

# Standards and Audit Committee

**Tuesday 24 November 2020 at 7.30pm**

**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](mailto:clare.pinnock@runnymede.gov.uk))**.
- iii) Agendas and Minutes are available on a subscription basis. For details, please ring Mr B A Fleckney on 01932 425620. Agendas and Minutes for all the Council's Committees may also be viewed on [www.runnymede.gov.uk](http://www.runnymede.gov.uk).
- iv) 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](mailto: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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7.	COMPLAINTS AND COMPLIMENTS QUARTER 2, 2020/2021	25
8.	EXCLUSION OF PRESS AND PUBLIC	30

### **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>	
	EXEMPT APPENDIX 1 TO ITEM 7 COMPLAINTS AND COMPLIMENTS QUARTER 2, 2020/2021	31
b)	<u>Confidential Items</u>	
	(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 22 September 2020, which were circulated to all Members by email in October 2020.

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.

**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. SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT 2020/2021 (TIAA, Chris Harris)**

**Synopsis of report:**

**To inform Members on the progress made to date by TIAA, the Council's internal auditors, on the 2020/2021 Internal Audit Annual Plan.**

**Recommendation(s):**

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

1. **Context of report**

- 1.1 Attached at Appendix 'A' is the most recent Summary Internal Controls Assurance (SICA) Report (previously the Internal Audit Progress Report) for 2020/2021.

2. **Report**

- 2.1 The report identifies the audits which have been completed since the last meeting of this Committee, for 2020/2021 planned audits.
- 2.2 Despite the pandemic and the lost time at the start of the year good progress is now being made with the audit plan and all audits are expected to be completed to draft report by 31 March 2021. All auditing is currently being undertaken remotely and our thanks to the Officers of the Council for providing assistance during this difficult 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.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports

## Runnymede Borough Council

### Summary Internal Controls Assurance (SICA) Report

**2020/21**

**Standards and Audit Committee 24 November  
2020**

November 2020

## Summary Internal Controls Assurance

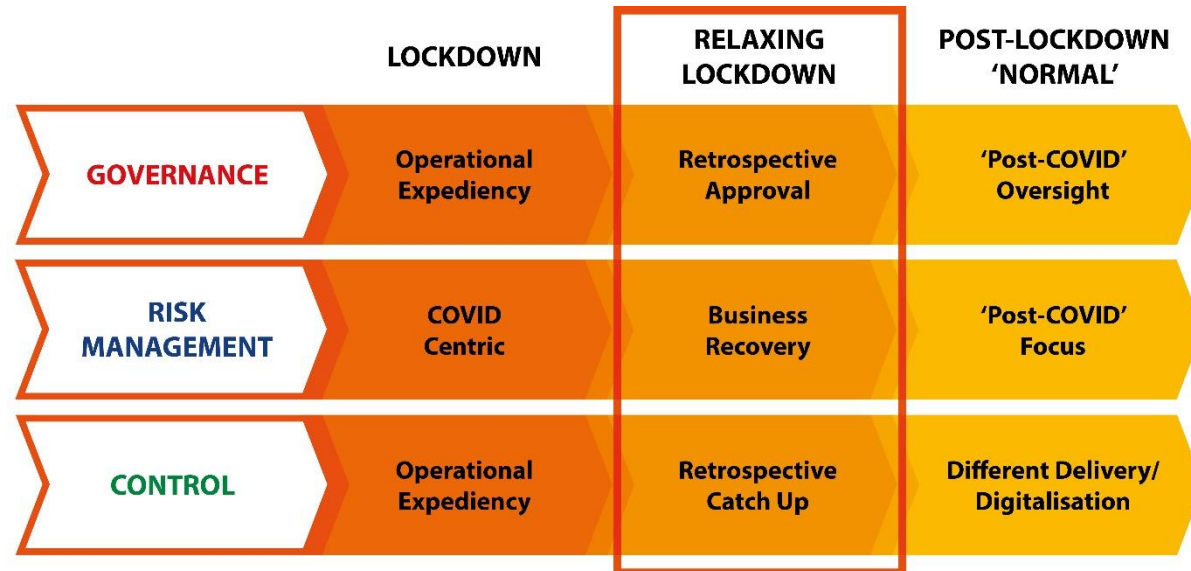
### Introduction

1. This Summary Internal Controls Assurance (SICA) 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 2nd November 2020. The period covered by this summary internal controls assurance report was 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
<b>2020/21 Final Audits</b>									
Data Protection (Information Governance)	Reasonable	24/06/20	14/09/20	29/10/20	30/10/20	-	4	2	1
Local Plan Audit (follow up)	Substantial	24/06/20	7/09/20	30/10/20	30/10/20	-	-	-	-
Safeguarding/Prevent	Reasonable	4/06/20	16/09/20	30/09/20	01/10/20	-	1	4	-

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		
Data Protection (Information Governance)	30/10/20				4		
Safeguarding/Prevent	01/10/20				1		



### 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. **NOTE: The table below will be populated once sufficient audits have been finalised to provide meaningful data.**

*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
<b>Directed</b>						
Governance Framework						
Risk Mitigation						
Control Compliance						
<b>Delivery</b>						
Performance Monitoring						
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

8. **COVID 19:** The progress against the planned work 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. Audit fiedwork is now underway with a number of audits being finalised and in progress.
9. Our progress against the Annual Plan for 2020/21 is set out in Appendix C.

### Changes to the Annual Plan 2020/21

10. A number of audits are now planned for Quarter 4. These are referred to in Appendix C. There are no additional changes to the 2020/21 audit plan for the Standards and Audit Committee to note since the last report to Committee.

Review	Rationale for change
No additional changes since last S & A Cttee	

### Frauds/Irregularities

11. 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
Squaring the Circle (Covid 19 update – General – after six months)	
Risk of Redacted Information being Unredacted	
Need for a Social Media and Electronic Communications Policy	
Risks Associated with Cloud Computing	
Data Protection Guidance for Collecting Customer Information	

Fraud Alert	Management Response
No further reports issued since last S & A Cttee	

13. 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.

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

Area	Possible assurance from internal audit
<p><b>Governance:</b> 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"> <li>• Urgent decisions taken for urgent operational reasons which would normally have gone through Council/Committee review and approval</li> <li>• Extension and rollover of procurement contracts</li> <li>• Disruption to management information received by Members</li> <li>• Operational necessity for management dispensation to scheme of delegation and financial regulations</li> <li>• Move to remote working for reactive operational expediency reasons, rather than as part of a pre-planned strategy</li> </ul>	<p><b>Covid-19 Financial Governance:</b> 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><b>Risk Management:</b> The markers which differentiate COVID 19 pandemic from most business resilience/recovery plans are:</p> <ul style="list-style-type: none"> <li>• Speed of major disruption to business as usual did not permit normal level of preparation</li> <li>• International as well UK-wide, not local</li> <li>• Level of government intervention</li> <li>• Duration and severity</li> <li>• Move to medium term remote working arrangements by staff and suppliers</li> <li>• Consequential impact upon all the previous strategic risks</li> </ul>	<p><b>Business as Usual Resumption Arrangements:</b> Targeted post-event risk mitigation assessment to identify any unintentional gaps in the risk management framework</p>
<p><b>Internal Control:</b> 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"> <li>• Suppliers and contractors being unable to deliver contracted services</li> <li>• Increased digitalisation introduced at very short notice increases information governance risks</li> <li>• Temporary compromise of effective segregation of duties due to staff absences and/or remote working etc</li> <li>• Fraudsters seeking to take advantage of COVID disruption</li> <li>• Deferment and/or reprioritisation of services</li> <li>• Sudden and significant change in demand patterns for services</li> </ul>	<p><b>COVID-19 Business Interruption Controls Framework:</b> 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><b>Accountability for Additional COVID-19 Funding:</b> 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.

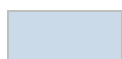
Review	Evaluation
Data Protection (Information Governance)	Reasonable
Local Plan Audit (Follow up)	Substantial
Sageguarding/Prevent	Reasonable

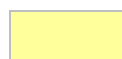
## Progress against Annual Plan – 2020/21

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 November 2020.
Business Continuity	Q4		Audit now planned for Quarter 4
Data Protection - (Information Governance)	Q2	Final report issued 30 October 2020	
Commercial Rents	Q2	Fieldwork in progress.	Initial scoping meeting and documentation request carried out July 2020. Fieldwork scheduled to continue during November 2020.
Human Resources – Absence Management		Audit cancelled to be undertaken in 2021/22	
Communications	Q1	Draft report issued 21 September 2020	Audit carried out in Quarter 2 due to COVID 19
Procurement	Q4		Audit now planned for Quarter 4
Project Management Toolkit	Q4		Audit now planned for Quarter 4
<b>Key Revenues Controls</b>	Q3	Fieldwork scheduled to be carried out in November and December 2020.	
Benefits and Council Tax Support	As above	Scheduled start date 4 November 2020	
Non-Domestic Rates (NDR)	As above	Scheduled start date 23 November 2020	
Council Tax	As above	Scheduled start date 23 November 2020	
<b>Key Financial Controls</b>	Q3	Fieldwork scheduled to be carried out in November and December 2020.	
Accounts Payable (Creditors)	As above	Scheduled start date 30 November 2020	
Accounts Receivable (Debtors)	As above	Scheduled start date 30 November 2020	

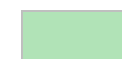
System	Planned Quarter	Current Status	Comments
Treasury Management	As above	Scheduled start date 30 November 2020	
Income – Cash and Bank	Q4	Fieldwork scheduled to be carried out in January 2021.	Audit now planned for Quarter 4
Main Accounting (General Ledger)	Q4	Fieldwork scheduled to be carried out in February 2021.	Audit now planned for Quarter 4
Payroll	Q3	Fieldwork in progress	
Budgetary Control	Q3	Fieldwork in progress	
ICT – Contingency days	Q2/3		
Depot – to include Commercial (Trade) Waste from 2017/18	Q2/3	Fieldwork in progress	
Planning Enforcement		Audit cancelled only recently audited	
Local Plan audit (Follow up)	Q1	Final report issued 30 October 2020	
Housing Rents	Q4		Audit now planned for Quarter 4
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	Fieldwork in progress	
Safeguarding/Prevent	Q1	Final report issued 1 October 2020	Audit being carried out in Q2 due to Covid-19 disruption.
Follow up of recommendaions	Q1,2,3,4	In progress	Progress reports provided to each Standards and Audit Committee.

**KEY:**

 To be commenced

 Site work commenced

 Draft report issued

 Final report issued

## 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
<b>Data Protection (Information Governance)</b>						
Action be taken to ensure that all staff complete the mandatory Data Protection training on an annual basis	2	<p>A review of the training programme had been undertaken by the DPO and IGO. It was acknowledged that the existing course is not the most user-friendly. We have looked to create a shorter refresher data protection course from April 2021.</p> <p>In the meantime, the existing training has been re-launched for completion by end of October 2020 (or April 2021 if completed in the last six months).</p> <p>We have suggested that data protection training is linked to appraisals.</p>	<p>Relaunch of current training- 01/09/20</p> <p>Training completed by 31/10/20 (unless the individual has completed the training within the last 6 months. Then completion date by 31/03/21)</p> <p>Launch of new training by 01/04/2021</p>	<p>Line Managers of staff</p> <p>Development and Training Manager</p>	To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.	



Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p>Privacy statements be reviewed to ensure that individuals are provided with all relevant privacy information at the time their personal data is collected.</p>	2	<p><i>Privacy Notices are currently being changed from PDFs to webpages on the website for easy access and use.</i></p> <p><i>Guidance notes have been created for all forms to provide advice on wording for privacy information giving a layered approach that will include a link to the wider team privacy notice.</i></p> <p><i>An audit of webforms is being undertaken by the DPO. Each web editor has been contacted to ask them to provide a simple paragraph with the relevant privacy information in line with the guidance created.</i></p>	<p><i>Project started 07/09/20</i></p> <p><i>To be completed 31/12/20</i></p> <p><i>Web editors to update all forms by 31/12/20</i></p>	<p>DPO</p> <p>Web editors</p>	<p><i>To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.</i></p>	
<p>Action be taken to ensure that all RoPAs are fully completed at the earliest opportunity, along with details of the responsible officer and relevant document completion/review dates.</p>	2	<p><i>Th IGO and DPO have met with relevant services or emailed them about updating their RoPAs. The information outstanding requires input from the service areas. They will continue to remind them and offer support in completing these.</i></p>	31/03/21	SIRO and DPO	<p><i>To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.</i></p>	
<p>All line managers be reminded of the importance of completing leaver forms in a timely manner to prevent unauthorised access to Council data.</p>	2	<p><i>An email will be sent to all managers to remind them that when a member of staff leaves the Council's employment a Leaver Form should be sent to Digital Services to advise that access to the system should be terminated in respect of the departing member of staff at the end of the last day of service.</i></p>	15/11/20	Corporate Head of Human Resources	<p><i>To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.</i></p>	

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<b>Safeguarding/Prevent</b>						
Action be taken to ensure that all staff complete the mandatory Safeguarding training, with training requirements established for refresher training and Member training.	2	<i>This will be taken up with the learning and development officer in HR to look at the take up of the mandatory training and refresher courses.</i>	31/01/21	<i>Learning and Development Officer, Corporate Head of Community Development</i>	<i>To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.</i>	

**KEY:**

**Priority Gradings (1 & 2)**

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

<b>CLEARED</b>	Internal audit work confirms action taken addresses the risk exposure.	<b>ON TARGET</b>	Control issue on which action should be taken at the earliest opportunity.	<b>EXPOSED</b>	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
Good Governance	Squaring the Circle (COVID 19 update after six months)		<b>No Action Required</b> This briefing note has been provided for information only.
CBN -	Risk of Redacted Information being Unredacted		<b>Action Required</b> Organisations should ensure they have provided clear instructions to staff on how to safely and securely redact information, such that the redaction cannot subsequently be removed. Consideration should be given to obtaining an accredited third-party redaction tool for Microsoft Word and Excel.
CBN -	Need for a Social Media and Electronic Communications Policy		<b>Action Required not Urgent</b> Audit Committees and Boards are advised to review their policies, including those relating to GDPR, communications, marketing, disciplinary, code of conduct, and to ensure that they are in line with the recommendations contained within the articles. Consideration should also be given to having a separate Social Media and Electronic Communication Policy.
CBN -	Risks Associated with Cloud Computing		<b>Action Required</b> Audit Committees and Boards/Governing Bodies are advised to seek assurance from their Data Protection Officer and IT on the status of where data is stored and what risk mitigation measures have been employed. Where no due diligence has been performed prior to cloud service use, retrospective assurance should be sought.
CBN -	Data Protection Guidance for Collecting Customer Information		<b>Action Required</b> Organisations should ensure they have appropriate policies and procedures in place to meet their obligations for contact tracing and the protection of customer and visitor details

**Summary of recent Fraud Alerts**

Ref	Subject	Status	TIAA Comments
	None to report		

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

**Synopsis of report:**

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

**Recommendation(s):**

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

**1. Context of report**

- 1.1 Attached at Appendix 'B' is TIAA's Follow Up Report on Recommendations made following completion of the internal audit work. This exception report summarises outstanding recommendations as at 31 October 2020.
- 1.2 Members should note that outstanding recommendations have now been actioned or have been superseded by events and current recommendations have not yet reached their implemented date as stated in the report.

**2. Resource implications**

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

**3. Legal and Equality implications**

- 3.1 None.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports

## Runnymede Borough Council

### Internal Audit Progress Report for Outstanding Recommendations

**2020-21**

**Standards and Audit Committee – 24 November 2020**

November 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 October 2020. Since the previous follow up review was carried out (August 2020), no additional recommendations have reached their target implementation date. A review was carried out in relation to the 17 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	3
Outstanding	13
No Longer Applicable	1
Not Implemented	0

4. For the three recommendations that have been confirmed as implemented, no further action is necessary and specific details have not been included in this report.
5. One recommendation relating to the Depot has been superseded as a further Depot audit is being carried out during Q3 of this financial year, and this has therefore been categorised as No Longer Applicable.
6. In relation to the 13 recommendations classified as Outstanding, these are all recommendations which have not yet reached their revised target implementation date. No further action is necessary at this time and therefore specific details have not been included in this report.

### Scope and Limitations of the Review

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

### Release of Report

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

<b>Date draft report issued:</b>	
<b>Date management responses rec'd:</b>	
<b>Date final report issued:</b>	

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7. **COMPLAINTS AND COMPLIMENTS - QUARTER 2 2020/2021 (Law and Governance, Clare Pinnock)**

**Synopsis of report:**

**To provide Members with a summary of the complaints and compliments received from 1 July – 30 September 2020 (Quarter 2 of the KPI reporting structure), and reporting on any matters that have arisen since the last meeting of this Committee in September 2020.**

**Recommendation(s):**

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

1. **Context of Report**

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

2. **Report**

- 2.1 The Council's Complaints Procedure regards complaints as '***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.***' This is in line with the definition of a complaint that the Ombudsman recommends.
- 2.2 It is the responsibility of Corporate Heads to ensure that complaints are dealt with and compliments recorded in a timely way and that entries on the central registers are accurate and comply with the General Data Protection Act. Service Requests, and seeking information and explanations of Council policy are not generally regarded as complaints. For example, someone recently 'complained' about a bonfire, but we interpreted this as the resident requesting that a recent bonfire was investigated rather than making a complaint, although it still required a response from the appropriate Corporate Head.
- 2.3 There were 35 formal complaints and 43 compliments recorded in Quarter 2 of 2020/2021. The tables below show the number of entries in each register.
- 2.4 **Complaints Quarters 1 and 2, 2020/2021**

The table below sets out the figures for Quarters 1 and 2 for 2020/2021:

<b>Business Centre</b>	<b>Quarter 1</b>	<b>Quarter 2</b>
Commercial Services	0	0
Community Development	1	1
Community Services	0	0
Corporate Services	0	0
Customer, Digital and Collection Services	2	5
Development Management and Building Control	3	5
Economic Development and Planning Policy	0	0
Environmental Services	0	13
Financial Services	0	2
Housing	4	9
Human Resources	0	0
Law and Governance	1	0
<b>Totals</b>	<b>11</b>	<b>35</b>

- 2.5 Of the 35 complaints recorded, three were not Corporate Complaints about the Council. These were regarded as service requests. One was about a private sector landlord and the other concerned a local sports facility which were dealt with by Environmental Health. The third was about the lack of facilities for teenagers in Egham, which was considered by and responded to by the Corporate Head of Community Development.
- 2.6 Seven complaints were upheld or partly so from Quarter 2. These concerned the three complaints referred to in paragraph 2.4 above, Refuse and Recycling (3), and Housing Maintenance, where an apology was issued, but it also concerned a contractor whose actions were the substantive part of the issues raised. Members will note the high volume for Environmental Services which were mostly regarding refuse and recycling and Housing had twice as many complaints this time which were more or less shared equally between Housing Solutions and Housing Maintenance. Those for Housing Solutions confined themselves to disagreeing with our policies and none were upheld.
- 2.7 There are 7 complaints overdue in Quarter 2 and the relevant managers have all been sent a reminder. However, a number of Officers have been unable to update the registers because they are still involved in duties supporting the Covid 19 response now in its 2<sup>nd</sup> wave.

- 2.8 Unfortunately, the number of complaints recorded has jumped back up to where we were pre Covid. Officers consider that as well as the number of complaints, the nature of them has changed. Staff have reported people being more vocal and ‘personal’, escalating issues if they do not have an immediate response or they disagree with what they are being advised. Expectations have become higher which has been exacerbated by the Covid pandemic. It continues to be a difficult time for everyone.
- 2.9 Members have requested some analysis of complaints and how service improvements can be made using the data available. The following has been identified from information provided in the register.
- Dealing with service requests in a timely manner
  - Training in Customer Care
  - Taking a more pro-active approach to chase contractors on service requests
  - Focusing on the impact that an issue has on different individuals

2.10 **Compliments Quarters 1 and 2, 2020/2021**

The table below sets out the figures for Quarters 1 and 2 for 2020/2021:

<b>Business Centre</b>	<b>Quarter 1</b>	<b>Quarter 2</b>
Commercial Services	0	0
Community Development	10	15
Community Services	1	0
Corporate Services	1	2
Customer, Digital and Collection Services	9	2
Development Management and Building Control	0	2
Economic Development and Planning Policy	0	1
Environmental Services	30	18
Financial Services	0	0
Housing	4	2
Human Resources	0	0
Law and Governance	1	1
<b>Totals</b>	<b>56</b>	<b>43</b>

- 2.11 There were 43 compliments received for Quarter 2 2020/2021. Last year, Members requested that we identify staff that receive compliments as a way of recognising their achievements and send them an email to say thank you from the Committee. The details, where staff/particular sections were named, are set out in Exempt Appendix ‘1’.

- 2.12 Members will see that Refuse and Recycling and the Green Space team got a significant number of compliments. These ranged from their attention to detail, carrying out tasks efficiently, plus a number of compliments about the Cemeteries staff and other named individuals in the team which shows a high standard of customer care. We are also still getting compliments from members of the public assisted during the 1<sup>st</sup> wave Covid response.
- 2.13 The breakdown of complaints and compliments in Quarters 1 and 2 of 2020/2021 by Ward is set out below (- denotes complaints and + compliments)

Ward	Quarter 1		Quarter 2	
	-	+	-	+
Addlestone North		1	3	
Addlestone South	1	6	3	5
Chertsey Riverside	1	3	2	6
Chertsey St Ann's	1	7	2	3
Egham Hythe		1	2	1
Egham Town		2	4	2
Englefield Green East		5		2
Englefield Green West	3	1		5
Longcross, Lyne and Chertsey South		1		1
New Haw	3	2	2	1
Ottershaw	1	3	3	
Thorpe		3	2	3
Virginia Water		5	2	1
Woodham and RowTown		2	1	4
Out of Borough		2	2	3
Unrecorded	1	12	7	6
<b>Totals</b>	<b>11</b>	<b>56</b>	<b>35</b>	<b>43</b>

- 2.14 When the guidance to staff completing the registers was updated and reissued towards the end of Quarter 2 this included a reminder that it is very useful to record ward data if applicable. For example, 3 of the 5 compliments in Addlestone South were about the same member of staff in Street Cleansing so it helps management identify staff who are going above and beyond. A number of other complaints and compliments are clearly referring to 'in borough' but the information was not recorded. To assist, the eform has now been updated to specifically ask for the person's address although it has to be said that the customers are not always completing this information, so Officers have to extract this separately.
- 2.15 Members may have noticed that the Ward based information is fairly consistent, but that Egham Town had no complaints in Quarter 1 and then 4 in Quarter 2. They all concerned different things so there was no one single

cause for this. This was also true for the other wards with none in Quarter1 but some this time.

- 2.16 The recording and periodic review of complaints and compliments is a valuable tool for the Council to use to review performance and improve the delivery of services.
- 2.17 Compliments are also a useful performance tool. They highlight when things are working well and can be used to identify good working practices which can be shared across the organisation.

### **3. Policy framework implications**

- 3.1 The Ombudsman recently held a well 'attended' webinar on effective complaint handling to complement their new guidance on this subject. In terms of where monitoring complaints and compliments sits in the organisation, the Ombudsman said that dealing with complaints is at the heart of local government and was an important democratic principle. He also highlighted the role Councillors play in engagement with and studying complaints corporately.
- 3.2 The Ombudsman indicated that the question of whether complaint handling should have some form of statutory underpinning was being discussed and the general feeling of the webinar's attendees considered this could be a positive step, but was likely to have resource implications.
- 3.3 In terms of transparency it was suggested at the webinar that local authorities might wish to publish complaints and compliments data on their website; we do this through these reports but Members might wish to consider whether some form of league table would be a good idea or if resources can be better used issuing more guidance to staff about effective complaint handling and promoting the Ombudsman's Guidance on Remedies.

### **4. Resource implications**

- 4.1 All work on the registers is co-ordinated by an Officer in Law and Governance; under the remit of the Monitoring Officer, as recommended by the Ombudsman and whilst this can be time consuming, it is considered to be an important part of Corporate Governance and one which assists Councillors to have an overview of how the Council is performing.

### **5. Equality implications**

- 5.1 The Council has a duty under the Equality Act 2010 to promote and foster good relations between people who share a protected characteristic and those who do not. We should at all times act in a way that is non-discriminatory through our policies and procedures and interactions with people.
- 5.2 In the last reporting period there were complaints which specifically referred to race (1), age (2), disability (1) and gender (1), being a relevant consideration in terms of the impact on the individual. The complaint relevant to gender was upheld, the others were not.
- 5.3 There were approximately 6 compliments which can be identified as relevant to the protected characteristics of age and disability; these were mainly with

regard to the Covid response and staff making welfare calls or assisting in other ways in the welfare cell. One compliment was also received by the Mayor and shared with all staff for the positive actions of the Council generally over the spring and summer.

**(For information)**

**Background papers**

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

**8. EXCLUSION OF PRESS AND PUBLIC**

**OFFICERS' RECOMMENDATION that -**

**the press and public be excluded from the meeting during discussion of the following report 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 paragraphs 1 and 2 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.**

<b>a)</b>	<b><u>Exempt Items</u></b>	<b>Paras</b>
	<b>EXEMPT APPENDIX 1 TO ITEM 7 COMPLAINTS AND COMPLIMENTS – QUARTER 2, 2020/2021</b>	<b>1 and 2</b>
<b>b)</b>	<b><u>Confidential Items</u></b> (No items to be considered under this heading)	