

# Standards and Audit Committee

**Tuesday 28 January 2020 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))**.
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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) Exempt Items

11.	REFERENCE FROM CORPORATE MANAGEMENT COMMITTEE	55
12.	ADDLESTONE ONE RISK REGISTER	68
13.	EGHAM GATEWAY WEST RISK REGISTER	70

##### b) Confidential Items

(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 26 November 2019, as attached at Appendix 'A'.

Runnymede Borough Council

STANDARDS AND AUDIT COMMITTEE

26 November 2019 at 7.30pm

Members of the Committee Present: Councillors M Nuti (Chairman), J Sohi (Vice-Chairman), M Adams, B Clarke, M Cressey, R Edis, M Harnden and J Wilson

Members of the Committee absent: Councillors D Anderson-Bassey and M Kusneraitis and Mr M Litvak (Independent person)

358 FIRE PRECAUTIONS

The Chairman read the procedures to be followed in the event of fire or other emergency.

359 MINUTES

The Minutes of the meeting of the Committee held on 17 September 2019 were confirmed and signed as a correct record.

360 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D Anderson-Bassey and M Kusneraitis and there were no items of business for the Independent person.

361 INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS

The Committee reviewed the 6 outstanding recommendations from completed audits, and noted the written explanations provided by relevant Corporate Heads.

In respect of the recommendation for training for day centre managers in preparing bank reconciliations, the Corporate Head of Community Services had updated their procedures so that this was no longer necessary. The solution also made their accounting practices more transparent and consistent. The Corporate Head of Community Services would endeavour to put this new system into place as soon as reasonably possible and report progress back to this Committee.

The Head of Housing had confirmed that reviewing all the procedures in the Independent Retirement Living was underway but had been delayed owing to staff vacancies and pressure of other work.

With regard to completion of e-learning for Freedom of Information, reminders would be despatched to all staff by the relevant Officers and followed up by the Learning and Development Manager to ensure all staff completed mandatory training.

The Committee was advised that a report on Depot improvements requiring significant investment to be submitted to Corporate Management Committee and/or Environment and Sustainability Committee in January 2020 and full Council on 11 February 2020. TIAA were asked to check with progress on producing a risk register for the DSO at the next audit in the first quarter of 2020.

Members were content that the completion date for Digital Services to produce a risk map would be achieved.

The Committee thanked Officers for the updates tabled and given verbally at the meeting and instructed TIAA to check progress with revised dates for completion of recommendations. The Chairman commented that the aim was to have no revised dates in future so that all recommendations met their target implementation dates.

362 INTERNAL AUDIT PROGRESS REPORT 2019/2020

The Committee noted satisfactory progress with the Internal Audit programme for 2019/2020. The two audits from 2018/19 had also been completed. The HR Recruitment audit had resulted in one priority 2 recommendation; this was that the recruitment process should always involve Human Resources at an early stage, as one instance had come to light where the relevant Manager had recruited a member of staff without input from Human Resources.

No priority 1 recommendations had been made since the last meeting and TIAA had not been advised of any potential frauds or irregularities since the last summary report had been issued.

In addition to those listed in the report, TIAA had just completed audits on Accounts Receivable (Debtors) and Payroll and the audits on Capital Accounting and Asset Management and Housing Allocations and Homelessness were in progress.

There were 5 audits in draft form from 2019/2020; Risk Management, Members (transparency and Openness), Governance, Planning and Housing Enforcement. The Committee was advised that these were being finalised and would be reported in due course.

Whilst appreciative of TIAA's work, there was some concern expressed that there were 13 audits (about 105 days) still to be completed before the end of the financial year. Therefore, although TIAA was confident that all would at least be in draft form within the timeframe, Officers and TIAA were asked to identify the top three priority audits to be conducted by the end of 2019/2020 in consultation with the Chairman of the Committee,

363 INTERNAL AUDIT ANNUAL AUDIT PLAN 2020/2021

TIAA presented the Committee with a draft document for discussion, outlining their ideas for the audit programme for 2020/2021.

The Committee was informed that TIAA's Audit Director planned to meet each of the Council's Senior Managers/Corporate Heads over the next few weeks and gather feedback on which areas should be audited and what the audit's scope should cover. Members gave an initial indication of which audits in the draft plan were essential and which could be deferred to the following year(s).

It was agreed that TIAA report feedback with SLT on proposed audits and which were considered 'essential' and which 'desirable' to form basis of discussion between Members of the Committee prior to a further draft being considered at the next meeting in January 2020 and if necessary being approved in consultation with the Chairman and Vice-Chairman of the Committee shortly thereafter or a special meeting of the Committee could be arranged before the end of the current Municipal Year to finalise the programme.

The Committee reviewed the findings and recommendations arising from the recently completed Local Plan Assurance Review. Officers now responsible for the Local Plan also attended the meeting to present their views because TIAA had given the Local Plan process only 'limited' assurance.

Officers agreed with some of the findings and explained that the Council's Project Management Team would monitor future reviews of the local plan and that specific budget codes would be used from an allocated budget. However, Officers did feel that the costs associated with developing the Local Plan were necessary as many technical reports and statutory consultees had instructed the production of various reports requiring specialist consultants. This was unavoidable. They also considered that using a project management tool such as Prince II, would not have assisted the process and they had followed National Framework guidelines correctly. These being the Town and Country Planning (Local Planning) (England) Regulations 2012 and guidance on plan making which was included in the Planning Policy Guidance and the NPPF. Officers also clarified that the timetable for the plan production was set out in the Council's Local Development Scheme.

The Committee appreciated the Officers' input but were sceptical that due to lack of project management funds had not been used strategically but to chase ever slipping deadlines. Members considered that the fact that there was a National Framework to follow did not explain the delays that were experienced in producing the plan and hence the recommendation from TIAA to produce a high level check list should still be investigated.

In respect of scrutiny by the Planning Committee, some Members felt they had challenged when reports were presented at Committee. These Members were advised to pursue this with the Chairman of the Planning Committee.

The Committee engaged in a detailed discussion with Officers regarding the six 'important' recommendations made in the audit.

TIAA were asked to revise the audit to include the named SLT Officer responsible for the recommendations being implemented and if they disagreed with any recommendations to include their comments in the relevant column.

Officers were asked to consider submitting to the relevant Committee detailed reports at significant stages with cost and timeframe implications for large, high profile projects or work areas in the future to allow greater scrutiny by Councillors particularly if there was slippage which Members wished to be informed of.

The Committee was advised that the production of a Council's Local Plan did not have set time scales. However, it should be feasible to have a project plan. TIAA clarified that what they recommended was producing a high-level checklist to demonstrate that there was an allocated budget and specific budget code and that the project was subject to the Council's corporate project management procedures.

Officers were thanked for their input into the discussion and the Committee looked forward to receiving a revised version of the audit at the next meeting.

## 365 COMPLAINTS AND COMPLIMENTS – QUARTER 2 2019/2020

The Committee reviewed the number and type of complaints and compliments received in Quarter 2 of 2019/2020. This included ward-based data and details of lessons learned from complaints.

Although there had been 30 complaints in Quarter 2, the Committee recalled that as this covered the summer months, the number generally did rise. This was mainly attributed to issues with food and garden waste, grass and verge cutting. Half of the complaints were upheld. However, the Committee agreed that this could be viewed positively because it demonstrated that the relevant Business Centres had taken responsibility and acted on each complaint. It was reported that 8 of the complaints had reached Stage 2 but only 2 of these had been upheld.

As requested at the meeting in July when Quarter 1 was reported, the names of individuals receiving compliments, where identified were provided in the report. There were 12 compliments received in Quarter 2 and Officers were asked to send a note of thanks from the Committee to all those getting compliments from now on so that their achievements were recognised. Members re-iterated their appreciation, citing one incident where Officers from the DSO and Customer Services had worked together to assist a local nursing home.

In terms of equalities, Members noted that the protected characteristics of age, disability, pregnancy and maternity had been engaged positively in the compliments but that one of the complaints had adversely impacted on age and disability; although the complaint itself was about an issue outside of the Council's control.

## 366 BDO ANNUAL AUDIT

The Committee received the completed audit report from the Council's new external auditors, BDO, for the year ending 31 March 2019. It was confirmed that the report differed very little from the one presented to the Committee earlier in the year. BDO's Engagement Lead Officer drew Members' attention to the Executive Summary which was a positive outcome for the authority, with only two minor errors identified in the Audit Risks Overview which had quickly been rectified to the auditor's satisfaction.

Members were pleased to note BDO's proposal to issue an unmodified audit opinion on the Council and consolidated Group financial statements and to also issue an unqualified conclusion on the Council's use of resources.

In terms of Final Materiality, this was determined based on 1% of the value of gross assets on the Council's balance sheet. Specific materiality on the comprehensive Income and Expenditure statement (CIES) was based on 2% of the income. Group materiality was calculated at £9.9m and the specific CIES Group Materiality was £1.5m. BDO had achieved their objective to conduct the audit in line with the ISA (UK) 600 (Audits of Group Financial Statements).

In all areas of the audit, no significant items of concern had been identified and BDO thanked Officers, particularly the Corporate Head of Finance and his staff for their co-operation and assistance.

The Committee also thanked Officers and BDO for a successful conclusion to the external audit.



367 ADDLESTONE ONE RISK REGISTER

By resolution of the Committee, the press and public were excluded from the meeting during the consideration of this matter under Section 100A(4) of the Local Government Act 1972 on the grounds that the discussion would be likely to involve the disclosure of exempt information of the description specified in paragraph 3 of Schedule 12A to Part 1 of the Act.

The Committee reviewed the risk register for Addlestone One. An additional risk had been added since the last meeting which Members agreed should be classed as high rather than a medium risk.

With regard to progress with the project the Committee was very pleased that the existing leaseholders were doing well on the whole and that Nandos had quickly established its popularity in the town. Interest in the residential units continued and Officers anticipated that all the units not currently available would be in the first quarter of 2020.

368 EGHAM GATEWAY WEST RISK REGISTER

By resolution of the Committee, the press and public were excluded from the meeting during the consideration of this matter under Section 100A(4) of the Local Government Act 1972 on the grounds that the discussion would be likely to involve the disclosure of exempt information of the description specified in paragraph 3 of Schedule 12A to Part 1 of the Act.

Members noted the Risk Register for the Egham Gateway West development. As it was still relatively early in the scheme there were a number of items which the Committee were appraised of and Officers advised that an update on budgetary matters would be submitted to Corporate Management Committee in December 2019 or January 2020. Members noted there would also be a major report to Corporate Management Committee on 23 January and full Council on 11 February 2020 regarding moving the project to the next phase.

The Committee discussed the residential part of the scheme and were assured of its flexibility. Extensive market research had been undertaken prior to drawing up the detailed plans and an item on community engagement and consultation was due to be considered at the next meeting of the Assets and Regeneration Member Working Group. Officers noted that Egham Museum had expressed an interest in aspects of the consultation. For example, naming the units.

Chairman

(The meeting ended at 9.30pm)

**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. Membership of an outside body in their private capacity as a director, trustee, committee member or in another position of influence thereon should be regarded as a disclosable pecuniary interest, as should an appointment to an outside body by the Council as a trustee.

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 'B' is TIAA's Follow Up Report on Recommendations made following completion of the internal audit work. This exception report summarises outstanding recommendations as at December 2019.

**2. Report**

2.1 Corporate Heads with outstanding recommendations have all agreed revised target dates following discussions with TIAA.

2.2 Members are asked to note that with regard to Freedom of Information training, as at 14 January, 71% of staff had completed the mandatory training compared with 48% of staff in December. Monthly reminders are being sent

out by the Council's Freedom of Information Officer and/or line managers so that the target of 100% completion is achieved by the deadline of March 2020.

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

### Internal Audit Progress Report for Outstanding Recommendations

**2019/20**

January 2020

# 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 December 2019. Since the previous follow up review was carried out (October 2019), two 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	0
Outstanding	7
No Longer Applicable	0
Not Implemented	0

4. In relation to the seven recommendations classified as Outstanding, this includes three recommendations which have not yet reached their revised target implementation date. No further action is necessary at this time and therefore specific details have not been included in this report.
5. For the remaining four 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

6. 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.
7. 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.
8. 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

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

<b>Date final report issued:</b>	10 January 2020
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## Executive Summary

### Follow Up

10. 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:

11. 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>	30/04/20
<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 had not progressed. The DSO Manager officially retired at the end of February and was taken back on a reduced hours contract until a replacement could be recruited. A new DSO Manager started in October 2019 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.</p> <p>As part of the December 2019 follow up review, it was advised by the Corporate Head of Environmental Services that this is still outstanding following the retirement of the previous DSO Manager, and provided a revised target date of April 2020.</p>				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

12. 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>	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. 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.				
<b>Responsible Officer/s</b>	Corporate Head of Law and Governance	<b>Original implementation date</b>	31/08/19	<b>Revised implementation date</b>	31/03/20
<b>Latest Update</b>	It was advised by the Corporate Head of Law and Governance that action on this was reported back to the last meeting of Standards and Audit Committee and a revised completion date of March 2020 was agreed.				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	



13. GDPR Preparedness

<b>Audit title</b>	<b>GDPR Preparedness</b>	<b>Audit year</b>	2017/18	<b>Priority</b>	3
<b>Recommendation</b>	A review of all contracts and agreements with third parties be undertaken to ensure all content is GDPR compliant.				
<b>Initial management response</b>	Meeting on 26/09/18. With CHL&G and Legal Services Mgr to discuss.				
<b>Responsible Officer/s</b>	Corporate Head of Law and Governance	<b>Original implementation date</b>	28/02/19	<b>Revised implementation date</b>	31/03/20
<b>Latest Update</b>	<p>As part of the June 2019 follow up review, it was advised by the Corporate Head of Law and Governance this was in progress; the CHL&amp;G had taken on responsibility for this work stream, with a revised target date of 31/10/19.</p> <p>As part of the December 2019 follow up review, it was further advised that this work is in hand but is progressing more slowly than anticipated. This has been due to the Corporate Head of Law and Governance having to undertake other tasks which has meant he has not been able to devote the amount of time he would ideally wish to the task. Consideration has been given to allocating the task to other officers but it is felt that the Corporate Head of Law and Governance has the most appropriate knowledge required to undertake this task. A revised target date of 31 March 2020 has been set.</p>				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

14. Section 106

<b>Audit title</b>	<b>Section 106</b>	<b>Audit year</b>	2019/20	<b>Priority</b>	3
<b>Recommendation</b>	Flow charts be reviewed and updated to reflect current working practices, with a periodic review timetable established to ensure procedures remain up to date.				
<b>Initial management response</b>	Agreed and already being actioned due to changes in CIL regulations coming into effect on 1 September 2019 enabling different procedures to be introduced with more streamlined processes which will be of benefit to customers and more cost effective for the Council.				
<b>Responsible Officer/s</b>	Planning Officer	Funding	<b>Original implementation date</b>	31/10/19	<b>Revised implementation date</b> 30/04/20
<b>Latest Update</b>	As part of the December 2019 follow up it was advised by the Planning Funding Officer that a report was taken to the Infrastructure Member working party on 11 December 2019. The flow diagrams need to take into account new financial contributions therefore an update now needs to take into account the public consultation (Feb 2020). Flow charts are expected to be updated by 30 April 2020.				
<b>Status</b>	<b>Outstanding</b>			A 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 'C' is the most recent Internal Audit Progress Report for 2019/2020.

#### 2. Report

- 2.1 The report identifies the status of audits for the 2019/20 planned audits and reports four changes to the programme. These were to delete three audits and increase the Local Plan audit by 5 days, as discussed at the last meeting of this Committee.
- 2.2 A further 5 final reports have been issued, 10 audits are scheduled to commence before the end of the financial year and 2 are 'in progress'.
- 2.3 No priority 1 recommendations have been made since the previous progress report. However, there were 2 priority 2 recommendations with regard to Risk Management and Housing Enforcement as set out in the Appendix to this report. TIAA will provide a narrative for this at the meeting.
- 2.4 With regard to Housing Enforcement, the Head of Housing has confirmed that they will be reviewing the procedures for dealing with Anti-Social behaviour reports to clarify the process for residents of how issues will be dealt with. It is anticipated that a report following the consultation will be submitted to the Housing Committee in March 2020. Members are asked to note that these are subject to different guidelines to other complaints as the issues are often more complex as explained in the management comments.

#### 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**

**28 January 2020**

January 2020

# Internal Audit Annual Plan

## 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 8 January 2020.

## PROGRESS AGAINST THE 2019/20 ANNUAL PLAN

2. Our progress against the Annual Plan for 2019-20 is set out in Appendix A. 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.

## 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*
Commercial Rents	Substantial		03/12/2019	03/12/2019	05/12/2019	-	-	-	-
Risk Management	Reasonable		17/09/2019	11/11/2019	13/11/2019	-	1	1	1
Payroll	Substantial		19/11/2019	20/11/2019	22/11/2019	-	-	1	1
Housing Enforcement	Reasonable		20/11/2019	26/11/2019	28/11/2019	-	1	1	2
Accounts Receivable	Substantial		19/11/2019	20/11/2019	22/11/2019	-	-	1	1

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

## CHANGES TO THE ANNUAL PLAN 2019/20

5. The approved change to the Annual Plan for 2019/20 are as follows:
- 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 **Local Plan** audit by 5 days
  - Delete **Depot** – there is a new Depot Manager and the client has requested we defer the audit to 2020/21.
  - Delete **Procurement** – client has requested we cancel from 2019/20 plan and put into 2020/21 as this was reviewed in March 2019.

## 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

9. 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

10. 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	Final report issued 13 November 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	Final report issued 5 December 2019		June 2019
Benefits and Council Tax Support	3/4	10	Scheduled to commence w/c 13 January		March 2019
Non-Domestic Rates (NDR)	3/4	8	Scheduled to commence w/c 16 March		March 2019
Council Tax	3/4	8	Scheduled to commence w/c 16 March		March 2019
Accounts Payable (Creditors)	3/4	6	Scheduled to commence w/c 27 January		December 2018
Accounts Receivable (Debtors)	3/4	6	Final report issued 22 November 2019		December 2018
Income – Cash and Bank	3/4	6	Scheduled to commence w/c 2 March		March 2019
Main Accounting (General Ledger)	3/4	6	Scheduled to commence w/c 17 February		March 2018
Payroll	3/4	8	Final report issued 22 November 2019		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

System	Planned Quarter	Days	Current Status	Comments	Date last time audited
ICT – Active Directory, IT Data Backup and Disaster Recovery	3	8			
ICT – Network Security	3	8			
Procurement/Contracts	4	(6)0		Delete from 2019/20 plan as just audited - to include in 2020/21 plan	March 2019
Governance – Corporate (Constitution, Members, transparency and openness)	1	6	Draft report issued 9 July 2019		October 2017
Freedom of Information	1	6	Final report issued 1 July 2019		2016
Depot – to include trade waste	1	(6)0		Audit cancelled at request of client to allow new Depot Manager time to settle in	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	Scheduled to commence w/c 9 March		March 2019
Housing Allocations and Homelessness	2	6	In progress		June 2017
Housing Enforcement	1	6	Final report issued 28 November 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	1-4	15		This is now a quarterly update of all outstanding recommendations	
<u>Total</u>		<u>182</u>			

**KEY:**

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



## Recommendations – Priority 1 and 2 recommendations

Audit Report: Risk Management  
Report Issued: 13 November 2019

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	Discussions with the Head of Business Planning and Performance Review confirmed that no formal risk management training had taken place at the time of the discussion but Business Unit Plan authors were due to receive risk training as part of business planning training in September. This training has now been delivered. In addition a Generic Module relating to Risk Management has been added the E – Learning platform. It is still to be decided whether it will be part of an induction or mandatory training outside inductions.	Consideration to be given to including Risk Management training as part of the induction process for new staff.	2	<i>There needs to be a review of all training which should be delivered as part of a staff induction, and which training should be delivered after inductions. The decision about risk management should not be taken in isolation. The Head of Business Planning and Performance Review will discuss the matter with the Head of HR for a formal proposal to be made to CLT/SLT about which training should be part of staff inductions.</i>	31/12/19	<i>Head of Business Planning and Performance Review, Head of HR and CLT/SLT.</i>

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Compliance	From 15 ASB complaints tested, in 14 cases not all of the processes stated in the procedure were followed. In the majority of cases an ASB report form was not completed, a victim risk assessment was not completed, an information pack was not issued to the complainant, and the complaint was not fully responded to within 15 days. In all 14 cases, the ASB Officer provided appropriate justification for the deviation from the established procedure as all of the steps were not considered to be required due to the particular nature of the complaints received. For example, with respect to the risk assessments it was advised that the form itself is not the only method of risk assessment, as risk is continually assessed through information received and contact with the victim. It was also advised that it would not be expected for the majority of ASB cases to be fully resolved within a 15 day time frame. However, this indicates that the procedure requires review in order to ensure that it reflects current practice and outlines the minimum to be undertaken in each case and/or the exceptions where the full process does not need to be followed.	Statement of Procedures on Antisocial Behaviour be reviewed to ensure it mirrors the current procedure followed and lists the minimum procedures to be undertaken in each case and/or exceptions where the full process stated does not need to followed based on the type of complaint received.	2	<p><i>Agree this and will take a reviewed procedure to Housing Committee Consultation to be carried out 1<sup>st</sup> to 28<sup>th</sup> January.</i></p> <p><i>We do not feel that this comment reflects the nature of ASB. The commitment is to a full response within 15 days which does not mean case closure.</i></p> <p><i>We are committing to every complainant receiving a full response which means not an acknowledgement but information on how we propose to deal with the complaint, actions the complainant needs to take and what we will do etc.</i></p> <p><i>In some cases where there is a complaint this may result in a response that includes closure of the case within the stated timeframe, however many ASB complaints are complex and will be lengthy but all complainants will receive a full response to their initial complaint within 15 days as standard</i></p> <p><i>This 15-day target ensures that a response is provided whatever the nature of the complaint.</i></p>	10/03/20	Head of Housing

**8. INTERNAL AUDIT DRAFT ANNUAL AUDIT PLAN 2020/2021 AND STRATEGY (TIAA, CHRIS HARRIS)**

**Synopsis of report:**

**To update Members on the latest draft of the Annual Internal Audit Plan for 2020/2021 following discussions between TIAA and the Senior Leadership Team, the Assistant Chief Executive and Members of this Committee**

**Recommendation(s):**

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

**1. Context of report**

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

**2. Report**

2.1 The report was submitted as a discussion draft at the last meeting of this Committee to encourage feedback and suggestions on the type of work that the Committee would like TIAA to undertake in 2020/2021.

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

2.3 The final audit programme will be considered by a specially convened meeting of this Committee on 17 March 2020. This was arranged at the request of the Chairman and Vice-Chairman of this Committee.

2.4 Officers will provide the Committee with feedback from the Senior Leadership Team at the meeting.

**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

Audit Strategy and Annual Internal Audit Plan  
2020/21

**Standards and Audit Committee**

**28 January 2020**

January 2020

# Overview

2020/21 Audit planning process

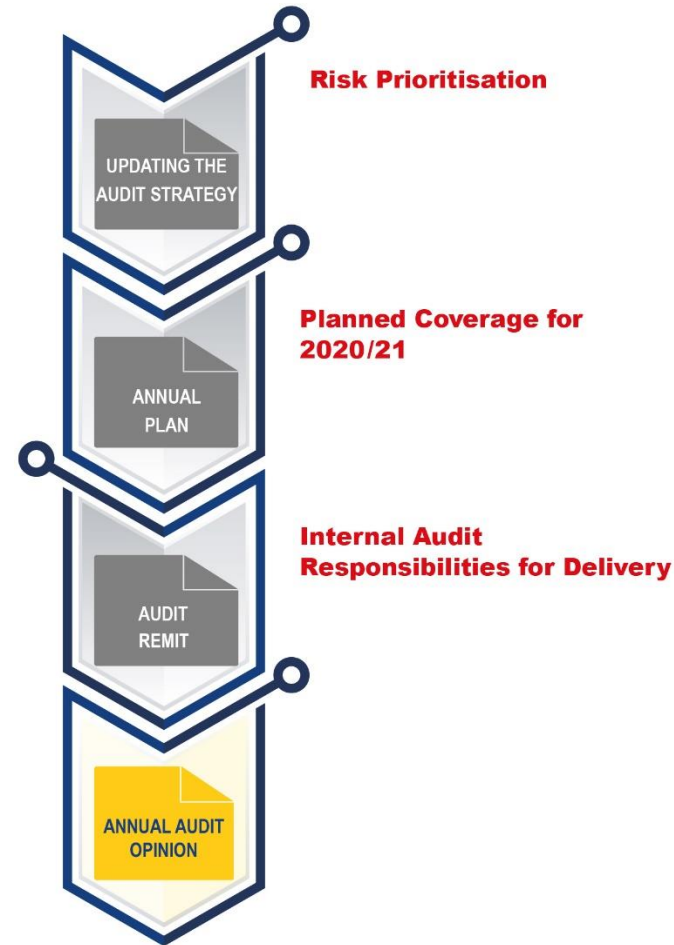
## Introduction

The Audit Plan for 2020/21 has been informed by a risk assessment carried out across all our clients (with members and senior management) and by an updated audit risk assessment to ensure that planned coverage for the year is focussed on the key audit risks, and that the coverage will enable a robust annual Head of Internal Audit Opinion to be provided.

## Key Emerging Themes

This year will be another challenging year for local authority organisations in terms of income, regulation and also the pressures on service delivery. We have identified a number of key areas which require consideration when planning internal audit coverage.

- Senior Officer Restructure – we are aware of the restructure to the senior management team and the risks that may flow from both the cultural change and the need for good communication between the Heads of Service
- Brexit – Governance and Risk Registers need to be stress-tested against continuing uncertainty, which may have knock-on impacts on recruitment and retention of staff and on procurement and suppliers.
- Transformation and Strategic Change – development of new internal systems and processes will impact on the capacity and capability of resources to develop working practices and drive efficiencies.
- Staff Changes – the staff changes that have/are occurring will impact on the infrastructure to support them, including service delivery, recruitment, learning and development, IT support and customer care.
- Collaborations – consideration to collaborations to provide smarter more cost effective delivery of services.



## Adequacy of the planned audit coverage

The Fundamental reviews identified in the audit plan for 2020/21 support the Head of Audit’s annual opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control as required by TIAA’s charter. The Organisational reviews have been identified from your assurance framework, risk registers and key emerging themes.

## Internal Audit Plan

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### Audit Strategy Methodology

We adopt a proprietary risk based approach (GUARD) to determining your audit needs each year, which includes reviewing your risk register and risk management framework, previous internal audit work for the organisation, external audit recommendations together with key corporate documentation such as your business and corporate plan, standing orders, and financial regulations. The Audit Strategy is based predominantly on our understanding of the inherent risks facing the Council and those within the sector and has been developed with senior management and the Standards and Audit Committee.

### Risk Prioritisation

Each year an updated risk assessment is carried out to ensure the Audit Strategy remains fully aligned with the key risks facing the Council. The resultant changes for 2020/21 which underpin your Audit Plan is set out at Annex A.

### Audit Strategy and Annual Plan

Following the risk prioritisation review, the Audit Strategy has been updated (Annex B) and the Annual Plan (Annex C) sets out the reviews that will be carried out, the planned times and the scopes for each of these reviews.

The Annual Plan will be subject to ongoing review and could change as the risks change for the organisation, and will be formally reviewed with senior management and the Standards and Audit Committee mid-way through the financial year or should a significant issue arise.

The overall agreed time for the delivery of the Annual Plan includes: research, preparation and issue of terms of reference, production and review of working papers and reports and site work. The Annual Plan has been prepared on the assumption that the expected controls will be in place.

The total number of days required to deliver the Audit Plan is as agreed in the contract between TIAA and the Council. Where additional work is required days and the aggregate day rate will be agreed in advance and will be clearly set out in the terms of reference.

### Audit Remit

The Audit Remit (Annex D) formally defines internal audit's purpose, authority and responsibility. It establishes internal audit's position within the Council and defines the scope of internal audit activities.

### Reporting

**Assignment Reports:** A separate report will be prepared for each review carried out. Each report will be prepared in accordance with the arrangements contained in the Terms of Reference agreed with TIAA and which accord with the requirements of TIAA's audit charter and the IIA UK & Ireland standards.

**Progress Reports:** Progress reports will be prepared for each Standards and Audit Committee meeting. Each report will detail progress achieved to date against the agreed annual plan.

**Annual Report:** An Annual Report will be prepared for each year in accordance with the requirements set out in TIAA's audit charter and the IIA UK & Ireland standards. The Annual Report will include our opinion of the overall adequacy and effectiveness of the Council's governance, risk management and operational control processes.

**Other Briefings:** During the year Client Briefing Notes, benchmarking and lessons learned digests will be provided. These are designed to keep the organisation abreast of in-year developments which may impact on the governance, risk and control assurance framework.

### Assurance Mapping

For each assurance review an assessment of the combined effectiveness of the controls in mitigating the key control risks will be provided. The assurance mapping process is set out in Annex E.

### Liaison with the External Auditor

We will liaise with the External Auditor, as required. Any matters in the areas included in the Annual Plan that are identified by the external auditor in their audit management letters will be included in the scope of the appropriate review.

### Performance

The following Performance Targets will be used to measure the performance of internal audit in delivering the Annual Plan:



Area	Performance Measure	Target
Achievement of the plan	Completion of planned audits.	100%
	Audits completed in time allocation.	100%
Reports Issued	Draft report issued within 10 working days of exit meeting.	95%
	Final report issued within 10 working days of receipt of responses.	95%
Professional Standards	Compliance with TIAA's audit charter and the IIA UK & Ireland Standards.	100%

### Conflict of Interest

We are not aware of any conflicts of interest and should any arise we will manage them in line with TIAA's audit charter and the IIA UK & Ireland standards, the Council's requirements and TIAA's internal policies.

### Limitations and Responsibility

Substantive testing will only be carried out where a review assesses the internal controls to be providing 'limited' or 'no' assurance with the prior approval of the Council and additional time will be required to carry out such testing. the Council is responsible for taking appropriate action to establish whether any loss or impropriety has arisen as a result of the control weaknesses.

Internal controls can only provide reasonable and not absolute assurance against misstatement or loss. The limitations on assurance include the possibility of one or more of the following situations, control activities being circumvented by the collusion of two or more persons, human error, or the overriding of controls by management. Additionally, no assurance can be provided that the internal controls will continue to operate effectively in future periods or that the controls will be adequate to mitigate all significant risks that may arise in future.

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.

Reliance will be 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.

The matters raised in the audit reports will be only those that come to the attention of the auditor during the course of the internal audit reviews and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. The audit reports are prepared solely for management's use and are not prepared for any other purpose.

### Standards and Audit Committee Responsibility

It is the responsibility of the Standards and Audit Committee to determine that the number of audit days to be provided and the planned audit coverage are sufficient to meet the Committee's requirements and the areas selected for review are appropriate to provide assurance against the key risks within the organisation.

### Release of Report

The table below sets out the history of this plan.

<b>Date plan issued:</b>	<b>10 January 2020</b>
--------------------------	------------------------

**Changes for 2020/21**

In addition to the core audit work required to underpin the Head of Audit Annual Opinion (governance, risk management, core financial systems, network controls, follow up etc.) a GUARD assessment of key risks has been completed, to identify those that are most relevant to the organisation and where internal audit assurance would be best focussed. These are summarised below.

LINKED TO RISKS ON PAGE 1	GUARD Risk Analysis
Risk Areas	Cross Ref to Annual & Strategic Plan (Annex B, C)
<p>Strategic Governance – Restructure and Brexit – There is likely to be significant uncertainty and potential fast-emerging risks developing as a result of the UK leaving the EU in January 2020, which will not be fully understood until after the departure date. In addition, the restructure and staff changes may impact culture, communication and strategic governance of the Council.</p> <p>How we intend to review this risk: We will assess the extent of system and communication working and will have been stress-tested against this within our audit areas.</p>	<p>Year 1</p>
<p>Staff changes – the staff changes may impact on the infrastructure to support them, including, service delivery, recruitment, learning and development, IT support and customer care.</p> <p>How we intend to review the risk: We will assess the infrastructures in place and developing changes, how these are being implemented and supporting the staff changes.</p>	<p>Year 1</p>
Client Specific Risks	
<p>Transformation and Strategic Change – development of new internal systems and processes will impact on the capacity and capability of resources to develop working practices and drive efficiencies.</p>	<p>Year 1</p>



Fundamental Review Areas To support the Head of Internal Audit opinion	BAF / Risk Ref.	Type	Yr1	Yr2	Yr3
<b>Governance</b>					
Key governance areas will be reviewed on a rotational basis each year such as strategic planning, strategic control, performance management, overall assurance, partnership working, management of conflicts, health and safety, subsidiary governance and third party assurances.		Assurance	✓	✓	✓
<b>Risk</b>					
A robust risk management framework is critical to all organisations to ensure risks are effectively management and emerging risks identified our cyclical annual reviews will cover embedding risk, risk identification, risk mitigation and risk workshops.		Appraisal	✓	✓	✓
<b>Financial systems - Cost Control and Income Maximisation</b>					
Cost control, income maximisation and robust financial systems are essential to financial well-being of any organisation. Our reviews of key financial systems are designed to ensure compliance with IIA standards and help protect against potential frauds. We will carry out a high level review of key financial systems each year supported by a rolling programme of financial system reviews such as payments health check, income, payroll, budgetary control/management reporting, cost improvement planning and nominal ledger.		Assurance	✓	✓	✓
<b>ICT</b>					
We will use our risk assessment to continue to review ICT risks and controls in place within the organisation. The rolling programme of reviews will include data protection, ICT governance, ICT management and business support, application reviews, network security, data quality and cyber security. The audit areas will be reviewed as systems implementation develops.		Assurance	✓	✓	✓
<b>Follow Up</b>					
We will carry out a continuous follow up of internal audit recommendations utilising TIAA's recommendation tracker. Updates will be provided to each Standards and Audit Committee.		Follow Up	✓	✓	✓

# Rolling Strategic Plan

Review Area	Risk Ref	Type	Prog Ref	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	B000		8	8	8
Business Continuity		Assurance	B000		6		6
Data Quality (include security of data)		Assurance		6		6	
Data Protection - (Information Governance)		Assurance	B000		6		6
Commercial Rents		Assurance	G023		6	6	
Human Resources – Absence Management		Assurance	B000		6		6
Human Resources – Recruitment		Assurance				6	
Local Plan audit (Follow up)		Assurance		13	3		
Communications		Assurance			8		
<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			12	16	16
Accounts Payable (Creditors)		Assurance		6			
Accounts Receivable (Debtors)		Assurance		6			
Income – Cash and Bank		Assurance		6	6		
Main Accounting (General Ledger)		Assurance	G004	6	6	6	6
Payroll		Assurance	G009	8	8	8	8
Budgetary Control		Assurance	G002		6		
Capital Accounting and Asset Management		Assurance		6			6
Treasury Management		Assurance		6		6	
Insurances (include staff owned vehicles on Council business)		Assurance	B000				
Customer Services		Assurance				6	

Review Area	Risk Ref	Type	Prog Ref	2019/20	2020/21	21/22	22/23
<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					16	16	16
<b>Operational Audit - Law and Governance</b>							
Procurement/Contracts		Value for Money			8	6	
Project Management Toolkit		Assurance	1030		6		
Governance – Gifts and Hospitality		Assurance					6
Governance – Corporate (Constitution, Members/transparency and openness/Reporting)		Assurance		6			6
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
Car Parking		Assurance		6			6
Development and Building Control		Assurance	B000				
Licensing		Assurance	B000				
Runnymede Travel Initiative		Assurance				6	
Planning Enforcement		Assurance	B000	6	8	6	6

Review Area	Risk Ref	Type	Prog Ref	2019/20	2020/21	21/22	22/23
<b>Operational Audit-Housing and Community Development</b>							
Housing Rents		Assurance	G011	6	6	6	6
Housing Allocations and Homelessness		Assurance		6			6
Housing Health and Safety		Assurance			10		
Housing Repair and Maintenance		Assurance			12		6
Housing Enforcement		Assurance		6		6	
Leisure Contract		Assurance	B000				
Community Transport		Assurance	B000		8		
Community Safety		Assurance					
Community Grants		Assurance					6
Safeguarding/Prevent		Assurance	B000		6		
Day Centres		Assurance					6
Sheltered Centres/Accommodation		Assurance				6	
Housing Section 106		Assurance		8		6	
<b>Other</b>							
Follow up of recommendations				15	12	12	12
Annual Report				-	-	-	-
Audit Management - to include annual plan, client liaison, Committee preparation and attendance, external audit.				-	-	-	-
Contingency				-	-	-	-
		<b>Totals</b>		<b>176</b>	<b>199</b>	<b>176</b>	<b>172</b>

## Proposed areas for Audit – 2020/21

Quarter	Audit	Type	Days	Rationale	Prog ref
Q2	Commercial Property	Assurance	8	<p><u>Rationale:</u> 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><u>Scope:</u> The scope will include: 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>	
Q1	Business Continuity	Assurance	6	<p><u>Rationale:</u> 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><u>Scope:</u> 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> </ul>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<ul style="list-style-type: none"> <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>	
Q2	Commercial Rents	Assurance	6	<p><u>Rationale:</u> 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><u>Scope:</u> 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>	
Q2	Data Protection	Assurance	6	<p><u>Rationale:</u> 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><u>Scope:</u> To review compliance with the General Data Protection Regulations (GDPR).</p>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<p>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>	
Q2	HR – Absence Management	Assurance	6	<p><u>Rationale:</u> This is a periodic audit to assess the council's resilience and control of absence.</p> <p><u>Scope:</u> 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>	
Q3	Revenue Services – Key Controls	Assurance	20	<p><u>Rationale</u></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><u>Scope</u></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>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<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>	
Q3	Financial Systems – Key Controls	Assurance	12	<p><u>Rationale</u> 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><u>Scope</u> 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> </ul>	
Q3	Income, Cash and Bank	Assurance	6	<p><u>Rationale:</u> Due to the high volume of transactions and the income involved this is a high risk area and subject to an annual audit. In addition, a new software system will be in place for the 2020 21 financial year and an audit would be beneficial at this time.</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the Income (Cash &amp; Bank) 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>• Adequate controls are in place to ensure amounts received are accurately and promptly banked;</li> <li>• Adequate security is in place to manage all cash received and banking arrangements;</li> <li>• Regular reconciliations are carried out between the cash receipting system, the general ledger and the Council's bank account; and</li> </ul> <p>All items posted to suspense accounts are checked and regularly cleared</p>	



Quarter	Audit	Type	Days	Rationale	Prog ref
Q3	Payroll	Assurance	8	<p><u>Rationale:</u> 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><u>Scope:</u> 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>	
Q3	Main Accounting (General Ledger)	Assurance	6	<p><u>Rationale:</u> This is the main financial ledger and an important system for the Councils which is audited annually.</p> <p><u>Scope:</u> 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>	
Q3	Budgetary Control	Assurance	6	<p><u>Rationale:</u> Budgetary Control is a fundamental finance system that is audited every other year.</p> <p><u>Scope:</u> The control objectives that will be considered as part of this audit include:</p>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<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>	
Q1/2	ICT – TBA (Contingency)	Assurance	18	<p><u>Rationale:</u> TBA</p> <p><u>Scope:</u> TBA</p>	
Q1	Communications	Assurance	8	<p><u>Rationale:</u> The audit will examine the level of assurance on the adequacy of the corporate framework for managing internal communications.</p> <p><u>Scope:</u> 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> <li>Future vision for structure and communications (vertical and horizontal)</li> </ul>	
Q2	Planning Enforcement	Assurance	8	<p><u>Rationale:</u> This is a periodic audit to provide assurance over the Planning Enforcement process.</p> <p><u>Scope:</u> 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 in the enforcement process</li> </ul>	
Q4	Local Plan (follow up audit)	Assurance	3	<p><u>Rationale:</u> The audit undertaken in 2019 20 gave a Limited Assurance opinion. It is good practice to follow up on all Limited Audit Reports.</p>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<p><u>Scope:</u> The audit will review and evidence that all recommendations made in the 2019/20 internal audit report have been actioned.</p>	
Q3	Housing Rents	Assurance	6	<p><u>Rationale:</u> 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><u>Scope:</u> 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>	
Q1	Housing The processes for managing Health and Safety requirements within the Housing Department	Assurance	10	<p><u>Rationale:</u> The council has experienced difficulties with maintaining a fit for purpose housing stock and an independent review in to health and safety matters would be beneficial.</p> <p><u>Scope:</u> Ascertain and report on the systems and processes the council has in place to ensure compliance and provide assurance that these are designed and operating effectively in relation to health and safety and building safety compliance.</p> <p>Ascertain and report on whether the council has appropriate policy/procedures to ensure actual compliance with both statutory and regulatory health and safety requirements/best practice. This to include sample checks of Health and Safety inspections in relation to:</p> <ol style="list-style-type: none"> <li>a. valid Gas certificates (LGSR)</li> <li>b. valid Fire Risk Assessments (FRAs)</li> <li>c. valid Electrical certificates</li> <li>d. valid Legionella certificates</li> <li>e. valid Asbestos certificates</li> <li>f. valid Lift inspection certificates (LOLER)</li> </ol>	
Q1	Housing A deep dive into maintenance and repair of the Housing stock	Assurance	12	<p><u>Rationale:</u> The council has experienced difficulties with maintaining a fit for purpose housing stock and an independent review into repair and maintenance matters would be beneficial.</p> <p><u>Scope:</u> Procedures:</p>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<ul style="list-style-type: none"> <li>The housing repair procedures have been reviewed and updated and are available to all members of staff.</li> </ul> <p><u>Order and variation processes:</u></p> <ul style="list-style-type: none"> <li>Housing repair orders are fully documented from initiation to completion and approval for payment. Details of job variations and their financial variation values are recorded.</li> <li>Where a standard schedule of rates is not available, an agreed job price has been received and authorised in advance of an order being placed.</li> </ul> <p><u>Inspections:</u></p> <ul style="list-style-type: none"> <li>The system fully documents the inspection of property repairs completed by all contractors.</li> <li>Repair inspection targets are monitored and reported to senior management.</li> <li>All properties are subject to regular stock condition surveys completed by an independent property consultant.</li> </ul> <p><u>Budget monitoring:</u></p> <ul style="list-style-type: none"> <li>Repairs budgets are accurate, regularly reviewed and reported.</li> <li>Where tenants are responsible for repairs, a process and control framework is in place to charge relevant works order costs.</li> <li>Leaseholder service charges for repairs and maintenance, where applicable, are up to date and have been correctly charged.</li> </ul> <p><u>Contract monitoring:</u></p> <ul style="list-style-type: none"> <li>Effective client / contract monitoring is in place and reported, where contractors are used.</li> </ul> <p><u>Performance indicators:</u></p> <ul style="list-style-type: none"> <li>Monitoring of the key performance indicators for emergency and routine repairs is ongoing and regularly reported to senior management.</li> </ul>	
Q3	Community Transport	Assurance	6	<p><u>Rationale:</u> This is an important area for the Council that receives periodic audit.</p> <p><u>Scope:</u> 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> </ul>	

Quarter	Audit	Type	Days	Rationale	Prog ref
				<ul style="list-style-type: none"> <li>Vehicles are adequately maintained, insured and licensed. (A review at the Depot to confirm all vehicles are fit for purpose and have the appropriate certificates/documents – MOT, Service, tax etc))</li> </ul>	
	Safeguarding	Assurance	6	<p><u>Rationale:</u> This is an important area for the Council that receives periodic audit.</p> <p><u>Scope:</u> 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>	
Q2/3	Depot	Assurance	6	<p><u>Rationale:</u> This is a periodic audit to provide assurance over the operations at the Depot and the collection of Trade Waste.</p> <p><u>Scope:</u> The review considers the following key areas:</p> <ul style="list-style-type: none"> <li>Procedures and processes in place to monitor and manage the site management,</li> <li>The process for paying for services and how this is evidenced and authorised,</li> <li>The process for managing the quality of service and in particular the management of the depot, and</li> <li>The process for managing the performance of the recycling arrangements.</li> <li>An effective system of complaints monitoring exists</li> <li>Stock is properly controlled</li> <li>Value for Money is constantly being reviewed</li> </ul> <p>The collection monies for Trade Waste is adequately controlled</p>	

Quarter	Audit	Type	Days	Rationale	Prog ref
Q1/2	Procurement	Value for Money	8	<p><u>Rationale:</u> Following interviews with Heads of Service they were concerned that the existing procurement arrangements were not providing value for money.</p> <p><u>Scope:</u> A review of the Heads of Service requirements verses the Council procurement requirements to ascertain how procedures might be varied to provide both value for money in procurement yet demonstrating good accountability and compliance with the Councils Contracting procedures.</p>	
Q3	Project Management	Assurance	6	<p><u>Rationale:</u> Project Management is a high risk and a periodic assurance audit will help identify any weakness in the management of projects.</p> <p><u>Scope:</u> The audit will consider the following key areas: The project management framework including Project Management Toolkit, procedures/templates and guidance covering project management activities;</p> <p>Review of a sample project from the initial stages through to when the project is in progress covering:</p> <ul style="list-style-type: none"> <li>• Project Initiation Document (PID)</li> <li>• Initial plan</li> <li>• Risk and Issues logs</li> <li>• Budgetary control</li> <li>• Quality log</li> <li>• Stakeholder Analysis and Communications Plan</li> <li>• Resource management</li> <li>• Approval of projects by Committee/Council</li> <li>• Monitoring of the operational and financial progress of projects by Project Team/Committee/Council; and</li> </ul> <p>Escalation of project risks from individual project risk logs/registers, corporate risk register and strategic risks, as appropriate.</p>	
4/5	Follow up	Verifying recommendations are implemented	12	<p><u>Rationale:</u> 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><u>Scope:</u> All outstanding recommendations are reviewed to confirm what progress has been made to implement them as agreed in the report action plan.</p>	
3/4	2020/21 Annual Plan		-	Time spent developing, consulting and reporting on the future audit plans for internal audit – included in fixed fee.	

Quarter	Audit	Type	Days	Rationale	Prog ref
3/4	Strategic Plan		-		
4/5	2018/19 Annual Report		-	Time spent on producing and reporting upon the annual assurance report. Included in fixed fee.	
1-4	Management, QA and Support		-	This time includes attendance at Standards and Audit Committee meetings, liaison meetings and overall contract management. Included in fixed fee.	
		<b>Total days</b>	<b>199</b>		

The approval total audit days for internal audit are 175. Approval will therefore be required to any variation to this number, however an accurate assessment should be made which will no doubt be helpful and be reflected in the Internal Audit Tender documents which will be issued during 2020/21.

A fixed fee applies to the Audit Planning, Management, Quality review and general audit support to this contract

**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 the Council’s framework of governance, risk management and control. TIAA is responsible for giving assurance to the Council on the adequacy and effectiveness of the Council’s risk management, control and governance processes.

**Scope**

All the 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 Standards and Audit Committee or the nominated officer (being the post responsible for the day to day liaison with the TIAA), provided such reviews do not compromise the audit service’s objectivity or independence, or the achievement of the approved audit plan.

**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.

**Standards and Approach**

TIAA’s work will be performed with due professional care, in accordance with the requirements of the Chartered Institute of Internal Auditors – UK & Ireland standards.

**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 regulator, 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.



### Corporate Assurance Risks

We consider four corporate assurance risks; directed; compliance; operational and reputational, and tailor the objectives of the audit accordingly. For all types of audit we also take into account value for money considerations and any linkages to the organisational Assurance Framework. The outcomes of our work on these corporate assurance risks informs both the individual assignment assurance assessment and also the annual assurance opinion statement. Detailed explanations of these assurance assessments are set out in full in each audit report.

### Assurance Assessment Gradings

We use four levels of assurance assessment: substantial; reasonable, limited and no. Detailed explanations of these assurance assessments are set out in full in each audit report.

#### LEVELS OF ASSURANCE PROVIDED

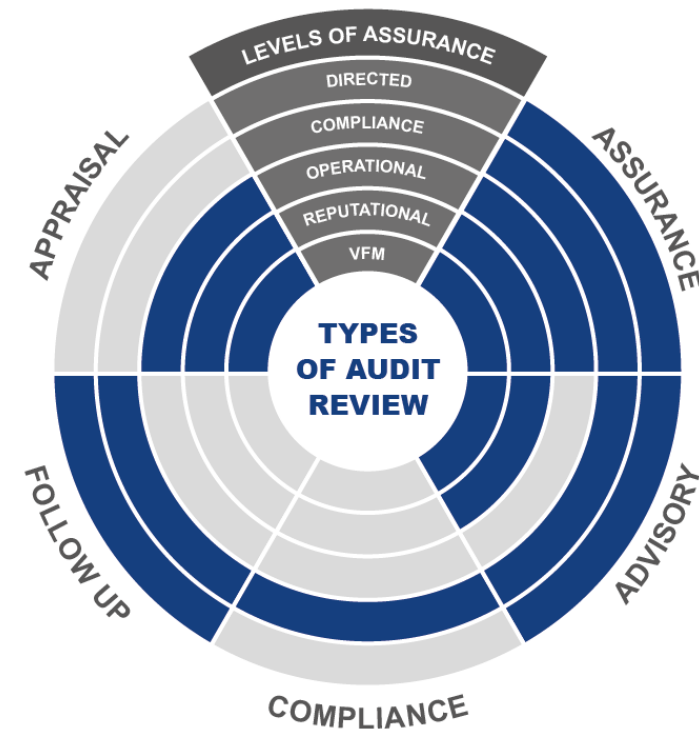


### Benchmarking

Where a similar review is carried out at a number of our clients we will subsequent to the completion of the review at each of the clients we will where relevant provide a benchmarking and lessons learned digest. This digest will include Operational Effectiveness Matters for the Council to consider.

### Types of Audit Review

The Annual Plan includes a range of types of audit review. The different types of review focus on one or more of the corporate assurance risks. This approach enables more in-depth work to be carried out in the individual assignments than would be possible if all four assurance risks were considered in every review. The suite of audit reviews and how they individually and collectively enable us to inform our overall opinion on the adequacy and effectiveness of the governance, risk and control arrangements is set out in the assurance mapping diagram.



**9. COMPLAINTS AND COMPLIMENTS - QUARTER 3 2019/2020 (Law and Governance – CLARE PINNOCK)**

**Synopsis of report:**

**To provide Members with a summary of the complaints and compliments received from 1 October – 31 December 2019 (Quarter 3 of the KPI reporting structure) and reporting on any matters raised at the meeting of the Committee in November 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 12 formal complaints and 24 compliments recorded in Quarter 3. 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>	<b>Quarter 3</b>
Commercial Services	0	0	0
Community Development	1	0	0
Community Services	1	0	0
Corporate Services	3	0	0
Customer, Digital and Collection Services	2 (I joint with Environmental Services	6	1

Development Management and Building Control	0	3	1
Economic Development and Planning Policy	0	0	0
Environmental Services	4 (1 joint with Customer, Digital and Collection Services)	13	3
Financial Services	0	0	0
Housing	10	9	7
Human Resources	0	0	0
Law and Governance	0	0	0
<b>Totals</b>	<b>20</b>	<b>31</b>	<b>12</b>

2.4 Of the 12 complaints received, none were upheld or partly so. Officers are pleased to report that there is only one complaint overdue; this is a complex Housing Solutions issue which the relevant Service Head is dealing with, but to note at the time of writing this report it was only 3 working days overdue.

2.5 The number of complaints is much lower than in the last quarter.

2.6 Members have requested some analysis of complaints and how service improvements can be made using the data available. Resources are limited to do this, but the following has been identified from information provided in the register.

- The importance of acknowledging complaints promptly to avoid them being escalated
- The importance of clear communications and explanations with regard to requests for information to process applications
- Responding promptly to service requests.

#### Compliments 2019/2020

<b>Business Centre</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>
Commercial Services	0	0	0
Community Development	2 (1 shared with Customer, Digital and Collection Services)	2	7
Community Services	2	2	1
Corporate Services	0	0	0

Customer, Digital and Collection Services	1 (shared with Community Devt)	4 (1 shared with Environmental Services)	0
Development Management and Building Control	0	0	0
Economic Development and Planning Policy	0	0	0
Environmental Services	5	7 (1 shared with Customer Services)	13
Financial Services	0	0	0
Housing	5	0	3
Human Resources	0	0	0
Law and Governance	0	0	0
<b>Totals</b>	<b>14</b>	<b>12</b>	<b>24</b>

2.7 There were 24 compliments received for Quarter 3. 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/particular sections were named, are set out below:

- The street care teams in Addlestone South, Chertsey St Ann's, Egham Hythe, Englefield Green East and West, Ottershaw, Woodham and Row Town, Virginia Water
- Peter Robertson, Round 1, DSO
- Jon Pierce, DSO
- Dougie Fraser, Safer Runnymede (2 compliments) and a further 3 for the team generally
- Duncan Carins, Environmental Health
- Chris Dulley, Diana Cuell, Mark Read, Green Space
- Staff at Eileen Tozer Day Centre, Community Services
- Donna Gregory, Housing Solutions
- Colleen Straver, Housing and Neighbourhood Services

2.8 The compliments ranged from gratitude for specific road sweeps and other clearances in their areas, the care and assistance given to Service users, assistance with dealing with fly tipping and missing persons, professionalism, caring and helpfulness of individual staff and the pride taken in their work to improve the borough for our residents and ensure customer satisfaction.

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

Ward	Quarter 1		Quarter 2		Quarter 3	
	complaints	compliments	complaints	compliments	complaints	compliments
Addlestone North		1	2		1	
Addlestone South	1		4	1	2	6
Chertsey Riverside	1	2		1	1	
Chertsey St Ann's	3	1	1	2		1
Egham Hythe	2	1	4		1	1
Egham Town	2	4	2		2	2
Englefield Green East		1		1		2
Englefield Green West	2		2			1
Longcross, Lyne and Chertsey South	1		1			
New Haw			4	1	1	1
Ottershaw	3		2	1	1	2
Thorpe	2	1	3	1	2	1
Virginia Water		1	1			1
Woodham and RowTown			2		1	1
Out of Borough	1		2	1		2
Unrecorded	1	2	1	5		3
<b>Totals</b>	<b>19</b>	<b>14</b>	<b>30</b>	<b>14</b>	<b>12</b>	<b>24</b>

2.10 Members will notice that in the last quarter, Addlestone South residents gave a large number of compliments. Looking at the register these can be broken down into 4 for street cleansing, 1 for Safer Runnymede and 1 for Housing. From reading the compliments the street care staff covering Addlestone South have done a particularly thorough clearance of leaves and other materials paying close attention to detail and getting the work done quickly.

2.11 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.

2.12 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 further policy implications to report other than those previously noted.

### 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 considered to be an important part of Corporate Governance and one which assists Councillors to have an overview of how the Council is performing.

## 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 which can be identified as relevant to the protected characteristic of disability as the residents concerned were disproportionately affected because of their disability; i.e. accidental damage to a property where an adapted wheelchair was stored and the condition of a property containing a wet room for a person with limited mobility.
- 5.3 There were three compliments which can be identified as relevant to the protected characteristic of age with regard to the services provided by Safer Runnymede and Community Services.

**(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.

## 10. 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>
11.	<b>REFERENCE FROM CORPORATE MANAGEMENT COMMITTEE</b>	<b>1 and 3</b>
12.	<b>ADDLESTONE ONE RISK REGISTER</b>	<b>1 and 3</b>
13.	<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)