



HM Passport
Office

NATIONAL PANEL for
REGISTRATION

General Register Office

THE PROPER OFFICER'S GUIDE TO REGISTRATION SERVICE DELIVERY

APPENDIX B Good Practice Guide and Performance Management

This appendix is divided into four sections:

- B1: Good Practice Guide: Statutory Standards
- B2: Good Practice Guide: Operational Service Delivery and Performance Standards
- B3: Public Protection and Counter-fraud Assurance Framework
- B4: Customer Engagement Strategy Assurance Framework

APPENDIX B1: Good Practice Guide: Statutory Standards

Activity and Statutory Requirement	National Standard	Examples of Monitoring and Reporting Arrangements
<p>1. Registration officers appointed by the LA; civil partnership registrars designated by LA</p> <p><i>(S7 Registration Service Act 1953 as amended by Statistics and Registration Service Act 2007. S29 Civil Partnership Act 2004)</i></p>	<p>GRO notified by local authority of all appointments, suspensions and resignations</p> <p>All notifications made electronically</p> <p>Access to RON removed for staff on long term sick, suspended or no longer in post</p>	<p>Local management monitoring – check all appointments made and staffing lists kept up-to-date</p>
<p>2. Ensure events accurately registered within statutory timescales:</p> <ul style="list-style-type: none"> • Births to be registered within 42 days (<i>Section 2(1) B&DRA 1953</i>) • Still births to be registered within 42 days (<i>Section 2(1) B&DRA 1953</i>) • Deaths (MCCD and Coroner's Part A – excluding post mortem (PM) and inquest cases) within 5 days (<i>Sections 16(3) and 17(3) B&DRA 1953</i>) <p><u>Deaths involving the Coroner</u></p> <ul style="list-style-type: none"> • Coroner's Part A • Coroner's Part B (PM) • All deaths after inquest registered on receipt of the coroner's certificate (<i>Section 23 B&DRA 1953</i>) 	<p>98% of births registered within 42 days of birth</p> <p>98% of still births registered within 42 days of birth</p> <p>90% of Deaths registered within 5 calendar days</p> <p>Registered within 5 days</p> <p>Registered within 7 days¹</p> <p>95% of deaths registered within 24 hours of receipt of coroner's certificate after inquest</p>	<p>Data from RON provided monthly by GRO for monitoring purposes and to identify trends</p> <p>Reviewing and monitoring dates of incoming coroners certificates and when registered</p> <p>Engagement with coroner to minimise delays to death registrations.</p>

¹Note: Monthly information on the timeliness of death registrations involving the coroner is provided to the LRS although there are no KPTs relating to these. This recognises that to some extent the timeliness of these registrations is beyond the control of the LRS but facilitates local monitoring and provides information to inform discussions between the LA and the coronial service around optimising customers' bereavement journeys. Registration managers are encouraged to continue to monitor these statistics and liaise with the Coroner Service with a view to minimizing any delay in the issue of Coroner Parts A and B and in the registration of the death.

<p>3. Offer declaration facility and accurately record birth, still-birth and death information on forms of declaration</p> <p><i>(Sections 9 and 23A B&DRA 1953)</i></p>	<p>Completed declarations sent to receiving authority on the same day</p> <p>95% of incoming declarations registered within 24 hours of receipt</p>	<p>Recording and monitoring details of outgoing declarations</p> <p>Recording and monitoring dates of incoming declaration and when registered</p>
<p>4. Requisitioning of un-registered births and still-births after 42 days</p> <p><i>(Section 4 B&DRA 1953)</i></p>	<p>Procedure in place for reminding of outstanding registration after 28 days and issuing formal requisition after 42 days</p>	<p>Local performance management monitoring processes</p>
<p>5. Scrutiny of medical certificate of cause of death – all reportable deaths referred to the coroner prior to registration</p> <p><i>(Regulation 41 Registration Births and Deaths Regulations 1987)</i></p>	<p>Referral to the coroner and completion of form 52</p>	<p>Local performance management monitoring processes (e.g. spot checks)</p>
<p>6. Collection of official statistics. All relevant information requested and accurately recorded</p> <p><i>(Population Statistics Acts 1938 and 1960)</i></p>	<p>Basis of request for information clearly explained to informants</p>	<p>Observation and spot checks using appropriate tools such as the technical assessment template</p>
<p>7. Burial certificates issued before or after registration; cremation certificates issued as appropriate</p> <p><i>(Section 24 B&DRA 1953)</i></p>	<p>Relevant documents accurately completed and issued at the appropriate time</p>	<p>Local performance management monitoring processes</p> <p>Out of hours service provided to meet local needs</p>
<p>8. Applications for corrections and re-registrations processed and effected in accordance with statute</p> <p><i>(Corrections: Sections 29 and 29A B&DRA 1953; Section 61 MA 1949); Re-registrations: Sections 10/10A and 14/14A)</i></p>	<p>Processes in place locally for dealing with applications for corrections and re-registrations – with 90% of applicants offered an appointment within 10 days of receiving GRO approval where required</p>	<p>Local management checks</p> <p>Documentation to be annotated with the date the applicant was contacted and offered an appointment</p>
<p>9. Notices of marriage and civil partnership. Preliminaries completed in accordance with legal requirements</p> <p><i>(Section 27 and 28 MA 1949; Sections 8 – 12 Civil Partnership Act 2004)</i></p>	<p>Preliminaries completed in time, and in accordance with statute, to allow the marriage or civil partnership to take place as planned</p>	<p>Local performance management monitoring processes (e.g. spot checks)</p> <p>Customer satisfaction surveys</p> <p>Customer feedback</p>
<p>10. Marriage ceremonies and civil partnership formations</p> <p><i>(Section 45 MA 1949;</i></p>	<p>Provision of a room within the Register Office, approved by the Registrar General, to accommodate the couple and two</p>	<p>Local monitoring systems</p> <p>Availability of statutory ceremony</p> <p>Ceremony pricing</p>

<p><i>Section 2 Civil Partnership Act 2004)</i></p>	<p>witnesses for the statutory fee</p> <p>Ensure public awareness of statutory provisions, including the availability of a statutory ceremony room, with couples always offered choice of legal words of declaration for marriage ceremonies</p> <p>Determine operational hours for statutory ceremonies</p>	<p>structure</p> <p>Choice of ceremony scripts</p>
<p>11. Civil partnership conversion into marriage facilitated and registered <i>(Section 9 Marriage (Same Sex Couples) Act 2013)</i></p>	<p>Completion of conversion declaration at a Registration Service Point (i.e. any premises provided by the LA for the exercise of the SR's functions)</p> <p>Signing of the declaration as appropriate (depending on whether the standard or two stage procedure applies)</p> <p>Register the resultant marriage on RON and issue marriage certificate</p> <p>Submit signed declarations to GRO on a quarterly basis</p>	<p>Availability of statutory conversion</p> <p>Availability of choice for celebratory ceremony</p>
<p>12. Marriages registered in the marriage register (RON being the marriage register following the introduction of the Marriage Schedule System in 2021) <i>(Sections 53 and 55 MA 1949)</i></p> <p>Civil Partnerships recorded on RON as soon as is practicable <i>(Section 2 Civil Partnership Act 2004)</i></p>	<p>Legislation specifies in s53D(8)(a) that marriages should be registered on RON 'as soon as reasonably practicable'. However, there is a service delivery expectation of 7 days driven by a reasonable customer expectation that they can receive their marriage certificate in a timely manner.</p> <p>Civil partnerships recorded on RON within 2 [working] days of the formation</p>	<p>Local performance management monitoring processes (e.g. data extracted from RON for marriage/civil partnerships)</p>
<p>13. Bi-lingual notices and registrations of events (English and Welsh) available throughout Wales</p>	<p>LAs in Wales to provide appointments within national standards for Welsh-speaking registration officers to</p>	<p>Internal assessment/reassurance</p>

<p><i>(Welsh Language Act 1967)</i></p>	<p>facilitate birth and death registrations, take notices and attend/register marriage ceremonies/civil partnership formations</p>	
<p>14. Approved Premises Application processed in accordance with legislation</p> <p><i>Marriages and Civil Partnerships (Approved Premises) Regulations 2005 as amended</i></p>	<p>Procedures in place for approval process</p> <p>LA maintains Approved Premises register with controls in place to manage the expiry and renewal of licences</p>	<p>Local monitoring systems</p>
<p>15. Provision of District Register Office.</p> <p>Plans approved by Registrar General</p> <p><i>(Section 10 Registration Service Act 1953)</i></p>	<p>Plan to consist of SR's office, strong room, display area for marriage/civil partnership notices, and any other rooms used for RO marriage ceremonies and civil partnership formations</p> <p>Any separate arrangements for housing deposited registers in a separate annex to be agreed by the RG</p>	<p>SR to regularly review and ensure approved plans up-to-date</p> <p>Seek advice and guidance for any proposed change from CPU Compliance Officer</p>
<p>16. Registers to be kept to the satisfaction of the Registrar General in suitable fireproof repository or strong fire-resisting boxes for the safe custody of the records</p> <p><i>(Section 10 Registration Service Act 1953)</i></p>	<p>Current registers deposited in strong fire-resisting boxes. Deposited registers stored to prevent deterioration and in secure and accessible location</p> <p><u>Good Practice</u></p> <ul style="list-style-type: none"> • registers stored in accommodation with environmental controls to limit fluctuation in humidity and temperature • registers shelved so as to avoid damage in handling; little-used volumes stored in archive-quality boxes • conservation survey of physical state of registers undertaken <p><u>Better Practice</u></p> <ul style="list-style-type: none"> • registers stored in accommodation meeting national standards for archived materials (The BS 	<p>Periodic checks and local monitoring of condition of registers and repository</p> <p>On-going repairing and maintenance of all historic documents as required</p>

	<p>4971:2017 (Conservation and care of archive and library collections) - formerly PD5454 2012 standard – <i>Guide for the storage and exhibition of archival materials</i>)</p> <ul style="list-style-type: none"> programme of conservation and rebinding for damaged registers 	
<p>17. Index available for all deposited registration records; the public to be able to search through and request certified copies</p> <p><i>(S31 B&DRA 1953; S64 MA 1949)</i></p> <p><i>(Regulation 14 Civil Partnership (Registration Provisions) Regulations 2005 SI 3176/2005)</i></p>	<p>Provide public access to indexes on request</p>	<p>Local monitoring</p>
<p>18. Issue certificates from identified entries in deposited registers in response to application</p> <p><i>(S31 B&DRA 1953; S64 MA 1949)</i></p>	<p>95% of applications under <u>standard service</u> arrangements dealt with within 15 days of application. (Note: Certificates issued at point of registration is standard service).</p>	<p>Data from certificate application booking in (or other electronic) systems</p>
<p>19. Quarterly copies certified and submitted to RG on a prescribed form or an approved electronic form on such days appointed by the RG</p> <p><i>(Sections 26 and 27 B&DRA 1953; S58 MA 1949)</i></p> <p>Check any outstanding certified marriage entries from clergy and authorised persons (pre-MSS implementation), . and submit to the RG on or before the last day of April, July, October and January</p> <p><i>(S57 & S58 MA 1949)</i></p>	<p>Registrars to certify Birth, Death and Still-Birth RON registration immediately following the registration</p> <p>Registrars to enter marriage registrations onto RON and certify within 7 days of the event</p> <p>SRs/DSRs to certify electronic registrations on a rolling basis, ensuring all quarterly statutory targets are adhered to</p> <p>Submit any outstanding certified marriage entries from clergy and authorised persons on or as soon after these dates</p>	<p>Local performance management monitoring processes</p>

<p>20. Notifications by Registrars to NHS Commissioning Boards, Clinical Commissioning Groups, Directors of Public Health, Council Tax, electoral and education authorities, and to Local Safeguarding Children Boards made in accordance with statutory timescales and secure email routes</p> <p><i>(Section 564(3) Education Act 1996; Council Tax Administration and Enforcement Regulations 1992; Section 269(2) National Health Service Act 2006; Section 200(2) National Health Service (Wales) Act 2006)</i></p>	<p>All returns made in accordance with statutory requirements and timescales</p>	<p>Local performance management monitoring processes</p>
<p>21. Suspected sham marriages or civil partnerships reported to Home Office</p> <p><i>(Sections 24 and 24A Immigration and Asylum Act 1999)</i></p>	<p>S24 reports made in accordance with statutory requirements and timescales</p>	<p>Local performance management monitoring processes and appropriate action taken</p> <p>GRO to notify the LA quarterly of S24 reports received</p> <p>Regular communication with staff on the subject of sham and associated fraud</p> <p>Evidence of local training</p>
<p>22. Provision of citizenship ceremonies: Must take place within 3 months of the applicant being informed that the application has been successful and be conducted by a SR or DSR</p> <p><i>(Nationality Immigration and Asylum Act 2002)</i></p>	<p>Sufficient number of ceremonies to meet local demand</p> <p>Arrangements for and content of ceremony to be in line with Home Office guidance</p>	<p>Local performance management monitoring processes</p> <p>Local monitoring to ensure timescales are met</p> <p>Alternative provision of private ceremonies upon request</p>
<p>23. Citizenship certificates dated correctly and notification sent to Home Office within 14 days of ceremony</p> <p><i>(Nationality Immigration and Asylum Act 2002 and British Nationality)</i></p>	<p>100% of certificates to be correctly completed and sent to Home Office on time</p>	<p>Local performance management monitoring processes</p>

<i>(General Regulations 2003 (SI2003/548 as amended by the British Nationality (General) (Amendment) Regulations 2003.</i>		
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APPENDIX B2: Good Practice Guide: Operational Service Delivery and Performance Standards

- Customer Service (B2a)
- Business Continuity Plan and Resources (B2b)
- Leadership (B2c)
- Learning and Development (B2d)

B2a - CUSTOMER SERVICE		
Key Activity	National standard	Examples of Evidence and Assessment
Waiting times for appointments	<p>Service leaders to ensure that appointments are available within agreed timescales for the public</p> <p>Where services do not have appointment facilities then customers should be seen within 30 minutes of arrival</p> <p>Provided demand is not excessive where customers arrive without making an appointment then, where possible and if they are prepared to wait, they should be able to complete their business on the same day</p>	<p>Within a customer survey Authorities could include a question relating to the waiting period for an appointment. For example "How long did you have to wait for an appointment?" or "How do you rate our ability to provide an appointment at a time and place convenient to you?"</p> <p>Monitoring could also be completed through spot checks of your diary system</p> <p>Ability to provide flexibility to meet high or specific demands on service e.g. to meet higher than normal death rates or cultural demands.</p>
Key Performance Target 1 (KPT 1)		
<p>Where an appointment system is operated, ensure availability of an appointment within the agreed timescales for:</p> <p>Birth registration Still-birth registration</p>	<p>95% Births (or declaration) – within 5 working days of request</p> <p>95% Deaths (or declaration) – within 2 working days of request</p> <p>95% Still birth (or declaration) – within 2 working days of request</p>	<p>Local Authority monitoring mechanism to be put in place</p> <p>Guidance:</p> <p>a) Management Information generated from electronic diary system should be used where possible/practical to reduce any burden</p>

<p>Death registration Marriage/Civil Partnership (CP) notice</p>	<p>95% Marriage/Civil Partnership notice – within 10 working days of request and therefore to allow the marriage/CP to proceed at a time and venue of the customer's choice where reasonable and practical</p>	<p>b) Where electronic systems are not in place consider recording appointments provided outside of standard by exception and calculating against numbers of registrations</p> <p>c) Where a) or b) is not possible regular spot checks / mystery shopping on a minimum monthly basis. A consistent approach should be adopted, for example, spot checks on the second and twentieth day of each month</p> <p>d) Monitoring process to be available for external review/ internal audit to demonstrate monitoring methodology</p> <p>Check attainment levels for events registered in required timescales from RON local authority and national average statistical reports provided by GRO</p> <p>Local Authorities to engage with the Compliance and Performance Unit Compliance Officer in relation to significant or prolonged failure to attain standard, and provide reassurances around corrective action being taken to return to Business as Usual</p> <p>Annual reporting to HMPO/GRO in the Annual Performance Report with narrative</p> <p><i>Please note that reasonable geographical access should be made available, without an undue travelling burden to the customer</i></p>
<p>Customer Satisfaction</p>	<p>Service Leaders should ensure that all customers are dealt with courteously, with sensitivity and in a personalised manner. Identify areas of dissatisfaction with a view to establishing if improvements could be made. Survey results should be published</p>	<p>Customer satisfaction should be measured at least once a year. Where possible demonstrate where improvements/actions taken as a result of feedback.</p>

Key Performance Target 2 (KPT 2)		
<p><u>Customer Engagement</u></p> <p>Each local authority must have a documented Customer Engagement Strategy as outlined at Appendix A4.</p>	See Appendix B4.	
Waiting times	<p>Ensure that all customers are seen within 10 minutes of their appointment time (where booking systems exist) or within 30 minutes where they do not</p> <p>This does not apply to those customers that attend late</p> <p>Where customers arrive late, ascertain reasons to establish if improvements could be made</p>	<p>Data extracted from a diary system or booking in system</p> <p>Monitoring through exception</p>
<p>Those offices with appointment times. % of customers seen within 10 minutes of appointment time</p> <p>Those offices with no appointment system</p>	<p>90% seen on arrival, on time or earlier</p> <p>Customers seen within 30 minutes of arrival</p>	
Consultation	<p>Service leaders ensure that they consult with stakeholders when proposing changes to the delivery of the service</p> <p>Impact assessment completed to measure the impact of proposed changes</p> <p>Service leaders should demonstrate that they adhere to their Authority's consultation guidance</p> <p>Results of consultation should be published on the website</p>	<p>Policy in place</p> <p>Evidence in place</p>
Information about services	<p>Service leaders should ensure that information about services is available to the public</p> <p>Information should be available in various formats and in appropriate outlets</p>	<p>External evaluation of accessibility of information</p> <p>Feedback via customer survey and comments</p>

	Content should be reviewed on a regular basis	
e-facilities for the public	<p>Service leaders should ensure that information contained on their web pages is accurate and reviewed on a regular basis</p> <p>This could include:</p> <p>Service contact details</p> <ul style="list-style-type: none"> • contact details for approved premises • ability to pay for goods and services (where provision is available) • online booking facility • signposting to other relevant organisations 	<p>Functional website</p> <p>Feedback via customer survey and comments</p>
Complaints and Compliments	<p>Service leaders should ensure that the service meets the local policy regarding complaints and compliments</p> <p>Volumes of compliments and complaints should be published on an annual basis</p>	<p>Policy documents</p> <p>Evidence of publication within the corporate policy</p>
B2b - BUSINESS CONTINUITY AND RESOURCES		
Key Activity	National standard	Examples of Evidence and Assessment
Business Continuity Plan (BCP)	<p>Owning a BCP that links in with the Local Authority Emergency plans and other key stakeholders</p> <p>Ensure staff are aware of the plan</p> <p>All above reviewed and tested regularly at least on an annual basis</p> <p>Contact details kept up to date</p> <p>Business critical levels agreed with IT department</p> <p>Access arrangements during contingency arrangements are clearly documented</p> <p>Risk register and pandemic plans in place and reviewed regularly</p> <p>Registration Service listed as a 'critical service' on the LAs BCP</p>	<p>Business continuity plan and evidence of testing results – annually</p> <p>A risk register (maintained and reviewed)</p> <p>Evidence of engagement with local emergency planning colleagues and Local Resilience Forums.</p>

Resources	<p>Sufficient levels of appropriately trained staff employed to meet service delivery plan commitment (training should include manual registrations in the event of IT systems failure)</p> <p>Personal Development plans in place for all staff</p> <p>Sufficient office space and equipment to allow registration activities to take place in a confidential and dignified way</p>	<p>Meeting national standards</p> <p>Training strategy</p>
B2c- LEADERSHIP		
Key Activity	National standard	Examples of Evidence and Assessment
Develop a direction for the Service	<p>The Service Plan (to meet objectives) is produced and published in accordance with local authority requirements and in consultation with staff and stakeholders</p> <p>Service leaders produce service aims and objectives in collaboration with staff</p> <p>Service objectives reflect the local authority corporate objectives and priorities</p> <p>Service leaders ensure there are adequate resources to meet the service objectives</p> <p>Service leaders take account of the wider service agenda, attending and taking part in regional management groups, seeking and sharing best practice</p> <p>The Service Plan is reviewed and action taken where targets have not been met</p> <p>All eligible staff participate in the local authority appraisal process</p>	<p>The Service Delivery Plan</p> <p>Staff are familiar with the service aims and objectives</p> <p>Notes from staff meetings and discussions</p> <p>Local Authority aims and objectives</p> <p>Budgeting and workforce planning</p> <p>Service participates in benchmarking regionally</p> <p>Service plan targets for development and improvement are set using performance and benchmarking data and feedback from customers and stakeholders</p> <p>Monitoring of performance including KPT/Is</p> <p>Action plan</p> <p>Staff appraisal targets reflect the targets within the service plan</p>
Engagement with customers and key partners	<p>Service leaders ensure that all key partners are involved in development and strategic direction of the service where appropriate</p> <p>Service leaders should ensure that council members are</p>	<p>Customer Engagement Strategy</p> <p>Records of meetings</p> <p>Newsletters</p>

	involved with and informed of relevant aspects of the service	Customer Survey results Record of positive engagement with partners Evidence of councillor engagement/committee reports
Developing and leading service culture	<p>Cultural values and expected behaviours are in line with corporate policy and are clearly stated and communicated to all staff</p> <p>Service leaders themselves demonstrate the cultural values and expected behaviours and adhere to these in all their dealings with staff, customers and key partners</p> <p>Service leaders communicate fully and openly with staff and encourage initiative and innovation</p> <p>All staff understand and adhere to corporate policy concerning conduct and performance</p> <p>All staff are familiar with the protected characteristics within Equality legislation</p> <p>Transgressions to corporate policy or service values and behaviours are dealt with promptly and in accordance with local authority procedures</p>	<p>Corporate policy</p> <p>Development and coaching</p> <p>Appraisal and 1-2-1s with staff</p> <p>Equality Impact Assessments</p> <p>Training</p> <p>Complaints from customers or grievances raised by colleagues are investigated and action taken where appropriate</p> <p>Compliments shared with staff to embed positive behaviours</p> <p>Disciplinary and performance management</p>
Leading continuous service improvement	<p>Service leaders set and communicate standards for service delivery and performance</p> <p>Staff are fully aware of the standards and both team and personal targets reflect the obligation to meet them</p> <p>Service leaders monitor outside influences to identify where a change to priorities, objectives or service delivery methods would deliver improvement</p> <p>Service leaders respond to internal or external reports of standards not being met and take action to improve</p> <p>Customers and stakeholders are encouraged to come up with</p>	<p>Service 'mission statement' or similar will include the service delivery and performance standards</p> <p>Published performance data</p> <p>Service Plan or associated action plan</p> <p>Appraisal targets</p> <p>Local authority priorities e.g. GRO reports, Audit, Technical Assessments</p> <p>Customer feedback/complaints</p> <p>Focus groups and meetings with stakeholders,</p>

	<p>ideas to improve service delivery and performance</p> <p>Innovative ideas to improve service delivery or performance are promoted by service leaders and encouraged at all levels among staff</p> <p>Changes to policy, procedure or practice required to deliver legislative change and/or to deliver improvement are implemented in a planned, measured way</p> <p>Changes are monitored for effectiveness and evidence of improvement to service delivery</p>	<p>such as funeral directors or the coroner</p> <p>Suggestion boxes</p> <p>Staff meetings</p> <p>Structured plan for delivery of change</p> <p>Pilot improvements where practical</p> <p>Set targets and monitor the improvements that change should deliver</p> <p>Case studies to demonstrate good practice</p>
<p>Managing Systems</p>	<p>There are up to date business continuity plans and an effective system of delegation which ensures the service runs efficiently under all circumstances</p> <p>Service leaders assure continued effective service delivery by succession planning and attaining external management standards</p> <p>The roles and responsibilities of all posts within the service are properly documented and communicated to staff</p> <p>Systems are in place to gather, collate and provide data to inform service leaders of progress and attainment of KPIs, objectives or plans</p> <p>There is a strategy for repair or replacement of computer and other electronic systems, such as telephones, appointment booking systems and diaries</p>	<p>Staff are clear about their responsibilities and are confident making decisions</p> <p>Service meets national standards such as IIP, Customer Service Excellence or IS9001</p> <p>Job descriptions are reviewed annually at appraisal</p> <p>Data systems are reviewed annually to ensure continued accuracy and relevance</p> <p>Security, stability and robustness of electronic systems - software and hardware - is monitored annually</p> <p>Assurance Declarations completed annually</p>

B2d - LEARNING & DEVELOPMENT		
Key Activity	National Standard	Examples of Evidence and Assessment
Induction and initial training	<p>Organisations will provide a structured induction and training programme to include:</p> <p>Corporate and Departmental induction e.g. data protection, FOI, equalities , IT access & systems awareness, appraisal process, leave & absence reporting, travel & timesheets</p> <p>Service specific induction e.g. service policies, office protocols, communication mechanisms</p> <p>Role specific technical training, e.g. registration processes and protocols, Tell Us Once</p> <p>Information Governance training completed at induction</p>	<p>Corporate induction process followed and evidence attached to entrants HR file (electronic or paper)</p> <p>Service induction process completed to the satisfaction of entrant and line manager and signed off</p> <p>Standard pack of service policies and procedures issued to new entrants – regularly updated to reflect legislative change and governance requirements</p> <p>Staff undertake locally developed training programme or attends external training.</p> <p>Successfully completed e-learning/workbooks or training course(s)</p> <p>Passes technical assessment (with paper or electronic record sign off)</p>
Improve and Achieve	<p>Service leaders ensure corporate appraisal and performance management processes are followed</p> <p>Service leaders are committed to learning and development and allocate sufficient resources to enable service delivery standards to be met</p> <p>A learning and development strategy is produced and implemented</p> <p>Job descriptions and person specifications clearly define the required competencies for a role</p> <p>Development or improvement plans are produced to support individual performance</p>	<p>Appraisals are carried out in accordance with corporate policy and are officially 'signed off '</p> <p>There is a service training plan which supports the delivery of the service aims</p> <p>Individual objectives/targets deliver improvements in skill-based and behavioural competencies as well as meeting corporate & service aims</p> <p>All staff have regular progress (one to one) meetings as well as formal appraisals</p> <p>There are reliable and accurate recording mechanisms for training, learning and</p>

		<p>development</p> <p>Service trainer/training team have links with regional L&D groups, attend training events and share best practice</p> <p>Staff routinely undertake technical assessments and e-learning to maintain agreed standards</p> <p>Entries to/achievement of National Qualification for Registration Officers</p> <p>Technical training delivered by competent trainers using GRO Quality Assured Training Material</p>
Evaluation	<p>Training/learning & development programme content is routinely evaluated and trainer delivery standards monitored</p> <p>Programmes and courses are monitored for relevant and accurate content</p> <p>Staff equipped with necessary skills, knowledge and behaviours to successfully deliver service and corporate priorities</p>	<p><u>Evaluation of trainers:</u></p> <p>External or peer assessment</p> <p>Post-course user surveys</p> <p><u>Evaluation of trainees:</u></p> <p>Consistent or improving technical assessment scores</p> <p>e-learning or progress with National Qualification</p> <p>Consistently positive customer feedback</p> <p>Appraisal targets achieved and organisational objectives met</p>

Public Protection and Counter Fraud Assurance Framework

PPCF Assurance Element	Objective	Suggested Examples of Monitoring, Reporting and Evidence (Generically, these will incorporate exception reporting, observations of staff, use of RON reports; spot checks and local knowledge to outline any context)	Impact of Non Compliance
1. Pre – Registration			
<p><i>1.1 Statutory deadlines</i> – All staff who book registration appointments (including contact centre/non-registration staff) are fully aware of mandatory registration timescales when offering appointment dates to ensure compliance/timeliness is considered alongside customer preference for a specific date</p>	<p>Statutory registration timescales are met by providing appointment within prescribed period.</p>	<p>Periodic diary checks for next available appointment to ensure compliance. Call centre scripts to encourage attendance to register within stat timelines. Ensuring appointments available. Management Information generated from electronic diary systems should be used where possible/practical. Feedback from customers on access to appointments Mystery shopping exercises to ensure staff are following a consistent approach when offering appointments.</p>	HIGH
<p><i>1.2 Births</i> – Informal requisitions (where this is proportionate and practical) and formal requisitioning process for births not registered within 42 days followed.</p>	<p>To ensure all births within each sub-district have been registered.</p>	<p>Local systems in place to minimise the number of births falling outside of the 42-day period and evidence of formal requisitioning of those that have been notified by the local health authority taking place. Exceptions noted and explanation recorded.</p>	HIGH
<p><i>1.3 Unregistered Deaths</i> – Every registrar/deputy registrar of births and deaths has a duty to obtain the prompt registration of every death which takes place</p>	<p>To ensure all deaths occurring have been</p>	<p>Local process in place to record and monitor requisitions made to defaulting informants. Non-compliance reported to</p>	HIGH

in their sub-district.	registered and prevents any fraudulent activity associated with non-registration e.g. continuing financial claims for benefit/pension	GRO along with associated documentary evidence. Evidence of coroner engagement where interim death certificates issued lead to delays in registration. All relevant stakeholders (GPs, funeral directors, bereavement teams etc.) engaged	
<i>1.4 Certificate of no liability to register</i> – Evidence produced in order to be satisfied that the death occurred outside England or Wales.	To prevent unlawful activity by ensuring the death occurred outside England and Wales.	Documentary evidence to retained with Certificate of no liability counterfoil	HIGH
<i>1.5 Pre-registration checks</i> – Registrars should ensure checks are conducted prior to registering the event on RON to avoid duplicate registration. For births registrations an NHS notification should be in place or confirmation from the hospital should be obtained before registering. Where the birth cannot be confirmed GRO should be contacted for advice. Whilst death registrations should be registered on RON only where no duplicate death is flagged up when entering initial details.	To ensure that events are not registered twice either in error or by subterfuge by informants.	Local process in place to ensure registrars /registration staff contact hospital or health authority where no birth notification is present on RON, or when RON is not available. Process in place to deal with any duplicate or fictitious birth registrations incorporating re-training of staff to avoid re-occurrence.	HIGH
<i>1.6 Re-registrations</i> - Applications should be scrutinised and referred to Registration Managers where suspicions that the process is being abused e.g. to gain immigration/benefit/ inheritance advantage. Registration Managers should monitor the nature of birth re-registrations to identify any unusual trends or patterns that would indicate this.	To prevent the re-registration process being falsely exploited as a route to gain advantage	Evidence of Registration Managers following local processes to monitor and scrutinise re-registrations to ensure suspicions are being reported by registrars to GRO Fraud and Disclosure Unit.	HIGH

2. Point of Registration			
<p><i>2.1 Informant and Other Supporting Documents Produced at Registration</i> – Although not a mandatory requirement for birth and death registrations, to help further reduce corrections and confirm the identity of informants local authorities are encouraged to implement this.</p>	<p>To ensure accuracy of registration and validate informants identity.</p>	<p>Informants advised to provide supporting documents in respect of themselves (e.g. passport; driving licence; utility bill) and the registration (e.g. red baby book, discharge letters; deceased birth certificate; marriage certificates etc.) when making appointments.</p> <p>Call centre scripts, online information, training instructions and monitoring of correction levels.</p>	<p>MEDIUM</p>
<p><i>2.2 Birth Notification Linkages</i> – Ensuring that birth registrations are correctly linked to NHS notifications or enquiries are made of NHS to ensure validity of births and remove the risk of fictitious birth registrations.</p>	<p>To ensure that the birth has taken place and the registration is valid.</p>	<p>Local process to ensure registrars contact hospital /health authority where no birth notification is present on RON. GRO guidance to be sought.</p> <p>Observations of registrars highlight they pay due regard to RON warning messages to avoid duplicate registrations.</p>	<p>HIGH</p>
<p><i>2.3 Verification of Doctors GMC registration</i> – Staff ensure validity of MCCD paperwork at death registrations by verifying currency of medical practitioners GMC registration using the dedicated website or GMC helpline number as necessary.</p>	<p>To ensure that the medical practitioner is registered and qualified to sign the MCCD.</p>	<p>Registrars and registration staff should have access to the GMC website/helpline and be aware of their individual responsibility.</p> <p>MCCD Annotations.</p>	<p>HIGH</p>
<p><i>2.4 Safeguarding of Children and Adults</i> – Local authority Safeguarding teams notified when a concern is identified during registration (e.g. child abuse, etc.).</p>	<p>To ensure potential safeguarding issues relating to an adult or child are reported for further investigation.</p>	<p>Local process to ensure registrars reports any concerns they have to the Safeguarding Board</p> <p>Evidence of staff training, a referral process and awareness to report concerns.</p> <p>Evidence of referrals.</p>	<p>HIGH</p>
<p><i>2.5 Collection of statistics (mandatory)</i> - Registration Managers should ensure registrars are aware of their obligation to collect information from which statistical</p>	<p>To provide the Office for National Statistics with data from which</p>	<p>Informants refusing to provide the data should be reported to GRO via the comments section on RON.</p>	<p>MEDIUM</p>

analysis is undertaken by the Office for National Statistics under the Population (Statistics) Act 1938.	statistical analyses are compiled.	GRO will report by exception to LAs where the refusal rate is abnormally high. Technical inspections completed, using inspection template.	
<i>2.6 Collection of statistics (voluntary)</i> - In addition to compulsory information required, registrars should also always try to secure the voluntary additional particulars requested at birth, still-birth and death registrations as appropriate.	To provide the Office for National Statistics with data on employment status and deaths in communal establishments.	Registrars aware of the requirement to ask informants these additional questions. Technical inspections completed, using inspection template.	MEDIUM
<i>2.7 Offences identified during registration</i> – Staff are aware of and utilise legal gateways in place to allow them to report potential offences (e.g. TUO birth process revealing housing or benefit fraud, Immigration Act breaches of over-stayers or illegal workers)	To ensure that where registration officers suspect immigration or other reportable offences they are reported accordingly.	Local records of referrals of suspected offences made to Home Office and other agencies. GRO Fraud and Disclosure Unit evidence of reports received. Evidence of Local Policy and Process	HIGH
<i>2.8 F111 / TUO (pensions)</i> – Questioning takes place to identify public sector pensions and subsequent TUO or F111 action is taken as appropriate to notify the scheme administrator	To ensure the timely cessation of pensions from HM Government and local authority funds.	TUO or completion of F111 provided evidence of notification.	MEDIUM
3. Post-registration			
<i>3.1 Unlinked Birth Notifications</i> – Local authorities to monitor and investigate instances of unlinked Birth notifications using local RON reports (including chasing and requisitioning) or advise GRO of issues with suitable measures regarding timeliness and level	To ensure that all births registered within a district are valid and have occurred.	Local systems in place to follow up all births that have not been linked to a notification received by the local health authority by producing weekly RON report of unlinked registrations. Additionally, evidence of process to notify GRO if any issues arise.	HIGH

of compliance.		GRO central monitoring of unlinked birth registrations. Evidence that registration staff have read and understood the Birth Notification section B1 in the Birth Handbook	
3.2 <i>RON Marriage Entries</i> – marriage schedule and marriage document to be input on RON within 7 days of the event.	To ensure the timely recordings of Marriages on RON.	Registration Service Managers to have monitoring systems in place that ensure marriages recorded onto RON within 7 days.	MEDIUM
3.3 <i>RON Civil Partnership Entries</i> – Entries from Civil Partnership schedule to be input on RON within 2 days of the event.	To ensure the timely registration of Civil Partnerships on RON.	Registration Service Managers to have monitoring systems in place that ensure entries registered onto RON within 2 days.	MEDIUM
3.4 <i>Certificate for burial or cremation</i> – Subject to local knowledge of the prevailing disposal turnaround time, registrars should follow up Part C if not returned 14 days after issue to ensure disposal has taken place. Following further enquiries if no Part C is received then the registrar should raise with GRO.	To provide assurance that the body has been disposed of appropriately.	Local assurance systems in place to follow up outstanding Part C and referral to GRO as required. Registrars' follow up recorded on Form 9 counterfoils.	MEDIUM
3.5 <i>Human Tissue Act</i> – Registrar to maintain list of cases where a body is being used for the purposes of the HTA. Procedure in place to enquiries made after three years with appropriate establishment.	To ensure bodies held by Anatomy Schools for study are held in line with legislative requirements.	Local records of cases are held on a central log (e.g. excel spread sheet) and reviewed after 3 years of death and annually thereafter.	LOW
3.6 <i>Safeguarding of Children and Adults</i> – Weekly returns to safeguarding boards in place.	To ensure child deaths are reported to the board for scrutiny.	Process in place to provide the information on a weekly basis. Evidence of referrals maintained	HIGH
3.7 <i>Accuracy of registration</i> – Registration managers should monitor the levels of corrections made due to Registrar error and ensure remedial training is provided	To reduce the number of corrections and improve accuracy. To identify staff training	Evidence of local monitoring in place and up to date training plans provided as evidence.	HIGH

	needs. To minimise customer inconvenience / complaints.		
<i>3.8 Accuracy of registration</i> – Accurate and timely updating of original registrations following a re-registration or correction – marginal notes on register pages, accurate updates onto RON, timely completion of occasional copies to GRO etc.	To ensure the validity of the legal record and the accuracy/currency of GRO record.	Evidence of local monitoring in place (e.g. to identify trends and/or individual manipulation to create multiple identities) to ensure registration staff are actioning re-registration administrative tasks in a timely manner.	HIGH
<i>3.9 Timely Receipt of Authorised Person/Clergy returns (Quarterly Copy Checking)</i> – Checking and submission of returns by superintendent registrar made within statutory deadlines. <i>(Following the introduction of the Marriage Schedule System in May 2021 this activity will be ongoing until all outstanding clergy/approved person marriage registers have been deposited)</i>	To ensure the accuracy of quarterly copies before submission to GRO for keying onto RON within statutory timescales.	Local systems in place to ensure accuracy of clergy and AP returns and that receipts are followed up quarterly in line with legislation.	MEDIUM
<i>3.10 Timely SR Certification of RON entries</i> – Identification of errors and remedial action to be instigated; whilst ensuring the certification of the entry to allow central GRO record to be utilised for certificate production should registers be stolen/damaged.	To ensure the accuracy of RON entries and the capture of a valid registration record.	Evidence of a regular and systematic approach to SR certification (including ‘spot checks’). GRO RON certification records.	MEDIUM
<i>3.11 RON certification of entries</i> - Identification of training needs through SR certification to improve local standards.	To ensure accuracy of information held on RON.	Evidence that the SR certification process is used to identify training needs for Registrars and improve standards e.g. task instructions and training records.	MEDIUM
<i>3.12 Corrections</i> – Registration staff should report any	To prevent the correction	Evidence of Registration Managers process to monitor	HIGH

suspicious e.g. around changes to parent's place of birth, removal of father's details to GRO Fraud and Disclosure Unit where they believe this is being requested to obtain immigration advantage or benefit fraud.	process being exploited as a route to gain immigration advantage.	corrections (including High Risk Corrections introduced in January 2019) and report any suspicions to GRO Fraud and Disclosure Unit.	
4. Certificates			
<i>4.1 Suspicious Applications for Certificates</i> – Suspicions formally reported to GRO Fraud and Disclosure Unit in accordance with associated guidance.	To identify certificate applications where fraudulent intent is suspected for example for the creation of false identities to obtain other documents e.g. driving licences and passports.	Evidence of staff awareness of the PPCF Section on the registrars' website, including Live Fraud Alerts (updates acted upon), GRO published Fraud Indicators and the associated referral process. All suspicious certificate applications referred to GRO Fraud and Disclosure Unit. Local records used to identify trends or patterns in suspicious certificate applications. Local managers can evidence awareness of volumes of referrals made when questioned.	HIGH
<i>4.2 Suspicious Applications for Certificates</i> - Where applications are processed via Customer Contact Centres/Archive Centres/Online channel assurance sought that staff can identify indicators and safeguards in place to identify suspicious applications.		Call Centre Staff and Online application systems are in place to identify and report suspicious applications Evidence of call centre scripts including reference to the fraud indicators detailed on the Registrars Website. Evidence of fraud awareness training to any call centre staff involved in processing of certificate applications.	HIGH
<i>4.3 Suspicious Applications for Certificates</i> – Periodic checks of staff awareness that they are raising reports as necessary in compliance with GRO 'Guide to Reporting Suspicious Applications for Birth Certificates'.		Data provided by GRO on number of suspicious applications reported, used by local managers to ensure awareness amongst staff.	HIGH

<p><i>4.4 Certificates Lost in post</i> – A log should be maintained to identify trends and patterns emerge with certificates reported as not received by customers in the post and to GRO Fraud and Disclosure Unit to be informed as appropriate.</p>	<p>To identify suspect address and applicants</p>	<p>Local record maintained and any suspicions reported to GRO Fraud and Disclosure Unit.</p> <p>Where appropriate evidence of staff following new handbook instructions on duplicates and lost in post certificates.</p> <p>Monitoring of ‘write-offs’ at appropriate supervisory or management level.</p>	<p>MEDIUM</p>
<p>5. Service Models</p>			
<p><i>5.1 Districts working in partnership</i> – Service Level Agreements between districts should reflect Data Protection protocols with register page, associated documents and certificate control safeguards in place.</p>	<p>To ensure assurance that systems and processes in place between local authorities delivering registration services in partnership are both secure and robust.</p>	<p>Secure delivery arrangements in place to transfer register pages and associated documents.</p> <p>Audit trails in place to ensure certification and closing of registers is undertaken.</p> <p>Evidence that Data protection training undertaken and protocols maintained by staff in partner districts.</p>	<p>HIGH</p>
<p><i>5.2 Districts working in partnership</i> – Delegated authority arrangements across local authorities are formally documented and the associated individual responsibility and accountability fully understood by staff.</p>		<p>Service Level Agreements in place between districts to outline responsibilities and escalation points.</p> <p>Robust data processing controls in place and applied consistently to provide assurance.</p>	<p>HIGH</p>
<p><i>5.3 Districts working in partnership</i> – Responsibility for RON certification clear between districts and executed in a timely fashion.</p>		<p>As per basic RON certification principals apply</p>	<p>HIGH</p>
<p><i>5.4 Districts working in partnership</i> – Lead Authority should ensure RON access levels for Deputies working district boundaries are appropriate and reviewed as necessary</p>		<p>As per RON protocols outlined below</p>	<p>HIGH</p>
<p><i>5.5 Use of Deputies</i> – Delegated authority arrangements within District are clearly outlined and</p>		<p>1 SR / 1RBD and other models which involve</p>	<p>Documented delegated authority arrangements and</p>

staff understand individual responsibilities when acting as deputy principal officers.	multiple deputies are sufficiently robust and safeguard the internal movement of register pages within a district.	individual responsibilities. Evidence of staff awareness of individual responsibilities when acting in the capacity as a deputy principal officer. Systems and process for the transmission of register pages (the legal record) within a district are secure and robust with audit trails in place.	
6. Sham Marriage			
<i>6.1 Section 24 reporting</i> – Staff are familiar with the dedicated ‘Sham Marriage’ area of the Registrars website and adhere to GRO Handbook Chapter M3 and other relevant guidance.	To ensure compliance with Sections 24 and 24A of the Immigration and Asylum Act 1999 and the Immigration Act 2014 which places a duty on registration officials to report suspected sham marriages and civil partnerships to the Home Office	Local authority promotes registration staff awareness of the Section 24 reporting process (e.g. through annual staff reminders and staff training), and ensures appropriate action taken in individual cases.	HIGH
<i>6.2 Section 24 reports</i> – Registration Service managers to monitor volumes and validity of referrals (based on HO feedback where it is received) to check staff are fulfilling their statutory obligation to report any suspicions that a marriage of CP is being contracted to circumvent immigration control.		Local authority monitors volumes and quality of Section 24 reports submitted to Home Office and are satisfied that levels are appropriate	HIGH
<i>6.3 Section 24 reports</i> – Registration Service managers take on board HO feedback (where it is received) on quality and timeliness of Section 24 reports submitted to the MARU hub.		Local authorities take remedial action on Home Office feedback regarding the quality and timeliness of S24 reports.	HIGH
<i>6.4 Document Verification</i> – Staff taking Notice of Marriage / CP should make use of any document checking equipment (where available locally) if any suspicions arise as to the authenticity of documents provided.	To ensure documents presented in support of Notice of Marriage / CP are genuine.	Observations and evidence of staff using any available equipment as appropriate as part of the document verification process at notice stage. Evidence of registration staff having read the relevant guidance and attending any available training on the use of	LOW

		the equipment.	
7. Data Protection			
<i>7.1 Data Protection Training</i> – Corporate mandatory staff data protection training/testing in place with periodic refreshers.	To ensure all staff are aware of their responsibilities in relation to the civil registration and related data they hold and access. To prevent unlawful access to, disclosure of or loss of data.	Training evidenced in individual training logs and/or training plans.	HIGH
<i>7.2 Data Protection Training</i> – Assurance provided that registration staff have read and understand the 'Managing Data Handbook', 'LRS Passwords Guidance' and as appropriate complete the GRO Data Protection modules.		Local records indicate staff have read the guidance / received training.	HIGH
<i>7.3 Data Protection</i> – Local protocols in place to ensure that corporate and individual data protection responsibilities are met.		Evidence of Corporate DPA protocols and their application within the Registration Service. GDPR provisions introduced in the Managing Data Handbook are followed and understood by staff to ensure compliance with the legislation.	HIGH
<i>7.4 Data Protection</i> – Any data breaches are to be reported immediately to GRO, local authority data protection managers and where appropriate the ICO.	To ensure that data breaches are appropriately reported and acted upon.	A recognised process to record incident reporting of Data breaches to the local authority / GRO / ICO as appropriate and remedial action recorded/instigated. Data Loss Register in place where appropriate.	HIGH
<i>7.5 Data Protection</i> - Security and integrity of IT System infrastructure / Data Storage systems (disk, cloud, server etc.), on-line appointment systems / certificate ordering platforms.	To ensure that relevant security provisions are applied to all personal data held by the local authority.	Evidence of systems security and safeguards in place. Adherence to data retention timelines and evidence of subsequent deletion/ certification in place. Evidence that where a registration service has access to a local authority secure email system e.g. GOV.uk, it is used for the sending and receiving of sensitive and personal information.	HIGH

<p><i>7.6 Data Sharing</i> – Processes in place to validate and monitor cases where data is shared with other bodies under the extended powers of the Immigration Act 2014 or for the prevention of crime etc. Audit trails of associated documents (e.g. witness statements) should be maintained and GRO Fraud and Disclosure Unit notified.</p>	<p>To ensure that registration officers identify an appropriate legal gateway before sharing information with other bodies.</p>	<p>Local records held to provide evidence of information shared with other bodies in line with DPA and other appropriate legislation.</p> <p>Service Level Agreements / Memorandum of Understanding in place for all external stakeholders who hold and share data such as Coroners Service, local authority and companies hosting external online diary systems.</p> <p>Evidence of the Digital Economy Act (Code of Practice) being followed when sharing registration information with other civil registration officials and with specified public authorities.</p> <p>Privacy notices on display.</p>	<p>HIGH</p>
<p><i>7.7 Data Deletion</i> – Processes in place to ensure personal data is not retained unlawfully (e.g. where retained on a third-party system).</p>	<p><i>To ensure that personal data is deleted and/or information destroyed according to Data Protection Legislation and protocols.</i></p>	<p>Personal Data deletion requirements detailed in SLAs (e.g. SLAS with online diary providers).</p> <p>Personal data deletions formally assured/certified.</p>	<p>HIGH</p>
<p><i>7.8 ICO Registration</i> – SR registered with Information Commissioner’s Office (ICO) as data controller.</p>	<p>To ensure Superintendent Registrars are registered as data controller.</p>	<p>ICO Certificate of registration of the SR as Data Controller in place.</p> <p>ICO Website check.</p>	<p>HIGH</p>
<p><i>7.9 Freedom of Information requests</i> – Registration staff awareness of data collected in the course of their duties not being covered by the FOI Act and advice sought from local managers and GRO where such requests are received.</p>	<p>To ensure FOI requests are processed appropriately.</p>	<p>Records of FOI requests (answered and refused) to be maintained.</p> <p>Corporate process evidenced.</p>	<p>HIGH</p>

7.10 <i>General Security</i> – Secure storage and timely/secure destruction of confidential waste.	Protects personal data of individuals.	Local process in place to store and subsequently destroy waste in a secure manner with associated GRO/LA retention timelines clearly evidenced.	HIGH
8. RON			
8.1 <i>Local RON system administrator</i> – The RON system administrator understands their responsibilities and has appropriate deputies trained and in place to cover absence.	To ensure proper administration of the RON system and continuity of responsibility whilst RON system administrator is absent	Evidence of RON system administrator roles and that staff undertaking these duties have read and understand the relevant RON guidance.	HIGH
8.2 <i>RON Access</i> – Appropriate access levels are allocated to users including Customer Contact Centre staff.	To ensure that the correct level of access is allocated to users and is appropriate to the role.	RON User list matches current staff appointed excluding long term absentees. Local RON System Administrator is aware of their responsibility in setting access levels. Local RON System Administrators do not attach any unauthorised APIs or automated robotics users onto the RON system.	HIGH
8.3 <i>RON Access</i> – Users who are, or are due to be, absent for more than a month are voided from the system until they return and permanent leavers are removed promptly.	To prevent unauthorised access to RON	RON User list matches current staff with long term absentees removed. Local RON System Administrator is aware of their responsibility of adding/removing staff in a timely manner. Evidence of a leavers/joiners process to be followed and that GRO are notified when registration staff leave the service.	HIGH
8.4 <i>RON Security protocols</i> – Users adhere to security protocols at all times including not sharing	To ensure no malicious or unauthorised access	Evidence of clear security protocols for staff. Security Culture encouraged through staff training and awareness.	HIGH

log-in details/password/secret question.	to RON using valid log in details. To ensure all RON transactions occur under the users' legitimate log in details and a correct audit trail is maintained.	Registration managers conducting spot checks to ensure compliance.	
<i>8.5 RON Security protocols</i> – Systems in place to ensure staff do not log into RON from outside of the office unless genuine business need and prior approval given by Registration Managers.	To prevent unauthorised access to RON	Documented protocol and process to agree out of office/out of hour's access to RON.	HIGH
9. Stock and Security			
<i>9.1 Certificate Stock Orders</i> – Registration staff ensure certificate stock orders submitted to GRO are based on annual usage and existing stock levels.	To minimise the risk by holding appropriate levels of stock.	Stock orders submitted take into account current levels of stock held.	MEDIUM
<i>9.2 Delivery of Certificate Stock</i> – Any issues with the delivery of stock to local authorities to be reported to GRO Registration Supplies Unit immediately.	To ensure that GRO can deal with transit/delivery issues and reduce risk.	Evidence of checks upon receipt. Evidence of issues reported to GRO.	HIGH
<i>9.3 Security of Certificate Stock</i> – Registration staff understands their responsibilities and follow guidance outlined in 'Ensuring the Security of Certificate Stock – A Guide for Registration Staff'.	To ensure that all staff understand their responsibilities and wider Public Protection aspects.	Evidence within individual training plans that guidance has been read and understood.	HIGH
<i>9.4 Missing/Lost Certificate Stock</i> – Registration Staff report any missing certificate stock immediately to	To ensure HM Government and	Investigate circumstances around the loss of certificate stock and notify GRO.	HIGH

GRO	appropriate agencies can be informed to reduce risk of unlawful use of certificates.	Evidence of any incident reports submitted to GRO and reported to Police as appropriate.	
<i>9.5 Register Storage</i> – Repository standards are fit for purpose and where records are stored offsite in commercial storage facilities local authorities ensure adequate safeguards are in place to secure records.	To ensure that the legal records of Births, Marriages and Deaths for a district are securely held.	Responsibility for the custody of registers remains with the SR regardless of location and adequate safeguards should be in place and evidenced through observations and local inspection practices.	HIGH
<i>9.6 General Security</i> – Lockable interview rooms and cupboards; control of keys and regular changes to numeric codes.	To ensure security of records and certificates.	Stock and Security Review Reports Internal Audit reports Key Registers in place	HIGH
<i>9.7 Stock and Security Reviews</i> – actions and recommendations from reviews have been discharged or mitigation in place.	To ensure recommendations have been addressed.	Follow up activity by Compliance and Performance Unit. Process in place to address actions/recommendations	HIGH
<i>9.8 Spoilt Certificates</i> – Registration officers understand and follow locally agreed processes for the checking, reconciliation and retention of spoiled certificates.	Ensures certificates are accounted for by the local authority.	The process for the management of and accounting for spoiled certificates should be informed by the LRS Spoils Best Practice Guidance document on the registrar’s website. A defined retention policy should be in place, along with third party checks and inclusion within local authority internal audit processes.	MEDIUM
10. Fraud			
<i>10.1 Fraud Awareness</i> – Local Authorities encourage fraud awareness via appropriate training and briefings.	To provide staff with an awareness and understanding of how	Training in place for staff and documented on individual staff records. Records of referrals made to GRO Fraud and Disclosure Unit to report offences.	MEDIUM

	civil registration can be a target for fraudulent activity both internally and externally.	Staff awareness of the dedicated PPCF section on the Registrars Website. Evidence of staff having undertaken the LRS Fraud Awareness Training Package on the Registrars Website. Staff undertaking the National Training Qualification can demonstrate achievement of the relevant PPCF module. Registration Staff aware of and plans are in place to train on Fraudulent Documentation Handling.	
<i>10.2 Fraud Reporting</i> – Mechanisms in place locally that allow staff to refer suspicions of internal fraud.		Local authority systems in place (e.g. whistle blowing hotline) and corporate policies followed.	MEDIUM
<i>10.3 Fraud Reporting</i> – Registration staff advise GRO Fraud and Disclosure Unit of any offences that have been reported to the police e.g. bigamy, perjury etc.	To maintain the integrity of registration and ensure potential offence reported to Police.	Records of referrals made to Police and or GRO Fraud and Disclosure Unit to report offences.	MEDIUM
<i>10.4 Fraud Suspicion (Temporary Blocking Notice)</i> - Registration staff act on GRO Fraud and Disclosure Unit instruction and pencil note the register page.	To prevent the issue of certificates from a register entry that may be exploited where a suspicion of fraudulent activity exists.	Evidence of local process in place to pencil note register entries immediately upon receipt of instruction from GRO Fraud and Disclosure Unit.	HIGH
11. Other			
<i>11.1 Citizenship</i> – local authority staff should conduct pre-ceremony checks to ensure that the individual presenting themselves matches the photograph on the Home Office paperwork.	To protect the integrity of the citizenship ceremony by ensuring applicants identity can be verified.	Local authority staff provided with training on how to proceed if doubts arise. Home Office informed of cases where identity is in doubt.	LOW
<i>11.2 Places of Worship</i> Registered for Marriage – Superintendent Registrars discharge their statutory	To provide assurance that registered buildings	Closures reported.	HIGH

<p>duty to inform GRO of the closure of any places of worship registered for marriage that they become aware of.</p>	<p>are still in use and that marriage registers are secure and protected.</p>	<p>Good practice of Superintendent Registrar using quarterly copy process to identify potential place of worship closures (where no returns received is in evidence).</p> <p>Evidence of marriage registers being returned following closure and attempts made to retrieve unused marriage certificate stock.</p> <p>Evidence of SR seeking to retrieve registers and stock from buildings registered as places of worship that are no longer being used for that purpose.</p>	
<p><i>11.3 GRO Registrars Website Access – Registration Managers to advise GRO immediately of leavers to ensure only authorised users have access to the site.</i></p>	<p>To protect the guidance and information contained within the site</p>	<p>Evidence of registration service protocols in place and being adhered to for staff leavers and joiners in line with GRO guidance on the registrars' website.</p> <p>GRO Registrars Website data cleanse exercise</p>	<p>MEDIUM</p>
<p><i>11.4 Staff Security Clearance and Recruitment – Local Authority to ensure suitable and appropriate persons are recruited into registration roles</i></p>	<p>To ensure the integrity of the registration service</p>	<p>Registration staff are recruited through the Local authority corporate recruitment process with its associated vetting and security processes</p>	<p>HIGH</p>

Appendix B4: Customer Engagement Strategy Assurance Framework

Aim
<p>The Local Registration Service (LRS) must have a documented Customer Engagement Strategy, and be able to evidence it as and when required and specifically as part of the Annual Performance Report to the Registrar General. The LRS are encouraged to have a numerical measure of customer experience.</p> <p>This strategy should seek to deliver two distinct outcomes:</p> <ol style="list-style-type: none">1. Customers are able to influence key policies, strategies and service standards: provide customers with the opportunity to comment on key policies, strategies and their experience of service standards. LRS to consider customer comments and incorporate their suggestions, where appropriate.2. Customer feedback is integral to service improvement: ensure appropriate processes are in place to routinely obtain and analyse customer feedback on their experiences, and use this to influence and change service delivery where appropriate. <p>An extract from Customer Service Excellence website (http://www.customerserviceexcellence.uk.com/aboutTheStandardCSE.html)</p> <p>'The Government wants services for all that are efficient, effective, excellent, equitable and empowering – with the citizen always and everywhere at the heart of service provision.'</p>
Objectives
<ol style="list-style-type: none">1. To support Best Value whilst considering reasonableness, proportionality, legislation and cost – recognising individual Local Authority (LA) protocols for customer engagement.2. To engage with customers on relevant issues which directly affect them.3. To use customer feedback to drive forward service improvement. Routinely collecting and analysing feedback on their experiences from customers, and using this to identify areas for improvement.4. To engage with customers in a range of ways that meets their needs.5. Where relevant to ask customers about proposed service developments to gain an understanding of appetite for changes to services e.g.

opening times, new discretionary fees, etc.

6. Where applicable and where a Customer Experience measure is developed, and published, for this to be documented with an indication of the volume of survey forms, dates of survey and indicative return rates.

Monitoring, Reporting and Evidence

Criteria	Key Features	Suggested Examples of Monitoring, Reporting and Evidence
Documented Strategy	Service – Strategy document	Evidence of documented customer engagement strategy
Local Authority Policy	Local Authority – Strategy document	Evidenced where the Service Strategy is closely aligned or governed by corporate Local Authority policy
Engagement	Appropriate mechanisms in place to gain Customer Insight	<ul style="list-style-type: none"> Focus groups Customer surveys Comment cards Website feedback Social media Newsletters Formal and informal consultation Demonstration of how the service engages with customers
Service	How accessible is the service for	Evidence of timeliness to meet statutory requirements and customer expectations

Accessibility	customers?	<p>Appropriate and proportionate to customer base and demographics</p> <p>Availability (e.g. brochures, on line services, Wedding Fayres)</p> <p>How does the service understand the needs of the local community and reflect that in service delivery?</p> <p>Stakeholder engagement</p> <p>Social media</p> <p>Website feedback</p> <p>Investors in Diversity</p>
Culture	Does the culture of the service reflect the strategy?	<p>Training records</p> <p>Impact Assessments</p> <p>Customer comment cards, complaint handling, and positive feedback to staff</p> <p>Evidence of impact for staff training and development</p> <p>Investors in People</p> <p>Staff conduct – courtesy; sensitivity; personalised service as appropriate</p> <p>Customer Service Excellence Award</p> <p>Customer Expectations informed by publication of service standards – e.g. Customer Charter.</p>
Customer Service Satisfaction Level	The LRS are encouraged to have a numerical measure of customer experience. Where a Customer Experience measure is in place, results should be published and sample sizes, return rates and	<p>Customer Surveys</p> <p>Comment cards</p> <p>Exit polls</p> <p>Customer Journey Mapping</p> <p>Trend analysis – providing an indication of customer satisfaction levels over a period of</p>

	<p>survey dates documented</p> <p>Customer service monitored in a timely and regular way</p> <p>Customer views on relevant aspects of service captured</p> <p>Results are published</p>	<p>time to determine the direction of travel</p> <p>Publication of satisfaction levels, waiting times, performance indicators/service standards</p> <p>Benchmarking</p> <p>Risk management</p> <p>Validation of results (Audit reports, Committee reports, external verification for example Customer Service Excellence Award)</p>
Continuous Improvement	<p>Measure and manage risk</p> <p>Customers influencing service design</p> <p>How has the service improved following customer engagement?</p>	<p>Evidence of impact of customer feedback where practical and proportionate</p> <p>You Commented, We Listened, The Result</p> <p>Action plans/Lessons learned</p> <p>Explanation where service cannot change due to legislation, corporate policy etc.</p> <p>Ideas for income generation</p> <p>Evidence of impact for staff training and development</p> <p>Benefits analysis (customers, service and/or organisation)</p> <p>Sharing of 'Best Practice'</p> <p>Learning from 'Best Practice' in other organisations</p>
Complaint Handling	<p>Corporate Complaint Process</p>	<p>Corporate and/or service policy on handling of complaints</p> <p>Record of formal complaint investigations, findings and response</p> <p>Audit trail of complaint correspondence</p> <p>Remedial action from upheld complaints and lessons learned. Good practice shared as appropriate</p> <p>Analysis of trends</p>

		Timely and effective communication with complainants Staff training and regular refreshers in the Corporate Complaints Process
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