

# Standards and Audit Committee

**Tuesday 26 November 2019 at 7.30pm**

**Council Chamber  
Runnymede Civic Centre, Addlestone**

## Members of the Committee

Councillors M Nuti (Chairman), J Sohi (Vice-Chairman), M Adams, D Anderson-Bassey, B Clarke, M Cressey, R Edis, M Harnden, M Kusneraitis and J Wilson.

In accordance with Standing Order 29.2 any non-member of the Committee who is considering attending the meeting should first request the permission of the Chairman.

## A G E N D A

### Notes:

- i) Any report on the Agenda involving confidential information (as defined by section 100A(3) of the Local Government Act 1972) must be discussed in private. Any report involving exempt information (as defined by section 100I of the Local Government Act 1972), whether it appears in Part 1 or Part 2 below, may be discussed in private but only if the Committee so resolves.
- ii) The relevant "background papers" are listed after each report in Part 1. Enquiries about any of the Agenda reports and background papers should be directed in the first instance to **Miss C Pinnock, Democratic Services, Law and Governance Business Centre, Civic Centre, Station Road, Addlestone (Tel: Direct Line: 01932 425627) (email: [clare.pinnock@runnymede.gov.uk](mailto:clare.pinnock@runnymede.gov.uk))**.
- iii) Agendas and Minutes are available on a subscription basis. For details, please ring Mr B A Fleckney on 01932 425620. Agendas and Minutes for all the Council's Committees may also be viewed on [www.runnymede.gov.uk](http://www.runnymede.gov.uk).
- iv) In the unlikely event of an alarm sounding, members of the public should leave the building immediately, either using the staircase leading from the public gallery or following other instructions as appropriate.

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Filming should be limited to the formal meeting area and not extend to those in the public seating area.

The Chairman will make the final decision on all matters of dispute in regard to the use of social media, audio-recording, photography and filming in the Committee meeting.

## **LIST OF MATTERS FOR CONSIDERATION**

### **PART I**

#### **Matters in respect of which reports have been made available for public inspection**

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### **PART II**

#### **Matters involving Exempt or Confidential Information in respect of which reports have not been made available for public inspection.**

a)	<u>Exempt Items</u>	
13.	ADDLESTONE ONE RISK REGISTER	61
14.	EGHAM GATEWAY WEST RISK REGISTER	63
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(No items to be considered under this heading)

**1. FIRE PRECAUTIONS**

The Chairman will read the Fire Precautions, which set out the procedures to be followed in the event of fire or other emergency.

**2. NOTIFICATION OF CHANGES TO COMMITTEE MEMBERSHIP**

**3. MINUTES**

To confirm and sign the Minutes of the Committee held on 17 September 2019, which were circulated to all Members in October 2019.

**4. APOLOGIES FOR ABSENCE**

**5. DECLARATIONS OF INTEREST**

If Members have an interest in an item please record the interest on the form circulated with this Agenda and hand it to the Legal Representative or Democratic Services Officer at the start of the meeting. A supply of the form will also be available from the Democratic Services Officer at meetings. Members are advised to contact the Council's Legal section prior to the meeting if they wish to seek advice on a potential interest.

Members are reminded that a non pecuniary interest includes their appointment by the Council as the Council's representative to an outside body and that this should be declared as should their membership of an outside body in their private capacity as a director, trustee, committee member or in another position of influence thereon.

Members who have previously declared interests which are recorded in the Minutes to be considered at this meeting need not repeat the declaration when attending the meeting. Members need take no further action unless the item in which they have an interest becomes the subject of debate, in which event the Member must leave the room if the interest is a disclosable pecuniary interest or if the interest could reasonably be regarded as so significant as to prejudice the Member's judgement of the public interest.

**6. INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS (TIAA, Chris Harris)**

**Synopsis of report:**

**To inform Members on the progress made by Council Officers in implementing the recommendations made by TIAA, the Council's Internal Auditors, resulting from the internal audit work.**

**Recommendation(s):**

**None. This report is for information.**

**1. Context of report**

1.1 Attached at Appendix 'A' is TIAA's Follow Up Report on Recommendations made following completion of the internal audit work. This exception report summarises outstanding recommendations as at October 2019.

1.2 Corporate Heads with outstanding recommendations have been asked to provide an update to the Committee at the meeting.

2. **Resource implications**

2.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

3. **Legal and Equality implications**

3.1 None.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports

## Runnymede Borough Council

### Internal Audit Progress Report for Outstanding Recommendations

**2019/20**

November 2019

# Executive Summary

## Introduction

1. This summary report provides the Standards and Audit Committee with an update on the progress in implementing the priority 1, 2 and 3 recommendations arising in previous internal audit reports.
2. This follow up review was carried out in October 2019. Since the previous follow up review was carried out (August 2019), eight recommendations have reached their target implementation date. A further review was also carried out in relation to the five recommendations set out in the previous follow up report which had reached their implementation date but had not been fully implemented at that time.

## Key Findings & Action Points

3. The follow up review considered whether the management action taken addresses the control issues that gave rise to the recommendations. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss. From the work carried out the following evaluations of the progress of the management actions taken to date have been identified.

Evaluation	Number of Recommendations
Implemented	7
Outstanding	6
No Longer Applicable	0
Not Implemented	0

4. For the seven recommendations that have been confirmed as implemented, no further action is necessary and specific details have not been included in this report.
5. In relation to the six recommendations classified as Outstanding, this includes one recommendation which has not yet reached its revised target implementation date. No further action is necessary at this time and therefore specific details have not been included in this report.
6. For the remaining five recommendations classified as Outstanding, these will continue to be periodically monitored, and details relating to the specific recommendations in these cases have been included in the Detailed Report section below.

## Scope and Limitations of the Review

7. The review considers the progress made in implementing the recommendations made in the previous internal audit reports and to establish the extent to which management has taken the necessary actions to address the control issues that gave rise to the internal audit recommendations.
8. The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud.
9. For the purposes of this review reliance was placed on management to provide internal audit with full access to staff and to accounting records and transactions and to ensure the authenticity of these documents.

## Release of Report

10. The table below sets out the history of this report.

<b>Date final report issued:</b>	6 <sup>th</sup> November 2019
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## Executive Summary

### Follow Up

11. Management representations were obtained on the action taken to address the recommendations and limited testing has been carried out to confirm these management representations. The following matters were identified in considering the recommendations that have not been fully implemented:

12. Day Centres

<b>Audit title</b>	<b>Day Centres</b>	<b>Audit year</b>	2017/18	<b>Priority</b>	3
<b>Recommendation</b>	Training to be given to the Centre Managers in preparing bank reconciliations to enable the analysed cash book to be reconciled to the bank statement on a monthly basis.				
<b>Initial management response</b>	Finance to be asked to provide required training.				
<b>Responsible Officer/s</b>	Operations Manager / Head of Community Services	<b>Original implementation date</b>	July 2018 (subsequently revised to August 2019)	<b>Revised implementation date</b>	April 2020
<b>Latest Update</b>	<p>An update was provided by the Head of Community Services in June 2019 that work was currently ongoing to look at ways in which Social Fund accounts can be closed, with income and expenditure lines reflecting the way in which social funds are used added to the RBC budgets for each day centre.</p> <p>As part of the October 2019 follow up, a further update was received that work has commenced on the transfer of social funds to RBC budgets. However, due to staffing resources and operational priorities this may be a slower piece of work than anticipated. It is hoped that the first social centre fund from Manor Farm Day Centre will be transferred by April 2020, subject to availability of resources to complete the work. Following this, there will be further roll out to other centres. However, if the timescales outlined are interpreted as a risk being carried by the authority for too long a period, training could be provided by financial services and an interim process in support of the social funds arranged.</p>				
<b>Status</b>	<b>Outstanding</b>			Implementation is in progress but the revised target date has not been met. A further revised target date has been set.	

13. Depot

<b>Audit title</b>	<b>Depot</b>	<b>Audit year</b>	2017/18	<b>Priority</b>	3
<b>Recommendation</b>	Consideration be given to the Depot having its own risk register to identify the key risks associated with the Depot and how these are being controlled and managed.				
<b>Initial management response</b>	Agreed.				
<b>Responsible Officer/s</b>	DSO Manager	<b>Original implementation date</b>	01/07/18	<b>Revised implementation date</b>	31/08/19
<b>Latest Update</b>	<p>A revised implementation date of 31/08/19 was previously provided as part of the follow up carried out in April 2019. It was advised by the DSO Manager that this was due to the fact that the Deputy DSO Manager left Runnymede at the beginning of November 2018 and had not been replaced. The DSO Manager was also absent for 4 weeks in March.</p> <p>As part of the October 2019 follow up review, the DSO Manager advised that the risk register for the depot has not progressed. The DSO Manager officially retired at the end of February and was taken back on a reduced hour's contract until a replacement could be recruited. A new DSO Manager started in October 2018 and the previous DSO Manager left the Council on 31 October. This recommendation will now lie with the new DSO Manager, and will continue to be monitored as part of periodic follow up reviews. A further revised implementation date was not provided at the time of the October 2019 follow up.</p>				
<b>Status</b>	<b>Outstanding</b>			The revised target date has not been met.	

14. Freedom of Information

<b>Audit title</b>	<b>Freedom of Information</b>	<b>Audit year</b>	2019/20	<b>Priority</b>	3
<b>Recommendation</b>	Mandatory training in relation to Freedom of Information be completed by all relevant members of staff and appropriate action taken should they not complete the training.				
<b>Initial management response</b>	<p>Management acknowledges that there is currently a weakness in respect of the oversight of completion of training. The Law and Governance Service does not have access to the system for monitoring such training, which rests with Human Resources.</p> <p>It could be incorporated into staff induction so that when staff are released to their Service all mandatory training has been completed. It will be proposed that such training be undertaken as part of the staff induction process to ensure that a suitable Officer has oversight.</p>				
<b>Responsible Officer/s</b>	Corporate Head of Legal & Governance	<b>Original implementation date</b>	31/08/19	<b>Revised implementation date</b>	Not provided.
<b>Latest Update</b>	The original implementation date for this recommendation has now passed. A status update in relation to this recommendation was not provided during the October 2019 follow up review.				

15. ICT Change Management

<b>Status</b>	<b>Outstanding</b>			Status update from management not provided.	
<b>Audit title</b>	<b>ICT: Change Management</b>	<b>Audit year</b>	2018/19	<b>Priority</b>	<b>3</b>
<b>Recommendation</b>	A risk map be developed for the ICT department.				
<b>Initial management response</b>	Agreed.				
<b>Responsible Officer/s</b>	Head of CS, ICT, Revs & Bens.	<b>Original implementation date</b>	30.09.19	<b>Revised implementation date</b>	31.12.19
<b>Latest Update</b>	It was advised by the Head of Service that significant progress has been made on this, however it is not quite complete. A copy of the work in progress risk register was provided as evidence, and it was advised that it is planned to complete this by the end of December. This recommendation will therefore continue to be monitored as part of periodic follow up reviews.				
<b>Status</b>	<b>Outstanding</b>			Implementation is in progress but the original target date has not been met. A revised target date has been set.	

16. Sheltered Accommodation

<b>Audit title</b>	<b>Sheltered Accommodation</b>	<b>Audit year</b>	2018/19	<b>Priority</b>	<b>3</b>
<b>Recommendation</b>	Ensure that the policies and procedures are reviewed and updated as necessary. The updated policies and procedures should also include reference to the restrictions in place regarding resident's financial affairs, the responsibilities of staff receiving gifts and the process to appoint third parties.				
<b>Initial management response</b>	Procedures to be reviewed and updated.				
<b>Responsible Officer/s</b>	Senior IRL Manager	<b>Original implementation date</b>	November 2018 (subsequently revised to September 2019)	<b>Revised implementation date</b>	Mid-December 2019
<b>Latest Update</b>	A revised implementation date of September 2019 was previously provided as part of the follow up carried out in June 2019. It was advised by the Senior IRL Manager that this was still a work in progress due to other work commitments taking priority. As part of the October 2019 follow up, a further update was provided by the Senior IRL Manager that all the current procedures have now been reviewed and they are now in the process of re writing and formatting the new ones. A revised implementation date of mid-December 2019 was provided for completion of the new procedures. This recommendation will therefore continue to be monitored as part of periodic follow up reviews.				
<b>Status</b>	<b>Outstanding</b>			Implementation is in progress but the revised target date has not been met. A further revised target date has been set.	

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7. **INTERNAL AUDIT PROGRESS REPORT 2019/2020 (TIAA, Chris Harris)**

**Synopsis of report:**

**To inform Members on the progress made to date by TIAA, the Council's internal auditors, on the 2019/2020 Internal Audit Annual Plan.**

**Recommendation(s):**

**None. This report is for information.**

1. **Context of report**

1.1 Attached at Appendix 'B' is the most recent Internal Audit Progress Report for 2019/2020.

2. **Report**

2.1 The report identifies the audits which have been completed since the last meeting of this Committee, for the 2018/19 and 2019/20 planned audits.

3. **Resource implications**

3.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

4. **Legal and Equality implications**

4.1 None.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports

## Runnymede Borough Council

Progress Report 2019/20

Standards and Audit Committee

26<sup>th</sup> November 2019

November 2019

## Introduction

1. This summary report provides the Standards and Audit Committee with an update on the progress of our work at Runnymede Borough Council as at 1 November 2019.

## Progress against the 19/20 Annual Plan

2. Our progress against the Annual Plan for 2019-20 is set out in Appendix A. (In addition, any outstanding 2018/19 final audit reports are included in Section 4 below.) All Priority 1 and 2 recommendations made to the final reports identified in Section 4 below and their management responses are shown at Appendix B, except the Local Plan Audit which is separately reported in full as a separate agenda item for this Committee.

## Emerging Governance, Risk and Internal Control Related Issues

3. We have not identified any emerging risks which could impact on the overall effectiveness of the governance, risk and internal control framework of the organisation.

## Audits Completed since the last report to Committee

4. The table below sets out details of audits finalised/issued since the previous meeting and of those outstanding audit reports at draft report stage of the Standards and Audit Committee.

Review	Evaluation	Key Dates				Number of Recommendations			
		Start date	Draft issued	Responses Received	Final issued	1	2	3	OEM*
<b><u>2018/19 audits</u></b>									
HR - Recruitment	Reasonable	August 2018	30/01/2019	30/08/2019	03/09/2019	-	1	2	-
Housing Rents	Substantial	January 2019	21/03/2019	31/10/2019	01/11/2019	-	-	1	-
<b><u>2019/20 audits</u></b>									
Local Plan	Limited	July 2019	07/08/2019	14/10/2019	16/10/2019	-	6	-	-
Treasury Management	Substantial	July 2019	30/08/2019	02/09/2019	04/09/2019	-	-	-	1

\*Organisational Efficiency Matters (OEM). These are best practice or value for money issues identified during the audit

## Changes to the Annual Plan 19/20

5. There are two approved change to the Annual Plan for 2019/20:
- Delete – Commercial Property Redevelopment (this audit has just been concluded in June 2019 from the 2018/19 audit programme and will be undertaken again early 2020/21)
  - Increase audit time by 5 days for the Local Plan audit

## Frauds/Irregularities

6. We have not been advised of any frauds or irregularities in the period since the last summary report was issued.

## Liaison

7. We continue to liaise with the Assistant Chief Executive on a regular basis.

## Progress Actioning Priority 1 Recommendations

8. We have not made any Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous progress report.

## Responsibility/Disclaimer

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



## Progress against the Annual Plan for 2019/20

System	Planned Quarter	Days	Current Status	Comments	Date last time audited
Risk Management	2	6	Draft report issued 17 September 2019		December 2017
Commercial Property Redevelopment	3/4	(11)0		Delete from 2019/20 plan as just audited - to include in 2020/21 plan	June 2019
Data Quality	1	6	Final report issued 25 June 2019		July 2017
Commercial Rents	3/4	6			June 2019
Benefits and Council Tax Support	3/4	10			March 2019
Non-Domestic Rates (NDR)	3/4	8			March 2019
Council Tax	3/4	8			March 2019
Accounts Payable (Creditors)	3/4	6			December 2018
Accounts Receivable (Debtors)	3/4	6	Start date 5 November 2019		December 2018
Income – Cash and Bank	3/4	6			March 2019
Main Accounting (General Ledger)	3/4	6			March 2018
Payroll	3/4	8	In progress		February 2019
Capital Accounting and Asset Management	3/4	6	In progress		March 2017
Treasury Management	2	6	Final report issued 4 September 2019		March 2018
ICT – TBA (Contingency)	3	(18)0			N/A
ICT – Active Directory, IT Data Backup and Disaster Recovery	3	8			
ICT – Network Security	3	8			
Procurement/Contracts	4	6			March 2019
Governance – Corporate (Constitution,	1	6	Draft report issued 9 July 2019		October 2017

System	Planned Quarter	Days	Current Status	Comments	Date last time audited
Members, transparency and openness)					
Freedom of Information	1	6	Final report issued 1 July 2019		2016
Depot – to include trade waste	1	6		Audit deferred until later in year due to operational staffing issues	April 2018
Car Parking	1	6	Final report issued 30 May 2019		November 2016
Planning Enforcement	1	6	Draft report issued 18 June 2019		Not Known
Housing Rents	2	6			March 2019
Housing Allocations and Homelessness	2	6	In progress		June 2017
Housing Enforcement	1	6	Draft report issued 22 October 2019		Not Known
Housing Section 106	1	8	Final report issued 22 August 2019		Not Known
Local Plan	1	(8)13	Final report issued 16 October 2019		Not Known
Follow up	4/5	15		This is now a quarterly update of all outstanding recommendations	
<u>Total</u>		<u>194</u>			

**KEY:**

	=	To be commenced
	=	Site work commenced
	=	Draft report issued
	=	Final report issued

## Recommendations – Priority 1 and 2 recommendations

Audit Report: HR Recruitment

Report Issued: September 2019

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	Sample testing highlighted one case where the HR team were not involved in the recruitment process as the individual had been headhunted by existing members of the recruiting department. While it was confirmed that the approval of additional staffing in this case was given by the Corporate Management Committee, the post itself was not advertised and there was no independent HR scrutiny of the recruitment process or assessment of the individual recruited. The lack of HR involvement in a recruitment process presents the risk that an individual may not in fact have the requisite skill set for the post. In addition, there is a risk of a lack of transparency where there is an existing relationship between members of the existing team and the individual being recruited.	Recruiting managers to involve HR at the earliest opportunity during any recruitment exercise to ensure there is independent scrutiny of the process, particularly where a non-standard recruitment approach is adopted.	2	<p><i>Agreed. Responsibility for ensuring that line managers comply with recruitment processes lies with their line manager. Those involved in these cases had been trained in the processes but bypassed them to recruit someone they knew.</i></p> <p><i>These issues were brought up with the relevant line managers by HR when made aware of what had occurred.</i></p> <p><i>Follow up action – the Head of HR will remind Corporate Heads through SLT about not bypassing recruitment processes.</i></p>	By 31/10/19	<p><i>Corporate Heads</i></p> <p><i>Head of HR</i></p>

8. **ANNUAL INTERNAL AUDIT PLAN 2020/2021 (TIAA, Chris Harris)**

**Synopsis of report:**

**To inform Members of the Annual Internal Audit Plan for 2020/2021**

**Recommendation(s):**

**None. This report is for information.**

1. **Context of report**

1.1 Attached at Appendix 'C' is the draft Internal Audit Plan for 2020/2021.

2. **Report**

2.1 The report is submitted as a discussion draft to encourage feedback and suggestions on the type of work that the Committee would like TIAA to undertake in 2020/21.

2.2 The framework of the rolling strategic plan over a four year period (2019 – 2023) is also presented.

3. **Resource implications**

3.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

4. **Legal and Equality implications**

4.1 None.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports

## Runnymede Borough Council

Annual Internal Audit Plan 2020/21

Standards and Audit Committee

26<sup>th</sup> November 2019

November 2019

## Overview

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### Introduction

To assist Runnymede Borough Council in formulating an innovative and informative Audit Plan for 2020/21 an early draft has been prepared to enable a discussion at this Standards and Audit Committee. TIAA are currently commissioned to undertake some 175 days of internal audit work per annum and have to date undertaken regular audits in the financial and revenues area. As these are usually “substantial” assurance audits it is suggested in going forward that TIAA undertake a single Financial Controls Audit with a light audit touch across a number of financial systems. We would supplement this every year with a more detailed review into one or two key financial systems.

In addition, we will adopt a similar approach to the revenues systems (NDR, Council Tax, Benefits) with a single audit being undertaken each year.

The effect of this limited approach to the Financial and revenues areas will free up a number of audit days that can be applied to other areas of importance within the Council.

Many of the audits that appear in the 2020/21 audit programme are included as these have not been audited for some time and are there as part of the cyclical nature of the audit. Should Members identify other high risk/more important areas to be audited then some of these lower risk cyclical audits can be deferred to a later period.

Based on previous year’s work, our knowledge of the sector and some early thoughts on what may be topical at the Council a draft plan for discussion is shown at Appendix A below.

Appendix B shows the rolling strategic plan over a four year period.

Appendix C shows the TIAA remit to internal audit.

## Proposed Areas for Audit – 2020/21

Quarter	Audit	Type	Days	Rationale
	Commercial Property	Assurance	8	<p><b>Rationale:</b> The Council have embarked on a regular investment and development programme of work throughout Runnymede. This presents a high risk for the Council in that significant sums are now to be borrowed, major contracts are to be tendered and properties either sold, rented out or leased to tenants following development.</p> <p><b>Scope:</b> The scope will include:</p> <p>For the development projects:</p> <ul style="list-style-type: none"> <li>• Reviewing progress and costs against the pre-determined targets.</li> <li>• Examining the many change orders produced since the last audit.</li> <li>• Reviewing the governance and reporting arrangements.</li> <li>• Reviewing the payments made to the contractor and the supporting evidence.</li> </ul> <p>For the RBC companies:</p> <ul style="list-style-type: none"> <li>• Reviewing the governance arrangements</li> <li>• Reviewing decisions taken and reporting mechanisms – to include Committee papers</li> <li>• Reviewing Separation of Duties/Conflicts of Interest for Directors of the RBC companies</li> </ul> <p>For Property Purchase:</p> <ul style="list-style-type: none"> <li>• Reviewing decisions taken and reporting mechanisms – to include Committee papers</li> <li>• Reviewing policy and procedures</li> <li>• Reviewing Governance arrangements</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Business Continuity	Assurance	6	<p><b>Rationale:</b> Business Continuity is essential for maintaining essential services to the community and Business Continuity Plans need to be tested to confirm they are resilient and able to provide continuation of business as usual. A periodic audit will provide assurance that Services will continue as required after a disruption.</p> <p><b>Scope:</b> The review will assess the adequacy and effectiveness of the internal controls in place at the Council for managing the business continuity planning process and ensuring that the Council is resilient to disruptive events that may impact upon the organisation. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Business Continuity risks per the Strategic and Operational risk registers have action plans to mitigate risk;</li> <li>• Appropriate Corporate and Service Continuity plans are in place, which are regularly reviewed and readily accessible to staff;</li> <li>• Business Impact Assessments are completed on a regular basis;</li> <li>• Staff and additional financial resources required to execute the plans are adequate and available;</li> <li>• Adequate training is provided to officers to ensure they are fully aware and understand their responsibilities in the event of an incident occurring; and</li> <li>• Business Continuity Plans are periodically tested to ensure their effectiveness, with lessons learned being integrated into the planning process</li> </ul>
	Commercial Rents	Assurance	6	<p><b>Rationale:</b> Commercial Rents are becoming a major income stream for the Council and an annual audit is required to provide assurance that all rents are collected in accordance with the rental/lease agreement</p> <p><b>Scope:</b> The review will consider the following key areas:</p> <ul style="list-style-type: none"> <li>• How the rental arrangements with Sainsbury's at the Egham site are being managed following previous failure to apply a rent rise.</li> <li>• The current portfolio of commercially rented properties and how these are managed/verified are accurate within the Concerto system.</li> <li>• To establish and confirm that all commercial rents are appropriately recorded with trigger dates for rent reviews are in place.</li> <li>• To establish that the database of commercial properties is accurate and up to date.</li> <li>• To sample test a number of commercial properties to confirm that rents are paid in accordance with their agreement</li> </ul>



Quarter	Audit	Type	Days	Rationale
	Data Protection	Assurance	6	<p><b>Rationale:</b> Failure to comply with the new General Data Protection Regulations could mean very substantial fines. An assurance audit to assess compliance with the Regulations will help to identify any weakness or omission.</p> <p><b>Scope:</b> To review compliance with the General Data Protection Regulations (GDPR). The review will directly assess how compliant the Council is with the GDPR. This will include key elements such as (but not limited to):</p> <ul style="list-style-type: none"> <li>• Privacy Impact Assessments</li> <li>• Data Subject rights (e.g. Right to be forgotten)</li> <li>• Data Classification and Asset management</li> <li>• Data Security</li> <li>• Breach Management</li> <li>• Governance</li> <li>• Consent</li> <li>• Data Controllers &amp; Processors</li> </ul>
	HR – Absence Management	Assurance	6	<p><b>Rationale:</b> This is a periodic audit to assess the council’s resilience and control of absence.</p> <p><b>Scope:</b> The review will examine the Council’s recording, monitoring and management of staff sickness absence. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Appropriate procedures are in place, which are readily accessible to all relevant staff;</li> <li>• Roles and responsibilities for managing absence are clearly defined;</li> <li>• Appropriate training has been carried out for line managers to ensure compliance with procedures;</li> <li>• Adequate records are maintained for all staff absences;</li> <li>• Appropriate monitoring/follow-up action is taken by HR and/or line managers; and</li> <li>• Appropriate management reporting is in place for staff absence</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Revenue Services – Key Controls	Assurance	20	<p><b><u>Rationale</u></b></p> <p>This is a key audit risk area. The full audits for the Revenues systems will be undertaken on a systematic basis, however, to provide assurance that the key revenue systems are adequately controlled an annual audit will be undertaken selecting a number of key revenue systems.</p> <p><b><u>Scope</u></b></p> <p>To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the following key revenue systems.</p> <ul style="list-style-type: none"> <li>• Council Tax</li> <li>• Non- Domestic Rates</li> <li>• Benefits, and</li> <li>• Council Tax Support</li> </ul>
	Financial Systems – Key Controls	Assurance	16	<p><b><u>Rationale</u></b></p> <p>This is a key audit risk area. The full audits for the financial systems will be undertaken on a systematic basis, however, to provide assurance that the key financial systems are adequately controlled an annual audit will be undertaken selecting a number of key financial systems.</p> <p><b><u>Scope</u></b></p> <p>To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the following key financial systems.</p> <ul style="list-style-type: none"> <li>• Accounts Receivable</li> <li>• Accounts Payable</li> <li>• Treasury Management</li> <li>• Income Cash and Bank</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Payroll	Assurance	8	<p><b>Rationale:</b> Due to the high volume of transactions and the expenditure involved this is a high risk area and subject to an annual audit</p> <p><b>Scope:</b> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the Payroll function. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Recommendations from the previous audit report have been implemented;</li> <li>• Adequate policies and procedures are in place and accessible to all relevant staff;</li> <li>• System access is restricted to authorised personnel only;</li> <li>• Payroll data is supported by proper documentation, properly authorised, and subject to satisfactory segregation of duties; and</li> <li>• Reasonableness checks and regular reconciliations are carried out.</li> </ul>
	Main Accounting (General Ledger)	Assurance	6	<p><b>Rationale:</b> This is the main financial ledger and an important system for the Councils which is audited annually.</p> <p><b>Scope:</b> To assess the adequacy and effectiveness of the internal controls in place at the Councils for the financial accounting system (Integra). The review will focus on the following areas:</p> <ul style="list-style-type: none"> <li>• Adequate policies and procedures are in place and accessible to all relevant staff;</li> <li>• Access to Integra is restricted to authorised personnel only and the system is appropriately backed up;</li> <li>• Financial information is produced which meets all legal/reporting requirements on a timely basis;</li> <li>• Journal entries are supported by adequate narrative, with appropriate separation of duties in place;</li> <li>• New ledger codes/amendments are supported by appropriate authorisation;</li> <li>• Suspense accounts are regularly reviewed and cleared; and</li> <li>• Opening balances are brought forward promptly and accurately.</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Budgetary Control	Assurance	6	<p><b>Rationale:</b> Budgetary Control is a fundamental finance system that is audited every other year.</p> <p><b>Scope:</b> The control objectives that will be considered as part of this audit include:</p> <ul style="list-style-type: none"> <li>• Formally approved budgets are set each year, taking into account all relevant income and expenditure</li> <li>• All budget adjustments (including virements) are authorised</li> <li>• The financial management system accurately reflects the agreed budgets</li> <li>• Budgets are allocated to named individuals</li> <li>• Budgets are adequately monitored</li> <li>• The budget position is regularly reported</li> <li>• Appropriate financial reserves are maintained in line with assessed risks.</li> </ul>
	Insurances	Assurance	6	<p><b>Rationale:</b> An important area for the Council which receives a periodic audit review.</p> <p><b>Scope:</b> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the Insurance arrangements. The audit focused on the following key areas:</p> <ul style="list-style-type: none"> <li>• Adequate policies and procedures are in place and accessible to all relevant staff;</li> <li>• System access is restricted to authorised personnel only;</li> <li>• Payments to the insurance provider are adequately checked and authorised, with charges appropriately recharged to service areas;</li> <li>• Controls are in place to ensure that adequate insurance is held by officers and Members who use their car for official business;</li> <li>• Insured assets are periodically reconciled to asset registers, with formal notifications of additions/disposals provided to the Insurance Officer to enable necessary changes to policies at the next annual renewal;</li> <li>• Claims are sufficiently investigated prior to reporting to the insurance provider, with details of claims fully and accurately recorded, and supporting documentation retained; and</li> <li>• Claims summaries are periodically reported to service area managers and senior management team, and operational changes established which may affect the insurances held by the Council.</li> </ul>
	ICT – TBA (Contingency)	Assurance	18	<p><b>Rationale:-TBA</b></p> <p><b>Scope: TBA</b></p>

Quarter	Audit	Type	Days	Rationale
	Governance – Gifts and Hospitality	Assurance	6	<p><b>Rationale:</b> This is an important governance area that receives periodic audit.</p> <p><b>Scope:</b> Transparency of the receiving of gifts and hospitality is fundamental to the governance arrangements at the Councils. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• The gifts and hospitality policy and procedures are clearly outlined for staff and members;</li> <li>• Services staff and members gifts and hospitality registers are maintained and are up to date;</li> <li>• Staff and members are recording gifts and hospitality on a register held by Member Services in accordance with Council Policy, using a de-minimis financial value say £25. The register, explaining the reason for the staff or member gift or hospitality event, the contributor and the action taken;</li> <li>• Gifts and Hospitality disclosures by staff and members are reviewed by the Councils’ ethics or standards committee;</li> <li>• Members’ gifts and hospitality is available for inspection by members of the public on the Council’s websites and</li> <li>• Implementation of the requirements of the Bribery Act 2010 have been updated to the Members Code of Conduct.</li> </ul>
	Governance – Communications	Assurance	8	<p><b>Rationale:</b> The audit will examine the level of assurance on the adequacy of the corporate framework for managing internal communications.</p> <p><b>Scope:</b> The audit will include the following key areas of activity:</p> <ul style="list-style-type: none"> <li>• Communications arrangements following the Leadership restructure</li> <li>• The strategy and policy for communications</li> <li>• Roles and responsibilities as supported by details in Job Descriptions</li> <li>• Awareness and training</li> <li>• Monitoring, reporting and review.</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Development and Building Control	Assurance	6	<p><b>Rationale:</b> An important area for the Council that receives periodic audit</p> <p><b>Scope:</b> To assess the adequacy and effectiveness of the internal controls in place at the Councils for the Building and Development Control function. The audit will focus on the following areas:</p> <ul style="list-style-type: none"> <li>• Up to date policies/procedures are in place and accessible, which are compliant with current legislation.</li> <li>• Building and Development Control fees are in line with the Building (Local Authority Charges) Regulations 2010, and are reviewed regularly and presented to Committee for approval.</li> <li>• Applications are assessed in accordance with designated timescales by appropriately qualified personnel, and only processed upon receipt of the correct fee.</li> <li>• Appropriate, accurate and complete records of applications are maintained.</li> <li>• Building and Development control income is received in full, and reconciled to the general ledger with any exceptions investigated.</li> </ul>
	Licensing	Assurance	6	<p><b>Rationale:</b> This is a periodic audit to provide assurance over the licensing process.</p> <p><b>Scope:</b> To assess the adequacy and effectiveness of the internal controls in place at the Councils for managing the administration of licences. The audit focused on the following key areas:</p> <ul style="list-style-type: none"> <li>• Policies and procedures;</li> <li>• Compliance with legislative requirements;</li> <li>• Issuing of licences within required timescales;</li> <li>• Receipt of monies for licence fees;</li> <li>• The maintenance of public registers; and</li> <li>• Premises inspections.</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Planning Enforcement	Assurance	8	<p><b>Rationale:</b> This is a periodic audit to provide assurance over the Planning Enforcement process.</p> <p><b>Scope:</b> The audit will include the following keys areas of activity:</p> <ul style="list-style-type: none"> <li>• Delegation to Officers</li> <li>• Enforcement Notices</li> <li>• Inspections and Monitoring</li> <li>• Appeals</li> <li>• Data and Information Security</li> <li>• Risk and how this is managed</li> <li>• Member involvement.</li> </ul>
	Housing Rents	Assurance	6	<p><b>Rationale:</b> Due to the high volume of transactions and the income involved this is a high risk area and subject to an annual audit</p> <p><b>Scope:</b> To audit will review the following key areas:</p> <ul style="list-style-type: none"> <li>• There are up to date documented procedures for all aspects of the rent, accessible to all staff who need them,</li> <li>• Recommendations from the previous audit report have been implemented,</li> <li>• Rents due are being collected and promptly allocated to the correct rent accounts,</li> <li>• Benefits awarded are being properly allocated to the correct rent accounts,</li> <li>• Case records provide a management trail and complete case history.</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Leisure Services	Assurance	6	<p><b>Rationale:</b> This is an important area for the Council that receives periodic audit.</p> <p><b>Scope:</b> The audit will focus on the following areas:</p> <ul style="list-style-type: none"> <li>• An appropriate contract is in place, with relevant procurement procedures complied with;</li> <li>• Variations are controlled in accordance with contractual provisions;</li> <li>• Key performance indicators / performance targets for the leisure contract are clearly laid down and incorporated into contract metrics;</li> <li>• Performance management and monitoring processes are in place and are robust enough to ensure compliance with performance standards;</li> <li>• Contract clauses, such as penalties and deductions, are outlined and enforced;</li> <li>• Payments are made accurately in line with contractual arrangements;</li> <li>• Management information on contract performance is provided and regularly reviewed; and</li> <li>• Adequate budget controls are in place.</li> </ul>



Quarter	Audit	Type	Days	Rationale
	Community Transport and Safety	Assurance	8	<p><b>Rationale:</b> This is an important area for the Council that receives periodic audit.</p> <p><b>Scope:</b> The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Policies and procedures are documented, subject to periodic review and readily accessible to staff;</li> <li>• Fees and charges have been appropriately approved and are consistently applied;</li> <li>• All income received is recorded, banked promptly, and correctly coded on the general ledger;</li> <li>• Drivers are subject to adequate pre-employment checks and are sufficiently trained;</li> <li>• Vehicles are adequately maintained, insured and licensed.</li> <li>• Strategies are in place for the reduction of crime and disorder, and for combatting the misuse of drugs in the area, in accordance with statutory requirements;</li> <li>• There are adequate governance arrangements in place to assist in the delivery of actions identified in the Community Safety Partnership (CSP) Plan;</li> <li>• Reports of Anti-Social Behaviour are recorded, and acted upon promptly where necessary;</li> <li>• Guidance is provided to local residents to raise awareness of Community Safety issues;</li> <li>• Grant schemes and other available funding are suitably identified and applied for, with spending outcomes adequately reported;</li> <li>• There is adequate performance monitoring and reporting to the CSP and Council Members in respect of crime and disorder reduction and progress against action plans; and</li> <li>• There has been adequate implementation of the measures introduced by the Anti-Social Behaviour, Crime and Policing Act 2014.</li> </ul>

Quarter	Audit	Type	Days	Rationale
	Safeguarding	Assurance	6	<p><b>Rationale:</b> This is an important area for the Council that receives periodic audit.</p> <p><b>Scope:</b> The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Appropriate procedures are in place for Safeguarding, which are readily accessible as guidance to all relevant staff;</li> <li>• Risks are appropriately captured within service area business plans;</li> <li>• Enquire with staff as to their awareness of the procedure to follow in the event of a Safeguarding concern;</li> <li>• Evidence that a Safeguarding Team and a Safeguarding plan is in place and is monitored;</li> <li>• Disclosure Barring Check procedures are in place for recruitment of staff and DBS checks are recorded on the HR system ;</li> <li>• Evidence that Safeguarding training of all staff takes place with HR records updated;</li> <li>• Safeguarding training is offered to Members and completed where appropriate; and</li> <li>• Safeguarding is included in corporate performance reporting to senior management and Members.</li> </ul>
4/5	Follow up	Verifying recommendations are implemented	15	<p><b>Rationale:</b> This is a regular review to meet Standards and Audit reporting requirements of outstanding recommendations made from previous internal audit reports to confirm that there has been progress to implement them.</p> <p><b>Scope:</b> All outstanding recommendations are reviewed to confirm what progress has been made to implement them as agreed in the report action plan.</p>
4	2020/21 Annual Plan		-	
4	Strategic Plan		-	
4	2018/19 Annual Report		-	
1-4	Management, and Support	QA	-	This time includes attendance at Standards and Audit Committee meetings, liaison meetings and overall contract management.
<b>Total days</b>			<b>187</b>	



# Rolling Strategic Plan

Review Area	Risk Ref	Type	2019/20	2020/21	21/22	22/23
<b>Corporate Services and/or Council Wide Audit</b>						
Risk Management		Assurance	6		6	
Commercial Property		Assurance		8	8	8
Business Continuity		Assurance		6		6
Data Quality (include security of data)		Assurance	6		6	
Data Protection - (Information Governance)		Assurance		6		6
Commercial Rents		Assurance	6	6	6	
Human Resources – Absence Management		Assurance		6		6
Human Resources – Recruitment		Assurance			6	
Local Plan audit		Assurance	13			
<b>Financial and Resources Audit</b>						
<b>Key Revenues Controls</b>				20	20	20
Benefits and Council Tax Support		Assurance	10			
Non-Domestic Rates (NDR)		Assurance	8			
Council Tax		Assurance	8			
<b>Key Financial Controls</b>		Assurance		16	16	16
Accounts Payable (Creditors)		Assurance	6			
Accounts Receivable (Debtors)		Assurance	6			
Income – Cash and Bank		Assurance	6			
Main Accounting (General Ledger)		Assurance	6	6	6	6
Payroll		Assurance	8	8	8	8
Budgetary Control		Assurance		6		
Capital Accounting and Asset Management		Assurance	6			6
Treasury Management		Assurance	6		6	

Review Area	Risk Ref	Type	2019/20	2020/21	21/22	22/23
Insurances (include staff owned vehicles on Council business)		Assurance		6		
Customer Services		Assurance			6	
<b>ICT Audit</b>						
ICT - Service Desk		Assurance				
ICT - Change Management and control		Assurance				
ICT – Strategy (include Policy and procedures)		Assurance				
ICT – Document Management System		Assurance	8			
ICT – Active Directory		Assurance				
ICT – Virtual Desktop		Assurance				
ICT – Network Security		Assurance	8			
ICT - Operations		Assurance				
ICT – Disaster Recovery		Assurance				
ICT – Cyber Security		Assurance				
ICT – GDPR		Assurance				
ICT – Project Management		Assurance				
ICT – Mobile Device Security and Management		Assurance				
ICT – Contingency days				18	18	18
<b>Operational Audit - Law and Governance</b>						
Procurement/Contracts		Assurance	6		6	
Project Management Toolkit		Assurance		6		
Governance – Gifts and Hospitality		Assurance				6
Governance – Corporate (Constitution, Members/transparency and openness/Reporting)		Assurance	6			6
Governance - Communications		Assurance		8		
Freedom of Information		Assurance	6		6	
<b>Operational Audit - Planning and Environment</b>						
Depot – to include Commercial (Trade) Waste from 2017/18		Assurance	6		6	
Building Services		Assurance				6

Review Area	Risk Ref	Type	2019/20	2020/21	21/22	22/23
Car Parking		Assurance	6			6
Development and Building Control		Assurance		6		
Licensing		Assurance		6		
Runnymede Travel Initiative		Assurance			6	
Planning Enforcement		Assurance	6	8	6	6
<b>Operational Audit-Housing and Community Development</b>						
Housing Rents		Assurance	8	6	6	6
Housing Allocations and Homelessness		Assurance	6			6
Housing Repair and Maintenance		Assurance				6
Housing Enforcement		Assurance	6		6	
Leisure Contract		Assurance		6		
Community Transport and Safety		Assurance		8		
Community Grants		Assurance				6
Safeguarding/Prevent		Assurance		6		
Day Centres		Assurance				6
Sheltered Centres/Accommodation		Assurance			6	
Housing Section 106		Assurance	8		6	
<b>Other</b>						
Follow up of recommendations			15	15	15	15
Annual Report			-	-	-	-
Audit Management - to include annual plan, client liaison, Committee preparation and attendance, external audit.			-	-	-	-
Contingency			-	-	-	-
		<b>Totals</b>	<b>196</b>	<b>187</b>	<b>181</b>	<b>175</b>

## Audit Remit

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### Role

The main objective of the internal audit activity carried out by TIAA is to provide, in an economical, efficient and timely manner, an objective evaluation of, and opinion on, the overall adequacy and effectiveness of Runnymede Borough Council's framework of governance, risk management and control. TIAA is responsible for giving assurance to the Council's Standards and Audit Committee on the adequacy and effectiveness of the Council's risk management, control and governance processes.

### Scope

All Runnymede Borough Council's activities fall within the remit of TIAA. TIAA may consider the adequacy of controls necessary to secure propriety, economy, efficiency and effectiveness in all areas. It will seek to confirm that the Council's management has taken the necessary steps to achieve these objectives and manage the associated risks. It is not within the remit of TIAA to question the appropriateness of policy decisions. However, TIAA is required to examine the arrangements by which such decisions are made, monitored and reviewed.

TIAA may also conduct any special reviews requested by the Council, Standards and Audit Committee or the nominated officer (being the post responsible for the day to day liaison with TIAA), provided such reviews do not compromise the audit service's objectivity or independence, or the achievement of the approved audit plan.

### Standards and Approach

TIAA's work will be performed with due professional care, in accordance with the requirements of the PSIAS.

### Access

TIAA has unrestricted access to all documents, records, assets, personnel and premises of the Council and is authorised to obtain such information and explanations as they consider necessary to form their opinion. The collection of data for this purpose will be carried out in a manner prescribed by TIAA's Professional Standards, Information Security and Information Governance policies.

### Independence

TIAA has no executive role, nor does it have any responsibility for the development, implementation or operation of systems. However, it may provide independent and objective advice on risk management, control, governance processes and related matters, subject to resource constraints. For day to day administrative purposes only, TIAA reports to a nominated officer within the Council and the reporting arrangements must take account of the nature of audit work undertaken. TIAA has a right of direct access to the chair of the Standards and Audit Committee and the responsible accounting officer (being the post charged with financial responsibility).

To preserve the objectivity and impartiality of TIAA's professional judgement, responsibility for implementing audit recommendations rests with the Council's management.

Consultancy activities are only undertaken with distinct regard for potential conflict of interest. In this role we will act in an advisory capacity and the nature and scope of the work will be agreed in advance and strictly adhered to.

#### **Irregularities, Including Fraud and Corruption**

TIAA will without delay report to the appropriate authority, serious weaknesses, significant fraud, major accounting and other breakdowns subject to the requirements of the Proceeds of Crime Act 2003.

TIAA will be informed when evidence of potential irregularity, including fraud, corruption or any impropriety, is discovered so that TIAA can consider the adequacy of the relevant controls, evaluate the implication of the fraud on the risk management, control and governance processes and consider making recommendations as appropriate. The role of TIAA is not to investigate the irregularity unless commissioned to do so.



9. **INTERNAL AUDIT ASSURANCE REVIEW OF THE LOCAL PLAN (TIAA, Chris Harris)**

**Synopsis of report:**

**To inform Members on the outcome of the audit which reviewed the Local Plan. This report highlights the key events and suggests recommendations regarding lessons learnt.**

**Recommendation(s):**

**None. This report is for information.**

1. **Context of report**

1.1 Attached at Appendix 'D' is the Internal Audit Report on the Local Plan. It contains the scope of the audit, key findings and an action plan with recommendations.

2. **Resource implications**

2.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

3. **Legal and Equality implications**

3.1 None.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports



## Runnymede Borough Council

Assurance Review of Local Plan

2019/20

October 2019

# Executive Summary

**OVERALL ASSURANCE ASSESSMENT**

The diagram shows a circular gauge with a blue outer ring containing the text 'Adequate & effective governance, risk and control processes'. The inner orange circle is labeled 'LIMITED ASSURANCE'. To the right is a legend with four colored circles and corresponding labels: a green circle for 'SUBSTANTIAL ASSURANCE', a yellow circle for 'REASONABLE ASSURANCE', an orange circle for 'LIMITED ASSURANCE', and a red circle for 'NO ASSURANCE'.

**OVERALL CONCLUSION**

From commencement of the Local Plan in June 2014 until the detailed Plan was presented to the Planning Committee in December 2018, a report on the Plan was presented at every meeting.

- The development of the Local Plan would have been better managed if a recognised project management methodology had been used.
- There was no budgetary control over the expenditure which was incurred in developing the Local Plan.
- Although the Planning Committee had regular reporting to every meeting, there was no indication from the Minutes of each meeting that appropriate challenge was forthcoming and Members did not question the lack of budgetary control or project planning arrangements.

**SCOPE**

The audit will included the following key areas:

- To review the original Planning budget for the Local Plan and how expenditure accrued during the development of the Local Plan.
- To review the reports presented to Members and determine how members were kept informed on the Local Plan.
- To review the current system for managing the Local plan.
- To consider the identified risks and how these would be managed (To review the risk register for the Local Plan).
- To review the timeline for progressing and finalising the Local Plan (To review the key milestones, reporting and approvals for the Local Plan).
- To examine how officers validated and tested the Local Plan to confirm it was fit for purpose and had considered all matters that might impact the delivery of the Plan.
- To determine the lessons learnt.

**ACTION POINTS**

Urgent	Important	Routine	Operational
0	6	0	0

## Management Action Plan - Priority 1, 2 and 3 Recommendations

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	It is clear that an actual budget did not exist for the development of the Local Plan. Indeed in reviewing all the Planning Committee reports from the 25 June 2014 to date (the Local Plan ceased to be an agenda item after the 1 August 2018 Planning Committee meeting) there is no indication throughout the reporting process as to the costs involved in developing the Local Plan.	Recognised budgetary control procedures be used for future Local Plans.	2	<i>Agreed. Planning Committee received reports on the progress made for implementing the local plan. Corporate Management Committee the budget implications. The Councils new project management system integrates both with both Committees updated on operational progress, risks and budget monitoring.</i>	30/06/19	Corp Leadership team
2	Directed	Given the size and complexity of developing the Local Plan - an exercise started on 25 June 2014 and only reported as a "final" plan to the Planning Committee on the 20 December 2017 for consultation, some three and half years later - a prudent organisation would have established not only a budget but also a Project Management methodology to manage the project.	A recognised project management methodology be used when developing the Local Plan.	2	<i>See above. The Councils new project management office in the Corporate centre aids Members in overseeing significant Corporate Projects.</i>	30/06/19	Corp Leadership team

### PRIORITY GRADINGS

**1 URGENT** Fundamental control issue on which action should be taken immediately.

**2 IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3 ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	In addition, given the likely costs involved in developing the Local Plan (over £500,000) it would have been prudent to have created a reserve and have put aside each year a reasonable sum rather than to pay all the costs over a short period of time. Prudent financial management would have set aside sums every year and established a reserve to fund the cost of the Local Plan rather than to fund the whole costs over a short period of time.	A reserve fund be established to fund future Local Plans	2	Over 2016 to 2018 the project timescale and costs fluctuated widely. Budgets and three year forward projections should have been informed by the officers in planning. Between 2012/13 and 2018/19 almost £1 million was spent on consultancy, plus the direct costs of a planning policy team. The existing financial planning system is robust however officers accept there have been delays in producing the plans with associated increased costs. The General Fund working balance is still the correct place to fund unforeseen additional costs backed up by a robust project management system.	n/a	ACE and Head of planning
4	Directed	As there was no budget and costs have not been directly attributed to a Local Plan cost centre it is difficult to assess how expenditure on the Local Plan has accrued. Indeed the audit has examined many creditor payments relating to the Local Plan and examined the many various finance codes that have been used to record costs. From the audit, costs in excess of £500,000 have been identified but given the diversity and in some cases the poor description of the cost an actual total cost is not possible.	A budget and cost control process be established at the outset of the Local Plan process.	2	Agreed – linked to all the comments above all costs have been charged to the planning policy budget, but finance officers and the new head of planning and planning policy will work closely together on budget monitoring and forecasting.	30/09/19	ACE and Planning officers

PRIORITY GRADINGS

**1 URGENT** Fundamental control issue on which action should be taken immediately.

**2 IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3 ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	While the reports are informative and provide an opportunity for Members to challenge, raise questions and generally be kept abreast of how the Local Plan is progressing, there does not appear to be a clear direction of travel with new areas requiring research appearing as time moves forward. For instance, the Infrastructure Needs Assessment (INA) and Infrastructure Delivery Plan (IDP) work only came to light in October 2016 and required a Standing Order 42 approval (only to be used in matters of urgency) to appoint a consultant for this work. Overall there does not seem to be any real challenge from the Planning Committee Members with the Minutes only reflecting that the regular report on the Local Plan was noted.	Members to actively challenge Officer's reports particularly if these are missing cost information and appropriate project management methodology.	2	<p><i>Accepted the plans for producing the local plan had a long timescale and key milestones pushed back. While this was reported to members, with the increased in costs, it is difficult to see an effective remedy as the local plan is a project that must be completed.</i></p> <p><i>Local Plan update reports were presented at every Planning Committee for information by the relevant lead Officers. Very little discussion ensued and the reports were noted accordingly. Had substantive comments been made, the Minutes would have reflected them.</i></p> <p><i>In the new member / officer structure, together with the project management corporate resource and the lessons learnt to date in producing the local plan will inform the project plans going forward.</i></p>	30/09/19	Corp Leadership team

PRIORITY GRADINGS

**1** **URGENT** Fundamental control issue on which action should be taken immediately.

**2** **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3** **ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Operational	In conclusion, the lessons to be learnt from the development of this Local Plan are: 1) An annual financial provision should be made to build up a reserve that can be used to fund the development of future Local Plans. 2) A specific cost centre to be created for monitoring and managing the costs involved with developing the Local Plan. This should include in house costs as well as external costs. 3) A budgetary control process be in place for the Local Plan 4) A proper project management system should be used to enable appropriate and adequate control to be exercised over a complex and time-consuming project.	Lessons learnt be encapsulated into a procedure document and approved by the Council	2	<p><i>There is a planning policy cost centre, discussions with the new Head of Planning policy on setting up unique cost centre for local plan costs or continue with the specific account codes.</i></p> <p><i>Future reports for 2019/20 onwards to Members will include full budget monitoring costs as part of the project management systems approved by Council.</i></p>	31/10/19	ACE

PRIORITY GRADINGS

**1 URGENT** Fundamental control issue on which action should be taken immediately.

**2 IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3 ROUTINE** Control issue on which action should be taken.

## Operational Effectiveness Matters

Ref	Risk Area	Item	Management Comments
No Operational Effectiveness Matters were identified.			

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.



## Detailed Findings

### Introduction

1. This review was carried out in July/August 2019 as part of the planned internal audit work for 2019/20. Based on the work carried out an overall assessment of the overall adequacy of the arrangements to mitigate the key control risk areas is provided in the Executive Summary.

### Background

2. On 25 June 2014 the Planning Committee agreed to the withdrawal of the Local Plan Core Strategy. The resolution of the Planning Committee to withdraw the Local Plan Core Strategy has allowed Officers to begin work on the new Local Plan and evidence base in advance of the formal withdrawal being agreed by Full Council at its meeting of 24 July. The Examination recognised the need for two fundamental pieces of evidence: a Green Belt Review and a Strategic Housing Market Assessment (SHMA). The Council appointed consultants, Ove Arup and partners, to carry out a Borough-wide Green Belt Review over the coming months, while officers met with members of the project team in May 2014 to consider the overall project methodology. In July 2014, the Council appointed consultants – G L Hearn – to carry out the SHMA, in partnership with Spelthorne BC. In August 2014, the Council appointed Environ as consultants to carry out the Sustainability Appraisal of the Local Plan.

### Materiality

3. The development of the Local Plan is a key District Council responsibility and requires engagement with the whole community.

### Key Findings & Action Points

4. The key control and operational practice findings that need to be addressed in order to strengthen the control environment are set out in the Management and Operational Effectiveness Action Plans. Recommendations for improvements should be assessed for their full impact before they are implemented.

### Scope and Limitations of the Review

5. The audit will include the following key areas:
  - To review the original Planning budget for the Local Plan and how expenditure accrued during the development of the Local Plan.
  - To review the reports presented to Members and determine how members were kept informed on the Local Plan.
  - To review the current system for managing the Local plan.
  - To consider the identified risks and how these would be managed (To review the risk register for the Local Plan).
  - To review the timeline for progressing and finalising the Local Plan (To review the key milestones, reporting and approvals for the Local Plan).
  - To examine how officers validated and tested the Local Plan to confirm it was fit for purpose and had considered all matters that might impact the delivery of the Plan.
  - To determine the lessons learnt.
6. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan.

## Disclaimer

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

## Risk Area Assurance Assessments

8. The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
<b>Reasonable Assurance</b>	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
<b>Limited Assurance</b>	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

## Acknowledgement

9. We would like to thank staff for their co-operation and assistance during the course of our work.

## Release of Report

10. The table below sets out the history of this report.

<b>Date draft report issued:</b>	7 <sup>th</sup> August 2019
<b>Date management responses received:</b>	26 <sup>th</sup> September 2019
<b>Date final report issued:</b>	30 <sup>th</sup> September 2019
<b>Date updated management responses received:</b>	14 <sup>th</sup> October 2019
<b>Date revised final report issued:</b>	16 <sup>th</sup> October 2019

11. The following matters were identified in reviewing the Key Risk Control Objective:

**Directed Risk: Failure to direct the process through approved policy & procedures.**

11.1 It is clear that an actual budget did not exist for the development of the Local Plan. Indeed in reviewing all the Planning Committee reports from the 25 June 2014 to date (the Local Plan ceased to be an agenda item after the 1 August 2018 Planning Committee meeting) there is no indication throughout the reporting process as to the costs involved in developing the Local Plan.

<b>Recommendation: 1</b>	<b>Recognised budgetary control procedures be used for future Local Plans.</b>
<b>Priority: 2</b>	

11.2 Given the size and complexity of developing the Local Plan - an exercise started on 25 June 2014 and only reported as a "final" plan to the Planning Committee on the 20 December 2017 for consultation, some three and half years later - a prudent organisation would have established not only a budget but also a Project Management methodology to manage the project.

<b>Recommendation: 2</b>	<b>A recognised project management methodology be used when developing the Local Plan.</b>
<b>Priority: 2</b>	

11.3 Further as the Local Plan, although once approved is in existence for many years (15 or 20 years), given the overall cost (over £500,000) and time (over four years) involved a prudent organisation would set aside moneys each year in a reserve fund to pay for the development of the Local Plan. It is also likely that a separate set of codes will be set to enable job costing and a reasonable degree of control over the costs involved, both internal and those from the many consultants engaged.

Prudent financial management would have set aside sums every year and established a reserve to fund the cost of the Local Plan rather than to fund the whole costs over a short period of time.

<b>Recommendation: 3</b>	<b>A reserve fund be established to fund future Local Plans.</b>
<b>Priority: 2</b>	

- 11.4 From an analysis of the Planning Committee records it has been established that the following Consultants were appointed to assist with the Local Plan:
- Ove Arup and Partners - Green Belt review;
  - G L Hearn - Strategy Housing Market Assessment;
  - Environ UK - Sustainability Appraisal;
  - Aecom - Habitats Regulation Assessment and the Infrastructure Needs Assessment;
  - Carter Jonas - Town and Local Centres Study;
  - Nathaniel Lichfield and Partners - Employment Land Review;
  - Minnerva - Strategic Highway Assessment Report;
  - Opinion Research Services - Travellers Accommodation Assessment.
  - Unknown - Local Plan Viability Assessment (a consultant was appointed but never referred to in the Planning Committee papers)

11.5 As there was no budget and costs have not been directly attributed to a Local Plan cost centre it is difficult to assess how expenditure on the Local Plan has accrued. Indeed the audit has examined many creditor payments relating to the Local Plan and examined the many various finance codes that have been used to record costs. From the audit, costs in excess of £500,000 have been identified but given the diversity and in some cases the poor description of the cost an actual total cost is in not possible.

<b>Recommendation: 4</b>	<b>A budget and cost control process be established at the outset of the Local Plan process.</b>
<b>Priority: 2</b>	

**Compliance Risk: Failure to comply with approved policy and procedure leads to potential losses.**

- 11.6 From June 2014 until 1 August 2018 every Planning Committee received a report on the Local Plan - some 68 progress reports. In addition, there were reports from the Local Plan Members Working Group (LPMWG) and the Planning Working Group. The remit of the LPMWG was to undertake detailed scrutiny of issues and policies relating to the Local Plan. The Working Group considered a large volume of material over many years and Officers have found its contribution helpful in formulating policies and related documents.
- 11.7 While the reports are informative and provide an opportunity for Members to challenge, raise questions and generally be kept abreast of how the Local Plan is progressing, there does not appear to be a clear direction of travel with new areas requiring research appearing as time moves forward. For instance the Infrastructure Needs Assessment (INA) and Infrastructure Delivery Plan (IDP) work only came to light in October 2016 and required a Standing Order 42 approval (only to be used in matters of urgency) to appoint a consultant for this work. Overall there does not seem to be any real challenge from the Planning Committee Members with the Minutes only reflecting that the regular report on the Local Plan was noted.

**Recommendation: 5**

**Members to actively challenge Officer's reports particularly if these are missing cost information and appropriate project management methodology.**

**Priority: 2**

- 11.8 At the first Planning Committee (16 July 2014), after the decision to develop the Local Plan, Members were advised that a Briefing Meeting with the Corporate Leadership Team and the Chairs and Vice-Chairs of Committees was scheduled to be held on 22 July 2014 to discuss the status and programme of the new Local Plan. A Local Plan Member Working Group was scheduled to be held on 21 July 2014 to consider these issues prior to a paper in respect of the use of Reserve Sites and the implications of Community Infrastructure Levy (CIL) being brought to this Committee.
- 11.9 While the Local Plan appears to be well managed with regular (every Committee) reporting to the Planning Committee, the failure to apply adequate project management techniques or to have a properly established budget and cost centre to control costs has meant that the costs are significant and the final plan is still subject to agreement.
- 11.10 Central Government have produced detailed guidance on how to produce a Local Plan and it would have seemed appropriate at the outset to have A) Utilised that guidance and B) applied a Project Management methodology to the Local Plan process. At an early meeting of either the Local Plan Working Group or the Planning Committee, a detailed listing of what would be required should have been identified and how the various requirements would be met either by in house resource or the appointment of consultants. Indicative costing could have been established at that time to have provided some cost control over the development of the plan.
- 11.11 A Project Management methodology would consider such areas as:
- What are we trying to do?
  - When will we start?
  - What do we need?
  - Can we do it alone, or do we need help?
  - How long will it take?
  - How much will it cost?
- 11.12 Controlling Change – A Project Management methodology helps manage risk, manage quality, and control change on the project. Risk management is about working out what could go wrong and planning what to do if it does. Quality Management is checking the quality of work done on the project. There are always changes during the life of a project. People change their minds and other things happen which affect what the project is doing. Project Management has a technique of controlling the impact of changes. This is to prevent the project going off in the wrong direction.
- 11.13 Risk Management - A Risk Register does not appear to have been either created or established at any time either before or during the development of the Local Plan. Clearly there are a number of key risks that should have been identified and managed through the development stage of the Plan. Failure to engage a proper risk management approach to the project has potentially created delay and exceptional costs with a number of high risk matters still under discussion.

- 11.14 At the Planning Committee meeting on 1 February 2017 members were given the following keys dates for the delivery of the Local plan: The timetable for the Local Plan is as set out in the Council's Local Development Scheme - 7 - (LDS), which became operative in December 2016. The key milestones included in that document are as follows:
- Consultation on the Issues and Options: June to August 2016 (completed)
  - Completion of outstanding Local Plan Evidence Base: November 2016 to April 2017
  - Compilation of the Pre-Submission Plan: May to July 2017
  - Consultation on the Pre-Submission Plan: Autumn 2017
  - Submit Plan to Secretary of State: Christmas 2017
  - Examination, followed by Adoption: 2018 (dependent on the Secretary of State).
- 11.15 At the Planning Committee meeting on 25 October 2017 a revised timetable was submitted: "An amended timetable, shown below, was therefore now recommended with a submission date in March 2018 following the Regulation 19 consultation.
- Preparation of Issues & Options June 2016 (completed)
  - Consultation on Issues & Options June to August 2016 (completed)
  - Consultation on Additional Sites & Options May to June 2017 (completed)
  - Completion of outstanding Local Plan December 2017
  - Evidence Base Compilation of Pre-Submission Plan October to December 2017
  - Consultation on Pre-Submission Plan January/February 2018
  - Submit Plan to Secretary of State March 2018
  - Pre Examination Meeting 2018 - dependent on the Secretary of State
  - Examination 2018 - dependent on the Secretary of State
- 11.16 Estimated date for adoption 2018 - dependent on the Secretary of State". Although the Local Plan was submitted to the Planning Committee at their 20 December 2017 meeting it has still not been adopted (July 2019).

**Operational Risk: Failure to identify opportunities to operate more efficiently or to be prepared for forthcoming changes.**

- 11.17 At the Planning Committee meeting on 10 May 2017, the Committee considered approval of an additional round of public consultation on the Runnymede 2035 Local Plan under Regulation 18 of the Town and Country Planning (Local Planning) (England) Regulations 2012 ( as amended). Following the close of the IOPA consultation which was held in summer 2016, the Council had considered all of the representations that had been made. A number of the comments made would be considered in more detail during the policy development work which would occur during the course of 2017. It's fair to say at the outset of the consultation the issues arising and how they may impact upon the final Local Plan document are unknown and will be subject to review and further consultation.
- 11.18 Although every effort has been made to validate and test the plan, difficulties have arisen which has created delay and put the final approval of the plan in doubt.
- 11.19 In conclusion, the lessons to be learnt from the development of this Local Plan are:
  - 1) An annual financial provision should be made to build up a reserve that can be used to fund the development of future Local Plans.
  - 2) A specific cost centre to be created for monitoring and managing the costs involved with developing the Local Plan. This should include in house costs as well as external costs.
  - 3) A budgetary control process be in place for the Local Plan.
  - 4) A proper project management system should be used to enable appropriate and adequate control to be exercised over a complex and time consuming project.

<b>Recommendation: 6</b>	<b>Lessons learnt be encapsulated into a procedure document and approved by the Council</b>
<b>Priority: 2</b>	

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**10. COMPLAINTS AND COMPLIMENTS - QUARTER 2 2019/2020 (Law and Governance – Clare Pinnock)**

**Synopsis of report:**

**To provide Members with a summary of the complaints and compliments received from 1 July – 30 September 2019 (Quarter 2 of the KPI reporting structure) and reporting on any matters raised at the meeting of the Committee in July 2019.**

**Recommendation(s):**

**None. This report is for information.**

**1. Context of Report**

1.1 The Council maintains a spreadsheet of formal complaints which have been recorded (including those in which the Local Government and Social Care Ombudsman (LGSCO) has been involved), what they relate to and how they have been resolved. We maintain a similar spreadsheet for compliments and there is also now an overdue complaints register which helps us keep track of unresolved issues.

**2. Report**

2.1 The Council's Complaints Procedure regards complaints as 'an expression of dissatisfaction with a Council's action or omission, whether justified or not'. Requests for services, information and explanations of Council policy are not generally regarded as complaints.

2.2 There were 30 formal complaints and 12 compliments recorded in Quarter 2. The table below shows the number of entries in each register without reproducing the figures from the previous year.

**2.3 Complaints 2019/2020**

<b>Business Centre</b>	<b>Quarter 1</b>	<b>Quarter 2</b>
Commercial Services	0	0
Community Development	1	0
Community Services	1	0
Corporate Services	3	0
Customer, Digital and Collection Services	2 (1 joint with Environmental Services)	6



Development Management and Building Control	0	2
Economic Development and Planning Policy	0	0
Environmental Services	4 (1 joint with Customer, Digital and Collection Services)	13
Financial Services	0	0
Housing	10	9
Human Resources	0	0
Law and Governance	0	0
<b>Totals</b>	<b>20</b>	<b>30</b>

- 2.4 Of the 30 complaints received, 14 were upheld or partly so. These were for Environmental Services (12) and Customer, Digital and Collection Services (2). Three more complex complaints are in progress and the Chief Executive is dealing with two of these himself. Officers are pleased to report that we are not aware of any complaints overdue for Quarter 2 which is a significant improvement.
- 2.5 The number of complaints is high but not unusual as Quarter 2 covers the summer period when there are more complaints about refuse and recycling, and increased demand for highways maintenance works like verge clearance and fly tipping.
- 2.6 Members have requested some analysis of complaints and how service improvements can be made using the data available. The following have been identified from information provided in the register.
- The importance of keeping residents up to date with their complaint to avoid it being escalated
  - The importance of consistent communications with regard to service provision and expectations both to staff and residents
  - Communicating the responsibilities of the Council and limitations with regard to private properties and their upkeep
  - Responding promptly to service requests.
- 2.7 There were 12 compliments received for Quarter 2. At the meeting of this Committee in July, Members requested that we identify staff that received compliments as a way of recognising their achievements. The details, where staff were named, are set out below:
- Grace Evans and Emma Warren, Chertsey Museum
  - Linda Norman, Fran Butler, Sandie Bennyworth, Nicola Blake and Linda Packwood, Customer Services
  - DSO Waste Collection crews, street cleansing crews and fly-tipping clearance teams in Ottershaw, Addlestone South, Chertsey Riverside, Englefield Green East and Thorpe

- Staff in Social Prescribing, Day Centre and Independent Retirement Living
- Nigel Boundy and Jon Pierce, DSO
- Jo Harper, Green Space and T J Hunt Contractors

2.8 The compliments range from general thank yous from members of the public for prompt and efficient service to quite detailed compliments regarding the depth of knowledge displayed (Chertsey Museum staff) and others remarking on the lengths staff went to in assisting people. Although the DSO got a high number of complaints, they also received the most compliments this quarter. Quality of work was also brought to our attention, especially works enhancing the appearance of the borough for residents and visitors alike.

### Compliments 2019/2020

Business Centre	Quarter 1	Quarter 2
Commercial Services	0	0
Community Development	2 (1 shared with Customer, Digital and Collection Services)	2
Community Services	2	2
Corporate Services	0	0
Customer, Digital and Collection Services	1 (shared with Community Devt)	4 (1 shared with Environmental Services)
Development Management and Building Control	0	0
Economic Development and Planning Policy	0	0
Environmental Services	5	7 (1 shared with Customer Services)
Financial Services	0	0
Housing	5	0
Human Resources	0	0
Law and Governance	0	0
<b>Totals</b>	<b>14</b>	<b>12</b>

2.9 The breakdown of complaints and compliments by Ward is set out below:

Ward	Quarter 1		Quarter 2	
	complaints	compliments	complaints	compliments

Addlestone North		1	1	
Addlestone South	1		4	1
Chertsey Riverside	1	2		1
Chertsey St Ann's	3	1	1	2
Egham Hythe	2	1	4	
Egham Town	2	4	2	
Englefield Green East		1		1
Englefield Green West	2		2	
Longcross, Lyne and Chertsey South	1		1	
New Haw			4	1
Ottershaw	3		2	1
Thorpe	2	1	3	1
Virginia Water		1	1	
Woodham and RowTown			2	
Out of Borough	1		2	1
Unrecorded	1	2	1	5
<b>Totals</b>	<b>19</b>	<b>14</b>	<b>30</b>	<b>14</b>

- 2.10 The recording and periodic review of complaints and compliments is a valuable tool for the Council to use to review performance and improve the delivery of services.
- 2.11 Compliments are also a useful performance tool. They highlight when things are working well and can be used to identify good working practices which can be shared across the organisation.
- 3. Policy framework implications**
- 3.1 There are no additional policy implications to report.
- 4. Resource implications**
- 4.1 All work on the registers is co-ordinated by an Officer in Law and Governance; whilst this can be time consuming, it is an important part of Corporate Governance and one which assists Councillors to have an overview of how the Council is performing.
- 4.2 Officers recently attended a very useful training course with the Local Government Ombudsman covering effective complaint handling and will be reviewing procedures to identify any improvements that can be made.
- 5. Equality implications**
- 5.1 The Council has a duty under the Equality Act 2010 to promote and foster good relations between people who share a protected characteristic and those who do not. We should at all times act in a way that is non-discriminatory through our policies and procedures and interactions with people.

5.2 In the last reporting period there were two complaints relevant to the protected characteristics of age and disability as the residents concerned were disproportionately affected because of their age and/or disability; specifically, the removal of a bus shelter (not by the Council) in an area where there are many elderly and disabled people. Officers sought to work with the responsible company to replace the facility.

5.3 There was one compliment relevant to the protected characteristic of pregnancy and maternity in that a member of staff at the DSO went out of their way to help this resident because of her condition. There were 2 compliments relevant to age in the context of local children being very lucky to have Chertsey Museum on their doorstep and the other where staff in Customer Services and the DSO worked together to resolve a service request successfully at one of our local nursing homes.

**(For information)**

#### **Background papers**

The Complaints and Compliments Registers held on the Council's feedback drive and relevant (part exempt) emails in Democratic Services Outlook folders.

#### **11. BDO ANNUAL AUDIT**

**(TO FOLLOW)**

#### **12. EXCLUSION OF PRESS AND PUBLIC**

**OFFICERS' RECOMMENDATION that -**

**the press and public be excluded from the meeting during discussion of the following reports under Section 100A(4) of the Local Government Act 1972 on the grounds that the reports in question would be likely to involve disclosure of exempt information of the description specified in paragraphs 1 and 3 of Part 1 of Schedule 12A of the Act.**

**(To resolve)**

#### **Part II**

**Matters involving Exempt or Confidential Information in respect of which reports have not been made available for public inspection.**

a)	<u>Exempt Items</u>	<b>Paras</b>
13.	<b>ADDLESTONE ONE RISK REGISTER</b>	<b>1 and 3</b>
14.	<b>EGHAM GATEWAY WEST RISK REGISTER</b>	<b>1 and 3</b>
b)	<u>Confidential Items</u>	

(No items to be considered under this heading)