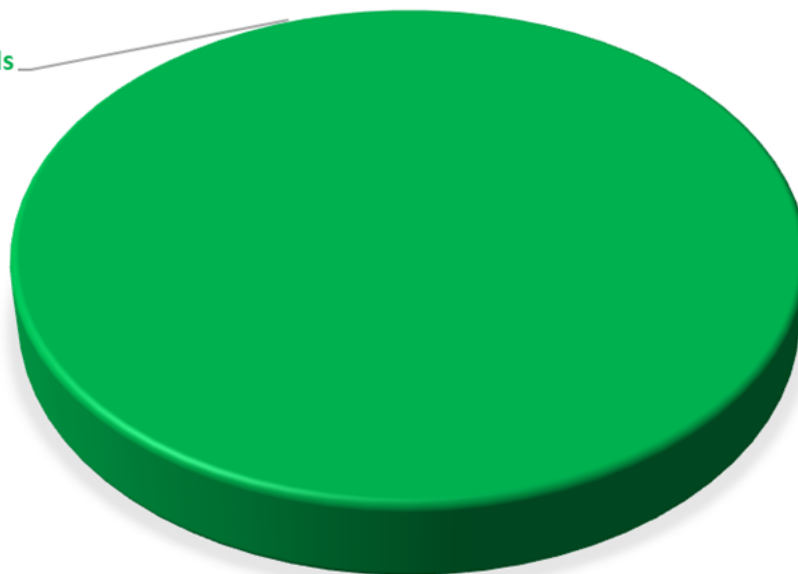
Environmental Compliance

RAG Status

Environmental Management Compliance increased from 94% to 100% compliant

ENVIRONMNETAL MANAGEMENT

Statutory PPMs
Completed
100%



Action Plan

1. All TM44 energy efficiency certification for air conditioning completed

100%

2. All A/C units serviced.

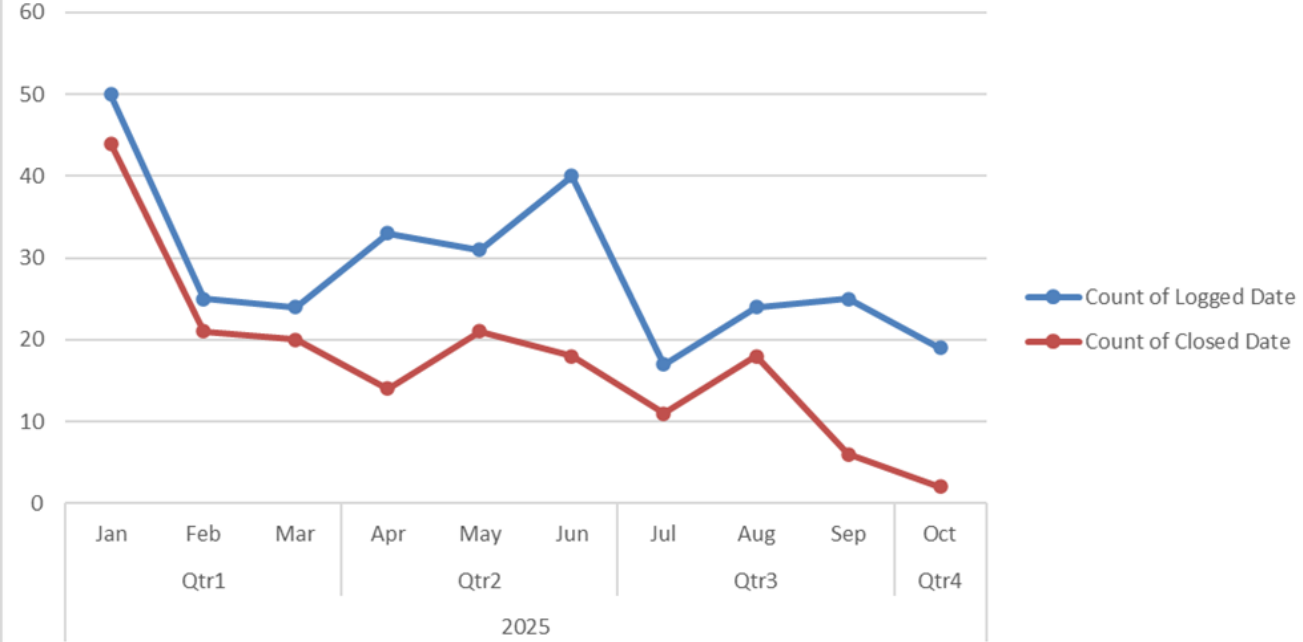
100%

3. Mortuary Fridges had a full service

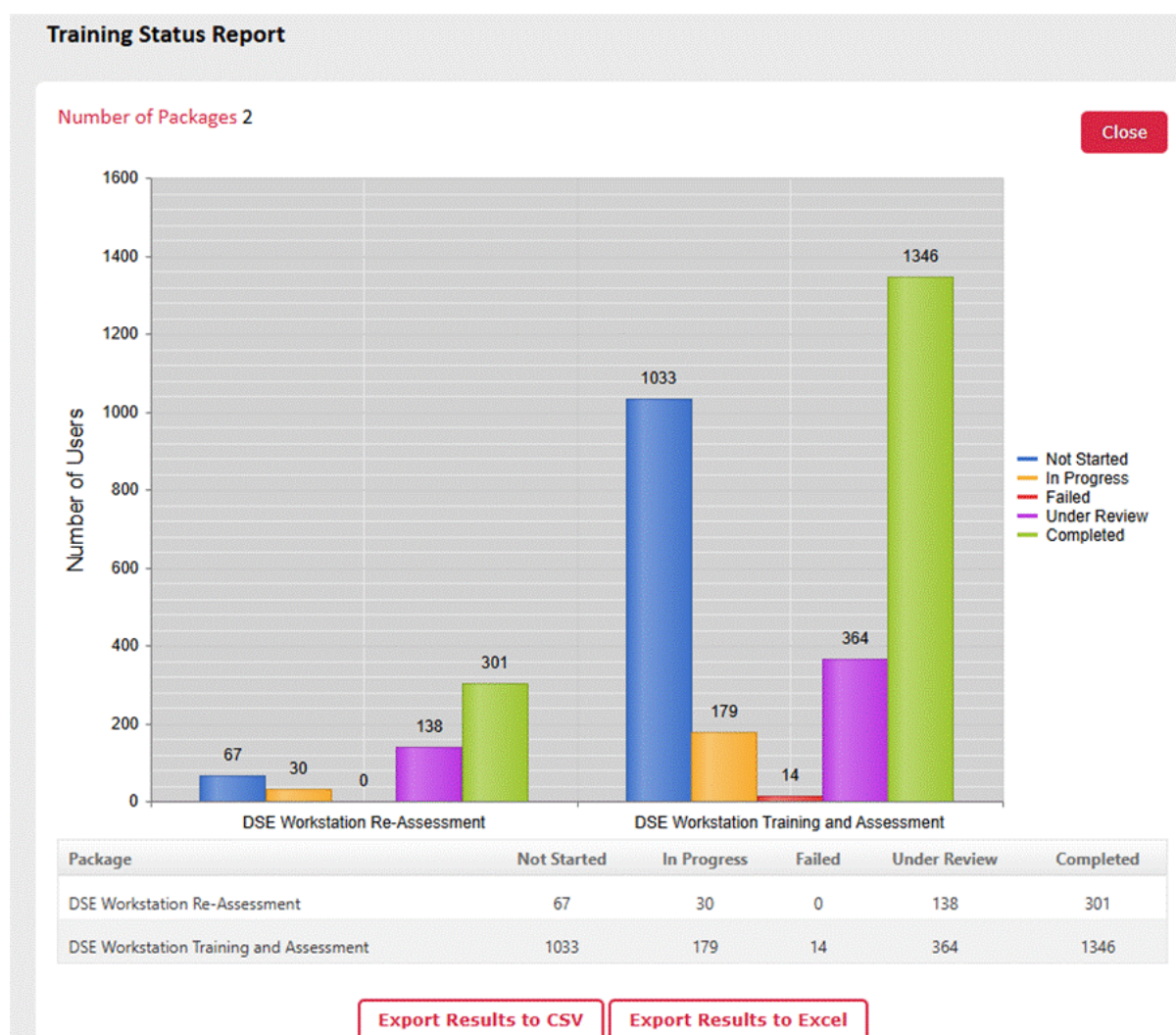
100%

4. All DEC's completed.

100%

Compliance Remedial		RAG Status																																	
Total 288 Remedial issued – 175 Remedials completed																																			
 <table border="1"><thead><tr><th>Month</th><th>Count of Logged Date</th><th>Count of Closed Date</th></tr></thead><tbody><tr><td>Jan</td><td>50</td><td>44</td></tr><tr><td>Feb</td><td>25</td><td>21</td></tr><tr><td>Mar</td><td>24</td><td>20</td></tr><tr><td>Apr</td><td>33</td><td>14</td></tr><tr><td>May</td><td>31</td><td>21</td></tr><tr><td>Jun</td><td>40</td><td>18</td></tr><tr><td>Jul</td><td>17</td><td>11</td></tr><tr><td>Aug</td><td>24</td><td>18</td></tr><tr><td>Sep</td><td>25</td><td>6</td></tr><tr><td>Oct</td><td>19</td><td>2</td></tr></tbody></table>			Month	Count of Logged Date	Count of Closed Date	Jan	50	44	Feb	25	21	Mar	24	20	Apr	33	14	May	31	21	Jun	40	18	Jul	17	11	Aug	24	18	Sep	25	6	Oct	19	2
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Aug	24	18																																	
Sep	25	6																																	
Oct	19	2																																	
Action Plan																																			
1. New process put in place last quarter to provide more accurate figures going forward																																			
2. Historic remedial task still being logged to provide accurate figures																																			
3. Figures currently showing statutory and non-statutory compliance remedials																																			

Awaken Display Screen Equipment (DSE) Online Training Status Report – March 2025



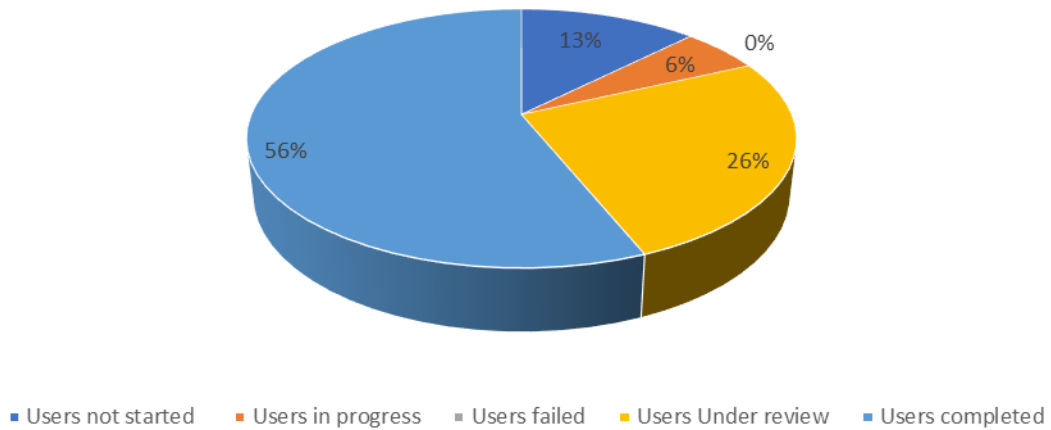
March 2025

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	533	66	32	0	138	297
DSE Workstation Training and Assessment	2927	1048	180	14	361	1324

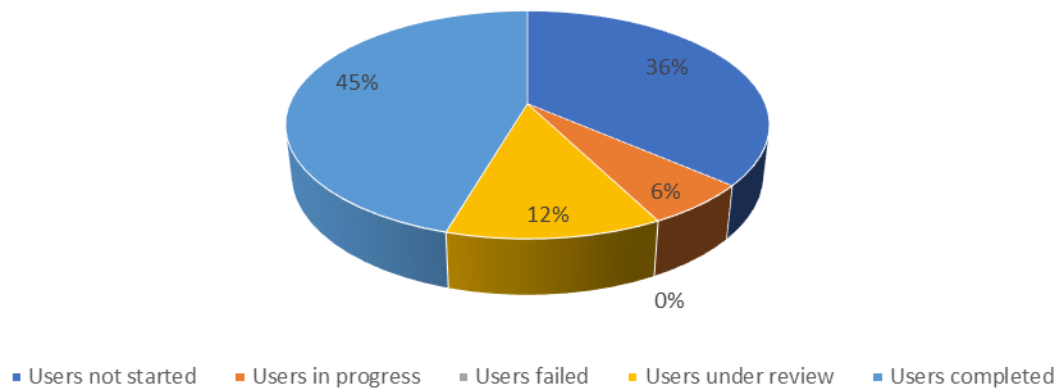
Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	12%	6%	0%	26%	56%
DSE Workstation Training and Assessment	100%	36%	6%	0%	12%	45%

DSE Workstation Re-Assessment - March 2025



DSE workstation training & assessments completed - March 2025



Appendix C

Number and percentages of DSE training and assessments completed from March 2024 to March 2025

March 2024

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	393	61	25	0	100	207
DSE Workstation Training and Assessment	2840	1009	176	13	311	1331

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100%	16%	6%	0%	25%	53%
DSE Workstation Training and Assessment	100%	36%	6%	0%	11%	47%

April 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	403	59	28	0	103	213
DSE Workstation Training and Assessment	2855	1018	185	13	318	1321

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	403	15%	7%	0%	26%	53%
DSE Workstation Training and Assessment	2855	36%	6%	0%	11%	46%

May 2024

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	406	60	27	0	103	216
DSE Workstation Training and Assessment	2844	1039	180	12	316	1297

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100%	15%	7%	0%	25%	53%
DSE Workstation Training and Assessment	100%	37%	6%	0%	11%	46%

Appendix C

June 2024

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	406	60	27	0	103	216
DSE Workstation Training and Assessment	2844	1039	180	12	316	1297

Percentages

Title	Users Assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	16%	6%	0%	25%	53%
DSE Workstation Training and Assessment	100%	37%	6%	0%	11%	46%

July 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	64	28	0	109	243
DSE Workstation Training and Assessment	2871	1101	183	13	328	1246

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	14%	6%	0%	25%	55%
DSE Workstation Training and Assessment	2871	38%	6%	0%	11%	43%

Aug 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	64	28	0	109	243
DSE Workstation Training and Assessment	2871	1101	183	13	328	1246

Percentages

Percentage Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	14%	6%	0%	25%	55%
DSE Workstation Training and Assessment	2871	38%	6%	0%	11%	43%

September 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	461	67	29	0	112	253
DSE Workstation Training and Assessment	2882	1092	187	12	337	1254

Percentages

Percentage Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100	15%	6%	0%	24%	55%
DSE Workstation Training and Assessment	100	38%	6%	0%	12%	44%

October 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	487	68	30	0	119	270
DSE Workstation Training and Assessment	2890	1079	184	12	338	1277

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100	14%	6%	0%	24%	55%
DSE Workstation Training and Assessment	100	37%	6%	0%	12%	44%

November 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	494	67	28	0	123	276
DSE Workstation Training and Assessment	2898	1094	185	14	347	1258

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	14%	6%	0%	25%	56%
DSE Workstation Training and Assessment	100%	38%	6%	0%	12%	43%

December 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	505	62	32	0	124	287
DSE Workstation Training and Assessment	2902	1058	183	12	357	1292

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	12%	6%	0%	25%	57%
DSE Workstation Training and Assessment	100%	36%	6%	0%	12%	45%

January 2025

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	518	67	32	0	130	289
DSE Workstation Training and Assessment	2909	1057	180	12	361	1299

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100	13%	6%	0%	25%	56%
DSE Workstation Training and Assessment	100	36%	6%	0%	12%	45%

February 2025

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	526	65	30	0	134	297
DSE Workstation Training and Assessment	2921	1039	180	13	363	1326

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100	12%	6%	0	25%	56%
DSE Workstation Training and Assessment	100	36%	6%	0%	12%	45%

March 2025

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	533	66	32	0	138	297
DSE Workstation Training and Assessment	2927	1048	180	14	361	1324

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	12%	6%	0%	26%	56%
DSE Workstation Training and Assessment	100%	36%	6%	0%	12%	45%

Agency and self-employed workers that are DSE users will be required to complete DSE training and self-assessment when contracted to the council for more than 10 working days. This should take place as soon as possible after the 10 working days period.

Mandatory training modules available in Awaken online health and safety training are:

1. **Display screen equipment (DSE) training and self-assessment** (for all DSE users)
2. **Health and safety induction** (for new starters and periodic refresher training)
3. **Fire safety awareness**
4. **Manual handling induction and,**
5. **Workplace well-being**

A violence and aggression training module will be added to the suite of health and safety training modules. It will be reviewed by senior management of People and Talent and corporate health and safety. All staff will be required to complete it once rolled out.

DSE workstation training and self-assessments

Staff are sent an automated reminder to undertake DSE training and assessment when they join the council and for refresher re-training and re-assessment every two years.

DSE workstation Re-Assessments

This period will be sooner if there is

- ❖ a major change to the user's software
- ❖ a major change to any of the equipment (screen, keyboard, input devices etc.)
- ❖ a substantial increase in the amount of time required to be spent using DSE
- ❖ a substantial change in other task requirements (for example, greater speed or accuracy)
- ❖ if the workstation is relocated (even if all equipment and furniture stay the same)

- ❖ if major features of the work equipment are significantly modified (for example, lighting)
- ❖ if the employee becomes an expectant mother, as part of her expectant mother risk assessment (and reviewed at each trimester of pregnancy, or more frequently if required)
- ❖ if a DSE assessment is required as reasonable adjustment or is part of a return-to-work risk assessment.

Cases under review

The appropriate remedial actions must be addressed as they are reported to managers via the Awaken training and assessment software module. Managers can seek further advice from the corporate health and safety team, or, where underlying health conditions are identified, through the wellness centre (occupational health).

Management and monitoring of staff training and self-assessment

Managers and those that manage others receive monthly Awaken DSE training status reports for their staff. Awaken will send out a summary email with every four weeks with important statistics about the managers area of responsibility, e.g., cases that have been referred to them where staff issues have been identified.

Resources

An Awaken DSE Managers Guidance document, [Awaken Managers guide](#) is available for managers to access when required. It can be accessed from the health and safety intranet page and the monthly Awaken DSE training status reports.

Agenda Item 7

LONDON BOROUGH OF HAMMERSMITH and FULHAM

Report to: Audit Committee

Date: 1 December 2025

Subject: Treasury Management Strategy: Mid-Year Review 2025/26

Report author: Sophie Green, Treasury Manager

Responsible Director: Sukvinder Kalsi, Director of Finance

SUMMARY

This report provides an update on the implementation (six months to 30 September 2025) of the 2025/26 Treasury Management Strategy, approved by Full Council on 26 February 2025, and presents the Treasury Management Strategy 2025/26 mid-year review.

Treasury management comprises the management of the Council's cash balances, ensuring that funding for the Council's capital programme follows its borrowing strategy and that surplus cash balances arising from the day-to-day financial operations of the Council are invested appropriately to obtain an optimal return, while ensuring security of capital and liquidity.

This report complies with CIPFA's Code of Practice on Treasury Management, and covers the following:

- a review of the Council's investment portfolio for 2025/26 to include the treasury position as at 30 September 2025;
- a review of the Council's borrowing strategy for 2025/26;
- a review of compliance with Treasury and Prudential Limits for the first six months of 2025/26;
- an economic update for the first part of the 2025/26 financial year.

The Council's Treasury responsibilities are well managed and some of the key highlights so far in 2025/26 are set out below.

During the first six months of 2025/26, cash balances were £44.2m at 31 March 2025 and £44.8m at 30 September 2025. These funds were invested in Money Market Funds (MMF) with an average yield of 4.09%. The average rate fell from 4.75% at 31 March 2025 following a 0.50% decrease in the Bank Rate.

The Council made principal repayments on its existing debt (£3.2m in total) and took out a further £85.0m of borrowing from the PWLB. Therefore, debt has increased from £288.3m to £370.1m, with the weighted average interest rate also increasing from 3.75% to 3.86%.

The Council approved the Green Investment Fund of up to £5m at the end of 2023/24 and to date £3.3m (or 95%) has been raised in 4 separate tranche issues including 2 in 2025/26. A total of 1,854 individuals have invested in this 5-year bond and the

resources will be spent on local green themed projects. A further £1.7m is expected to be raised in the next 12 months.

The Council has operated within the Treasury Limits and Prudential Indicators.

RECOMMENDATIONS

1. Members are asked to note:

- the Treasury Management Strategy 2025/26 mid-year review;
- the forecast capital financing requirement (CFR) for the General Fund and the Housing Revenue Account (HRA);
- the current split between external and internal borrowing.

Wards Affected: None

Our Priorities	Summary of how this report aligns to the H&F Priorities
Building shared prosperity	Achieve best value for money in investment and borrowing decisions.
Being ruthlessly financially efficient	Effective management of the Council's cash flow resources.

Financial Impact

This report is wholly of a financial nature.

Legal Implications

There are no legal implications in respect of this report.

Contact Officers

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Telephone: 0207 641 4136
Email: ptriggs@westminster.gov.uk
Verified by: Sukvinder Kalsi, Director of Finance

Name: Jade Monroe
Position: Chief Solicitor Social Care
Telephone: 0208 753 2695
Email: jade.monroe@lbhf.gov.uk

Background Papers Used in Preparing This Report

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	Treasury Management Strategy Statement 2024/25	Phil Triggs	Tri-Borough Treasury and Pensions

DETAILED ANALYSIS

Proposals and Analysis of Options

Background and Treasury Position

1. Treasury management in this context is defined as:

“The management of the Council’s investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.”

2. This treasury monitoring report covers:

- the treasury position at 30 September 2025;
- the borrowing strategy for 2025/26;
- the borrowing position at 30 September 2025;
- compliance with treasury limits and prudential indicators;
- the investment strategy for 2025/26; and
- the investment position at 30 September 2025.

3. The Council’s debt is predominately held with the Public Works Loan Board (PWLB), with the exception of a £1.5m Community Municipal Investment. Investment and debt positions at the beginning of 2025/26 and at the six-month point were as follows:

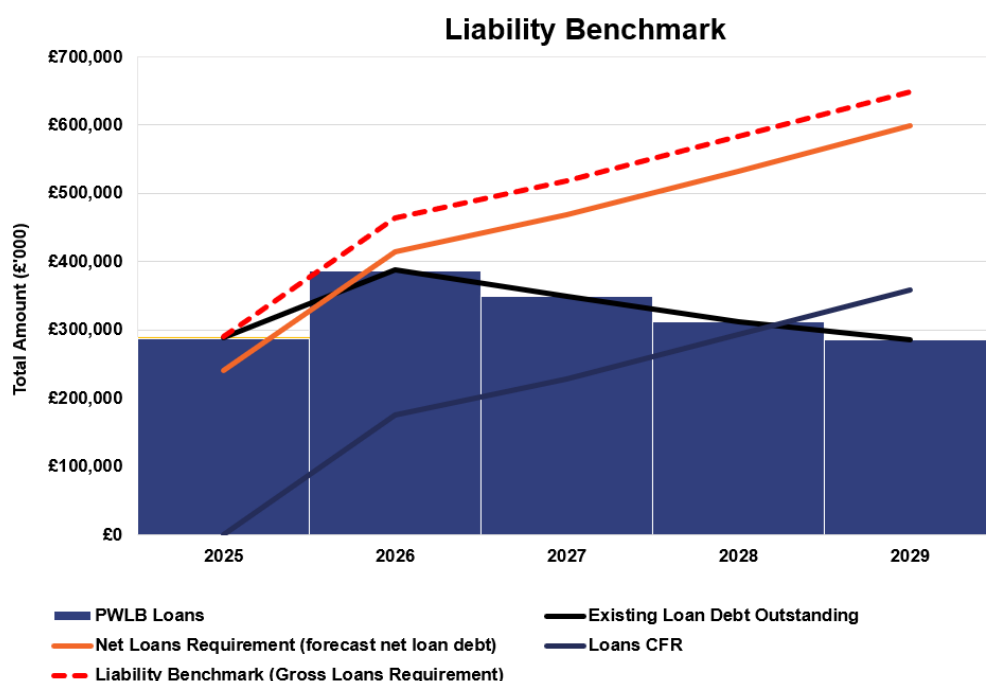
	31 March 2025 (£m)	Rate (%)	30 September 2025 (£m)	Rate (%)
General Fund (GF)	50.9	3.63	50.7	3.63
Housing Revenue Account (HRA)	237.4	3.78	319.4	3.89
Total Borrowing	288.3	3.75	370.1	3.86
Total Cash Invested	44.2	4.75	44.8	4.09
Net (Borrowing)	(244.1)		(325.3)	

4. The Housing Revenue Account (HRA) is responsible for servicing 86.3% of the Council’s external debt and the General Fund is responsible for the remaining 13.7%.

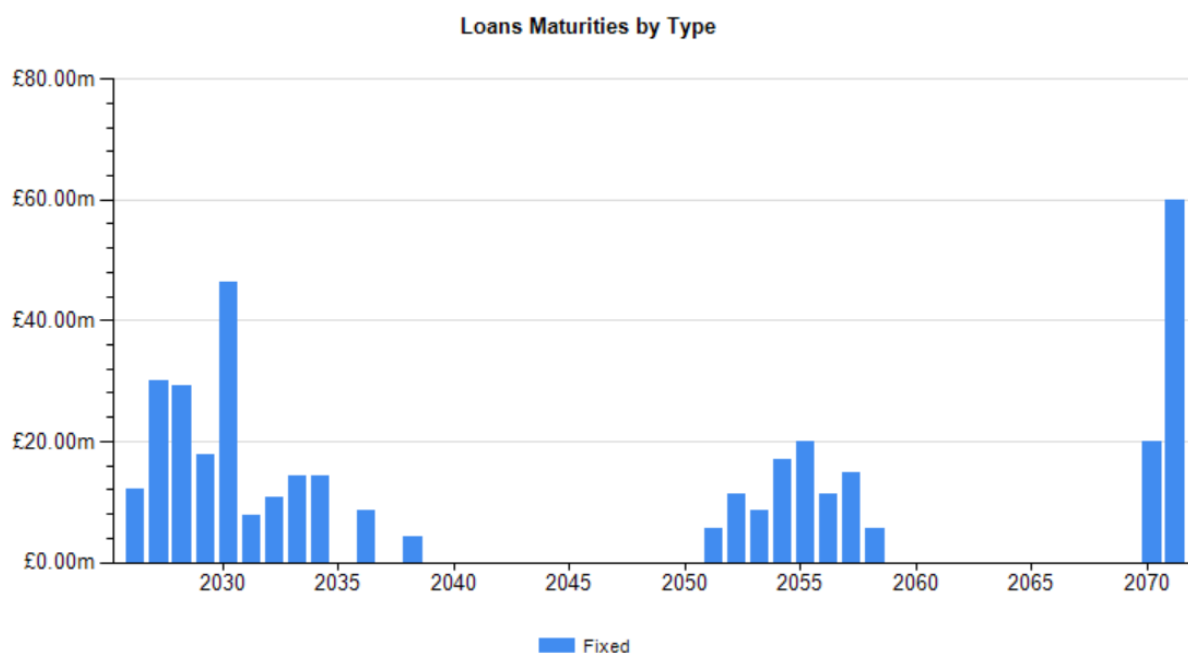
5. All investments at 30 September 2025, £44.8m, were kept liquid in Money Market Funds.
6. The Treasury Management Strategy Statement (TMSS) for 2025/26 was approved by Full Council on 26 February 2025. The TMSS has kept investments short-term and invested with highly rated or UK Government backed institutions, resulting in low returns compared with borrowing rates.

Treasury Borrowing

7. The Prudential Code requires the Council to produce a liability benchmark. The Council is required to estimate and measure the liability benchmark for the forthcoming financial year and the following two financial years, as a minimum.
8. There are four components to the Liability Benchmark:
 - Existing loan debt outstanding: the Authority's existing loans that are still outstanding in future years;
 - Loans CFR: this is calculated in accordance with the loans CFR definition in the Prudential Code and projected into the future based on approved prudential borrowing and planned minimum revenue provision (MRP);
 - Net loans requirement: this will show the Authority's gross loan debt less treasury management investments at the last financial year-end, projected into the future and based on its approved prudential borrowing, planned MRP and any other major cash flows forecast;
 - Liability benchmark (or gross loans requirement): this equals net loans requirement plus short-term liquidity allowance.
9. The liability benchmark uses the above information to plan the future borrowing requirements of the Council.



10. The Authority's liability benchmark shows that its actual external borrowing remains below the benchmark over the medium term, indicating an under-borrowed position.
11. This reflects its continued use of internal borrowing to finance the capital programme, which avoids the cost of holding surplus cash and reduces interest payable in the short term.
12. However, as reserves and balances have been exhausted through internal borrowing over the life of the capital programme, the liability benchmark projects a gradual increase in the need for external borrowing to maintain liquidity and ensure the authority remains aligned with its long-term financing needs.
13. It is therefore likely that any future borrowing requirement in the capital programme will have to be funded through external borrowing which exposes the council to interest rate risk, and increased interest payable charges in the capital programme.
14. £3.2m of borrowing has been repaid in the first half of 2025/26. Total borrowing therefore increased from £288.3m to £370.1m and the average interest rate increased from 3.75% to 3.86%. All the Council's loans are at a fixed rate of interest. The table below shows the debt profile as at 30 September 2025:



15. In the first six months of 2025/26, the HRA PWLB debt of £319.4m remained below the HRA Capital Financing Requirement (CFR) of £566.5m, which generates internal borrowing of £247.1m. A charge for this is made based on the opportunity cost to the General Fund of providing this financing. HRA reserves and working capital, represent cash balances, on which interest is allocated from the general fund.
16. As at 30 September 2025, the Council had an under-borrowed position. This means that the capital borrowing requirement was not fully funded by the

existing external loan debt and the balance is funded by cash reserves (known as internal borrowing).

17. The Council has borrowed £85m for the HRA so far this financial year. Cash is now needed to manage daily liquidity: therefore, there is no further opportunity for internal borrowing to fund the capital programme. All future capital spend will be funded through external borrowing. Cash balances and interest rates are constantly being monitored to determine the optimal time to borrow.

18. Future External Borrowing: It is anticipated that any future external borrowing is more likely to be undertaken within the HRA at this stage. This reflects the additional discount available on HRA rates compared with General Fund borrowing. The current distribution between General Fund and HRA borrowing reflects underlying interest rate considerations, rather than any imbalance or “unfair” allocation of borrowing activity.

Closing Capital Financing Requirement analysed between General Fund and Housing Revenue Account

	31 March 2025 CFR £m	31 March 2025 External Debt £m	30 Sep 2025 CFR £m	30 Sep 2025 External Debt £m
Total GF Headline CFR	291.0	0.0	382.1	0.0
Finance leases/PFI	16.8	0.0	20.0	0.0
Total Closing GF CFR	307.8	50.9	402.1	50.7
HRA	458.9	0.0	559.3	0.0
HRA CFR Total	458.9	237.4	55.93	319.4
Total CFR/External Debt	766.7	288.3	961.4	370.1

19. Within the Prudential Indicators, the approved limit for the aggregate 2025/26 Capital Financing Requirement (which formed part of February’s budget report) was £856m, and the forecast CFR at the mid-year point of this report is £961m. The increase in CFR estimate between these points is explained primarily by a combination of budget reprofiling from the prior year (£38m), capital receipt income being reprofiled into 2026/27 (£19m), the inclusion of IFRS16 (technical adjustment for lease accounting - £15m), and additional financing through borrowing at 2024/25 year end (£17m).

Treasury Investments

20. At 30 September 2025, none of the Council’s treasury investment portfolio was held in fixed term deposits with local authorities and banks.

21. The TMSS allows investment in the following areas:

- an unlimited investment limit with the UK Government (DMO) deposits, UK gilts, repos and treasury bills;

- up to a maximum of £50m per counterparty in supra-national banks, European agencies and covered bonds debt on a buy to hold basis with maturity dates of up to five years, and the Greater London Authority (GLA) bonds for up to three years;
- a limit of £30m to be invested with any UK Local Authority (subject to internal counterparty approval by the Director of Treasury and Pensions, his direct reports, or the Director of Finance);
- no more than £45m to be invested with any individual MMF;
- any financial instrument held with a UK bank limited to £70m depending on the credit rating and Government ownership above 25% (limit of £50m);
- any financial instrument held with a non-UK bank limited to £50m.

22. The table below provides an analysis of the cash deposits, together with comparisons from financial year-end:

	31 March 2025 £m	30 September 2025 £m
Money Market Funds	44.2	44.8
Total	44.2	44.8

23. During the first six months of 2025/26, cash balances varied between £72.4m and £39.5m, reflecting the timing of the Council's income (council tax, national non-domestic rates, government grants and capital receipts, etc) and expenditure (precept payments, payroll costs, supplier payments and payments re capital projects).

24. The average return achieved on investments managed internally for the first six months was 4.34% compared with the average six-month SONIA rate of 4.48%. Interest rates remained low throughout the period with the Council following a low-risk strategy keeping funds liquid in Money Market Funds.

Prudential Indicators

25. During the year the Council did not operate within all the Treasury Limits and Prudential Indicators set out in the TMSS, with the Capital Financing Requirement breaching the limit. See paragraph 19 for further explanation.

26. The table below provides a breakdown of the indicators and actual position for the six-month period ending 30 September 2025:

Indicator	2025/26 Approved Limit	2025/26 Actual at 30 September 2025		Indicator Met
Authorised Limit for external debt ¹	£920m	£370m		Yes
Operational Debt Boundary ²	£875m			Yes
Capital Financing Requirement ³	£856m	£961m		No
Capital Expenditure	£214m	£84m		Yes
Working capital balance	£0m	£0m		Yes
Limit on surplus funds invested for more than 364 days	£120m	£0m		Yes
Maturity Structure of Borrowing	Minimum	Maximum	Actual	Indicator Met
Under 12 months	0%	15%	5%	Yes
12 > months < 24	0%	15%	5%	Yes
24 > months < 5 years	0%	60%	4%	Yes
5 > months < 10 years	0%	75%	5%	Yes
Over 10 years	0%	100%	81%	Yes

Reasons for Decision

27. The Council's treasury management activity is underpinned by the CIPFA Code of Practice on Treasury Management, which recommends that members are informed of treasury management activities at least twice a year.

Equality Implications

28. There are no direct negative implications for protected groups, under the Equality Act 2010, arising from the information presented in this report.

Risk Management Implications

29. The purpose of this report is to present the Council's mid-year Treasury Management Report for 2024/25 in accordance with the Council's treasury management practices. The Council regards the successful identification, monitoring and control of risk to be the prime criteria by which the effectiveness of its treasury management activities is measured.

¹ The Authorised Limit is the maximum requirement for borrowing taking into account maturing debt, capital programme financing requirements and the ability to borrow in advance of need for up to two years ahead.

² The Operational Boundary is the expected normal upper requirement for borrowing in the year.

³ The limit for the Capital Financing Requirement is a guide not a hard limit, and actuals in excess are not a breach.

30. Risk levels were set in accordance with the approved TMSS. The Council continues to recognise that effective treasury management provides support towards the achievement of its business and service objectives, specifically, being ruthlessly financially efficient.
31. The identification, monitoring and control of risks are central to the achievement of the treasury objectives. Potential risks are identified, mitigated and monitored in accordance with treasury practice.
32. Implications verified by: David Hughes, Director of Audit, Fraud, Risk and Insurance, tel. 07817 507 695

Consultation

None.

LIST OF APPENDICES

None.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted