

Standards and Audit Committee

Tuesday 22 September 2020 at 6pm

**This meeting will be held remotely via
MS Teams with audio access to the public
via registered dial-in only**

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)**.
- iii) Agendas and Minutes are available on a subscription basis. For details, please ring Mr B A Fleckney on 01932 425620. Agendas and Minutes for all the Council's Committees may also be viewed on www.runnymede.gov.uk.
- iv) You are only permitted to hear the debate on the items listed in Part I of this Agenda, which contains matters in respect of which reports have been made available for public

inspection. You will not be able to hear the debate for the items in Part II of this Agenda, which contains matters involving Exempt or Confidential information in respect of which reports have not been made available for public inspection. If you wish to hear the debate for the Part I items on this Agenda by audio via MS Teams you must register by 10.00 am on the day of the meeting with the Democratic Services Team by emailing your name and contact number to be used to dial-in to democratic.services@runnymede.gov.uk

v) **Audio-Recording of Meeting**

As this meeting will be held remotely via MS Teams, you may only record the audio of this meeting. The Council will not be recording any remote meetings.

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
(No items to be considered under this heading)
- b) Confidential Items
(No items to be considered under this heading)

1. NOTIFICATION OF CHANGES TO COMMITTEE MEMBERSHIP

2. MINUTES

To confirm and sign the Minutes of the Committees held on 7 and 28 July 2020, as attached at Appendices 'A' and 'B'.

It is a requirement of the Council's Constitution that the minutes of the Committee are signed at the next available meeting. However, as the meeting is being held remotely, the Chairman will ask the Members of the Committee if they approve the Minutes which will then be signed when this is physically possible.

Runnymede Borough CouncilSTANDARDS AND AUDIT COMMITTEE7 July 2020 at 10am via MS Teams

Members of the Committee present	Councillors M. Nuti (Chairman), M. Adams, M. Cressey, J. Sohi
Officers present	Mario Leo (Corporate Head of Law and Governance) Maggie Ward (Head of Housing Services & Business Planning) Fiona Skene (Corporate Head of Human Resources and Organisational Development) Andrew Kefford (Head of Homelessness, Housing Advice & Allocations) Andrew Finch (Democratic Services Officer) The Appellant and their representative were present

60 INTRODUCTION

The Chairman introduced the panel and Officers present and outlined the purpose and proposed structure for the remote hearing. He added that the role of the Committee was to listen to the parties present and he also sought to put the appellant at his ease by asking for the hearing to be conducted on a first name basis.

The Chairman invited the Council to make their case.

61 THE COUNCIL'S CASE

The Head of Housing Services & Business Planning read out the statement that had been circulated in advance, and invited the Head of Homelessness, Housing Advice & Allocations as a witness

The Head of Housing concluded that the decision to dismiss was not made lightly, but the severity of the actions taken by the Appellant was a significant breach and posed a considerable reputational risk to the Council.

Council Officers then received a number of questions from the Appellant and their representative, and then a number of questions from Members.

62 THE APPELLANT'S CASE

The Appellant made their case, and faced a number of questions from Officers and Members.

63 FINDINGS OF COMMITTEE

RESOLVED that –

The Committee upheld the Council's decision to dismiss the Appellant and provided the following rationale:

- i. **The Appellant is an experienced Housing Officer familiar with policy.**
- ii. **The availability of a procedure document which the Appellant had ample opportunity to read.**

The Corporate Head of Law and Governance confirmed to the Appellant that there were no further stages of appeal left within the Council, and should they wish to pursue the matter they would need to seek independent legal advice.

RESOLVED that –

The Corporate Head of Law and Governance would write to the Appellant within five working days with confirmation of the Committee’s decision.

The Committee would be making recommendations to Housing on working practices, including:

- i. Annual sign off on the Allocations Policy document by all Housing staff. This would identify any training needs for which training could be tailored for the individual.
- ii. Flagging to senior management at the earliest possible opportunity any applications involving employees or their families.
- iii. The Allocations Policy should be reflected in the Locata system. It should not be possible to press a button that goes so drastically against procedure (reactivating closed applications).

Chairman

(The meeting ended at 3:02pm)

Runnymede Borough CouncilSTANDARDS AND AUDIT COMMITTEE28 July 2020 at 6.30pm

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

Members of the Committee absent: Councillor D Anderson-Bassey, Mr M Litvak (Independent person)

Councillors J Olorenshaw and N Prescott also attended.

113 NOTIFICATION OF CHANGES TO COMMITTEE MEMBERSHIP

The Group mentioned below had notified the Chief Executive of its wish that the change listed below be made to the membership of the Committee. The change was for a fixed period ending on the day after the meeting and thereafter the Councillor removed would be reappointed.

<u>Group</u>	<u>Remove From Membership</u>	<u>Appoint Instead</u>
Runnymede Independent Residents'	Councillor M Harnden	Councillor E Gill

The Chief Executive had given effect to this request in accordance with Section 16(2) of the Local Government and Housing Act 1989.

114 MINUTES

The Minutes of the meeting of the Committee held on 28 January 2020 were confirmed as a correct record. These would be signed when the Chairman was physically able to.

115 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor D Anderson-Bassey. There were no items of business for the Independent person.

116 INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2019/2020

The Committee received for information the annual assurance report from TIAA, the Council's Internal Audit provider.

TIAA were pleased to report a positive annual report, with all planned audits completed despite the challenges presented by the Covid 19 pandemic. TIAA had completed 22 reviews, producing 15 audits of substantial assurance, 6 of reasonable assurance and only one of limited assurance (Local Plan). Some 36 recommendations had been made during the year; 15 of which were classed as important, and 21 routine. In addition, TIAA had made 14 recommendations to improve operational effectiveness. Officers would present the results of two audits on

Council Tax and Non Domestic Rates to the scheduled meeting of the Committee in September. Overall, TIAA were satisfied that for the areas reviewed during the year, the Council had reasonable and effective risk management, control and governance processes in place. This was based solely on the matters that came to their attention during the course of their work and not on all elements of risk or the ongoing financial viability of the Council's ability to meet financial obligations that must be obtained by the Council from its various sources of assurance. TIAA were thanked for their report.

117 INTERNAL AUDIT PROGRESS REPORT WITH 2019/2020 AUDITS

The Committee received a brief verbal update on progress with the 2019/2020 audits. A full report highlighting any priority recommendations would be presented at the next scheduled meeting of the Committee in September.

118 INTERNAL AUDIT DRAFT ANNUAL AUDIT PLAN 2020/2021 AND STRATEGY

The Committee reviewed the latest draft of the Annual Audit Plan for 2020/2021, noting that a final plan would be submitted to the next scheduled meeting in September, notwithstanding that this would be half way through the current year. TIAA had already started work on approximately 9 of the planned audits and were optimistic that everything could be completed on target.

It was suggested that the planned audit on Absence Management be deferred to 2021/2022. However, the Committee did want to have a related HR audit on the productiveness of agile/remote working and absence management during Covid. Officers expressed a note of caution that the current remote working arrangements had been hastily put in place in response to the crisis and were not part of the long term project for agile working which was still in progress. However, it was agreed this would be built into the programme for Quarter 3 of 2020/2021. In this context, the Head of HR and the HR Member Working Party were asked to look at the productiveness and resilience of remote working and whether there were training needs to be considered in new ways of working. The Head of HR would also be asked to confirm whether absence from work had fallen since March 2020, the onset of the Covid crisis. It was noted that Corporate Management Committee would be considering options and proposals for Digital Services platforms and telephony to promote remote working. Members were keen that any 'state of the nation' audit should be viewed positively and not disincentivise staff who were praised for how they had coped during recent months. Rather, opportunities for standardisation and best practice would be the focus.

Members agreed to delete audits concerning Procurement, Project Management and Data Protection and to defer Planning Enforcement until 2021/2022. TIAA were keen however to discuss with the Assistant Chief Executive Covid grants to small businesses. It was also noted that two Digital Services audits would be added to the plan subject to confirmation at the next meeting in September.

It was noted that when the final plan was presented, the total number of audit days would need to reduce from 205 to 175 days. The Committee stressed that flexibility in the plan was important.

RESOLVED that –

The Internal Audit Annual Programme for 2020/2021, as amended, be approved.

119 ANNUAL GOVERNANCE STATEMENT 2019/2020

The Committee reviewed the Annual Governance Statement for 2019/2020; part of the Council's Statement of Accounts and outlining the Council's stewardship of public funds.

Officers reported that the main outcomes for 2019/2020 included the continuance of the various Member Working Groups, the completion of Addlestone One and Egham Orbit and the development of the Egham Gateway Project. Some major investments had taken place, utilising approximately £340 million of the £400 million capital programme to acquire assets to generate a sustainable income stream, compensating for the loss of Government funding. The Council's Corporate goals and values were noted as was the role of the Standards and Audit Committee.

The performance of the companies owned by the Council was considered; there had been a slower rate of growth than planned, owing to extensive flooding in some of the units, Officers were optimistic that the situation would improve in 2020/21, notwithstanding the challenges presented by the Covid crisis.

The action plan was noted covering the ongoing areas of Partnership Working, Business Continuity Planning and Commercial Property Rents. Officers would update the Organisation Structure chart to be submitted to Corporate Management Committee.

The Committee was content to approve the Statement accordingly.

RESOLVED that –

Corporate Management Committee be recommended to approve the Annual Governance Statement and to be signed by the Leader of the Council and Chief Executive at the next meeting of Corporate Management Committee on 30 July 2020.

120 BDO AUDIT PLANNING REPORT FOR THE YEAR ENDING 31 MARCH 2020

The Committee received for information, the annual Audit Planning Report for the year ending 31 March 2020, produced by the Council's External Auditors, BDO LLP and presented by their Engagement Director who had joined the company in January 2020.

Members were advised that BDO would be reviewing the Planning materiality % prior to conducting their audit for 2020/21, currently set at 2% of gross expenditure for the year. This was owing to the Council's significant investment property portfolio and the associated risks. BDO took a risk based approach to the audit. The main risks within the financial statements were identified as management override of controls, revenue and expenditure recognition, the valuation of non-current assets and pension liability, the allowance for non-collection of receivables and disclosure of the IFRS 16 impact. With regard to the Council's use of resources BDO had identified Sustainable finances and the Egham Gateway West development. The Committee welcomed the attention being given to the latter project.

BDO would make a judgement on the Council's Value for Money status in the context of the Medium Term Financial Strategy, noting that there was a significant savings gap which the Council would need to address if it was to achieve a sustainable financial position. This was acknowledged to be a significant risk and any mitigation measures would need to be carefully considered. Officers confirmed that careful

scrutiny of budgets was taking place on a monthly basis and an away day for Committee Chairmen was planned for early September to look at this in more detail. To assist BDO, Officers would send them the latest budget monitoring report and Statement of Accounts.

BDO were thanked for their contribution, clear communication and attendance at the meetings of the Committee.

121 **LOCAL GOVERNMENT ASSOCIATION MODEL MEMBER CODE OF CONDUCT CONSULTATION**

The Committee's approval was sought of a response to a consultation issued by the Local Government Association on the introduction of a new Model Code of Conduct for elected Councillors.

Members recalled that the Localism Act 2011 required Councils to introduce local Codes of Conduct; one such hybrid model had been adopted by the Council at that time, based on the Nolan Principles of public life, and going beyond the model in requiring Councillors to declare non-pecuniary interests; i.e. interests that were not purely financial in nature but could include their membership of bodies like the National Trust.

Officers explained the main changes from the existing Code of Conduct should the new Model Code be adopted. These were that the draft code was clear about when it applied, there was an explicit reference to and incorporation of the seven principles of public life with a detailed explanation thereof, examples of expected behaviours, the need to declare interests, gifts and hospitality with a table setting out what constituted disclosable pecuniary interests and other registrable interests and the consequences of breaching the code. Members noted that there was no sanction to suspend a Councillor from Office, although a political party could suspend one of its members.

The new model code was briefer in content and Officers considered it was easier to understand. Some elements of the Council's existing code were not included; for example a procedure for dealing with sensitive interests and granting dispensations which could still be covered elsewhere in the Constitution.

The Committee welcomed the fact that adopting a new model code would bring more consistency to local government and between boroughs and the County Council which was of particular benefit to dual hatted Councillors. It was observed that the draft code was future proofed and designed to deal with possible future changes which might flow out of the Committee on Standards in Public Life's report into Local Government Ethical Standards.

A link to the consultation and questionnaire would be circulated to all Councillors, noting the deadline for responses was 17 August 2020.

RESOLVED that –

The response proposed by Officers to the local Government Association's consultation on the Model Member Code of Conduct, be approved.

122 **COMPLAINTS AND COMPLIMENTS QUARTER 4 2019/2020 AND QUARTER 1 2020/2021**

The Committee reviewed the 25 complaints and 84 compliments that had been recorded on the central registers from 1 January to 30 June 2020. These were the combined totals from Quarter 4 2019/2020 and Quarter 1 2020/2021 as the meeting scheduled for March had been cancelled.

Members were advised that only one complaint had been partly upheld. This concerned the delay in responding to a complaint relating to a Planning issue. This highlighted the importance of dealing with queries promptly, although it was appreciated that the current Covid crisis was meaning there were delays that were beyond the Council's control.

The Committee was very pleased with the number of compliments staff had received, partly owing to the positive effect of staff making welfare calls to vulnerable residents and the Council's staff keeping the services going and maintaining a safe, tidy and well maintained borough. All those complimented would, as was now the practice, be thanked on behalf of the Committee personally.

Members noted that the Mayor and Deputy Mayor were discussing with the Leader of the Council some form of appropriate way of thanking staff for all their efforts during the Covid crisis, the lists of staff receiving compliments on the exempt appendices and in the register might be of assistance in this regard.

Members noted those complaints and compliments relevant to equalities. With regard to compliments the protected characteristics of age and disability were especially relevant.

The Committee was keen for lessons to be learned from complaints and best practice shared as part of the objective to continuously improve standards. In doing so, Members thanked staff for all their achievements.

Chairman

(The meeting ended at 7.51pm)

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

If Members have an interest in an item please record the interest on the form circulated with this Agenda and email it to the Legal Representative or Democratic Services Officer by 5pm on the day of the meeting.

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.

5. INTERNAL AUDIT SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT 2020/2021 (TIAA, CHRIS HARRIS)

Synopsis of report:

To update Members on progress with audits in the 2020/2021 programme and seek formal approval of the planned programme for the remainder of 2020/2021 contained in Appendix 'C'

Recommendation(s):

that the Internal Audit Annual Programme for 2020/2021, as contained in Appendix 'C', be approved

1. Context of report

1.1 Attached at Appendix 'C' is a summary of progress made with audits in the 2020/2021 programme, which was considered and approved in draft form at the last meeting of this Committee in July 2020.

2. Report

2.1 The regular progress report on audits is now called the Summary Internal Controls Assurance report (SICA).

2.2 Members will recall that the final audit programme was the subject of discussion amongst the Corporate Leadership Team and with a number of

Members of the Committee and TIAA's Audit Director. Owing to Covid, and different ways of working, including less direct interaction between auditors and auditees, the plan has been modified since the meetings in March and July.

2.3 Formal approval is sought therefore of the revised plan for the remainder of 2020/2021.

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.

(To resolve)

Background papers

Relevant Internal Audit working files and reports

Runnymede Borough Council

Summary Internal Controls Assurance (SICA) Report

2020/21

**Standards and Audit Committee 22 September
2020**

September 2020

Summary Internal Controls Assurance

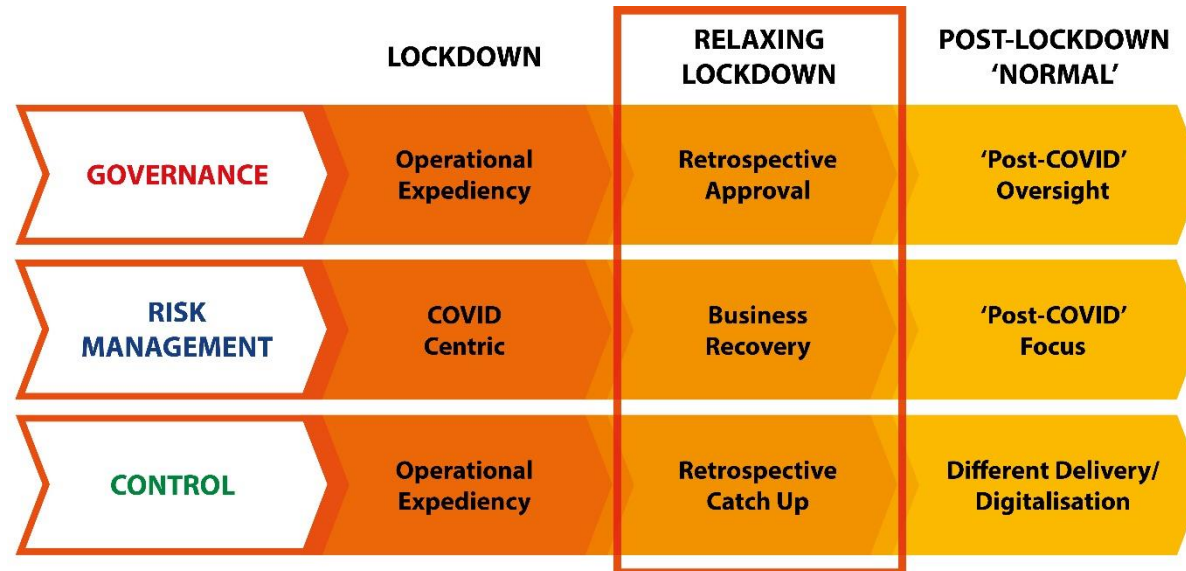
Introduction

1. This summary **controls assurance** report provides the Standards and Audit Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Runnymede Borough Council as at 1st September 2020. The period covered by this summary controls assurance report was significantly impacted by the COVID 19 pandemic.

Emerging Governance, Risk and Internal Control Related Issues

2. COVID 19 is the most significant recent event to impact both strategically and operationally upon modern day Governance, Risk and Internal Control arrangements. There will be a number of phases in relation to the move through the pandemic and each phase has different implications for the Governance, Risk and Internal Control arrangements. Based upon the information garnered from our work at a number of clients some of the potential strategic impacts for 2020/21 are summarised below. A key consideration is that there is unlikely to be a precise timeline when the organisation moves from one phase to the next and also there will be a consequential timelag as the organisation adapts and adopts new ways of operating. The box in the table below signifies the assessment of the current stage, which has gradually eased from Lockdown during the period covered by this SICA.

Impact on COVID 19 on strategic focus during business interruption



3. There are a range of operational matters arising from the COVID 19 pandemic which impact upon the Governance, Risk and Internal Control arrangements and examples of such have been summarised in Appendix A. During the COVID 19 period it would be prudent for Runnymede Borough Council to compare the policies, procedures and internal control

processes in effect during the pandemic against the policies, procedures and internal control processes in effect prior to the onset of the pandemic. The matters identified should be risk assessed so as to gain awareness about where the undetected vulnerabilities that may exist so that an informed decision can be made around acceptance of such risks.

Internal Control Framework

Audits completed since the last SICA report to the Audit Committee

4. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

Audits completed since previous SICA report

Review	Evaluation	Key Dates				Number of Recommendations			
		Start Date	Draft issued	Responses Received	Final issued	1	2	3	OEM
2019/20 Final Audits									
Benefits and Council Tax Support	Substantial	13.01.20	31.03.20	02.04.20	09.04.20	0	0	2	0
Non-Domestic Rates (NDR)	Substantial	16.03.20	22.04.20	22.06.20	23.06.20	0	0	0	0
Council Tax	Substantial	16.03.20	23.03.20	22.06.20	23.06.20	0	0	0	0
Accounts Payable (Creditors)	Reasonable	27.01.20	31.03.20	22.06.20	24.06.20	0	1	2	3
Income – Cash and Bank	Substantial	02.03.20	31.03.20	31.03.20	07.04.20	0	0	0	0
Main Accounting (General Ledger)	Substantial	17.02.20	27.03.20	27.03.20	31.03.20	0	0	0	0
Capital Accounting and Asset Management	Substantial	August 2019	06.02.20	06.02.20	10.02.20	0	0	1	0
Planning Enforcement	Reasonable	May 2019	18.06.19	14.01.20	14.01.20	0	1	1	0
Housing Rents	Substantial	09.03.20	27.03.20	20.07.20	20.07.20	0	0	1	0
Housing Allocations and Homelessness	Reasonable	16.09.19	25.03.20	21.07.20	21.07.20	0	3	1	2
There are no 2020/21 audits finalised as at the date of this report.									

5. The Executive Summaries and the Management Action Plans for each of the finalised reviews which have recommendations 1 and 2 are included at Appendix B. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress in actioning priority 1 & 2 recommendations

6. We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. The table below summarises the extent to which confirmation has been received that management actions have been taken that the risk exposure identified has been effectively mitigated. More information is provided in Appendix D.

Mitigating risk exposures identified by internal audit reviews

Review	Date	Priority 1			Priority 2		
Accounts Payable (Creditors)	24.06.20	0	0	0	1	0	0
Planning Enforcement	14.01.20	0	0	0	1	0	0
Housing Allocations and Homelessness	21.07.20	0	0	0	3	0	0

Root Cause Indicators

7. The Root Cause Indicators (RCI) have been developed by TIAA to provide a strategic rolling direction of travel governance, risk and control assessment for Runnymede Borough Council. Each recommendation made is analysed to establish the underlying cause of the issue giving rise to the recommendation (RCI). The analysis needs to be considered over a sustained period, rather than on an individual quarter basis. Percentages, rather than actual number of reviews/recommendations made permits more effective identification of the direction of travel. A downward arrow signifies a positive reduction in risk in relation to the specific RCI.

RCI – Direction of Travel Assessment

Root Cause Indicator	Qtr 1 (2020/21)	Qtr 2 (2020/21)	Qtr 3 (2020/21)	Qtr 4 (2020/21)	Medium term Direction of Travel	Audit Observation
Directed						
Governance Framework						
Risk Mitigation						
Control Compliance						
Delivery						
Performance Monitoring						

Root Cause Indicator	Qtr 1 (2020/21)	Qtr 2 (2020/21)	Qtr 3 (2020/21)	Qtr 4 (2020/21)	Medium term Direction of Travel	Audit Observation
Financial Constraint						
Resilience						

As a new initiative the above table will be populated with the outcomes and results from the 2020/21 audits onwards.

Progress against the 2020/21 Annual Plan

- COVID 19:** The progress against the planned work for the quarter has been disrupted by the COVID pandemic. In mid-March, when the potential scale and impact of COVID 19 was becoming evident it was agreed with Runnymede Borough Council that the delivery of the internal audit service would be carried out remotely thereby minimising the need to physically access Runnymede Borough Council's offices/premises and to hold face to face meetings. Following discussions with the senior management at Runnymede Borough Council advised that the 2020/21 audit plan could commence towards the end of June 2020. Nine planned audits are in progress or have reached draft report stage.
- Our progress against the Annual Plan for 2020/21 is set out in Appendix C.

Changes to the Annual Plan 2020/21

- There a number of changes to the 2020/21 audit plan for the Standards and Audit Committee to note. These are summarised below.

Review	Rationale for change
HR – Absences Management	Audit cancelled from 2020/21 audit plan, but will be included in 2021/22 audit plan (days)
Planning Enforcement	Audit cancelled from 2020/21 audit plan as only just been audited in 2019/20 (days)
Depot – to include Commercial (Trade) Waste from 2017/18	Increased scope for audit requires additional time (5 days)
Data Protection - (Information Governance)	Increased scope for audit requires additional time (5 days)

Frauds/Irregularities

- We have not been advised of any frauds or irregularities in the period since the last SICA (progress) report was issued.

Other Matters

12. We have issued a number of briefing notes and fraud digests, shown in Appendix E, since the previous SICA report. These are summarised below:

Briefing Note	Management Response
Best Practice recommendation in Local Government – Ethical Standards	
Housing Help to Buy Scam	
Audit Committee Newsletter (May 2020) - General	
Innovation in Action – May 2020	
Covid 19 update - General	
Covid 19 – Controls resilience (April 2020)	
Tips for Virtual Meetings	

Fraud Alert	Management Response
Fraud Stop (Summer 2020) – Fraud Smart	

13. An Audit Committee Chairs Newsletter was issued which provided guidance on potential COVID 19 related matters for Audit Committees.
14. We have reviewed recent guidance issued by the Internal Audit Standards Advisory Board (IASAB) in relation to internal auditing during the COVID-19 pandemic. The guidance aims to support heads of internal audit and individual internal auditors in continuing to meet their personal and professional responsibilities for conforming the UK Public Sector Internal Audit Standards (PSIAS). We can confirm continued conformance with the professional standards during this period.

Responsibility/Disclaimer

15. 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.

Covid 19 – Governance, Risk and Control considerations during ‘lockdown’ phase

Area	Possible assurance from internal audit
<p>Governance: The speed of the need to respond to COVID 19 has significantly impacted on the strategic governance infrastructure:</p> <ul style="list-style-type: none"> • Urgent decisions taken for urgent operational reasons which would normally have gone through Council/Committee review and approval • Extension and rollover of procurement contracts • Disruption to management information received by Members • Operational necessity for management dispensation to scheme of delegation and financial regulations • Move to remote working for reactive operational expediency reasons, rather than as part of a pre-planned strategy 	<p>Covid-19 Financial Governance: A review of financial governance and decision making following the business interruption caused by Covid-19, including assessing the accountability for additional spend on Covid-19 related activity.</p>
<p>Risk Management: The markers which differentiate COVID 19 pandemic from most business resilience/recovery plans are:</p> <ul style="list-style-type: none"> • Speed of major disruption to business as usual did not permit normal level of preparation • International as well UK-wide, not local • Level of government intervention • Duration and severity • Move to medium term remote working arrangements by staff and suppliers • Consequential impact upon all the previous strategic risks 	<p>Business as Usual Resumption Arrangements: Targeted post-event risk mitigation assessment to identify any unintentional gaps in the risk management framework</p>
<p>Internal Control: COVID 19 has provided the perfect storm both in a positive as well as negative manner. The positive aspects are the expeditious embracing of digital business delivery. It is recognised that a number of government and/or regulatory guidance requirements were issued at short notice and many of these were without the normal consultation and similar. On a negative basis the following need to be recognised:</p> <ul style="list-style-type: none"> • Suppliers and contractors being unable to deliver contracted services • Increased digitalisation introduced at very short notice increases information governance risks • Temporary compromise of effective segregation of duties due to staff absences and/or remote working etc • Fraudsters seeking to take advantage of COVID disruption • Deferment and/or reprioritisation of services • Sudden and significant change in demand patterns for services 	<p>COVID-19 Business Interruption Controls Framework: To review the control environment in relation to policy and process design or temporary re-design, taking into account the heightened risk of fraud and changes to ways of working.</p> <p>Accountability for Additional COVID-19 Funding: Revisiting the control framework for when emergency payments shift into longer term services – especially where large sums are invested.</p>

Executive Summaries and Management Action Plans

The following Executive Summaries and Management Action Plans are included in this Appendix. Full copies of the reports are available to the Standards and Audit Committee Members on request. Where a review has a 'Limited' or 'No' Assurance assessment the full report will be presented to the Standards and Audit Committee and therefore is not included in this Appendix.

Review	Evaluation
Accounts Payable (Creditors)	Reasonable
Planning Enforcement	Reasonable
Housing Allocations and Homelessness	Reasonable

Progress against Annual Plan – 2020/21

System	Planned Quarter	Current Status	Comments
Commercial Property	Q2	Fieldwork in progress.	Initial scoping meeting and documentation request carried out July 2020. Fieldwork scheduled to continue during September 2020.
Business Continuity	Q3		
Data Protection - (Information Governance)	Q2	Fieldwork in progress.	
Commercial Rents	Q2	Fieldwork in progress.	Initial scoping meeting and documentation request carried out July 2020. Fieldwork scheduled to continue during September 2020.
Human Resources – Absence Management		Audit cancelled to be undertaken in 2021/22	
Communications	Q1	Fieldwork in progress.	Audit being carried out in Q2 due to Covid-19 disruption.
Procurement	Q3		
Project Management Toolkit	Q3		
Key Revenues Controls	Q3	Fieldwork scheduled to be carried out in November and December 2020.	
Benefits and Council Tax Support	As above		
Non-Domestic Rates (NDR)	As above		
Council Tax	As above		
Key Financial Controls	Q3	Fieldwork scheduled to be carried out in November and December 2020.	
Accounts Payable (Creditors)	As above		
Accounts Receivable (Debtors)	As above		

System	Planned Quarter	Current Status	Comments
Income – Cash and Bank	Q3	Fieldwork scheduled to be carried out in January 2021.	
Main Accounting (General Ledger)	Q3	Fieldwork scheduled to be carried out in February 2021.	
Payroll	Q3	Fieldwork scheduled to be carried out in October 2020.	
Budgetary Control	Q3	Fieldwork scheduled to be carried out in November 2020.	
ICT – Contingency days	Q2/3		
Depot – to include Commercial (Trade) Waste from 2017/18	Q2/3		
Planning Enforcement		Audit cancelled only recently audited	
Local Plan audit (Follow up)	Q1	Draft report	
Housing Rents	Q3		
Housing Health and Safety	Q1	Fieldwork in progress	Audit being carried out in Q2 due to Covid-19 disruption.
Housing Repair and Maintenance	Q1	Fieldwork in progress	Audit being carried out in Q2 due to Covid-19 disruption.
Community Transport	Q3		
Safeguarding/Prevent	Q1	Fieldwork in progress	Audit being carried out in Q2 due to Covid-19 disruption.
Follow up of recommendaions	Q1,2,3,4		Progress reports provided to each Standards and Audit Committee.

KEY:

	To be commenced		Site work commenced		Draft report issued		Final report issued
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Priority 1 & 2 Recommendations - Progress update

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Accounts Payable (Creditors)						
Action be taken to ensure appropriate verification checks are carried out in all cases where bank details are to be amended, with full details of the checks being recorded.	2	<i>We have not been able to investigate these findings yet, however, if this is our error an email will be sent to the Payments staff reminding them of the procedure & also reminding them that this should still be carried out whilst working from home.</i>	<i>By end of May 2020</i>	<i>Senior Exchequer Services Officer</i>	<i>Confirmed as actioned as per the original management comments. Further detailed testing will be carried out as part of the 2020/21 audit of this area to re-assess the level of compliance with the relevant procedures.</i>	
Planning Enforcement						
Enforcement Charter be revisited, in particular around the target number of days for an initial investigation to be undertaken, to ensure these are realistic and reflect actual working practices.	2	<i>The review of the Planning Enforcement Charter is programmed for review in the Development Management and Building Control Business Plan 2020/2021 (see objective DM7)</i> <i>The Business Plan 2020/2021 is being considered by Planning Committee on 4 December 2019</i> <i>In addition, the Business Plan 2020/2021 is requesting approval of additional staffing resources including two additional planning enforcement officers which if approved, will assist in enhancing investigation times</i>	<i>31/03/21</i>	<i>Development Manager</i>	<i>The target implementation date has not yet been reached.</i>	

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Housing Allocations and Homelessness						

<p>Supporting evidence for Housing Register applicants be maintained on file in all cases.</p>	<p>2</p>	<p><i>When a property is advertised, the allocations officers will shortlist those who have expressed an interest. To express an interest applicant's 'bid' for a home that meets their household size i.e. a 2 bed need can only bid for a 2 bed home.</i></p> <p><i>Once the bidding cycle closes the allocations officer will determine who has been successful, this is based on the highest priority band (A-D2) being offered first. When someone is successful, the allocations officer will verify the application. This includes referring the applicant to fraud for screening, taking documents such as ID and income.</i></p> <p><i>Once the officer is satisfied that the successful person is verified and meets the criteria, they are offered the home. All documents and interactions must be recorded on the data management software (Locata).</i></p> <p><i>At this stage, there is no requirement to get the nomination signed off by a senior officer, unless the successful candidate is a staff member or associate of a staff member. The allocations policy is due to be reviewed and this will be something to consider as part of the review.</i></p> <p><i>The process of scanning documents will also be reviewed, with the aim of all documents being scanned at the earliest opportunity and attached to the housing file.</i></p>	<p>01/06/20</p>	<p><i>Housing Solutions Manager (Allocations & Sustainment)</i></p> <p><i>Housing Allocations Team Leader</i></p> <p><i>Homelessness, Housing Advice & Allocations Manager</i></p>	<p><i>Confirmed as actioned as per the original management comments.</i></p>	
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Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p><i>Of the three highlighted cases, one: RUN/43404, states that there is no proof of a verification visit however there is a file note dated 04/06/19 stating "vv done – all ok". VV standing for Verification Visit. As part of the audit, an action will be for staff to reduce the use of abbreviations where they are not clear what they mean.</i></p> <p><i>With the other two cases, unfortunately, there have been some performance issues with a member within the allocations team which are being addressed. The Housing Solutions Manager will carry out random sampling testing of cases allocated to ensure compliance and consistency going forward.</i></p>				

<p>Supporting evidence for Homelessness applicants be maintained on file in all cases.</p>	2	<p><i>The housing solutions team have been operating under a structure introduced in 2017 in preparation for the HRAct which commenced on 03 April 2018. The structure was inefficient as Allocations staff carried out the initial homeless assessment of cases before passing them through to the homeless team.</i></p> <p><i>These officers are not trained in the homeless provisions and therefore often assessments were poor or not properly documented. The team have been going through a restructure to rectify this issue from March 2019 until January 2020. The changes commenced on 02 Jan 20. The change means homeless officers see customers from start to finish, including completing the initial 189A assessment and the homeless application form. This reduces duplication and improves the customer journey.</i></p> <p><i>Since the restructure we have also developed a new homeless application form that is more thorough to enable officers to carry out a detailed, personalised assessment and subsequent PHP.</i></p> <p><i>It is important to note, that although it is our preference to have a paper homeless form on file, there is no statutory requirement for a paper application. A homeless approach can be made in any form including telephone, in writing or in person.</i></p>	01/06/20	<p>Housing Solutions Manager (Homelessness)</p> <p>Assistant Housing Solutions Manager</p> <p>Homelessness, Housing Advice & Allocations Manager</p>	<p>Confirmed as actioned as per the original management comments.</p>	
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Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p><i>In the two cases above, these both had a thorough application open to them on Locata.</i></p> <p><i>The Housing Solutions Manager carries out regular case review of officer's work and will continue to do so as part of the corporate 1-2-1 framework. This case review now includes a checklist that the homeless application form and relevant statutory letters are recorded on Locata.</i></p>				

<p>Decision sign off sheets be completed and maintained on file in all cases.</p>	<p>2</p>	<p><i>The introduction of a sign off sheet for main duty decisions is a relatively new process. There are a number of local authorities who do not use these as officers are empowered to make correct decisions without the need for checking. The sign off is not a statutory requirement.</i></p> <p><i>These were introduced to ensure correct decisions were reached with sufficient evidence on the file and remains under review.</i></p> <p><i>The cases where the sign off sheet was not completed were case managed by the same officer. The performance of this individual has been raised directly with them through the formal 1-2-1 process and this officer has recently accepted a new job position elsewhere and will no longer be a member of the team.</i></p> <p><i>With regards to the sign off's being completed by the officer but not authorised by the team leader. Due to the fast paced nature of homelessness, there are times where decisions need to be reached quickly i.e. someone fleeing domestic abuse requires immediate assistance. In a small number of cases, authorisation may be approved verbally, which may account for why the sign off sheet was not added to the system. If anything is signed off verbally, there should be a file note to confirm this, which doesn't appear</i></p>	<p>01/06/20</p>	<p>Housing Solutions Manager (Homelessness)</p> <p>Assistant Housing Solutions Manager</p> <p>Homelessness, Housing Advice & Allocations Manager</p>	<p>Confirmed as actioned as per the original management comments.</p>	
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Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p>to have been the case here. Equally, it appears that some of the sign off sheets have been returned by the team leader but just not added to the system.</p> <p>This will be raised with the team directly and the Housing Solutions Manager will monitor this in 1-2-1s.</p> <p>The Housing Solutions Manager already regularly monitors officer's work and discusses cases within 1-2-1s. As part of this monitoring process, extra checks will be made to ensure that sign off sheets are added to Locata or a note of a verbal sign off of the case is record, The sign off sheet will be reviewed to ensure efficiency.</p>				

KEY:

Priority Gradings (1 & 2)

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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Risk Mitigation

CLEARED	Internal audit work confirms action taken addresses the risk exposure.	ON TARGET	Control issue on which action should be taken at the earliest opportunity.	EXPOSED	Target date not met & risk exposure still extant
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Briefings on developments in Governance, Risk and Control

TIAA produces regular briefing notes to summarise new developments in Governance, Risk, Control and Counter Fraud which may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those CBNs and Fraud Alerts issued in the last three months which may be of relevance to Runnymede Borough Council is given below. Copies of any CBNs are available on request from your local TIAA team.

Summary of recent Client Briefing Notes (CBNs)

CBN Ref	Subject	Status	TIAA Comments
CBN - 20004	Tips for Virtual Meetings and Video Conferencing during the COVID-19 Pandemic		No Action Required This briefing note has been provided for information only.
CBN - 20005	Housing Regulator Stresses the Importance of Effective Cyber Security Arrangements		Action Required Housing associations should continually obtain assurance that they have adequate controls in place to mitigate against the threat of cybercrime, particularly during current times when there is a heightened risk of fraud and changes in the way that people are working. This should include the areas of staff behaviours and awareness.
CBN - 20006	Cyber Threats using the COVID-19 Pandemic		Action Required Audit Committees and Boards/Governing Bodies are advised to seek assurance from digital / IT teams that a comprehensive programme of protection measures are in place to protect technology, and to raise user awareness.

Summary of recent Fraud Alerts

Ref	Subject	Status	TIAA Comments
0000	False Invoice Fraud – Increased Exposure		No Action Required This alert provides information and advice to staff about fraud and economic crime that may occur during the COVID-19 emergency, and the risks associated with it. If you or your organisation has fallen victim to fraud you should report it to your Local Counter Fraud Specialist or to the NHS CFA on 0800 028 4060

Ref	Subject	Status	TIAA Comments
0000	Mandate Fraud – Increased Exposure		<p>Action Required</p> <p>This alert provides information and advice to staff about fraud and economic crime that may occur during the COVID-19 emergency, and the risks associated with it. If you or your organisation has fallen victim to fraud you should report it to your Local Counter Fraud Specialist or to the NHS CFA on 0800 028 406</p>
0000	Payroll Mandate Fraud – Increased Exposure		<p>Action Required</p> <p>This alert provides information and advice to staff about fraud and economic crime that may occur during the COVID-19 emergency, and the risks associated with it. If you or your organisation has fallen victim to fraud you should report it to your Local Counter Fraud Specialist or to the NHS CFA on 0800 028 4060.</p>
0000	COVID-19 Related Scams		<p>Action Required</p> <p>This alert provides information and advice to staff about fraud and economic crime that may occur during the COVID-19 emergency, and the risks associated with it. If you have been scammed, report it to Action Fraud: www.actionfraud.police.uk or 0300 123 2040. Also, contact your bank if you have lost money. Action Fraud also provide advice on how to shop safely online: https://www.actionfraud. police.uk/shoponlinesafely The NCSC provide advice on how to protect your devices from the latest threats: https://www.ncsc.gov.uk/ guidance/securing-your-devices</p>

6. INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS (TIAA, CHRIS HARRIS)

Synopsis of report:

To update Members on progress with the implementation by auditees of recommendations made on previous audits.

Recommendation(s):

None. This report is for information.

1. Context of report

- 1.1 Attached at Appendix 'D' is a summary of progress made with the implementation of Internal Audit's priority 1, 2 and 3 recommendations arising from audits and follow up audit reviews.

2. Report

- 2.1 The Committee will note that when the review was carried out in August, 14 recommendations had been signed off as completed, whilst 17 had not, in the main due to the Covid 19 response taking priority and diverting key Officers for a significant period of time.

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.

(To resolve)

Background papers

Relevant Internal Audit working files and reports

Runnymede Borough Council

Internal Audit Progress Report for Outstanding Recommendations

2020-21

August 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 July and August 2020. Since the previous follow up review was carried out (December 2019), an additional 27 recommendations have reached their target implementation date. A further review was also carried out in relation to the four 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	14
Outstanding	17
No Longer Applicable	0
Not Implemented	0

4. For the 14 recommendations that have been confirmed as implemented, no further action is necessary and specific details have not been included in this report.
5. For the remaining 17 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 Findings 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.

Date final report issued:	
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Detailed Findings

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. Business Continuity

Audit title	Business Continuity	Audit year	2018/19	Priority	3
Recommendation	A Business Continuity exercise be scheduled at the earliest opportunity in accordance with the timeframes set out in the Corporate Business Continuity Policy.				
Initial management response	With a restructure due to take place with a change where some functions sit, a number of plans will need to be amended/created to fit with the new structure. We feel it will be of more value to deliver an exercise which tests the up to date plans.				
Responsible Officer/s	Head of Business Development and Performance Management	Original implementation date	31/03/20	Revised implementation date	31/12/20
Latest Update	It was advised by the Head of Business Development and Performance Management that the cycle was due to recommence in February 2020 but due to the pandemic the Chief Exec has agreed it should now be completed by the end of December.				
Status	Outstanding			A revised target date has been set.	

12. Day Centres

Audit title	Day Centres	Audit year	2017/18	Priority	3
Recommendation	Training to be given to the Centre Managers in preparing bank reconciliations to enable the analysed cash book to be reconciled to the bank statement on a monthly basis.				
Initial management response	Finance to be asked to provide required training.				
Responsible Officer/s	Corporate Head of Community Services	Original implementation date	July 2018 (revised to April 2020)	Revised implementation date	In progress at the time of the follow up review.
Latest Update	<p>Since the audit was carried out, a review of the working arrangements considered that the best solution would be the transfer of the centre funds to Council budgets. As part of the October 2019 follow up, an update was received that work had commenced on the transfer of social funds to RBC budgets, with a revised implementation date of April 2020 for the transfer of the first social centre fund.</p> <p>During this follow up review it was advised by the Corporate Head of Community Services that, following the resignation of the Day Centre Manager at one of the three day centres, the Social Fund on site was closed and all funds transferred into the Council where it is held in a ring fenced budget until the process for its allocation into the Day Centre budget is confirmed. This account has now been closed.</p> <p>Work has been undertaken by Day Centre Managers to identify the income and expenditure budget lines that would be required in transferring the social fund money into the Council's budgets. A meeting has been held between Community Service and Finance where a proposed format for future budgets has been written. Due to Covid-19 the implementation of this has been delayed, however officers have recently returned to working to try to ensure such measures are implemented as soon as possible. In the meantime, the Social Funds have sat dormant since March due to Covid and the Day Centres remaining closed.</p>				
Status	Outstanding			Implementation in progress at the time of the review.	

Audit title	Day Centres	Audit year	2017/18	Priority	3
Recommendation	Cash to be banked more regularly so that cash on site is maintained at reasonable levels.				
Initial management response	<p>More regular banking to be discussed with Managers.</p> <p>Identify ways to reduce the level of cash on site through Purchase orders with suppliers and internal accounts.</p>				
Responsible Officer/s	Corporate Head of Community Services	Original implementation date	September 2018 (revised to April 2020)	Revised implementation date	In progress at the time of the follow up review.
Latest Update	<p>Since the audit was carried out, a review of the working arrangements considered that the best solution would be the transfer of the centre funds to Council budgets. As part of the October 2019 follow up, an update was received that work had commenced on the transfer of social funds to RBC budgets, with a revised implementation date of April 2020 for the transfer of the first social centre fund.</p>				

During this follow up review it was advised by the Corporate Head of Community Services that, following the resignation of the Day Centre Manager at one of the three day centres, the Social Fund on site was closed and all funds transferred into the Council where it is held in a ring fenced budget until the process for its allocation into the Day Centre budget is confirmed. This account has now been closed.

Work has been undertaken by Day Centre Managers to identify the income and expenditure budget lines that would be required in transferring the social fund money into the Council's budgets. A meeting has been held between Community Service and Finance where a proposed format for future budgets has been written. Due to Covid-19 the implementation of this has been delayed, however officers have recently returned to working to try to ensure such measures are implemented as soon as possible. In the meantime, the Social Funds have sat dormant since March due to Covid and the Day Centres remaining closed.

Status

Outstanding

Implementation in progress at the time of the review.

13. Depot

Audit title	Depot	Audit year	2017/18	Priority	3
Recommendation	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.				
Initial management response	Agreed.				
Responsible Officer/s	DSO Manager	Original implementation date	01/07/18 (revised to April 2020)	Revised implementation date	30/04/21
Latest Update	<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> <p>As part of this follow up review, it was advised that officers have not been able to progress a separate risk register due to the pressures faced during the Covid-19 pandemic. A further revised implementation date of April 2021 was provided.</p>				
Status	Outstanding			A revised target date has been set.	

14. Freedom of Information

Audit title	Freedom of Information	Audit year	2019/20	Priority	3
Recommendation	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.				
Initial management response	<p>Management acknowledges that there is currently a weakness in respect of the oversight of completion of training. The Law and Governance Service does not have access to the system for monitoring such training, which rests with Human Resources.</p> <p>It could be incorporated into staff induction so that when staff are released to their Service all mandatory training has been completed.</p> <p>It will be proposed that such training be undertaken as part of the staff induction process to ensure that a suitable Officer has oversight.</p>				
Responsible Officer/s	Corporate Head of Law and Governance	Original implementation date	31/08/19 (revised to March 2020)	Revised implementation date	31/10/20
Latest Update	<p>As part of the December 2019 follow up review, a revised completion date of March 2020 was agreed.</p> <p>During this follow up review it was advised by the Corporate Head of Law and Governance that this has not yet been completed due to the pressures faced in dealing with the Covid-19 pandemic. A revised completion date of October 2020 was provided.</p>				
Status	Outstanding			A revised target date has been set.	

15. GDPR Preparedness

Audit title	GDPR Preparedness	Audit year	2017/18	Priority	3
Recommendation	A review of all contracts and agreements with third parties be undertaken to ensure all content is GDPR compliant.				
Initial management response	Meeting on 26/09/18. With CHL&G and Legal Services Mgr to discuss.				
Responsible Officer/s	Corporate Head of Law and Governance	Original implementation date	28/02/19 (revised to 31/03/20)	Revised implementation date	31/10/20
Latest Update	<p>As part of the December 2019 follow up review, it was 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 was set.</p> <p>During this follow up review it was advised by the Corporate Head of Law and Governance that this has not yet been completed due to the pressures faced in dealing with the Covid-19 pandemic. A revised completion date of October 2020 was provided.</p>				
Status	Outstanding			A revised target date has been set.	

16. Housing Enforcement

Audit title	Housing Enforcement	Audit year	2019/20	Priority	2
Recommendation	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.				
Initial management response	<p>Agree this and will take a reviewed procedure to Housing Committee Consultation to be carried out 1st to 28th January.</p> <p>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. 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. 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. This 15-day target ensures that a response is provided whatever the nature of the complaint.</p>				
Responsible Officer/s	Head of Housing	Original implementation date	31/03/20	Revised implementation date	30/11/20
Latest Update	It was confirmed by the Head of Housing that the new ASB policy is completed and is currently with specialist organisation Resolve to review. Once this is received back consultation will start immediately with a view to the new policy going to the November Housing Committee.				
Status	Outstanding			A revised target date has been set.	

17. ICT Change Management

Audit title	ICT Change Management	Audit year	2018/19	Priority	2
Recommendation	A risk map be developed for the ICT department.				
Initial management response	Agreed.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	30/09/19 (revised to 31/12/19)	Revised implementation date	31/03/21
Latest Update	<p>As part of previous follow up reviews, it was advised that significant progress had been made on this, however it was not quite complete. A copy of the work in progress risk register was provided as evidence, with a revised target date of 31/12/19.</p> <p>During this follow up review, it was advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic has meant they have not made as much progress as they would have liked. The risk register needs reviewing following delivery of Citrix, O365 and Windows 10 upgrades which have made remote working much easier. A revised target date of March 2021 was provided.</p>				
Status	Outstanding			A revised target date has been set.	

Audit title	ICT Change Management	Audit year	2018/19	Priority	2
Recommendation	A formal Change Management procedure be developed to include the elements detailed in the report.				
Initial management response	Agreed, this will form part of our transformation programme.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	31/03/20	Revised implementation date	31/03/21
Latest Update	It was advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic has meant they have not made as much progress as they would have liked. Digital Services have started to review all policies and procedures, and a revised implementation date of March 2021 was provided.				
Status	Outstanding			A revised target date has been set.	

Audit title	ICT Change Management	Audit year	2018/19	Priority	2
Recommendation	All existing change management documentation be reviewed and updated.				
Initial management response	Agreed.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	31/12/19	Revised implementation date	31/03/21
Latest Update	It was advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic has meant they have not made as much progress as they would have liked. Digital Services have started to review all policies and procedures, and a revised implementation date of March 2021 was provided.				
Status	Outstanding			A revised target date has been set.	

18. ICT Mobile Device Management

Status	Outstanding			A revised target date has been set.	
Audit title	ICT Mobile Device Management	Audit year	2018/19	Priority	2
Recommendation	A more regular review schedule be put in place for all policies and procedure documents relating to Mobile Device Management, with additional detail to be added to the current Mobile Device Management policies as per the report text.				
Initial management response	Agreed, the policies will be updated as the contracts come up for review moving forward but all will be done by the end of the calendar year.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	31/12/19	Revised implementation date	31/03/21
Latest Update	It was advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic has meant they have not made as much progress as they would have liked. Digital Services have started to review all policies and procedures; a revised implementation date of March 2021 was provided.				
Status	Outstanding			A revised target date has been set.	

Audit title	ICT Mobile Device Management	Audit year	2018/19	Priority	2
Recommendation	Regular risk assessments of their mobile devices and installed software be implemented and scheduled.				
Initial management response	Whilst the recommendation is noted, it will be difficult to implement particularly for staff who have their own devices which they then have access to their work e-mails on. All staff sign up to the Council's ICT protocol and the Member protocol has also been reviewed so everyone is aware of the risks around data security and loss. Management will consider how security can be improved without conducting onerous risk assessments on staff personal devices.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	31/03/20	Revised implementation date	31/03/21
Latest Update	It was advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic has meant they have not made as much progress as they would have liked. Both the mobile and telephony contract are being reviewed this year but in the meantime all devices were locked down by Digital Services last December to reduce the risk of staff downloaded apps or content that pose a risk. As part of the telephony review, DS will be reviewing policies and the number of staff who require work phones. A revised implementation date of March 2021 was provided.				
Status	Outstanding			A revised target date has been set.	

Audit title	ICT Mobile Device Management	Audit year	2018/19	Priority	3
Recommendation	A formal documented induction process be created by the ICT Department for all starters.				
Initial management response	Agreed.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	01/07/19	Revised implementation date	31/03/21
Latest Update	It was advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic has meant they have not made as much progress as they would have liked. Digital Services have started to review all policies and procedures, and a revised implementation date of March 2021 was provided.				
Status	Outstanding			A revised target date has been set.	

19. Section 106

Audit title	Section 106	Audit year	2019/20	Priority	3
Recommendation	Flow charts be reviewed and updated to reflect current working practices, with a periodic review timetable established to ensure procedures remain up to date.				
Initial management response	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.				
Responsible Officer/s	Planning Funding Officer	Original implementation date	31/10/19 (revised to 30/04/20)	Revised implementation date	31/12/20
Latest Update	<p>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 were expected to be updated by 30 April 2020.</p> <p>During this follow up review it was further advised that the flow diagrams have not been updated to date as the Council is still in the process of bringing in a CIL charging schedule and a new database/monitoring system for both S106 and CIL. This is expected to happen by the end of this year, therefore once the processes are known any flow diagrams will be updated at that time.</p>				
Status	Outstanding			A revised target date has been set.	

20. Service Desk

Audit title	Service Desk	Audit year	2016/17	Priority	2
Recommendation	A service desk service level agreement with key performance indicators be introduced as soon as practical.				
Initial management response	This is acknowledged although we do have a published service level statement. We will implement formal SLAs when the new helpdesk software is rolled out.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	31/12/17 (revised to 31/03/20)	Revised implementation date	31/03/21
Latest Update	<p>As part of previous follow up reviews, it was established that a new ICT strategy was approved in 2019 which included the replacement of the service desk software and budget agreed. Replacement of service desk software was included in the Strategy's Key Delivery Programme for March 2020.</p> <p>During this follow up review, it was advised by the Corporate Head of Customer, Digital and Collection Service that the business case for new service desk software was approved in February 2020, and the project to implement this had recently commenced. A revised implementation date of March 2021 was provided.</p>				
Status	Outstanding			A revised target date has been set.	

Audit title	Service Desk	Audit year	2016/17	Priority	2
Recommendation	The service desk application should be brought up to recognised standard as soon as practical.				
Initial management response	This is acknowledged and new service desk software is being tested prior to implementation.				
Responsible Officer/s	Corporate Head of Customer, Digital and Collection Services	Original implementation date	31/12/17 (revised to 31/03/20)	Revised implementation date	31/03/21
Latest Update	<p>As part of previous follow up reviews, it was established that a new ICT strategy was approved in 2019 which included the replacement of the service desk software and budget agreed. Replacement of service desk software was included in the Strategy's Key Delivery Programme for March 2020.</p> <p>During this follow up review, it was advised by the Corporate Head of Customer, Digital and Collection Service that the business case for new service desk software was approved in February 2020, and the project to implement this had recently commenced. A revised implementation date of March 2021 was provided.</p>				
Status	Outstanding			A revised target date has been set.	

21. Sheltered Accommodation

Audit title	Sheltered Accommodation	Audit year	2018/19	Priority	3
Recommendation	Ensure that the policies and procedures are reviewed and updated as necessary. The updated policies and procedures should also include reference to the restrictions in place regarding resident’s financial affairs, the responsibilities of staff receiving gifts and the process to appoint third parties.				
Initial management response	Procedures to be reviewed and updated.				
Responsible Officer/s	Senior IRL Manager	Original implementation date	November 2018 (subsequently revised to December 2019)	Revised implementation date	In progress at the time of the follow up review.
Latest Update	As part of the October 2019 follow up, an update was received from the Senior IRL Manager that all the current procedures had been reviewed and they were now in the process of re writing and formatting the new ones. A revised target date of December 2019 was set. During this follow up review, it was confirmed that 20 of the original 60 procedures have been redrafted, with the rest being a work in progress to condense and combine where necessary to reduce the overall number.				
Status	Outstanding			Implementation in progress at the time of the review.	

7. LOCAL GOVERNMENT ETHICAL STANDARDS – BEST PRACTICE RECOMMENDATIONS (LAW AND GOVERNANCE, MARIO LEO)

Synopsis of report:

To provide the Committee with an update on the Council's implementation of the Best Practice Recommendations from the report issued in January 2019 by the Committee on Standards in Public Life.

Recommendation(s): that -

the Committee endorses the steps taken and recommends to full Council the proposed further actions and changes to comply with best practice issued by the Committee on Standards in Public Life as set out below:

- i) **Best Practice 1: the definition of bullying and harassment as set out in the report be added to the Code of Conduct, along with examples of such behaviour;**
- ii) **Best Practice 2: Councillors will be required to comply with any formal standards investigation;**
- iii) **Best Practice 3: the Committee is asked whether to recommend that the Council when reviewing the Code of Conduct for elected Councillors regularly seeks, where possible, the views of the public, community organisations and neighbouring authorities;**
- iv) **Best Practice 5: the register of gifts and hospitality for elected Councillors be published on the Council's website in an accessible Format;**
- v) **Best Practice 6: the Council introduces a public interest test that complaints would be treated on a case by case basis and would be considered if the public interest outweighs that of taking no further action;**
- vi) **Best Practice 10: the Council publishes straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes;**
- vii) **Best Practice 13: the Council's Scheme of Delegation be amended to facilitate an informal arrangement with another local authority for the investigation of complaints should a conflict of interest arise for the Monitoring Officer; and**
- viii) **Best Practice 15: to formalise the current arrangements, standards issues be added as a standing item on the agendas for the Chief Executive and senior Officers regular meetings with political group leaders**

1. **Context of report**

- 1.1 In January 2019, the Committee on Standards in Public Life published its report and recommendations on ethical standards in local government, following a year-long review and wide consultation.
- 1.2 The Committee issued 15 recommendations on good practice with regard to matters concerning, amongst other things; the Member Code of Conduct and how a local authority deals with complaints against elected Members as well as promoting transparency and accountability and the other Nolan Principles.

2. **Report**

- 2.1 Members will recall from the last meeting of this Committee which dealt specifically with the Local Government Association's related consultation on the adoption of a new Model Code of Conduct that Runnymede adopted a hybrid model which not only dealt with declaring interests but also deal with issues of behaviour and acknowledged there were some interests in matters which were not of a purely financial interest that elected Members should have regard to.
- 2.2 As agreed at that meeting, Officers responded in a positive manner to the draft code and provided all Councillors with a link to the on-line survey.
- 2.3 Members are advised that a response to the consultation has been issued by the Centre For Public Scrutiny (CFPS) as attached at Appendix 'E'. This body has support from the Local Government Association and provides consultancy and assistance to Local Government and other sectors including the private sector and voluntary organisations, specialising in governance and scrutiny. More information can be found via <https://www.cfps.org.uk/local-government>
- 2.4 In a letter to all local authorities emailed on 20 July 2020, the Committee on Standards in Public Life indicated that they would be writing again in the autumn of 2020 to check on progress against the recommendations, which they expect any local authority can and should implement.
- 2.5 This report sets out how the Council has, in response to that letter, reviewed the 15 best practice recommendations, how we have complied, and where we have not yet complied, the actions it is proposed we take.
- 2.6 Endorsement from this Committee of what we already do is sought, together with approval to recommend any changes to full Council at its meeting on 22 October 2020.

3. **List of Best Practice Recommendations**

- 3.1 **Best Practice 1: Local Authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.**
- 3.2 Under the General Provisions (Section 3 (1) and (2) (page 280 of the Council's Constitution) of our existing Code of Conduct for elected Members there is requirement to treat others with respect and not to bully any person.

There are further references to not intimidate people nor conduct oneself in a manner which could be regarded as bringing your office into disrepute.

- 3.3 Officers consider that although this is an unambiguous message; to fully comply with Best Practice 1, we should add 'harassment' and a list of examples of such behaviour that would fall within the accepted definition of bullying and harassment (and largely mirrored in the Staff Code of Conduct) as:

“Regular and persistent intimidation that undermines the confidence and integrity of the victim often causing stress and anxiety in the victim. Typically, but not exclusively, bullying is committed by an individual who is in a position of power or authority over the victim.

This definition would usually exclude one-off incidents. However, a single and extreme incident could be dealt with under this procedure.”

- 3.4 Harassment can be defined as:

“Unwanted conduct that affects the dignity of men and women at work. It may be of a racial or sexual nature or concern a disability, including appearance. It covers unwanted physical contact, verbal or non-verbal conduct (including silence) as well as harassment in writing, via the internet or e-mail.

This definition can include a single incident, as well as a pattern of persistent unwanted behaviour.”

- 3.5 With regard to specific examples, the list is not exhaustive but would be based on those as set out in the new Model Code of Conduct, should the Council choose to adopt it in due course.

- 3.6 **Best Practice 2: Councils should include provisions in their code of conduct requiring Councillors to comply with any formal standards investigation and prohibiting trivial or malicious allegations by Councillors**

- 3.7 With reference to the Arrangements for dealing with Code of Conduct Complaints under the Localism Act 2011 (as set out on pages 176 – 194 of the Constitution), there is a clear expectation that a Councillor would engage with and co-operate with an investigative process. However, it is not an explicit requirement. Therefore, Officers propose to add this requirement for Councillors to 'comply with any formal standards investigation'.

- 3.8 When a complaint about a Councillor is received, the Monitoring Officer will refer to the aforementioned written procedure. Under our Local Assessment Criteria (Annex 1 (1.4) (d) and (e) trivial and malicious complaints (including by other Councillors) is included, so no further action is required.

- 3.9 **Best Practice 3: Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities**

- 3.10 The Code of Conduct is reviewed every year as part of the review of the Constitution, most recently published version in July 2020. In reviewing these best practice recommendations, it is acknowledged that, if approved, further

amendments will be needed to accommodate those changes prior to the next main review in 2021. Officers concede that a public consultation is not currently part of that process and the view of the Committee would be welcomed in this regard as to the desirability and/or practicality of such an exercise.

- 3.11 **Best Practice 4: An authority's code should be readily accessible to both Councillors and the public, in a prominent position on a council's website and available in council premises**
- 3.12 All Councillors are, when first elected, provided with a copy of the Code of Conduct; annually when invited to update their Declarations of Interest, reference to the Code is made in the guidance documentation. The Constitution can be reached by 3 clicks from the main page of the Council's website and is cross referenced in the pages dealing with the Code of Conduct and Complaints about Councillors. The Code of Conduct is on public deposit at main reception and available on request. Therefore, this Best Practice has been complied with.
- 3.13 **Best Practice 5: Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV**
- 3.14 The Gifts and Hospitality Register is maintained by the Chief Executive in the form of a spreadsheet; it is not currently published on our website. Officers recommend that in future the Register will be published on the website and seek the approval of this Committee to recommend this to full Council accordingly. Members are referred to the appropriate section on the Council's Constitution (pages 286 – 289) which was last revised in 2017.
- 3.15 **Best Practice 6: Councils should publish a clear and straightforward public interest test against which allegations are filtered**
- 3.16 As previously stated, when a complaint about an elected Councillor is received, the Monitoring Officer will refer to Annex 1 of the Procedure on page 181 of the Constitution. There are two preliminary tests. Firstly, the Legal jurisdiction criteria test and secondly the Local assessment criteria test. These both involve an element of a public interest test but do not explicitly refer to it. Therefore, Officers propose to introduce a public interest test that complaints would be treated on a case by case basis and would be considered if the public interest outweighs that of taking no further action. For example, it would be in the public interest to consider the complaint if a clear breach of one of the provisions of the code was in evidence and if it contravened the Equality Act. Conversely, it would not be in the public interest to consider a complaint that was considered political 'tit for tat' and or dealing with the complaint would have a disproportionate effect on both public money and Officer and Member time.
- 3.17 In the context of responding to Freedom Of Information requests and the concept of deciding whether disclosure is in the public interest, the Information Commissioner suggests that public interest would be engaged in the interests of demonstrating transparency and accountability, to promote public understanding and to safeguard democratic processes.
- 3.18 **Best Practice 7: Local authorities should have access to at least two Independent Persons.**

- 3.19 Members will recall that up until fairly recently we did have two Independent Persons and this level of resilience should be maintained. A separate report will be submitted to Corporate Management Committee on 24 September, seeking approval to recruit accordingly.
- 3.20 **Best Practice 8: An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the opportunity to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious or trivial**
- 3.21 Officers consider that our procedure demonstrates this to be the accepted course of action whereby the Independent Person is consulted at each stage for their opinion on the merits of a case.
- 3.22 **Best Practice 9: Where a local authority makes a decision on an allegation of misconduct following formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied**
- 3.23 The procedure for publicising the decision of a Hearing is set out in paragraph 6 of Annex 3 (page 190 of the Constitution). Whilst a decision notice is produced and takes the form of a template, and a register of complaints about Councillors is published on the Council's website which summarises the allegations and decisions, the full decision notice has not hitherto been published on the Council's website. Instead, the minutes of the Hearing have been submitted to the next scheduled meeting of the Standards and Audit Committee and have then published in the normal way on the website and in the formal Minute Book.
- 3.24 Officers consider that in the interests of transparency this should be reinstated and recommend accordingly.
- 3.25 **Best Practice 10: A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes**
- 3.26 There is a dedicated webpage regarding complaints about Councillors which refers people to the Monitoring Officer if they wish to make a complaint about a Councillor and the full procedure is out in Standing order 51 and its accompanying Annex. However, Officers do consider that some straightforward guidance would assist and recommend that this be approved.
- 3.27 **Best Practice 11 and 12**
- 3.28 These only apply to parish councils, therefore no further action is necessary.
- 3.29 **Best Practice 13: A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.**

- 3.30 Officers consider that the most practical way of implementing this best practice would be to have an informal arrangement with other local authorities that could be utilised should the situation arise, on a case by case basis. However, this would require a change to the Scheme of Delegation and may present difficulties with regard to conferring powers on the other local authority's Monitoring Officer. However, it is considered to be the most resilient approach and it is proposed to implement this recommendation by proposing some revised wording for the Scheme of Delegation accordingly.
- 3.31 **Best Practice 14: Councils should report on separate bodies they have set up or which they own as part of their annual governance statement, and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness, and publish their board agendas and minutes and annual reports in an accessible place.**
- 3.32 This is something that the Council does not currently do in full. Information is included on RBCI, RBCS and the RBC Heat Company in the annual governance statement regarding ownership and how the companies operate and are accounted for, but these companies do not publish their agendas, minutes or annual reports. However, plans to do this in future are in hand.
- 3.33 A further issue arises if the Council has other bodies that it has set up which might be covered by this recommendation. For example, the Citizen's Panel and other consultees on plans and projects such as the Local Plan, the Runnymede Business Partnership and similar.
- 3.34 **Best Practice 15: Senior Officers should meet regularly with political group leaders or group whips to discuss standards issues.**
- 3.35 Whilst standards issues arise from time to time and are the subject of discussion with the political group leaders, to formalise the arrangements, it is recommended that standards issues are added to the agendas of the Group Leaders regular meetings with the Chief Executive and other senior managers.
- 3.36 It is envisaged that any recommendations arising from these discussions would be the subject of discussion for Members of this Committee and/or the Constitution Member Working Party, as appropriate.
4. **Policy framework implications**
- 4.1 One of the four themes in the Corporate Business Plan 2016-2020 is Supporting Local People. The role of elected Members is to provide local leadership and an important aspect of that role is for residents to have confidence in their councillors. The 15 recommendations and the proposed actions would support these aspirations.
5. **Resource implications**
- 5.1 Any subsequent updates to the Code of Conduct and/or relevant procedures for dealing with complaints about elected Councillors will be met from within existing resources.
6. **Legal implications**

6.1 The Committee on Standards in Public Life is an independent, advisory non-departmental public body (NDPB) established in 1994. The Committee is not founded in statute and has no legal powers to enforce its recommendations.

7. **Equality implications**

7.1 The Council is required to have due regard to its public sector Equality Duty before approving the proposed implementation of these recommendations.

7.2 The Council's Duty is stated under the Equality Act 2010 and is to have regard to the need to:

- a) eliminate unlawful discrimination, harassment or victimisation
- b) advance equality of opportunity between persons who share a Protected Characteristic and persons who do not share it
- c) foster good relations between those who share a relevant characteristic and those who do not

7.3 Clearly, the explicit reference to bullying and harassment will have a positive impact for anyone with a protected characteristic should they experience unacceptable behaviour. The Nolan principles complement the promotion of equalities.

7.4 Officers did not consider that this exercise necessitated an Equality Impact Screening Assessment.

8. **Conclusions**

8.1 The Council has largely complied with the 15 recommendations fully or partly and this should be viewed as a positive review.

(To resolve)

Background papers

Best Practice Recommendations from the report issued in January 2019 by the Committee on Standards in Public Life.



Response to consultation on 2020 LGA model code of conduct

This is a response from the Centre for Public Scrutiny to the LGA's consultation on the model member Code of Conduct.

The Centre for Public Scrutiny provides assistance to councillors across England on matters relating to corporate governance and scrutiny. In this role we engage closely on matters relating to personal conduct and standards. These issues can, if not handled properly, have a significant negative impact on local authority governance.

Contact: Ed Hammond, Director of Research and Campaigns

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Generally: councils' political and organisational culture

The ability of councillors and councils to be able to rely on the Code to monitor and police behaviour rests on the authority's culture. Compliance with the Code cannot be enforced except insofar as the council may be able to take action to censure its members through the work of the Standards Committee; the absence of a national scheme for standards and conducts limits the ability of councils and councillors to be able to seek support from external sources.

The Code, then, can only be seen as a framework within which councillors and officers can more meaningfully discuss and agree standards of behaviour. On its own the Code cannot be a panacea, enforcing positive standards simply because it is an important document; neither can it enforce those standards because certain powers of censure sit behind it, enforcing compliance. Adherence to the contents of the Code require that councillors and officers recognise its utility in ensuring that local authorities, and local democracy, can function effectively – that it is a tool for protecting everyone's interests. For this reason, adoption of the Code should go hand in hand with meaningful member-officer discussions about roles, relationships and behaviours. This is particularly the case now, when pressures on councils, and local governance, are so extreme.

Generally: acting as a councillor

Increasingly, we note a blurring between councillors' "formal" role and their ability to be able to act freely as private citizens. This is particularly the case in relation to the use of social media.

Social media can be a challenging place for councillors. It is a vital tool for communicating with constituents, and for political campaigning. Councillors might use social media for communicating in their professional and private lives, and may use the same account for all of this communication.

Some social media activity might be seen by councillors as being carried out in a private capacity; to another observer such activity might be seen as part of that councillor's official role. Understanding the acceptability of different activity in different contexts is highly subjective. Often, council staff are less literate in matters relating to social media than councillors themselves are, which leaves councillors further exposed and in receipt of advice from their council which may be irrelevant, inaccurate or out of date.

While it is not for the Code of Conduct to delve into the issue of where and when councillors are acting in which capacity, this is a matter that will need to be resolved at a local level if the Code is to have full effect.

Civility, bullying and harrassment

We agree that courtesy in behaviour, speech and in the written word are important. Treating others with respect is critical to local authorities being able to transact business. However, calls for "civility" can be misused, by those seeking to police the tone of their political opponents, and by those seeking to maintain a form of discourse in local authorities that is exclusionary, and difficult to understand and participate in by the uninitiated.

Passion and anger are important parts of debate. Calls for civility can seek to recast this disagreement as an issue of etiquette, and they make it easy for people to dismiss their opponents as intemperate and impolite.

Calls for civility can also seek to ignore and elide the real microaggressions that people (including councillors) in more vulnerable positions because of their age, gender, ethnicity or disability may experience. Calling out coded, subtle aggressions can be seen itself as incivil. In a macro sense, calls for civility can go alongside calls for the retention and protection of privilege.

This can and will spill over into matters relating to bullying and harassment. Bullies will often see themselves as victims – often of incivil behaviour or "bad faith" actions on the part of their victims.

Councils need a more nuanced and reflective way to understand and act on dialogue and relationships. We think that the Model Code should include more of a critical summary of formal and informal behaviours, encouraging

councillors to explore these issues and how they might impact on their peers individually and collectively.

Officer neutrality

In our experience, the principle of officer neutrality can often be misunderstood. Poor demarcation of roles between members and officers can lead to accusations that the officer corps has been “captured” by the executive, and the general belief that officers work for the administration. Supporting information, training and development on this point should focus – including training carried out within councils – should highlight and reflect on this issue with both members and officers.

Other subjects

On confidentiality, there will be occasions where councillors can and should disclose information in the course of activities relating to whistleblowing, and the model code should make reference to this.

On disrepute, we have no comments.

On councillors’ position and use of resources, councillors are likely to need additional support to understand how opportunities relating to the councillor position might be seen as being misused. This links to earlier points on members understanding how and when they are acting as a councillor.

On interests, we believe that councillors are likely to need enhanced assistance and advice in respect of planning and licensing matters; the Code might make reference to this.

On gifts and hospitality we have no comments.

Centre for Public Scrutiny

17 August 2020

8. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN ANNUAL REPORT 2019/2020 (Law and Governance, Clare Pinnock)

Synopsis of report:

To inform Members on the receipt and outcome of matters handled by the Commissioner for Local Administration (Local Government and Social Care Ombudsman) covering the year ending 31 March 2020

Recommendation:

None. This report is for information.

1. Context of report

- 1.1 The Local Government and Social Care Ombudsman - the Ombudsman - does not normally consider a complaint unless a local authority has first had an opportunity to deal with the complaint itself.
- 1.2 Since June 2017 we have maintained a separate register for complaints dealt with by the Ombudsman. This is monitored on behalf of the Corporate Head of Law and Governance. We ensure that requests from the Ombudsman when investigating a complaint are dealt with in a timely manner.
- 1.3 The Ombudsman suspended investigations during the Covid 19 pandemic but has now resumed activities including taking new enquiries and completing opened cases. On 22 July, the Ombudsman emailed us their annual report which is the subject of this report. It is also available on their website, but reference numbers are removed to comply with GDPR. We have taken the same approach.

2. Report

- 2.1 The Council's Complaints Procedure has recently been updated to reflect best practice from the Ombudsman; our new definition of a complaint is an expression of dissatisfaction about a Council service (whether the service is provided directly by us or by one of our partners/contractors) which requires a response. Requests for services, information, and explanations of general Council policy are not generally regarded as complaints. Further information can be found on our website:
<https://www.runnymede.gov.uk/article/15100/Comments-complaints-and-compliments>
- 2.2 The feedback page on the Council's website explains our policy and provides people with details of the Ombudsman to whom they can complain once the internal process has been completed.
- 2.3 The web form has been amalgamated into one feedback form where people can choose their category (complaint, compliment etc). This is more efficient, and these forms are directed to Democratic Services which makes it easier for information to be recorded centrally and followed up.

- 2.4 The other change we have made, again in line with advice from the Ombudsman, is change our 'vexatious' complaints protocol to an 'Unreasonable Complainant Behaviour' protocol. We do not have to invoke this very often and it is important to stress that persistence doesn't mean unreasonable and all cases are treated on their merits.
- 2.5 For the period 1 April 2019 to 31 March 2020, the Ombudsman reported that it had received 10 complaints and enquiries, and issued 11 decisions, (this related to the previous year), 9 of which have been accounted for with reference to the Register. There were 2 complaints that were dealt with and rejected without reference to us so do not appear on our register.
- 2.6 The Ombudsman conducted three detailed investigations and one complaint was upheld for which we issued an apology to the complainant. This was a Private Sector Housing/Housing Maintenance case which was received in February 2019 in which the County Council was also involved. The Ombudsman was satisfied that we had demonstrated 100% compliance with their decision. However, the Ombudsman places great emphasis on local authorities attempting to resolve complaints before they reach the Ombudsman, which in this case we were unable to do so they have reported this as 0% for satisfactory remedies provided by the authority for this and the other two cases that they investigated in detail.
- 2.7 This would suggest that a lesson we could learn is that it is advisable to try and resolve matters and not wait for the complainant to go to the Ombudsman even when (as it was in this case) they have exhausted our internal complaints procedure. It is also a good idea not to be afraid of apologising when we have made a mistake; a lot of good will can be lost by not acknowledging someone's distress and/or inconvenience even though they might partly be at fault or their complaint turns out not to be totally justified.
- 2.8 For the 10 complaints and enquiries received by the Ombudsman we were notified by way of a decision notice in 8 of the cases. These range from no case to answer, insufficient information from the complainant, 2 referred back or counted as premature and one where the complainant withdrew their complaint.
- 2.9 A breakdown by Ward and Service area for 2019/2020 for the 8 notices we received is shown below:

Business Centre/Service Area	Ward and number of cases
Community Services (insufficient information to proceed)	Out of borough
Corporate Services (but was about Planning)	Englefield Green West
Council Tax	Egham Hythe
Housing	Egham Hythe (2), New Haw, Addlestone South, Chertsey St Ann's

- 2.10 Members are asked to note that as set out in the Ombudsman's letter, attached at Appendix 'F', we might not necessarily hold the same information as the Ombudsman because some complainants never come back to us to pursue a complaint if the Ombudsman has decided their complaint is

premature. This accounts for the two Planning cases that we were unaware of until receiving the annual report summary sheet.

- 2.11 With regard to how the Ombudsman presents their statistics; although only one complaint was upheld it rates as 33% because they investigated 3 complaints in detail.
- 2.12 Comparative data from the Ombudsman's website for Surrey authorities, including the County Council, for the year ending 31 March 2020, is set out in Appendix 'G'. The Ombudsman has again changed how they present statistics. Therefore, we have changed the table to reflect the fact that now we only know how many complaints were received for our own authority when they write to us individually and as summarised in this report; the interactive map previously showed this information for all authorities. Now we only know how many complaints were investigated in detail, upheld and information relating to compliance and remedies sought before the Ombudsman concludes a case.
- 2.13 The decision notices are included for each authority's profile on the interactive map. Where public reports and service improvements have been issued these are also available. In Surrey, there were none for any of the districts or boroughs but Surrey County Council had 3 public reports made and 12 service improvements suggested by the Ombudsman to which the County Council agreed. These are useful to review because they can show us where we are already doing things well and where improvements could be made. All the cases were in areas that we do not cover; Adult Care, Education and Children's Services. However, the cases show the importance of having a well structured, customer focused service, clear deadlines, communicated timescales, adherence to statutory requirements and a framework to demonstrate compliance. Having due regard to changes in circumstances and a consistent, caring approach are all skills that apply across the board for example. As the Council moves towards working even more closely with aspects of Adult Care and Health, the lessons that can be learned are more important as a checklist of our own best practice.
- 2.14 Throughout the year, the Ombudsman issues a number of public interest reports in order to share and promote best practice from which local authorities can learn. They also publish a bi-weekly digest of decisions which we place on a shared drive and highlight to relevant Officers if we think any of the cases are of interest or particular relevance. The Ombudsman also produces specific guidance for different service areas arising from the various complaints they receive. For example improving services to homeless people. They also have comprehensive training and resources to assist Councils in all areas of handling complaints effectively. There is a new section of their website devoted to people who assist others with their complaints including advice for MPs and Councillors, which Members might find useful.
- 2.15 The Ombudsman has published the following headline statistics for the year ending 31 March 2020;
- 1,600 recommendations made, an increase of 12% on 2019
 - 61% of complaints upheld, compared with 58% in 2019
 - 13% of cases where the Ombudsman agreed with a local authority's proposed solution to a complaint

- 99.4% of recommendations agreed and implemented by a local authority
- 2,039 cases in which the Ombudsman made recommendations to put things right (up 6% on 2018-19)
- 3,748 recommendations to remedy personal injustice (up 6% on 2018-19). In many cases, the Ombudsman will recommend more than one type of remedy. For example, the Ombudsman may recommend an authority makes an apology, pays a sum of money, and reviews a policy or procedure
- Children and Education services make up the largest proportion of its workload (21%). The Ombudsman is now upholding 72% of those complaints it investigates in this area.
- Other areas with higher than average uphold rates include Adult care services (68%), Housing (66%) and Benefits and Tax (65%)

The Interactive map introduced last year complements their annual summary.

2.16 Michael King, the Ombudsman, has said for 2019/2020:

“While we are seeing more and more complex cases beset by systemic problems, we are also increasingly working with councils to identify the root of those problems and making recommendations to improve the underlying policies and procedures causing them.

“These service improvements highlight the power one single complaint can have – when dealt with properly – to prevent problems reoccurring and improve services for others.

“The cases highlighted in my report reflect the reality of local authority life prior to the Covid-19 crisis, but I believe it is all the more important now to deal with complaints properly and to harness this free public feedback.

“Councils’ readiness on the whole to work with us to implement our practical recommendations to improve the services they provide, demonstrates the sector has a mature attitude to complaint handling - one which we have advocated throughout our work.”

2.17 Although separate to the Local Government Ombudsman, the Housing Ombudsman recently contacted us to advise a change to their complaint handling process. This will be the subject of a separate report to the Housing Committee.

3. **Policy framework implications**

3.1 The Council is ‘customer-led’ and strives for excellent customer service. Customer feedback, whether good or bad, is therefore very useful in ensuring standards are maintained and system improvements made.

3.2 Decision notices are promptly forwarded to the relevant Business Centre so that they can decide whether there needs to be a review of procedure or if there are ways to improve service delivery in order to avoid having matters referred to the Ombudsman even if 'no fault' has been found. Sometimes the Ombudsman will ask us to demonstrate what actions have been taken and report back to them.

3.3 Since 2019/2020, the Key Performance Indicator for Ombudsman matters reported to Corporate Management Committee includes 'minor injustices'. For the year ending 31 March 2020 there was only one complaint as reported elsewhere in this report.

4. **Resource implications**

4.1 Maintaining the Ombudsman register and the Link Officer role is carried out using existing resources.

5. **Legal Implications**

5.1 This report fulfils the Council's Statutory duty under section 5(2) of the Local Government and Housing Act 1989.

6. **Equality implications**

6.1 The Council is required to have due regard to its public sector Equality Duty.

6.2 The Council's Duty is stated under the Equality Act 2010 and is to have regard to the need to:

- a) eliminate unlawful discrimination, harassment or victimisation
- b) advance equality of opportunity between persons who share a Protected Characteristic and persons who do not share it
- c) foster good relations between those who share a relevant characteristic and those who do not

6.3 Although Officers endeavour to collect data that might enable us to identify whether a complainant, or satisfied customer for that matter, has a 'protected characteristic' for equality monitoring purposes, in practice hardly anyone is prepared to divulge such information.

6.4 From a review of the matters referred to the Ombudsman for the year ending 31 March /2020 it is indicated that the protected characteristics of disability and age were relevant in two of the complaints and age in another case.

(For information)

Background papers

Relevant correspondence held on Law and Governance files including internal departmental emails and between the Council and the LG&SCO

Local Government & Social Care OMBUDSMAN

22 July 2020

By email

Mr Turrell
Chief Executive
Runnymede Borough Council

Dear Mr Turrell

Annual Review letter 2020

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2020. Given the exceptional pressures under which local authorities have been working over recent months, I thought carefully about whether it was still appropriate to send you this annual update. However, now, more than ever, I believe that it is essential that the public experience of local services is at the heart of our thinking. So, I hope that this feedback, which provides unique insight into the lived experience of your Council's services, will be useful as you continue to deal with the current situation and plan for the future.

Complaint statistics

This year, we continue to place our focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have made several changes over recent years to improve the data we capture and report. We focus our statistics on these three key areas:

Complaints upheld - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated. A focus on how often things go wrong, rather than simple volumes of complaints provides a clearer indicator of performance.

Compliance with recommendations - We recommend ways for authorities to put things right when faults have caused injustice. Our recommendations try to put people back in the position they were before the fault and we monitor authorities to ensure they comply with our recommendations. Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedies provided by the authority - We want to encourage the early resolution of complaints and to credit authorities that have a positive and open approach to

resolving complaints. We recognise cases where an authority has taken steps to put things right before the complaint came to us. The authority upheld the complaint and we agreed with how it offered to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

This data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 29 July 2020, and our Review of Local Government Complaints. For further information on how to interpret our statistics, please visit our [website](#).

Resources to help you get it right

There are a range of resources available that can support you to place the learning from complaints, about your authority and others, at the heart of your system of corporate governance. [Your council's performance](#) launched last year and puts our data and information about councils in one place. Again, the emphasis is on learning, not numbers. You can find the decisions we have made, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the tool with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

Earlier this year, we held our link officer seminars in London, Bristol, Leeds and Birmingham. Attended by 178 delegates from 143 local authorities, we focused on maximising the impact of complaints, making sure the right person is involved with complaints at the right time, and how to overcome common challenges.

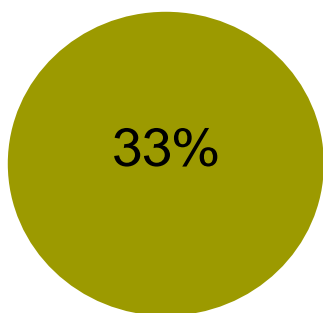
We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. During the year, we delivered 118 courses, training more than 1,400 people. This is 47 more courses than we delivered last year and included more training to adult social care providers than ever before. To find out more visit www.lgo.org.uk/training.

Yours sincerely,



Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Complaints upheld



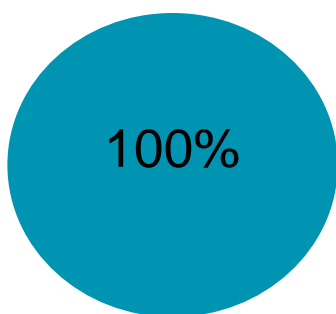
33% of complaints we investigated were upheld.

This compares to an average of **45%** in similar authorities.

1
upheld decision

Statistics are based on a total of 3 detailed investigations for the period between 1 April 2019 to 31 March 2020

Compliance with Ombudsman recommendations



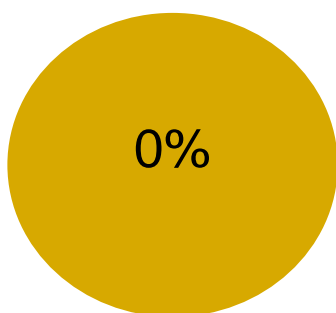
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **99%** in similar authorities.

Statistics are based on a total of 1 compliance outcome for the period between 1 April 2019 to 31 March 2020

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedies provided by the authority



In **0%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **20%** in similar authorities.

0
satisfactory remedy decisions

Statistics are based on a total of 3 detailed investigations for the period between 1 April 2019 to 31 March 2020

Authority	2016/17 complaints upheld	2017/18 complaints upheld	2018/19 complaints upheld	2019/20 complaints investigated and number upheld + %	2019/20 Compliance rate	2019/20 Satisfactory remedies before reaching the Ombudsman
Elmbridge	1	3	1	4 4 (100%)	100%	1
Epsom and Ewell	2	1	2	1 0 (0%)	None due for compliance	0 as none upheld
Guildford	1	1	2	6 2 (33%)	None due for compliance	None
Mole Valley	1	1	1	3 0 (0%)	None due for compliance	0 as none upheld
Reigate and Banstead	2	1	1	3 1 (33%)	None due for compliance	None
Runnymede	3	0	1	3 1 (33%)	100%	None
Spelthorne	1	3	0	1 0 (0%)	None due for compliance	0 as none upheld
Surrey Heath	0	0	1	6 2 (33%)	100%	None
Surrey County Council	35	18	26	49 33 (67%)	100%	6
Tandridge	2	0	0	4 2 (50%)	100%	1
Waverley	1	2	1	4 2 (50%)	100%	None
Woking	0	0	1	3 0 (0%)	None due for compliance	0 as none upheld

9. EXCLUSION OF PRESS AND PUBLIC

If the Committee is minded to consider any of the foregoing reports in private, it is the

OFFICERS' RECOMMENDATION that -

the press and public be excluded from the meeting during discussion of the relevant report(s) under Section 100A(4) of the Local Government Act 1972 on the grounds that the report(s) in question would be likely to involve disclosure of exempt information of the description specified in the relevant paragraph(s) 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>
(No items to be considered under this heading) | Paras |
| b) | <u>Confidential Items</u>
(No items to be considered under this heading) | |