

# Standards and Audit Committee

**Tuesday 26 January 2021 at 7.30pm**

**This meeting will be held remotely via  
MS Teams with audio access to the public  
via registered (toll free) 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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### **PART II**

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

a) Exempt Items

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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 24 November 2020, as attached at Appendix 'A'.

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 COMMITTEE24 November 2020 at 7.30pm on MS Teams

Members of the Committee Present: J Sohi (Vice-Chairman in the Chair), M Adams, M Cressey, R Edis, L Gillham, M Harnden, M Kusneraitis and J Wilson

Members of the Committee absent: Councillors D Anderson-Bassey and M Nuti (Chairman)

Councillor J Olorenshaw also attended.

**325 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</u>	<u>Appoint instead</u>
Runnymede Independent Residents' Group	Cllr B Clarke	Cllr L Gillham

The Chief Executive had given effect to the change to Committee membership in accordance with section 16(2) of the Local Government and Housing Act 1989.

**326 MINUTES**

The Minutes of the meeting of the Committee held on 22 September 2020 were confirmed as a correct record, which would be signed when the Chairman was physically able to.

**327 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors M Nuti (Chairman) and D Anderson-Bassey.

**328 INTERNAL AUDIT SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT 2020/2021**

The Committee reviewed progress with the annual audit programme for 2020/2021.

TIAA's Audit Director advised that in respect of governance, risk and internal control related issues specifically relating to Covid 19, the Council was currently in the 'Relaxing Lockdown' phase where there was a significant element of retrospective governance and control issues and in terms of risk management it was assessed that the Council was in Business Recovery. However, with continued uncertainty, the need for continuous risk assessments about strategic and operational matters was a prudent exercise to be undertaken.

Since the last meeting of the Committee 3 audits had been completed; these were for Data Protection, the Local Plan follow up audit and Safeguarding/Prevent. There had been no priority 1 recommendations and Members noted the priority 2 recommendations in respect of Data Protection and Safeguarding/Prevent. There were two management comments which the Committee asked TIAA to follow up with the Head of HR and return to the next Committee with a revised statement that gave greater re-assurance of control mechanisms to ensure former staff email addresses were removed from outlook and compliance with undertaking mandatory training. It was suggested that there was the potential for the latter using an existing method that had assisted with training on Data Protection and Information Security.

Officers advised that the section on 'root cause indicators' would be completed and reported to the next scheduled meeting in January 2021.

The Committee noted that from the plan two further reports had been finalised on Payroll and Community Transport and owing to TIAA's relevant Officers being able to devote more time to Runnymede, good progress had been made with other audits to mitigate the impact of Covid 19.

### 329 **INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS**

The Committee noted that extensions to meet revised target deadlines had been agreed about Business Continuity, Freedom of Information, GDPR, Housing Enforcement, ICT (Digital Services), Section 106 and Services Desk. In all there were 13 outstanding recommendations. Although key Officers had been diverted from their normal duties during Covid 19, Officers were instructed to confirm what progress had been made with the DSO Risk Register which was outstanding since 2017 and requested TIAA to report an update on this and any that had passed the December deadline at the next scheduled meeting in January 2021.

Members were advised that recommendations regarding Day Centres had been superseded by new procedures, and those relating to Sheltered Accommodation had been implemented.

### 330 **COMPLAINTS AND COMPLIMENTS – QUARTER 2 2020/2021**

The Committee reviewed statistics and analysis of 35 complaints and 43 compliments for Quarter 2 of 2020/2021 from July to September. These were presented in the detail and format as requested by Members to give them a sound overview of feedback from residents and the wider community in Runnymede.

Officers reported that since the last meeting the Council's complaints procedures had been updated, specifically, by slightly amending the approved definition of a complaint, to emphasise that we aim to address all matters that require a response and that we do consider complaints about all services whether provided by the Council directly or on its behalf.

Members agreed it was disappointing that in terms of complaints the figures were back to pre-covid levels but that this should be balanced firstly against the positive number of compliments and secondly that staff were under significant pressure faced with the Covid response that had diverted them from their normal duties, or in a lot of cases carrying on with the normal duties as well as assisting vulnerable residents. It was agreed that the Communications team would be asked to issue a message to

reassure residents that complaints were being dealt with appropriately and in a timely way throughout the current pandemic with limited resources.

Seven complaints were upheld and the lessons learned from this were the importance of dealing with service requests in a timely manner, the need for some refresher training in customer care, taking a more pro-active approach to chase contractors and focussing on the impact that an issue has on different individuals.

There were seven complaints overdue; all regarding refuse and recycling, but in the current climate, Members appreciated that relevant staff were busy responding to increased pressures and demands.

The Committee was very pleased by the 43 compliments received in quarter 2, noting that 18 were for Environmental Services including refuse and recycling and 15 for Community Development, 13 of which were for individuals in the Cemeteries team. To comply with Data Protection the full details were included in the exempt Appendix to the report.

The Committee asked Officers to consider how individuals might be formally recognised for their achievements, particularly those who had assisted with the Covid response or had been named in the various reports to the Committee. The staff newsletter was mentioned as was a Mayoral event, at a later date, when it was safe to do so or some other form of incentive scheme that Members might wish to be involved in. These ideas would be discussed with the Chief Executive.

The Committee was asked for a steer on future work. It was agreed not to publish league table on the website at this time but to undertake further research and report back to a future meeting of the Committee.

Members noted that a full report on the Council's progress with implementation of the Local Government Ethical Standards Best Practice Recommendations would be submitted to a future meeting of the Committee. Officers confirmed that 2 recommendations had already been implemented as had the obligation to update the Cabinet Office accordingly.

Officers were thanked for their report.

Chairman

(The meeting ended at 8.11 pm)

**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. UPDATE ON EXTERNAL AUDIT AND FEES (BDO, Steve Bladon)**

This will be a verbal presentation by the Council's external auditors.

**6. 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 'B' 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 has been made with the audit plan for 2020/2021 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 support and 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

Standards and Audit Committee 26 January 2021

**2020/21**

January 2021

# Summary Internal Controls Assurance

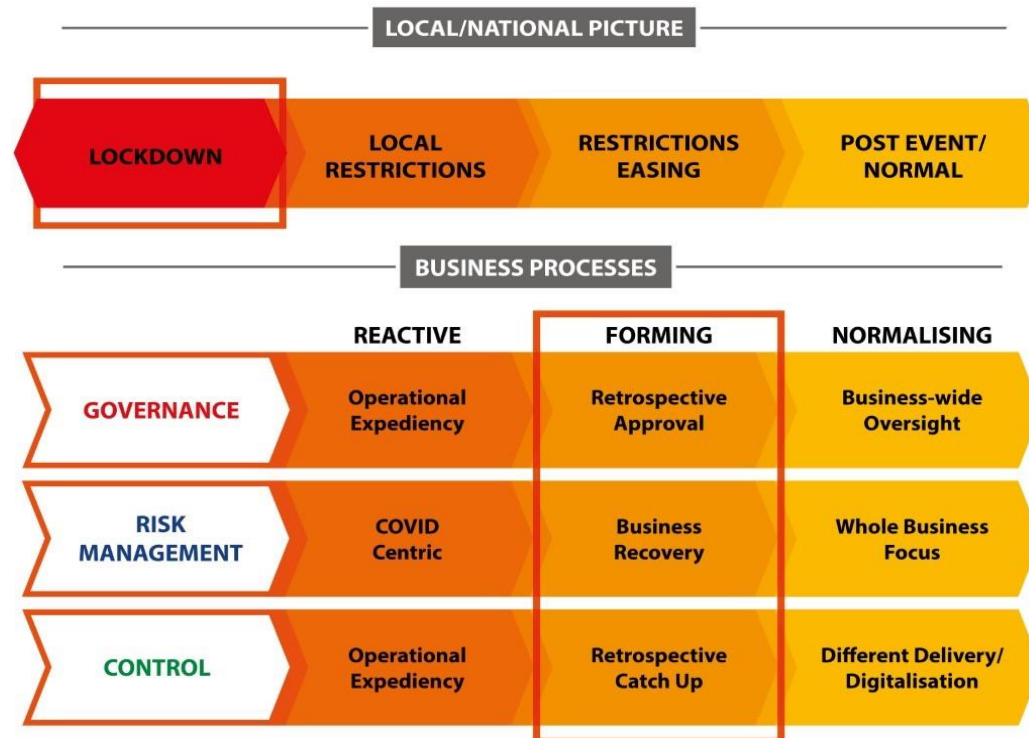
## Introduction

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 4<sup>th</sup> January 2021. 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. It is clear that there has been and will continue to be a number of phases in relation to the move through the pandemic, and that the local and national picture can worsen as well as improve. Each phase has different implications for Governance, Risk and Internal Control arrangements, however, the way in which organisations have transitioned to revised ways of working is not necessarily directly linked to the local or national picture.

The diagrams in the table below signify the assessment of the current local and/or national picture, but also assesses how the organisation has adapted to new ways of working (the 'new normal') at least for the foreseeable future.



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>									
Communications	Reasonable	02/06/20	21/09/20	21/12/20	22/12/20	-	3	-	1
Payroll	Substantial	16/09/20	16/12/20	17/12/20	18/12/20	-	-	2	-
ICT – Network Security	Reasonable	Q4 2019/20	02/12/20	04/12/20	22/12/20	-	3	3	1
Community Transport	Reasonable	14/09/20	10/11/20	11/12/20	14/12/20	-	1	-	-

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		
Communications	22/12/20						
ICT – Network Security	22/12/20						
Community Transport	14/12/20						

### 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 provide more meaningful data once sufficient audits have been finalised.**

*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			41%		→	
Risk Mitigation			-		→	
Control Compliance			53%		→	
<b>Delivery</b>						
Performance Monitoring			6%		→	
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 fieldwork is now well advanced for the 2020/21 year with many audits either at draft or finalised and others 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.

### **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 not issued any further briefing notes or fraud digests since the last SICA report.
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**

14. 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
Communications	Reasonable
Payroll	Substantial
ICT – Network Security	Reasonable
Community Transport	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 Q4 2020.
Business Continuity	Q4	Scheduled start date 1 March 2021	
Data Protection - (Information Governance)	Q2	Final report issued 30 October 2020	
Commercial Rents	Q2	Draft report issued 12 <sup>th</sup> January 2021	
Human Resources – Absence Management		Audit cancelled to be undertaken in 2021/22	
Communications	Q1	Final report issued 21 December 2020	
Procurement	Q4		Audit now planned for Quarter 4
Project Management Toolkit	Q4		Audit now planned for Quarter 4
<b>Key Revenues Controls</b>	Q3		
Benefits and Council Tax Support	As above	Fieldwork in progress	
Non-Domestic Rates (NDR)	As above	Fieldwork in progress	
Council Tax	As above	Fieldwork in progress	
<b>Key Financial Controls</b>	Q3		
Accounts Payable (Creditors)	As above	Fieldwork in progress	
Accounts Receivable (Debtors)	As above	Fieldwork in progress	
Treasury Management	As above	Fieldwork in progress	
Income – Cash and Bank	Q4	Scheduled start date 25 January 2021.	

System	Planned Quarter	Current Status	Comments
Main Accounting (General Ledger)	Q4	Scheduled start date 16 February 2021.	
Payroll	Q3	Final report issued 18 December 2020	
Budgetary Control	Q3	Draft report issued 17 December 2020	
ICT – Active Directory	Q2/3	Draft report issued 4 December 2020	
ICT – Network Security	Q2/3	Final report issued 22 December 2020	
Depot – to include Commercial (Trade) Waste from 2017/18	Q2/3	Fieldwork in progress	Delays have been experienced due to operational priorities at the Depot
Planning Enforcement		Audit cancelled only recently audited	
Local Plan audit (Follow up)	Q1	Final report issued 30 October 2020	
Housing Rents	Q4	Scheduled start date 11 January 2021	
Housing Health and Safety	Q1	Draft report issued 17 December 2020	
Housing Repair and Maintenance	Q1	Draft report issued 21 December 2020	
Community Transport	Q3	Final report issued 14 December 2020	
Safeguarding/Prevent	Q1	Final report issued 1 October 2020	Audit being carried out in Q2 due to Covid-19 disruption.
Follow up of recommendations	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
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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
<b>Communications</b>						
Internal Communications Strategy be reviewed to include greater clarity over the specific time period for the strategy, roles and responsibilities within the Council, and a detailed action plan.	2	<p><i>The existing draft strategy will be reviewed between January 2021 and March 2021 with a view to being approved by the relevant council committee in April 2021.</i></p> <p><i>As explained to the auditor at the start of the process, no previous strategy had existed at the Council. The strategy submitted as part of the audit process was a first draft provided to demonstrate its existence. It had not yet been reviewed by appropriate staff within the Council, or elected members.</i></p>	April 2021	Communications Manager	<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
<p>Corporate guidance be developed as to minimum expectations or good practice in terms of both vertical and horizontal communications</p>	2	<p><i>Guidance will be developed taking into account local conditions in Runnymede. It is generally felt that staff members who have reached the level of a manager or senior manager would have developed communication skills throughout their career and understand how best to communicate with their teams and individual colleagues, hence the light touch approach, as each service area has its own norms.</i></p> <p><i>Performance management training for managers and senior managers provided by HR in 2019 implicitly covered some of these types of topics, although it was not intended as communications training.</i></p> <p><i>The level of resource available within the Communications team to support internal communication also needs to be taken into account when deciding how formalised an approach to take.</i></p> <p><i>That said, baselining and minimum expectations and advice on topics and approaches will be helpful to give a general steer.</i></p>	March 2021	Communications Manager, Corporate Head of HR.	<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>Intranet format and content be reviewed to ensure this is user friendly and informative</p>	2	<p><i>The content of the current Staff Pages is considerably better than its predecessor from mid-2019 and earlier and a large volume of new material has been added.</i></p>	<p><i>Launch of new intranet likely in July 2021</i></p>	<p><i>Communications Manager, Managers in all service areas.</i></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>	

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p><i>It is acknowledged that this was a work in progress at the time of the audit.</i></p> <p><i>As part of the move to a new website provider, a new intranet will be developed from scratch. As such it is not proposed to make further substantial additions to the current version. Resources can be better used developing the new site for the longer term.</i></p> <p><i>Development of the new intranet will require input from a number of service areas who will need to provide specialist material. Therefore its growth will depend on the availability of colleagues in all areas to contribute to the site.</i></p> <p><i>In mitigation:</i></p> <p><i>Coronavirus led to the Communications Team's priorities changing substantially towards external communication. Had this not occurred, more work would have been carried out to develop the existing intranet.</i></p> <p><i>The team officer responsible for internal communication was given responsibility for a significant project to benefit the entire council (new website) which required a five-day a week commitment for six months.</i></p> <p><i>This member of staff has subsequently resigned from the Council.</i></p> <p><i>In order for Staff Pages to achieve its potential, a number of other service</i></p>				

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p>areas (e.g. Payroll, HR) will need to become involved. While work was carried out with HR during late 2019-early 2020, staffing pressures in that area meant that the project could not be completed.</p> <p>Maintenance of various areas of Staff Pages is the responsibility of individual service areas, this has not always been carried out to the extent it ideally would be.</p> <p>Comments on specific points:</p> <ul style="list-style-type: none"> <li>• The intranet is confusing with a mix of new and old elements;</li> </ul> <p>Accepted – this is due to the improvements being a work in progress at the time of the audit. This work was paused due to changing priorities in the team as a result of Coronavirus.</p> <ul style="list-style-type: none"> <li>• A lack of signposting;</li> </ul> <p>Thirty-nine different topics or services are sign posted on the Staff pages homepage.</p> <ul style="list-style-type: none"> <li>• A lack of information linking to corporate priorities;</li> </ul> <p>This information is already on the Council’s public website but has now been added to the Staff Pages homepage.</p> <ul style="list-style-type: none"> <li>• A lack of details on organisational structure;</li> </ul> <p>A prominent blue web button at the top of Staff Pages titled Staff and Political</p>				

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p><i>Leadership links straight to a breakdown of SLT and CLT, together with an organisational chart for the Council staff and details of the political leadership of the Council. The organisational chart is updated every three months.</i></p> <ul style="list-style-type: none"> <li><i>A lack of information relating to key topics from the top, for example unitary developments.</i></li> </ul> <p><i>Partially accepted: Some topics are featured on Staff Pages, however, the speed at which the unitary status debate rose and fell, and the lack of actual detail which was available, made it difficult to post information which was not quickly out of date. The decision was taken to communicate on this issue via email and MSTEams briefings.</i></p> <p><i>Information directly relevant to staff about Coronavirus and the Getting Fit for the Future programme for example are both featured.</i></p> <ul style="list-style-type: none"> <li><i>There is no promotion of wider topics which may be of benefit to staff (for example Mental Health Awareness week).</i></li> </ul> <p><i>Accepted. This is primarily because Staff Pages focusses on services or information colleagues require as an employee. The monthly staff news</i></p>				

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
		<p><i>emails carry wider information when appropriate.</i></p> <p><i>As part of the development of the new intranet a wider range of information could be included, however this would be down to relevant departments to include, in this instance the Health and Safety Officer would be most appropriate.</i></p>				
<b>ICT - Network Security</b>						
ICT management to resolve or mitigate the outstanding issues raised as part of the IT Health Check report and submit the PSN Code of Connection documentation by March 2021.	2	<i>Work to mitigate the outstanding issues is in progress. Outstanding and resolved issues are logged and can be reported upon. We are committed to gaining COCO compliance by March 2021. We have also committed to achieving Cyber Security Plus by January 2021.</i>	<i>March 2021</i>	<i>Infrastructure and security manager</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>	
ICT management to introduce a regular review of firewall rulesets and ensure this is performed on an at least annual basis.	2	<i>We completed a Firewall review in January 2020, removing 45 rules. Implemented firewalls on all server's in November 2020. We commit to reviewing firewalls rules every 6 months. January and June.</i>	<i>January/June per annum</i>	<i>Infrastructure and security manager</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>	



Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Management to ensure the replacement of end of life switches and infrastructure.	2	<i>This project was initiated in 2019. The design work, multiple quotes and implementation plan have been completed. We are waiting for purchasing and member approval.</i>	April 2021	Infrastructure and security manager Digital Transformation Manager Corporate Head of Customer, Digital & Collection Services	<i>To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.</i>	
<b>Community Transport</b>						
Management to review the training requirements to ensure that training is up to date for all staff and update the training matrix to include when further or refresher training should occur.	2	<i>Andy Pickering (Transport Manager) to review Training matrix and ensure all training and refresher courses are documented and followed up. A departmental review of core training is to be undertaken that will include development of a training matrix and recording.</i>  <i>MiDAS Training to be booked for early 2021 and other training to be booked and recorded on the training Matrix.</i>	31/01/21	Transport Manager	<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
None to report since last Standards and Audit Committee 24 November 2020			

### Summary of recent Fraud Alerts

Ref	Subject	Status	TIAA Comments
None to report			

**7. 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 'C' 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 December 2020.

**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

January 2021

## Executive Summary

### Introduction

1. This summary report provides the Standards and Audit Committee with an update on the progress in implementing the priority 1, 2 and 3 recommendations arising in previous internal audit reports.
2. This follow up review was carried out in December 2020 and January 2021. Since the previous follow up review was carried out (October 2020), nine recommendations have reached their target implementation date.

### 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	6
No Longer Applicable	0
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. For the remaining six recommendations classified as Outstanding, in all cases revised implementation dates have been set. 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.
6. In addition, there are a further nine recommendations where the target dates have previously been revised. These revised target dates have not yet been reached and therefore no specific follow up action has been taken at this time, however a summary is below:
  - Depot: One recommendation with a revised implementation date of April 2021. A further, full audit of the Depot has commenced during Quarter 3 of this year, therefore this will be considered and reported on as part of the new review.
  - ICT Service Desk: Two recommendations with revised implementation dates of March 2021.
  - ICT Change Management: Three recommendations with revised implementation dates of March 2021.
  - ICT Mobile Device Management: Three recommendations with revised implementation dates of March 2021.

### Scope and Limitations of the Review

7. The review considered the progress made in implementing the recommendations made in the previous internal audit reports and established 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>	7 January 2021
<b>Date final report issued:</b>	13 <sup>th</sup> January 2021

## Detailed Findings

### Follow Up

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

<b>Audit title</b>	<b>Business Continuity</b>	<b>Audit year</b>	2018/19	<b>Priority</b>	3
<b>Recommendation</b>	A Business Continuity exercise be scheduled at the earliest opportunity in accordance with the timeframes set out in the Corporate Business Continuity Policy.				
<b>Initial management response</b>	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.				
<b>Responsible Officer/s</b>	Head of Business Development and Performance Management	<b>Original implementation date</b>	31/03/20 (subsequently revised to 31/12/20)	<b>Revised implementation date</b>	31/03/21
<b>Latest Update</b>	<p>During the previous follow up review 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 had agreed it should be completed by the end of December.</p> <p>During this follow up review, it was confirmed that due to the further lockdowns being put in place, an extension of this timeframe to March 2021 has been agreed. A further, full internal audit review of Business Continuity is planned for March 2021 as part of the 20/21 annual plan, therefore this item will be considered in more detail during that review.</p>				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

13. Data Protection

<b>Audit title</b>	<b>Data Protection</b>	<b>Audit year</b>	2020/21	<b>Priority</b>	2
<b>Recommendation</b>	All line managers be reminded of the importance of completing leaver forms in a timely manner to prevent unauthorised access to Council data.				
<b>Initial management response</b>	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.				
<b>Responsible Officer/s</b>	Corporate Head of Human Resources	<b>Original implementation date</b>	15/11/20	<b>Revised implementation date</b>	28/02/21
<b>Latest Update</b>	In order to enhance the controls around leavers, HR have worked with the ICT team to develop a new electronic workflow form which covers two previously separate processes (the ICT Leavers process and the employment termination process). The form has already been developed and tested and it is anticipated that this will be rolled out in the next few weeks.				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

<b>Audit title</b>	<b>Data Protection</b>	<b>Audit year</b>	2020/21	<b>Priority</b>	2
<b>Recommendation</b>	Privacy statements be reviewed to ensure that individuals are provided with all relevant privacy information at the time their personal data is collected.				
<b>Initial management response</b>	<p>Privacy Notices are currently being changed from PDFs to webpages on the website for easy access and use.</p> <p>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.</p> <p>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.</p>				
<b>Responsible Officer/s</b>	Data Protection Officer / Web editors	<b>Original implementation date</b>	31/12/20	<b>Revised implementation date</b>	01/06/21
<b>Latest Update</b>	<p>It was confirmed by the Data Protection Officer that Privacy Notices have now been changed to webpages for ease of use, therefore this aspect of the recommendation has been implemented.</p> <p>With respect to updating webforms, it was advised that this project is still in progress, which is in part due to the Covid-19 response and also due to plans to migrate to a new website in June 2021. It is therefore anticipated that this part of the recommendation will be implemented as part of the launch of the new website and a revised implementation date has been set accordingly.</p>				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	



<b>Audit title</b>	<b>Data Protection</b>	<b>Audit year</b>	2020/21	<b>Priority</b>	3
<b>Recommendation</b>	Website guidance be reviewed to ensure that information is provided as to how individuals should contact the Council in relation to all types of data subject requests.				
<b>Initial management response</b>	The Privacy notices are currently being updated by the DPO to include the procedure for making requests to engage other data rights. Information on how to do this will also be included on the main Privacy Statement page.				
<b>Responsible Officer/s</b>	Data Protection Officer	<b>Original implementation date</b>	31/12/20	<b>Revised implementation date</b>	01/06/21
<b>Latest Update</b>	It was confirmed by the Data Protection Officer that a new Privacy Statement page has been drafted. As with the above recommendation, this will form part of the new website to be launched in June 2021, therefore a revised target date has been set for this recommendation to be fully implemented.				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

14. GDPR Preparedness

<b>Audit title</b>	<b>GDPR Preparedness</b>	<b>Audit year</b>	2017/18	<b>Priority</b>	3
<b>Recommendation</b>	A review of all contracts and agreements with third parties be undertaken to ensure all content is GDPR compliant.				
<b>Initial management response</b>	Meeting on 26/09/18. With CHL&G and Legal Services Mgr to discuss.				
<b>Responsible Officer/s</b>	Corporate Head of Law and Governance	<b>Original implementation date</b>	28/02/19 (revised to 31/03/20 and 31/10/20)	<b>Revised implementation date</b>	31/07/21
<b>Latest Update</b>	<p>During the previous 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> <p>During this follow up review, it was advised that due to the impact of the Covid lockdowns, staff having to follow Government guidance to work from home and dealing with the financial impact of Covid-19, it has not been possible to progress this work. No Data Protection issues have arisen from any contracts the Council has entered into so comfort can be taken from that fact. Given the potential for an extended impact from Covid-19 it was advised that the completion of this task will have to be deferred until July 2021. It is hoped that by that date the impact of Covid-19 would have reduced and resources can be diverted to completing this task.</p>				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

15. Housing Enforcement

<b>Audit title</b>	<b>Housing Enforcement</b>	<b>Audit year</b>	2019/20	<b>Priority</b>	2
<b>Recommendation</b>	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.				
<b>Initial management response</b>	<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>				
<b>Responsible Officer/s</b>	Head of Housing	<b>Original implementation date</b>	31/03/20 (revised to 30/11/20)	<b>Revised implementation date</b>	28/02/21
<b>Latest Update</b>	<p>During this follow up review it was confirmed that the Statement of Procedures for ASB has been finished, having been reviewed twice by specialist organisation Resolve. Having finished the Statement of Procedures, the Policy has now been to Resolve with comments and has also been shared with the policy section for review. Once this is complete both documents will go out to Counsel for final review, following which there is a 28 day period of consultation with tenants. The expected timeline is:</p> <ul style="list-style-type: none"> <li>-Policy resolved internally by 23<sup>rd</sup> December.</li> <li>-Out to Counsel 4th to 8th January.</li> <li>-Consultation 11th Jan to 7th Feb.</li> </ul>				
<b>Status</b>	<b>Outstanding</b>			A revised target date has been set.	

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8. **AUDIT STRATEGY AND ANNUAL PLAN 2021/2022 (TIAA, Chris Harris)**

**Synopsis of report:**

**To inform Members on the Audit Strategy and Annual Plan of audit work for 2021/2022**

**Recommendation(s):**

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

1. **Context of report**

1.1 Attached at Appendix 'D' is the Audit Strategy and Annual Plan Report for 2021/2022.

2. **Report**

2.1 The Annual Plan for 2021/2022 is established by adopting this year from the 2020/2021 Audit Strategy and updating for any known risks/issues that may have subsequently arisen. In addition, time is provided in the plan for any limited audits that may have arisen during 2020/2021 or audits when a detailed follow up would be of value.

3. **Resource implications**

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

4. **Legal and Equality implications**

4.1 None.

**(For information)**

**Background papers**

Relevant Internal Audit working files and reports



## Runnymede Borough Council

### Audit Strategy and Annual Internal Audit Plan

2021/22

January 2021

## Overview

### Introduction

The Audit Plan for 2021/22 has been informed by a risk assessment carried out across our local government clients and by an updated audit risk assessment to ensure that planned coverage for the year is focussed on the key audit risks, and that the coverage will enable a robust annual Head of Internal Audit Opinion to be provided.

### Key Emerging Themes

This year will continue to be another challenging year for local authorities in terms of funding, balancing budgets, service delivery and dealing with the ongoing impact of the COVID-19 pandemic. We have identified a number of key areas which require consideration when planning internal audit coverage.

**“Multi-channel” resident engagement:** Partly as a result of COVID-19 but also as process changes through improved technology, councils will need to embrace cutting edge technology. Adopting a multi-channel approach to resident engagement will enable council services to be more readily available, more accessible and more transparent.

**Commercialisation:** Councils are being driven towards being more self-sufficient and cost effective, with pressure to close funding gaps and rebalance budgets. Councils will already be operating in different financial and more commercial environments. The pandemic is likely to have brought significant unforeseen risks to these investments and their underlying assumptions.

**Cyber Security:** As more services move on-line, risks and vulnerabilities are likely to increase. Cyber security is as much about awareness and behaviours as it is about network security. Resilience needs to be regularly and stringently stress tested across the organisation to ensure it is operating effectively.

**Council mergers:** Reorganisation is very much back on the table with central government inviting submissions for locally-led proposals for unitary government. The merger process itself and the cost of any redundancies is likely to add to short-term financial pressures. Mergers don't just involve the transfer of assets but also liabilities and risks; there needs to be certainty that the outcome will lead to better public services and the identified efficiencies.

Further analysis of the risks facing the sector can be found at Appendix A.

### Providing Assurance during the COVID-19 pandemic

We have successfully transitioned to new and remote ways of working without any diminution of the service and we recognise that many if not all of our clients have had to implement changes in the way that they work. This may have resulted in gaps in control or exposures that previously didn't exist.

We have carried out extensive research to establish the Root Cause Indicators (RCI) which underpin the reasons for any weaknesses identified by our Internal Audit work in an organisation's governance, risk and control framework.

The RCIs include identifying the extent to which COVID-related factors are the cause of the identified exposure.

Further details in relation to RCIs can be found at Appendix B.

### Adequacy of the planned audit coverage

The reviews identified in the audit plan for 2021/22 support the Head of Internal Audit's annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control as required by TIAA's charter. The reviews have been identified from your assurance framework, risk registers and key emerging themes.

# Internal Audit Plan

## Audit Strategy Methodology

We adopt a proprietary risk-based approach to determining your audit needs each year which includes reviewing your risk register and risk management framework, the regulatory framework, external audit recommendations and previous internal audit work for the organisation, together with key corporate documentation such as your business and corporate plan, standing orders, and financial regulations. For 2021/22, we have conducted an analysis of the key risks facing the sector and client base more broadly to inform our annual planning. The Audit Strategy is based predominantly on our understanding of the inherent risks facing Runnymede BC and those within the sector and has been developed with senior management and Committee. Our approach is based on the International Standards for the Professional Practice of Internal Auditing which have been developed by the Global IIA (Institute of Internal Auditors).

## Risk Prioritisation

Each year an updated risk assessment is carried out to ensure the Audit Strategy remains fully aligned with the key risks facing Runnymede BC. Appendix A contains the GUARD assessment of key risks in the sector and which has been used to identify those that are most relevant to the organisation and where internal audit assurance would be best focussed. Links to specific strategic risks are also contained in the Internal Audit Strategy.

## Internal Audit Strategy and Plan

Following the risk prioritisation review, the Audit Strategy has been produced (Appendix C) and the Annual Plan (Appendix D) sets out the reviews that will be carried out, the planned times and the high-level scopes for each of these reviews.

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

The overall agreed time for the delivery of the Annual Plan includes: research; preparation and issue of terms of reference; site work; production and review of working papers; and reporting.

The Annual Plan has been prepared on the assumption that the expected controls will be in place.

The total number of days required to deliver the Audit Plan is as agreed in the contract between TIAA and Runnymede BC. This number of days is fixed and it is TIAA’s responsibility to deliver the Audit Plan for this number of days. Where Runnymede BC agrees additional work the required number of days and the aggregate day rate will be agreed in advance with the Assistant Chief Executive and will be clearly set out in the terms of reference for the additional review(s).

## Release of Report

The table below sets out the history of this plan.

<b>Date plan issued:</b>	16 <sup>th</sup> December 2020
<b>Date final plan issued:</b>	13 <sup>th</sup> January 2021

Appendix A: GUARD Risk Analysis





## Appendix B: Providing Assurance

### Corporate Assurance Risks

We consider two corporate assurance risks – Directed and Delivery. Underneath these corporate risks sit six Root Cause Indicators (RCI). We have carried out extensive research to establish the RCI which underpin the reasons for any weaknesses identified by our Internal Audit work in an organisation’s governance, risk and control framework. The benefits of adopting this new approach is that it enables management and Audit Committees to clearly understand and focus on the significant issues arising from our work. For each audit assignment, we will provide a RCI for each of our findings in that area.



**Directed Risk: Failure to properly direct the service to ensure compliance with the requirements of the organisation.**

Root Cause Indicator	<b>Governance Framework</b>	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.
	<b>Risk Mitigation</b>	The documented process aligns with the mitigating arrangements set out in the corporate risk register.
	<b>Compliance</b>	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.



**Delivery Risk: Failure to deliver the service in an effective manner which meets the requirements of the organisation.**

Root Cause Indicator	<b>Performance Monitoring</b>	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.
	<b>Financial Constraint</b>	The process operates within the agreed financial budget for the year.
	<b>Resilience</b>	Good practice to respond to business interruption events and to enhance economic, effective and efficient delivery is adopted.

## Appendix C: Rolling Strategic Plan

Review Area	Risk Ref	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Corporate Services and/or Council Wide Audit</b>						
Risk Management		6		6		6
Commercial Property			8	8	8	8
Business Continuity			6		6	
Data Quality (include security of data)		6		6		6
Commercial Rents		6	11	6	6	6
Human Resources – Absence Management				6	6	
Human Resources – Recruitment					6	
Communications			8	6		8
Procurement/Contracts			8		6	
Project Management Toolkit			6			
<b>Sub Total</b>		<b>18</b>	<b>47</b>	<b>38</b>	<b>38</b>	<b>34</b>
<b>Financial and Resources Audit</b>						
<b>Key Revenues Controls</b>			20	20	20	20
Benefits and Council Tax Support		10				
Non-Domestic Rates (NDR)		8				
Council Tax		8				
<b>Key Financial Controls</b>			12	12	12	12
Accounts Payable (Creditors)		6				
Accounts Receivable (Debtors)		6				
Income – Cash and Bank		6	6		6	

Review Area	Risk Ref	2019/20	2020/21	2021/22	2022/23	2023/24
Main Accounting (General Ledger)		6	6	6	6	6
Payroll		8	8	8	8	8
Budgetary Control			6		6	
Capital Accounting and Asset Management		6			6	
Treasury Management		6		6		6
Insurances (include staff owned vehicles on Council business)					6	
Customer Services				6		
<b>Sub Total</b>		<b>70</b>	<b>58</b>	<b>58</b>	<b>70</b>	<b>52</b>
<b>ICT Audit</b>						
ICT - Service Desk					8	
ICT - Change Management and control						
ICT – Strategy (include Policy and procedures)						
ICT – Document Management System						
ICT – Active Directory			8			
ICT – Virtual / Cloud based approach to DR					8	
ICT – Network Security			8			
ICT - Operations						
ICT – Disaster Recovery						
ICT – Cyber Security						
ICT – Contracts Management				8		
ICT – Mobile Device Security and Management						
ICT - Software asset management				8		
ICT – Contingency days						16

Review Area	Risk Ref	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Sub Total</b>		<b>0</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>
<b>Operational Audit - Law and Governance</b>						
Governance – Gifts and Hospitality					6	
Governance – Corporate (Constitution, Members/transparency and openness/Reporting)		6			6	
Freedom of Information		6		6		6
Data Protection - (Information Governance)			6		6	
<b>Sub Total</b>		<b>12</b>	<b>6</b>	<b>6</b>	<b>18</b>	<b>6</b>
<b>Operational Audit - Planning and Environment</b>						
Depot – to include Commercial (Trade) Waste from 2017/18			11	4	6	
Building Services					6	
Car Parking		6			6	
Development and Building Control						6
Licensing						6
Runnymede Travel Initiative				6		
Planning Enforcement		6		6		6
Local Plan audit (Follow up)		13	3			
<b>Sub Total</b>		<b>25</b>	<b>14</b>	<b>16</b>	<b>18</b>	<b>18</b>
<b>Operational Audit-Housing and Community Development</b>						
Housing Rents		6	6	6	6	6
Housing Allocations and Homelessness		6			6	
Housing Health and Safety			10	4		8
Housing Repair and Maintenance		6	12	4		10

Review Area	Risk Ref	2019/20	2020/21	2021/22	2022/23	2023/24
Housing Enforcement				6		6
Leisure Contract					6	
Community Transport			6			
Community Safety						6
Community Grants					6	
Safeguarding/Prevent			6			6
Day Centres					6	
Sheltered Centres/Accommodation				6		
Housing Section 106		8		6		6
<b>Sub Total</b>		<b>26</b>	<b>40</b>	<b>32</b>	<b>30</b>	<b>48</b>
<b>Other</b>						
Follow up of recommendations		15	12	12	12	12
Annual Report – Fixed fee						
Audit Management - to include annual plan, client liaison, Committee preparation and attendance, external audit. – Fixed fee						
Contingency						
<b>Sub Total</b>		<b>15</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>
<b>Grand Total</b>		<b>166</b>	<b>193</b>	<b>178</b>	<b>202</b>	<b>186</b>

## Appendix D: Annual Plan – 2021/22

Quarter	Review	Type	Days	Risk, Rationale and Scope
1	Risk Management	Assurance	6	<p><u>Risk:</u> Failure to manage risks is a fundamental weakness and leads to inefficient and ineffective working practices.</p> <p><u>Rationale:</u> Risk Management is an important part of the running of the Council and if satisfactorily embedded within the operational processes will assist decision making and optimise the efficiency and effectiveness of service provision.</p> <p><u>Scope:</u> A review that will test the appropriateness and effectiveness of the risk management arrangements at the Council. The review will include assessing the effectiveness of the controls that mitigate the risk for a number of the key operational risks identified. In addition, we will challenge the risk management process and how managers/risk owners use risk management for everyday decision making.</p>
3	Commercial Property	Assurance	8	<p><u>Risk:</u> Failure to maintain tenancies and to generate the projected return on investment will have significant financial consequences for the Council.</p> <p><u>Rationale:</u> The Council have embarked on a regular investment and development programme of work throughout Runnymede. This presents a high risk for the Council in that significant sums are now to be borrowed, major contracts are to be tendered and properties either sold, rented out or leased to tenants following development.</p> <p><u>Scope:</u> The scope will include:</p> <ul style="list-style-type: none"> <li>• Reviewing Policy and Procedures</li> <li>• Reviewing the governance and reporting arrangements.</li> <li>• Reviewing decisions taken – to include Committee papers</li> <li>• Reviewing Separation of Duties/Conflicts of Interest for Directors of the RBC companies.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
1	Data Quality	Assurance	6	<p><u>Risk:</u></p> <p>Data Quality is a key aspect of Information Governance. Poor data quality poses a number of risks, including:</p> <ul style="list-style-type: none"> <li>• Negative consequences, financial and other, as a result of submitting inaccurate or misleading data in statutory or regulatory returns;</li> <li>• Misleading external and internal impressions of organisational performance;</li> <li>• Reputational damage as more information is made available under the government’s transparency agenda; and</li> <li>• Inappropriate decision-making and inefficient service provision.</li> </ul> <p><u>Rationale:</u></p> <p>Data Quality is a fundamental requirement for all public sector bodies and a periodic audit will examine the adequacy and appropriateness of data held by the Council.</p> <p><u>Scope:</u></p> <p>This review focuses on the adequacy and effectiveness of the arrangements in place at the Council for ensuring that data collected is fit for purpose. The audit will focus on the following areas:</p> <ul style="list-style-type: none"> <li>• Follow up of recommendations made in previous Data Quality and Performance Indicators reports;</li> <li>• Policies and procedures are in place to govern the management of systems and ensure that data collected is fit for purpose, including the collection of performance data;</li> <li>• Responsibilities for data quality are clearly defined, with appropriate training in place; and</li> <li>• Data is captured in accordance with relevant data quality requirements (e.g. accurate, valid, reliable, timely, complete, and relevant), with appropriate verification controls in place. To include a review of (i) a sample of performance indicators and statutory returns to ensure these are delivering accurate, timely and accessible information, with appropriate management review, and (ii) a sample of published material to confirm the accuracy of the data included.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
3	Commercial Rents	Assurance	6	<p><u>Risk:</u> Failure to maintain tenancies and to generate the projected return on investment will have significant financial consequences for the Council.</p> <p><u>Rationale:</u> Commercial Rents are becoming a major income stream for the Council and an annual audit is required to provide assurance that all rents are collected in accordance with the rental/lease agreement</p> <p><u>Scope:</u> The review will consider the following key areas:</p> <ul style="list-style-type: none"> <li>• How the rental arrangements with Sainsbury’s at the Egham site are being managed following previous failure to apply a rent rise.</li> <li>• The current portfolio of commercially rented properties and how these are managed/verified are accurate within the Concerto system.</li> <li>• To establish and confirm that all commercial rents are appropriately recorded with trigger dates for rent reviews are in place.</li> <li>• To establish that the database of commercial properties is accurate and up to date.</li> <li>• To sample test a number of commercial properties to confirm that rents are paid in accordance with their agreement.</li> </ul>
2	Human Resources – Absence Management	Assurance	6	<p><u>Risk:</u> Staff absence impacts on service delivery and staff morale and should be monitored and managed</p> <p><u>Rationale:</u> This is a periodic audit to assess the council’s resilience and control of absence</p> <p><u>Scope:</u> The review will examine the Council’s recording, monitoring and management of staff sickness absence. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Appropriate procedures are in place, which are readily accessible to all relevant staff;</li> <li>• Roles and responsibilities for managing absence are clearly defined;</li> <li>• Appropriate training has been carried out for line managers to ensure compliance with procedures;</li> <li>• Adequate records are maintained for all staff absences;</li> <li>• Appropriate monitoring/follow-up action is taken by HR and/or line managers; and</li> <li>• Appropriate management reporting is in place for staff absence.</li> </ul>



Quarter	Review	Type	Days	Risk, Rationale and Scope
2	Communications	Assurance	6	<p><u>Risk:</u> Poor communications will lead to misunderstanding and failure to deliver services on time and within budget</p> <p><u>Rationale:</u> An Audit undertaken in 2020/21 identified a number of initiatives regarding Communications as work in progress. A follow up audit is required to review the outcome of those initiatives.</p> <p><u>Scope:</u> The audit will review the findings of the 2020/21 audit and examine and test the arrangements for Communication that should be in place for 2021/22 onwards.</p>

Quarter	Review	Type	Days	Risk, Rationale and Scope
3	Key Revenues Controls	Assurance	20	<p><u>Risk:</u> Failure to operate the key revenue streams in a satisfactory manner will lead to a loss of income.</p> <p><u>Rationale:</u> This is a key audit risk area. The full audits for the Revenues systems will be undertaken on a systematic basis, however, to provide assurance that the key revenue systems are adequately controlled an annual audit will be undertaken selecting a number of key revenue systems</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the following key revenue systems.</p> <ul style="list-style-type: none"> <li>• Council Tax;</li> <li>• Non- Domestic Rates;</li> <li>• Benefits; and</li> <li>• Council Tax Support.</li> </ul> <p>The audit will include the following key areas applying appropriate sample sizes to the testing:</p> <ul style="list-style-type: none"> <li>• There are up to date documented procedures;</li> <li>• System access is adequately controlled;</li> <li>• The correct charges/benefits have been applied;</li> <li>• Regular reconciliations are carried out with Valuation Office listings;</li> <li>• Discounts and exemptions are approved by authorised staff and supported by documentary evidence;</li> <li>• Refunds are appropriately approved and authorised prior to payment;</li> <li>• Arrears are promptly identified and pursued and any write offs are valid and authorised;</li> <li>• Suspense accounts are regularly cleared and any exception reports are regularly reviewed;</li> <li>• Benefits overpayments and Revenues arrears are promptly identified;</li> <li>• Systems are adequately monitored and reconciled: and</li> <li>• Annual parameter updates are accurately input and subject to independent review.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
3	Key Financial Systems Controls	Assurance	12	<p><u>Risk:</u> Failure to manage the key financial systems for the council will lead to a loss of income and reputational damage.</p> <p><u>Rationale:</u> This is a key audit risk area. The full audits for the financial systems will be undertaken on a systematic basis, however, to provide assurance that the key financial systems are adequately controlled an annual audit will be undertaken selecting a number of key financial systems.</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the following key financial systems.</p> <ul style="list-style-type: none"> <li>• Accounts Receivable;</li> <li>• Accounts Payable.</li> </ul> <p>The audit will include the following key areas applying appropriate sample sizes to the testing:</p> <ul style="list-style-type: none"> <li>• Recommendations from the previous audit report have been implemented;</li> <li>• Adequate policies and procedures are in place and accessible to all relevant staff;</li> <li>• System access is restricted to authorised personnel only;</li> <li>• New supplier set up/amendments to supplier details are subject to satisfactory segregation of duties;</li> <li>• Payments are supported by proper documentation, properly authorised, correctly coded, and subject to satisfactory segregation of duties;</li> <li>• Invoices and credit notes are raised following appropriate authorisation, and are actioned promptly and accurately;</li> <li>• Regular reviews of outstanding debtors are undertaken using aged debtor listing, with arrears action carried out promptly in accordance with procedures;</li> <li>• Write-offs are approved by senior officers in accordance with procedures; and</li> <li>• Regular reconciliations are carried out between the purchase/sales ledger module and the general ledger control account.</li> </ul>

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

Quarter	Review	Type	Days	Risk, Rationale and Scope
3	Treasury Management	Assurance	6	<p><u>Risk:</u> Failure to manage the Councils loans and investments will lead to financial loss and market credibility.</p> <p><u>Rationale:</u> Management of the Councils investments and borrowings is important to maximise revenue income or to reduce revenue expenditure. It is also important to safeguard the Council's investments at all times.</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the Treasury Management function. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Adequate policies and procedures are in place and accessible to all relevant staff;</li> <li>• System access is restricted to authorised personnel only and adequate security is in place to manage all treasury management arrangements;</li> <li>• Appropriate controls are in place for identifying surplus funds available for investment and selecting appropriate investments in accordance with the Council's treasury management strategy;</li> <li>• Payments of interest and/or principal are appropriately monitored, correctly received and accurately recorded on the Council's finance system;</li> <li>• Regular reconciliations are undertaken for all treasury management transactions; and</li> <li>• Regular monitoring reports are produced for Senior Management and Members in relation to treasury management transactions.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
1	Customer Services	Assurance	6	<p><u>Risk:</u> Failure to have exemplary customer services will lead to resident dissatisfaction and complaints.</p> <p><u>Rationale:</u> This is an important area for the Councils it is their “shop window” and first point of contact for Runnymede residents.</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the Customer Services processes. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• An appropriate roadmap is in place to manage the Customer Service change process, with key risks, action points and timeframes identified, and responsibilities adequately outlined;</li> <li>• Adequate policies and procedures are in place to guide the new processes, which are readily accessible;</li> <li>• There are adequate resources available to provide the new service;</li> <li>• Adequate training is in place to ensure staff are capable of addressing multi-disciplinary requests;</li> <li>• Appropriate guidance is provided to the public to enable queries to be resolved as quickly as possible;</li> <li>• Appropriate monitoring arrangements and targets/KPIs are in place for measuring the success of the new Customer Services team; and</li> <li>• Feedback is regularly collected from both internal and external customers, with appropriate action taken to resolve any highlighted issues.</li> </ul>
3	ICT Audit – Software Asset Management	Assurance	8	<p><u>Risk:</u> Punitive and reputational damage due to non-compliance with software licencing requirements.</p> <p><u>Rationale:</u> An audit of Software Licencing to provide assurance over the adequacy and effectiveness of management controls in place</p> <p><u>Scope:</u> The review will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Software Procurement policy and procedures;</li> <li>• Software inventory management;</li> <li>• Software media security;</li> <li>• Software audit processes.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
3	ICT Audit – Contract Management	Assurance	8	<p><u>Risk:</u> Non-compliance with contract requirements; Revenue leakage.</p> <p><u>Rationale:</u> An audit of IT contract management to provide assurance over the adequacy and effectiveness of management controls in place.</p> <p><u>Scope:</u> The review will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Contract storage and recordkeeping;</li> <li>• Vendor risk management;</li> <li>• Contract compliance/ SLA Management;</li> <li>• Contract review processes.</li> </ul>
1	Freedom of Information	Assurance	6	<p><u>Risk:</u> Failure to be compliant with Freedom of Information legislation.</p> <p><u>Rationale:</u> This is a periodic audit which is required to examine the Council’s resilience in managing the Freedom of Information legislation.</p> <p><u>Scope:</u> The review will focus on the resources allocated throughout the Council to ensure that requests for information are handled in accordance with the Freedom of Information Act. The review will consider the following:</p> <ul style="list-style-type: none"> <li>• Policy, procedures and guidance for staff;</li> <li>• adequacy and the distribution of the available resources;</li> <li>• the timeliness of the completion of requests;</li> <li>• training;</li> <li>• Monitoring and performance targets; and</li> <li>• Reporting arrangements.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
3	Depot	Assurance	4	<p><u>Risk:</u> The Depot provides fundamental services for the Council and its failure would be detrimental to the provision of vital services.</p> <p><u>Rationale:</u> Follow earlier audit reports, the change in Depot Manager and delays caused by COVID 19 this will be a follow up audit to our previous audit work and recommendations.</p> <p><u>Scope:</u> The audit will review the findings/outcomes of the 2019/20 and 2020/21 audits and examine and test the arrangements that should be in place to remedy the weaknesses identified in those earlier reports.</p>
2	Runnymede Travel Initiative	Assurance	6	<p><u>Risk:</u> Failure to maintain the Yellow Bus Service would impact on the provision of service to the schools and community.</p> <p><u>Rationale:</u> A periodic audit to provide assurance over the operation of the Yellow Bus Service at the Council</p> <p><u>Scope:</u> The audit will review the adequacy of systems in place, focusing on the following key areas:</p> <ul style="list-style-type: none"> <li>• Up to date documented policies and procedures are in place for the service area;</li> <li>• Fees are appropriately approved and consistently applied;</li> <li>• Income from schools is received promptly, at the correct level, and adequately recorded;</li> <li>• Adequate records are maintained to support the receipt of sponsorship monies and section 106 contributions;</li> <li>• Payments to the service provider are properly authorised and in accordance with the contract; and</li> <li>• Controls are in place to ensure that the contractor holds valid and up to date insurance certificates and there is adequate vetting of bus drivers.</li> </ul>



Quarter	Review	Type	Days	Risk, Rationale and Scope
2	Planning Enforcement	Assurance	6	<p><u>Risk:</u></p> <p><u>Rationale:</u></p> <p><u>Scope:</u></p> <p>To assess the adequacy and effectiveness of the internal controls in place for the Planning Enforcement functions. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Appropriate policies and procedures are in place for Planning Enforcement;</li> <li>• Appropriate guidance is provided to the public relating to how to make a complaint;</li> <li>• Planning enforcement action is appropriate and conducted in a controlled manner. To include sample testing of recent cases to assess compliance with procedures, including: (i) the use of systems and the quality of the records being maintained, (ii) the timeliness of investigations, (iii) the appropriateness of action taken (either initial/informal action or formal enforcement action), and (iv) the adequacy of monitoring the progress of cases and appeals to ensure that key dates and actions have been complied with.</li> <li>• Appropriate performance indicator and/or other monitoring arrangements are in place for reporting to management and Members.</li> </ul>
3	Housing Rents	Assurance	6	<p><u>Risk:</u></p> <p><u>Rationale:</u></p> <p>Due to the high volume of transactions and the income involved this is a high risk area and subject to an annual audit</p> <p><u>Scope:</u></p> <p>To audit will review the following key areas:</p> <ul style="list-style-type: none"> <li>• There are up to date documented procedures for all aspects of the rent, accessible to all staff who need them,</li> <li>• Recommendations from the previous audit report have been implemented,</li> <li>• Rents due are being collected and promptly allocated to the correct rent accounts,</li> <li>• Benefits awarded are being properly allocated to the correct rent accounts; and</li> <li>• Case records provide a management trail and complete case history.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
2	Housing – Health and Safety	Assurance	4	<p><u>Risk:</u> Appropriate and adequate Health and Safety for Housing is a critical requirement.</p> <p><u>Rationale:</u> An Audit undertaken in 2020/21 identified a number of initiatives regarding Housings Health and Safety requirements as work in progress. A follow up audit is required to review the outcome of those initiatives.</p> <p><u>Scope:</u> The audit will review the findings of the 2020/21 audit and examine and test the arrangements for Health and Safety that should be in place for 2021/22 onwards.</p>
2	Housing – Repair and Maintenance	Assurance	4	<p><u>Risk:</u> Appropriate and adequate Repair and Maintenance for Housing is a fundamental requirement for Decent Homes Policy.</p> <p><u>Rationale:</u> An Audit undertaken in 2020/21 identified a number of initiatives regarding Housings Repair and Maintenance of its housing stock as work in progress. A follow up audit is required to review the outcome of those initiatives.</p> <p><u>Scope:</u> The audit will review the findings of the 2020/21 audit and examine and test the arrangements for Repairs and Maintenance that should be in place for 2021/22 onwards.</p>
2	Housing Enforcement	Assurance	6	<p><u>Risk:</u> Failure to enforce the Housing regulations would lead to a loss of control over the Housing stock.</p> <p><u>Rationale:</u> Housing Enforcement is an important area for the Council and a periodic audit is planned.</p> <p><u>Scope:</u> The review will assess the adequacy and effectiveness of the internal controls in place at the Council for managing Housing Enforcement. The review will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Adequate and effective policies and procedures are in place, which are subject to regular review;</li> <li>• Private sector landlord housing enforcement (e.g. HMO licensing) is compliant with housing standards;</li> <li>• Following the implementation of a new Anti-Social Behaviour Policy, a review of enforcement within the Council’s own properties and the tools available/action taken to rectify issues or evict where necessary; and</li> <li>• Appropriate records are being kept to provide a complete audit trail.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
1	Sheltered Centres/Accommodation	Assurance	6	<p><u>Risk:</u> Failure to manage the Sheltered Accommodation would lead to a loss of control over independent retirement living schemes within the Borough.</p> <p><u>Rationale:</u> This is a periodic audit into an important service area for the Council.</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the Sheltered Accommodation service. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Policies and procedures are documented, subject to periodic review and readily accessible to staff (including guidance covering involvement in clients' financial affairs);</li> <li>• Fees and charges have been appropriately approved and are consistently applied;</li> <li>• All official Council income received is recorded, banked promptly, and correctly coded on the general ledger;</li> <li>• Unofficial (private) funds are subject to the same financial controls as official Council funds.</li> <li>• Inventories are maintained and kept updated detailing all Council-owned equipment held on sites; and</li> <li>• Recommendations from the previous review have been implemented.</li> </ul>
1	Housing Section 106	Assurance	6	<p><u>Risk:</u> Failure to maximise the benefit of Section 106 income would result in a financial loss for the Council.</p> <p><u>Rationale:</u> This is a periodic audit into an important area for the Council.</p> <p><u>Scope:</u> To assess the adequacy and effectiveness of the internal controls in place at the Council for managing the provision of affordable housing contributions (on-site and financial) through section 106 agreements. The audit will focus on the following key areas:</p> <ul style="list-style-type: none"> <li>• Adequate and effective policies and procedures in place, which are subject to regular review;</li> <li>• Contributions required from developers (both financial and on-site) are determined in accordance with Council policy;</li> <li>• Such contributions are obtained in accordance with the terms of the relevant Section 106 agreement or Unilateral Undertaking;</li> <li>• Financial contributions received are spent on appropriate projects as per Council policy; and</li> <li>• Appropriate records are being kept to provide a complete audit trail.</li> </ul>

Quarter	Review	Type	Days	Risk, Rationale and Scope
4	Follow-up	Follow up	12	Follow-up of implementation of agreed priorities one and two actions from audit reports, ensuring the Council is implementing recommendations, and providing reports to the Standards and Audit Committee.
1	Annual Planning	Management	Fixed fee	Assessing the Council's annual audit needs.
4	Annual Report	Management	Fixed fee	Reporting on the overall conclusions and opinion based on the year's audits and other information and providing input to the Annual Governance Statement.
1-4	Audit Management	Management	Fixed fee	This time includes: meeting client management, overseeing the audit plan, reporting and supporting the Standards and Audit Committee, liaising with External Audit and Client briefings (including fraud alerts, fraud digests and committee briefings).
<b>Total days</b>			<b>178</b>	

## Appendix E: Internal Audit Charter

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### The Need for a Charter

The Audit Charter formally defines internal audit's purpose, authority and responsibility. It establishes internal audit's position within Runnymede BC and defines the scope of internal audit activities. The establishment of the Audit Charter is a requirement of the Public Sector Internal Audit Standards (PSIAS) and approval of the charter is the responsibility of the Standards and Audit Committee.

### The Role of Internal Audit

The main objective of the internal audit activity carried out by TIAA is to provide, in an economical, efficient and timely manner, an objective evaluation of, and opinion on, the overall adequacy and effectiveness of the framework of governance, risk management and control. TIAA is responsible for providing assurance to Runnymede BC's governing body (being the body with overall responsibility for the organisation) on the adequacy and effectiveness of the risk management, control and governance processes.

### Standards and Approach

TIAA's work will be performed with due professional care, in accordance with the requirements of the Global Institute of Internal Auditors (IIA) standards which are articulated in the International Professional Practices Framework (IPPF).

### Scope

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

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

### Access

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

### Independence

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

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

## Conflict of Interest

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

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

## Irregularities, Including Fraud and Corruption

TIAA will without delay report to the appropriate regulator, serious weaknesses, significant fraud, major accounting and other breakdowns subject to the requirements of the Proceeds of Crime Act 2002.

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

## Limitations and Responsibility

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

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

The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud.

Reliance will be placed on management to provide internal audit with full access to staff and to accounting records and transactions and to ensure the authenticity of these documents.

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

## Liaison with the External Auditor

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

## Reporting

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

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

**Follow Up Reports:** We will provide an independent assessment as to the extent that priority 1 and 2 recommendations have been implemented. Priority 3 recommendations are low-level/housekeeping in nature and it is expected that management will monitor and report on implementation as considered appropriate.

**Annual Report:** An Annual Report will be prepared for each year in accordance with the requirements set out in TIAA’s audit charter and the Global IIA standards. The Annual Report will include a summary opinion of the effectiveness of Runnymede BC’s governance, risk management and operational control processes based on the work completed during the year.

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

### Assurance Assessment Gradings

We use four levels of assurance assessments as set out below.

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

### Performance Standards

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

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

## Data Protection

TIAA has policies, procedures and processes in place to comply with all associated regulation and legislation on information security, which is underpinned by mandatory annual awareness training for all staff. To carry out our role effectively, we need to obtain information that is reliable, relevant and sufficient to support our findings and recommendations. The collection of data, particularly sensitive personal data, is minimised and is not shared with unauthorised persons unless there is a valid and legal requirement to do so. We have clear policies on the retention of data and its appropriate, controlled disposal. TIAA has a fully robust Information Security Management System that meets all the requirements of ISO27001:2013.

## Quality Assurance

TIAA recognises the importance of Internal Audit being controlled at each stage to ensure that we deliver a consistent and efficient Internal Audit service that is fully compliant with professional standards and also the conditions of contract. We operate a comprehensive internal operational quality review process to ensure that all Internal Audit work is carried out in accordance with these standards. These quarterly reviews are part of our quality management system which has ISO 9001:2015 accreditation.

## Standards and Audit Committee Responsibility

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

By approving this document, the Standards and Audit Committee is also approving the Internal Audit Charter.

## Disclaimer

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



**9. ADOPTION OF A NEW RUNNYMEDE MEMBER CODE OF CONDUCT (Law and Governance, Mario A Leo)**

**Synopsis of report:**

**To invite the Committee to recommend to Full Council that Runnymede Borough Council adopts a new Member Code of Conduct which has been prepared by the Local Government Association following recommendations contained in the report of the Committee on Standards in Public Life on ethical standards in local government**

**Recommendation(s):**

**That Runnymede Borough Council adopts a new Member Code of Conduct, as attached at Appendix 'E', with effect from 20 May 2021, when the new Constitution of the Council comes into operation.**

**1. Context of report**

- 1.1 The Localism Act 2011 (the 2011 Act) imposed a duty on all local authorities to adopt a Code of Conduct to regulate the behaviour of elected Members. The 2011 Act did not prescribe a specific form of Code of Conduct but left it to local authorities to create their own.
- 1.2 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 extensive consultation. Recommendation 1 of that report was that 'The Local Government Association (LGA) should create an updated model code of conduct, in consultation with representative bodies of councillors and officers of all tiers of local government'.
- 1.3 The LGA commenced on the 8th June 2020 a ten-week consultation exercise on a draft model code of conduct they had prepared. Local authorities were invited to respond to the consultation. This Committee received a report on the matter at its July 2020 meeting when it agreed the Council's response to the consultation exercise.

**2. Report**

- 2.1 A code of standards for elected Members has existed since 1975. The third report of the Committee on Standards in Public Life published in 1997 recommended local authorities should adopt their own codes of conduct but within a national framework and recommended the production of a model code of conduct.
- 2.2 Between 2000 and 2012, the body known as Standards for England was responsible for drawing up an England-wide code of conduct and dealing with allegations of breaches of the code of conduct by elected Members. This included the power to suspend elected Members from office for serious breaches.
- 2.3 The Localism Act 2011 abolished Standards for England, imposed a requirement for the introduction of local codes of conduct and responsibility

for local investigation. The power to suspend elected Members for breaches of the code of conduct was removed.

- 2.4 When the provisions of the Localism Act 2011 came into force several alternative models were suggested by various organisations for adoption as local codes of conduct. Some models focused on merely dealing with the declaration of pecuniary interests and quoting the seven Nolan principles of public life. Runnymede adopted a hybrid model which not only dealt with declaring pecuniary interests but also dealt with issues of behaviour and acknowledged there were some interests in matters which were not of a purely pecuniary nature that elected Members should have regard to and consider declaring.
- 2.5 The Committee on Standards in Public Life undertook an investigation into local government ethical standards, which resulted in a report being published in January 2019. That investigation took place in the wake of expressions of concern regarding the current standards regime from within the local government sector. A survey conducted by a periodical in mid-2017 found that 60% of 235 Monitoring Officers responding did not believe that sufficient tools were available to them to deal with allegations of improper behaviour.
- 2.6 The Committee on Standards in Public Life report made 26 recommendations for changes to the English standards regime, and to ancillary matters such as the Local Government Transparency Code. Amongst these were that the report did not favour a return to a pan-England system as existed before 2012. However, it recommended that the LGA should draft a new model code of local government conduct. This should cover matters such as social media use, bullying and harassment, which the report claimed were not adequately addressed by some local authority codes of conduct at present.
- 2.7 The LGA agreed to reviewing the current position and producing a draft model code of conduct. The LGA held an event on Civility in Public Life with a range of stakeholders at the end of 2019 and three consultation workshops at the beginning of 2020. LGA consultants also examined examples of good practice, both in local government and other professions. The LGA produced a draft model member code of conduct which was circulated for consultation. It was also the intention of the LGA to create additional guidance, working examples and explanatory text.
- 2.8 Via the consultation exercise the LGA wanted to particularly know if the draft code would stand up to the new ways of working that have been introduced and give enough of a steer on social media and online activity.
- 2.9 The consultation on the draft member code of conduct ran for 10 weeks from Monday 8 June until Monday 17 August. To facilitate the consultation the LGA produced an online consultation questionnaire. The questionnaire was designed for both elected Members and officers. The LGA were also happy to receive narrative responses via email. If councils, elected Members or officers were interested in discussing the draft code in more detail, the LGA also held several webinars.
- 2.10 Officers considered the draft code and compared it to the Council's existing code of conduct and made the following observations to the Committee at its July meeting:

- The draft code makes clear when it will apply
- The draft code makes clear reference to and incorporates the seven principles of public life (Nolan principles)
- The draft code identifies the behaviours expected of elected Members
- The draft code provides examples of what is meant by some of the terms used in it concerning expected behaviours
- The draft code explains the need to declare interests and to record gifts and hospitality
- The draft code explains the consequences of breaching the provisions of the code.
- The draft code contains LGA guidance on an informal resolution procedure
- The draft code has two Appendices; one sets out the Nolan principles in detail and the other explains the process for registering and declaring Disclosable Pecuniary Interests
- The draft code has a table setting out exactly what constitutes Disclosable Pecuniary Interests
- The draft code has a table of what it terms are other registerable interests

- 2.11 When compared to the Council's existing code of conduct the draft code was briefer in content. There was material consigned to Appendices or Tables which in the Council's code of conduct appear in the body of the document. The draft code provided some good examples of what behaviour is expected of elected Members. It was accepted that the draft code was easier to read and understand than the Council's current code of conduct.
- 2.12 There was material which is included in the Council's code e.g. interests other than Disclosable Pecuniary Interests, the procedure for dealing with sensitive interests and the procedure for granting of dispensations which are not dealt with in the draft code. Clearly these matters could be placed in another document within the Constitution.
- 2.13 Officers proposed and the Committee agreed that the Council respond in a positive manner to the draft code. The benefit of having a nationally agreed version is that there is consistency. Some elected Members who serve on Surrey County Council have on occasions commented on the difference between its code of conduct and the Council's. The draft code was also to be welcomed for providing examples of the types of behaviour which are not acceptable. The draft code was future proofed and designed to deal with possible future changes which may flow out of other recommendations contained in the Committee on Standards in Public Life's report into local government ethical standards.
- 2.14 Members were advised that the draft code would not alter the current sanctions which can be imposed for a breach of the code of conduct. Although the Committee on Standards in Public Life's report recommended that the ability to suspend an elected Member for a breach be created, that recommendation has not been taken up by Government.
- 2.15 On 3 December 2020 the LGA announced that the final version of the Model Code of Member Conduct had been approved by the LGA board, a copy of which is attached at Appendix 'E'. The LGA also advised that they would prepare guidance requested during the consultation exercises to assist with the operation of the Code.

- 2.16 The Council is now faced with the choice of what to do following the approval by the LGA of the Model Code of Member Conduct. The document which has been issued is not mandatory for local authorities to adopt. Local authorities are left with the choice of keeping their own codes or swapping them for the Model Code of Conduct. It is the view of officers that the Council should seriously consider adopting the Model Code of Member Conduct in place of its existing Code of Member Conduct. The rationale behind this proposal is that the Model Code of Member Conduct has flowed out of the work done by the Committee on Standards in Public Life in its review into local government ethical standards. That exercise involved a review (not previously undertaken), of the effectiveness of Codes of Conduct.
- 2.17 The LGA built on the work of the Committee on Standards in Public Life by drafting a Model Code of Conduct and consulting extensively on it. As highlighted in the July report to this Committee there are many positives associated with the Model Code of Conduct.
- 2.18 The Constitution and Legislation Member Working Party have been consulted and their view was that they would support the proposal to adopt the Model Code of Conduct in place of the Council's existing Member Code of Conduct. Should the Committee agree to this proposal then a recommendation will be made to a future meeting of Full Council to adopt the Model Code of Conduct when the Council adopts its Constitution in May 2021.
- 2.19 It should be noted that the adoption of the Model Code of Conduct will not be a simple question of substituting one document for another. The Council's current Code of Conduct deals with the procedure for the granting of dispensations. Whilst the Model Code of Conduct refers to dispensations it does not explain in what instances they can be granted and who can grant them. It will be necessary to include in the Constitution a new section setting out what dispensations exist and who can grant them. A further issue is the question of gifts and hospitality offered to elected Members. The Model Code of Conduct has a brief section on such matters. In 2017 the Council incorporated in its Constitution a Protocol on such matters. It will be necessary to amend that document to ensure that it is consistent with the provisions contained in the Model Code of Conduct. These issues will be addressed when officers propose amendments to the existing Constitution.

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

- 3.1 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 adoption of a code of conduct which is clear about the behaviours expected of elected Members will greatly assist them in discharging their functions. An easily understood code will also assist the public in their interaction with their elected representatives.

### **4. Resource implications**

- 4.1 The adoption of a new Code of Conduct would not require any additional resources and oversight and operation of the Code of Conduct forms part of the existing duties of various officers of the Council.

## 5. **Legal implications**

5.1 As explained in the body of the report there is a legal duty imposed on all local authorities to adopt a code of conduct for their elected Members. 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 compel witnesses to provide evidence, or to enforce its recommendations.

5.2 The Committee on Standards in Public Life are responsible for:

- advising the Prime Minister on ethical issues relating to standards in public life
- conducting broad inquiries into standards of conduct
- promoting the 7 principles of public Life

Their remit does not allow them to investigate individual allegations of misconduct. If any recommendations are made in any reports prepared by the Committee on Standards in Public Life their implementation is dependent on adoption by Government and the enactment of legislation.

5.3 The LGA is the national membership body for local authorities and it works on behalf of its member councils to support, promote, and improve local government. Given its position in local government it is well placed to undertake a review of the code of conduct and to secure a consensus on what a revised code of conduct should look like.

## 6. **Equality implications**

6.1 There are no equality implications associated with this exercise. Any code of conduct will apply to all elected Members. The criteria governing the ability to stand for election as a local councillor are set by national legislation and not at a local level.

## 7. **Environmental/Sustainability/Biodiversity implications**

7.1 There are no environmental/sustainability or biodiversity issues associated with the contents of this report.

## 8. **Conclusions**

8.1 There is a legal obligation on local authorities to adopt a code of conduct to regulate the conduct of elected Members. The recent review by the Committee on Standards in Public Life has highlighted weaknesses which exist when a variety of examples of codes of conduct exist. The creation of one model code by the umbrella organisation for local government will promote consistency across the sector. The Council now has an opportunity to benefit from the work undertaken by both those bodies through adopting a new Code of Conduct which is designed to deal with the challenges faced by elected Members in the 21<sup>st</sup> century.

**(To recommend)**

### **Background papers**

None stated.



## **Local Government Association**

### **Model Councillor Code of Conduct 2020**

#### **Joint statement**

The role of councillor across all tiers of local government is a vital part of our country's system of democracy. It is important that as councillors we can be held accountable and all adopt the behaviors and responsibilities associated with the role. Our conduct as an individual councillor affects the reputation of all councillors. We want the role of councillor to be one that people aspire to. We also want individuals from a range of backgrounds and circumstances to be putting themselves forward to become councillors.

As councillors, we represent local residents, work to develop better services and deliver local change. The public have high expectations of us and entrust us to represent our local area; taking decisions fairly, openly, and transparently. We have both an individual and collective responsibility to meet these expectations by maintaining high standards and demonstrating good conduct, and by challenging behaviour which falls below expectations.

Importantly, we should be able to undertake our role as a councillor without being intimidated, abused, bullied or threatened by anyone, including the general public.

This Code has been designed to protect our democratic role, encourage good conduct and safeguard the public's trust in local government.

## **Introduction**

The Local Government Association (LGA) has developed this Model Councillor Code of Conduct, in association with key partners and after extensive consultation with the sector, as part of its work on supporting all tiers of local government to continue to aspire to high standards of leadership and performance. It is a template for councils to adopt in whole and/or with local amendments.

All councils are required to have a local Councillor Code of Conduct.

The LGA will undertake an annual review of this Code to ensure it continues to be fit-for-purpose, incorporating advances in technology, social media and changes in legislation. The LGA can also offer support, training and mediation to councils and councillors on the application of the Code and the National Association of Local Councils (NALC) and the county associations of local councils can offer advice and support to town and parish councils.

## **Definitions**

For the purposes of this Code of Conduct, a “councillor” means a member or co-opted member of a local authority or a directly elected mayor. A “co-opted member” is defined in the Localism Act 2011 Section 27(4) as “a person who is not a member of the authority but who

- a) is a member of any committee or sub-committee of the authority, or;
- b) is a member of, and represents the authority on, any joint committee or joint sub-committee of the authority;

and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee”.

For the purposes of this Code of Conduct, “local authority” includes county councils, district councils, London borough councils, parish councils, town councils, fire and rescue authorities, police authorities, joint authorities, economic prosperity boards, combined authorities and National Park authorities.

## **Purpose of the Code of Conduct**

The purpose of this Code of Conduct is to assist you, as a councillor, in modelling the behaviour that is expected of you, to provide a personal check and balance, and to set out the type of conduct that could lead to action being taken against you. It is also to protect you, the public, fellow councillors, local authority officers and the reputation of local government. It sets out general principles of conduct expected of all councillors and your specific obligations in relation to standards of conduct. The LGA encourages the use of support, training and mediation prior to action being taken using the Code. The fundamental aim of the Code is to create and maintain public confidence in the role of councillor and local government.

## **General principles of councillor conduct**

Everyone in public office at all levels; all who serve the public or deliver public services, including ministers, civil servants, councillors and local authority officers; should uphold the [Seven Principles of Public Life](#), also known as the Nolan Principles.

Building on these principles, the following general principles have been developed specifically for the role of councillor.

In accordance with the public trust placed in me, on all occasions:

- I act with integrity and honesty
- I act lawfully
- I treat all persons fairly and with respect; and
- I lead by example and act in a way that secures public confidence in the role of councillor.

In undertaking my role:

- I impartially exercise my responsibilities in the interests of the local community
- I do not improperly seek to confer an advantage, or disadvantage, on any person
- I avoid conflicts of interest
- I exercise reasonable care and diligence; and
- I ensure that public resources are used prudently in accordance with my local authority's requirements and in the public interest.

## **Application of the Code of Conduct**

This Code of Conduct applies to you as soon as you sign your declaration of acceptance of the office of councillor or attend your first meeting as a co-opted member and continues to apply to you until you cease to be a councillor.

This Code of Conduct applies to you when you are acting in your capacity as a councillor which may include when:

- you misuse your position as a councillor
- Your actions would give the impression to a reasonable member of the public with knowledge of all the facts that you are acting as a councillor;

The Code applies to all forms of communication and interaction, including:



- at face-to-face meetings
- at online or telephone meetings
- in written communication
- in verbal communication
- in non-verbal communication
- in electronic and social media communication, posts, statements and comments.

You are also expected to uphold high standards of conduct and show leadership at all times when acting as a councillor.

Your Monitoring Officer has statutory responsibility for the implementation of the Code of Conduct, and you are encouraged to seek advice from your Monitoring Officer on any matters that may relate to the Code of Conduct. Town and parish councillors are encouraged to seek advice from their Clerk, who may refer matters to the Monitoring Officer.

## **Standards of councillor conduct**

This section sets out your obligations, which are the minimum standards of conduct required of you as a councillor. Should your conduct fall short of these standards, a complaint may be made against you, which may result in action being taken.

Guidance is included to help explain the reasons for the obligations and how they should be followed.

### **General Conduct**

#### **1. Respect**

##### **As a councillor:**

**1.1 I treat other councillors and members of the public with respect.**

**1.2 I treat local authority employees, employees and representatives of partner organisations and those volunteering for the local authority with respect and respect the role they play.**

Respect means politeness and courtesy in behaviour, speech, and in the written word. Debate and having different views are all part of a healthy democracy. As a councillor, you can express, challenge, criticise and disagree with views, ideas, opinions and policies in a robust but civil manner. You should not, however, subject individuals, groups of people or organisations to personal attack.

In your contact with the public, you should treat them politely and courteously. Rude and offensive behaviour lowers the public's expectations and confidence in councillors.

In return, you have a right to expect respectful behaviour from the public. If members of the public are being abusive, intimidatory or threatening you are entitled to stop any conversation or interaction in person or online and report them to the local authority, the relevant social media provider or the police. This also applies to fellow councillors, where action could then be taken under the Councillor Code of Conduct, and local authority employees, where concerns should be raised in line with the local authority's councillor-officer protocol.

## **2. Bullying, harassment and discrimination**

### **As a councillor:**

**2.1 I do not bully any person.**

**2.2 I do not harass any person.**

**2.3 I promote equalities and do not discriminate unlawfully against any person.**

The Advisory, Conciliation and Arbitration Service (ACAS) characterises bullying as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Bullying might be a regular pattern of behaviour or a one-off incident, happen face-to-face, on social media, in emails or phone calls, happen in the workplace or at work social events and may not always be obvious or noticed by others.

The Protection from Harassment Act 1997 defines harassment as conduct that causes alarm or distress or puts people in fear of violence and must involve such conduct on at least two occasions. It can include repeated attempts to impose unwanted communications and contact upon a person in a manner that could be expected to cause distress or fear in any reasonable person.

Unlawful discrimination is where someone is treated unfairly because of a protected characteristic. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 places specific duties on local authorities. Councillors have a central role to play in ensuring that equality issues are integral to the local authority's performance and strategic aims, and that there is a strong vision and public commitment to equality across public services.

### **3. Impartiality of officers of the council**

**As a councillor:**

#### **3.1 I do not compromise, or attempt to compromise, the impartiality of anyone who works for, or on behalf of, the local authority.**

Officers work for the local authority as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example, their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

### **4. Confidentiality and access to information**

**As a councillor:**

#### **4.1 I do not disclose information:**

- a. given to me in confidence by anyone**
- b. acquired by me which I believe, or ought reasonably to be aware, is of a confidential nature, unless**
  - i. I have received the consent of a person authorised to give it;**
  - ii. I am required by law to do so;**
  - iii. the disclosure is made to a third party for the purpose of obtaining professional legal advice provided that the third party agrees not to disclose the information to any other person; or**
  - iv. the disclosure is:**
    - 1. reasonable and in the public interest; and**
    - 2. made in good faith and in compliance with the reasonable requirements of the local authority; and**
    - 3. I have consulted the Monitoring Officer prior to its release.**

#### **4.2 I do not improperly use knowledge gained solely as a result of my role as a councillor for the advancement of myself, my friends, my family members, my employer or my business interests.**

#### **4.3 I do not prevent anyone from getting information that they are entitled to by law.**

Local authorities must work openly and transparently, and their proceedings and printed materials are open to the public, except in certain legally defined circumstances. You should work on this basis, but there will be times when it is required by law that discussions, documents and other information relating to or held by the local authority must be treated in a confidential manner. Examples include personal data relating to individuals or information relating to ongoing negotiations.

## **5. Disrepute**

**As a councillor:**

### **5.1 I do not bring my role or local authority into disrepute.**

As a Councillor, you are trusted to make decisions on behalf of your community and your actions and behaviour are subject to greater scrutiny than that of ordinary members of the public. You should be aware that your actions might have an adverse impact on you, other councillors and/or your local authority and may lower the public's confidence in you or your local authority's ability to discharge your/it's functions. For example, behaviour that is considered dishonest and/or deceitful can bring your local authority into disrepute.

You are able to hold the local authority and fellow councillors to account and are able to constructively challenge and express concern about decisions and processes undertaken by the council whilst continuing to adhere to other aspects of this Code of Conduct.

## **6. Use of position**

**As a councillor:**

### **6.1 I do not use, or attempt to use, my position improperly to the advantage or disadvantage of myself or anyone else.**

Your position as a member of the local authority provides you with certain opportunities, responsibilities and privileges, and you make choices all the time that will impact others. However, you should not take advantage of these opportunities to further your own or others' private interests or to disadvantage anyone unfairly.

## **7. Use of local authority resources and facilities**

**As a councillor:**

### **7.1 I do not misuse council resources.**

### **7.2 I will, when using the resources of the local or authorising their use by others:**

- a. act in accordance with the local authority's requirements; and**
- b. ensure that such resources are not used for political purposes unless that use could reasonably be regarded as likely to facilitate, or be conducive to, the discharge of the functions of the local authority or of the office to which I have been elected or appointed.**

You may be provided with resources and facilities by the local authority to assist you in carrying out your duties as a councillor.

Examples include:

- office support
- stationery
- equipment such as phones, and computers
- transport
- access and use of local authority buildings and rooms.

These are given to you to help you carry out your role as a councillor more effectively and are not to be used for business or personal gain. They should be used in accordance with the purpose for which they have been provided and the local authority's own policies regarding their use.

## **8. Complying with the Code of Conduct**

### **As a Councillor:**

**8.1 I undertake Code of Conduct training provided by my local authority.**

**8.2 I cooperate with any Code of Conduct investigation and/or determination.**

**8.3 I do not intimidate or attempt to intimidate any person who is likely to be involved with the administration of any investigation or proceedings.**

**8.4 I comply with any sanction imposed on me following a finding that I have breached the Code of Conduct.**

It is extremely important for you as a councillor to demonstrate high standards, for you to have your actions open to scrutiny and for you not to undermine public trust in the local authority or its governance. If you do not understand or are concerned about the local authority's processes in handling a complaint you should raise this with your Monitoring Officer.

## **Protecting your reputation and the reputation of the local authority**

### **9. Interests**

#### **As a councillor:**

**9.1 I register and disclose my interests.**

Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of interests of members of the authority .

You need to register your interests so that the public, local authority employees and fellow councillors know which of your interests might give rise to a conflict of interest. The register is a public document that can be consulted when (or before) an issue arises. The register also protects you by allowing you to demonstrate openness and a willingness to be held accountable. You are personally responsible for deciding whether or not you should disclose an interest in a meeting, but it can be helpful for you to know early on if others think that a potential conflict might arise. It is also important that the public know about any interest that might have to be disclosed by you or other councillors when making or taking part in decisions, so that decision making is seen by the public as open and honest. This helps to ensure that public confidence in the integrity of local governance is maintained.

You should note that failure to register or disclose a disclosable pecuniary interest as set out in Table 1, is a criminal offence under the Localism Act 2011.

Appendix B sets out the detailed provisions on registering and disclosing interests. If in doubt, you should always seek advice from your Monitoring Officer.

## **10. Gifts and hospitality**

**As a councillor:**

- 10.1 I do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.**
- 10.2 I register with the Monitoring Officer any gift or hospitality with an estimated value of at least £50 within 28 days of its receipt.**
- 10.3 I register with the Monitoring Officer any significant gift or hospitality that I have been offered but have refused to accept.**

In order to protect your position and the reputation of the local authority, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a councillor. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a councillor, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a councillor. If you are unsure, do contact your Monitoring Officer for guidance.

## **Appendices**

### **Appendix A – The Seven Principles of Public Life**

The principles are:

#### **Selflessness**

Holders of public office should act solely in terms of the public interest.

#### **Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

#### **Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

#### **Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

#### **Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

#### **Honesty**

Holders of public office should be truthful.

#### **Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

## Appendix B Registering

### interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

**"Disclosable pecuniary interest"** means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

**"Partner"** means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

### Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.
5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

### Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (as set out in Table 2), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it



is a 'sensitive interest', you do not have to disclose the nature of the interest.

## Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
  - a. your own financial interest or well-being;
  - b. a financial interest or well-being of a friend, relative, close associate; or
  - c. a body included in those you need to disclose under Disclosable Pecuniary Interests as set out in **Table 1**

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter **affects** your financial interest or well-being:
  - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

**Table 1: Disclosable Pecuniary Interests**

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

<b>Subject</b>	<b>Description</b>
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
<b>Sponsorship</b>	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
<b>Contracts</b>	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the

	<p>councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council —</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
<b>Land and Property</b>	<p>Any beneficial interest in land which is within the area of the council.</p> <p>'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (alone or jointly with another) a right to occupy or to receive income.</p>
<b>Licenses</b>	<p>Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer</p>
<b>Corporate tenancies</b>	<p>Any tenancy where (to the councillor's knowledge)—</p> <p>(a) the landlord is the council; and</p> <p>(b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.</p>
<b>Securities</b>	<p>Any beneficial interest in securities* of a body where—</p> <p>(a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were</p>

	spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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\* 'director' includes a member of the committee of management of an industrial and provident society.

\* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

**Table 2: Other Registerable Interests**

<p>You have a personal interest in any business of your authority where it relates to or is likely to affect:</p> <ul style="list-style-type: none"> <li>a) any body of which you are in general control or management and to which you are nominated or appointed by your authority</li> <li>b) any body <ul style="list-style-type: none"> <li>(i) exercising functions of a public nature</li> <li>(ii) any body directed to charitable purposes or</li> <li>(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)</li> </ul> </li> </ul>
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## Appendix C – the Committee on Standards in Public Life

The LGA has undertaken this review whilst the Government continues to consider the recommendations made by the Committee on Standards in Public Life in their report on [Local Government Ethical Standards](#). If the Government chooses to implement any of the recommendations, this could require a change to this Code.

The recommendations cover:

- Recommendations for changes to the Localism Act 2011 to clarify in law when the Code of Conduct applies
- The introduction of sanctions
- An appeals process through the Local Government Ombudsman
- Changes to the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
- Updates to the Local Government Transparency Code
- Changes to the role and responsibilities of the Independent Person
- That the criminal offences in the Localism Act 2011 relating to Disclosable Pecuniary Interests should be abolished

The Local Government Ethical Standards report also includes Best Practice recommendations. These are:

**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.

**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.

**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.

**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.

**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.

**Best practice 6:** Councils should publish a clear and straightforward public interest test against which allegations are filtered.

**Best practice 7:** Local authorities should have access to at least two Independent Persons.

**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 option to

review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious, or trivial.

**Best practice 9:** Where a local authority makes a decision on an allegation of misconduct following a 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.

**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.

**Best practice 11:** Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council, rather than the clerk in all but exceptional circumstances.

**Best practice 12:** Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.

**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.

**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.

**Best practice 15:** Senior officers should meet regularly with political group leaders or group whips to discuss standards issues.

***The LGA has committed to reviewing the Code on an annual basis to ensure it is still fit for purpose.***

10. COMPLAINTS AND COMPLIMENTS - QUARTER 3 2020/2021 (Law and Governance, Clare Pinnock)

**Synopsis of report:**

To provide Members with a summary of the complaints and compliments received from 1 October – 31 December 2020 (Quarter 3 of the KPI reporting structure), and reporting on any matters that have arisen since the last meeting of the Committee in November 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 27 formal complaints and 31 compliments recorded in Quarter 3 of 2020/2021. The tables below show the number of entries in each register.
- 2.4 **Complaints Quarter 3 2020/2021**

The table below sets out the figures for Quarters 1, 2 and 3 for 2020/2021:

<b>Business Centre</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>
Commercial Services	0	0	0
Community Development	1	1	3
Community Services	0	0	0
Corporate Services	0	0	0
Customer, Digital and Collection Services	2	5	2
Development Management and Building Control	3	5	0
Economic Development and Planning Policy	0	0	0
Environmental Services	0	13	10
Financial Services	0	2	0
Housing	4	9	10
Human Resources	0	0	0
Law and Governance	1	0	2
<b>Totals</b>	<b>11</b>	<b>35</b>	<b>27</b>

- 2.5 Of the 27 complaints recorded, the 2 categorised as Law and Governance were not about the Council but were dealt with by that business centre. One was referred to the County Council and the other was regarding a dispute with a developer, but not within our remit, and the resident was advised to seek independent legal advice.
- 2.6 12 complaints were upheld or partly so from Quarter 3. These concerned Refuse and Recycling (6), Housing (3) and Green Space (3); apologies were issued in all cases.
- 2.7 There are 8 complaints overdue from previous quarters but none for this quarter 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.
- 2.8 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.
- Better and prior communication with regard to works carried out by contractors



- Reminders issued about acceptable behaviour while out and about in the borough
- Checks to be put in place to avoid data being missed or not recorded

2.9 Members are asked to note that for some months staff have been under increased pressure owing to Covid 19; inevitably human error occurs where sections have been stretched and/or under resourced.

#### 2.10 Compliments Quarter 3 2020/2021

The table below sets out the figures for Quarters 1, 2 and 3 for 2020/2021:

<b>Business Centre</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>
Commercial Services	0	0	0
Community Development	10	15	3
Community Services	1	0	2
Corporate Services	1	2	0
Customer, Digital and Collection Services	9	2	4
Development Management and Building Control	0	2	0
Economic Development and Planning Policy	0	1	
Environmental Services	30	18	20
Financial Services	0	0	0
Housing	4	2	2
Human Resources	0	0	0
Law and Governance	1	1	0
<b>Totals</b>	<b>56</b>	<b>43</b>	<b>31</b>

2.11 There were 31 compliments received for Quarter 3 2020/2021. The details, where staff/particular sections were named, are set out in Exempt Appendix '1'.

2.12 Members will see that Environmental Services got a significant number of compliments; these were for Refuse and Recycling (19) and one for Licensing. There were 3 compliments for Community Development including Cemeteries staff and Green Space, and 4 for Customer Services as well as 2 for the same individual in Community Services and for named staff in Housing.

2.13 The breakdown of complaints and compliments in Quarters 1, 2 and 3 of 2020/2021 by Ward is set out below (- denotes complaints and + compliments)

Ward	Quarter 1		Quarter 2		Quarter 3	
	-	+	-	+	-	+
Addlestone North		1	3		3	
Addlestone South	1	6	3	5	4	5
Chertsey Riverside	1	3	2	6		1
Chertsey St Ann's	1	7	2	3	2	2
Egham Hythe		1	2	1	2	1
Egham Town		2	4	2	2	6
Englefield Green East		5		2		
Englefield Green West	3	1		5	4	1
Longcross, Lyne and Chertsey South		1		1		1
New Haw	3	2	2	1		1
Ottershaw	1	3	3		3	
Thorpe		3	2	3	3	2
Virginia Water		5	2	1	1	3
Woodham and RowTown		2	1	4	1	4
Out of Borough		2	2	3		3
Unrecorded	1	12	7	6	1	1
<b>Totals</b>	<b>11</b>	<b>56</b>	<b>35</b>	<b>43</b>	<b>27</b>	<b>31</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 to record ward data if applicable which assists with the reporting process. It is pleasing to note that only 2 were 'unknown' this time.
- 2.15 Ward based information is fairly consistent. For Quarter 3 Egham Town residents were the most complimentary ranging from Refuse and Recycling to Community Development and Community Services. Addlestone South outweighed compliments for Refuse and Recycling with the number of complaints received. Virginia Water and Woodham and Rowtown only had compliments for this service. Ottershaw and Thorpe had 3 complaints each; these were for a variety of things including the 2 mentioned in paragraph 2.4 which were referred to other agencies. Englefield Green West had 4 complaints and these were also for Refuse and Recycling and Housing.
- 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 highlight when things are working well and can be used to identify good working practices which can be shared across the organisation. For example resolving issues promptly where possible and keeping residents informed.

### 3. Policy framework implications

- 3.1 At the last meeting, Officers undertook to do some research on league tables and whether this would be helpful to the organisation. This will be the subject of a report to a future meeting.
- 3.2 Officers were also asked to highlight through the Communications team a message to residents regarding how Covid has impacted on dealing with some issues raised. The Communications team have advised there is appropriate wording on the Complaints page on the website to reflect this.
- 3.3 The last action was regarding recognition of staff and the Chief Executive has this in hand.

#### 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 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. Section 149 of the Act provides that we must have due regard to the need to;
  - a) eliminate discrimination, harassment, victimisation, and other conduct prohibited by the Act
  - b) to advance equality of opportunity
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share protected characteristics.

We should always 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 3 complaints which specifically referred to disability being a relevant consideration in terms of the impact on the individual but no evidence that these people were discriminated against. For example, disabled adaptations were not made to a property because it was not within the policy to do so in the circumstances described and an assisted collection with misplaced bins; bearing in mind that misplaced bins occur with the regular collections and is not particular to assisted collections, but our actions taken to rectify the matter were expedited by the Supervisor in question as a priority as it affected the resident's quality of life more, having a disability.
- 5.3 There were approximately 5 compliments which can be identified as relevant to the protected characteristics of age and disability; these were in relation to the Council's Home Improvement Agency, an assisted collection, one about the tidy up of an informal children's play area and one resident who remarked on how their young children looked forward to waving at the Refuse crew every week because they were so friendly and cheerful.
- 5.4 Since the last meeting of the Committee, Officers have conducted an Equalities Impact Screening Assessment on the Complaints Policy, following

the good practice set by the Business Development and Policy Officer in Housing. The assessment has been reviewed positively by the Council's Equalities Group and is attached at Appendix 'F' for information.

**(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.

## EQUALITY SCREENING

Equality Impact Assessment guidance should be considered when completing this form.

POLICY/FUNCTION/ACTIVITY	LEAD OFFICER
Complaints Policy	Mario Leo

**A. What is the aim of this policy, function or activity?** Why is it needed? What is it hoped to achieve and how will it be ensured it works as intended? Does it affect service users, employees or the wider community?

**The Council's corporate Complaints Policy is aimed at facilitating the resolution of complaints about the Council, or a Council service, whether provided by ourselves or another party/contractor. The Council must have a policy for dealing with complaints in a fair and consistent way which is accessible, straightforward and transparent and not overly bureaucratic for the person making a complaint or an administrative burden to the Council. The Policy also aims to ensure we learn from complaints to improve our policies and procedures.**

**Feedback is welcomed to ensure the policy is working as intended. Complaints are recorded centrally with access for nominated staff to make entries in the register and regularly monitored by the Standards and Audit Committee. The Complaints policy affects staff, Councillors and everyone that interacts with the Council from residents to contractors and partners.**

**Staff are made aware of the complaints policy and given guidance regarding how it operates and how they are recorded. A small pool of staff have access to the central register in order to keep it up to date**

**B. Is this policy, function or activity relevant to equality?** Does the policy, function or activity relate to an area in which there are known inequalities, or where different groups have different needs or experience? Remember, it may be relevant because there are opportunities to promote equality and greater access, not just potential on the basis of adverse impacts or unlawful discrimination.

The Protected Characteristics are; Sex, Age, Disability, Race, Religion and Beliefs, Sexual Orientation, Marriage and Civil Partnership, Gender Reassignment, Pregnancy and Maternity.

**The Complaints policy is applied to all regardless of any protected characteristic; people with a protected characteristic which might make it difficult to engage in the process can be assisted with making a complaint. We welcome the participation of an advocate who may be helping someone make a complaint and we accept complaints via various channels; in person, by telephone, in written format and via the website. The Complaints policy is a flexible two stage process and follows guidance issued by the Local Government and Social Care Ombudsman to whom a complaint can be made should someone be dissatisfied with the way the Council has handled their complaint.**

If the policy, function or activity is considered to be relevant to equality then a full Equality Impact Assessment may need to be carried out. If the policy, function or activity does not engage any protected characteristics then you should complete Part C below. Where Protected Characteristics are engaged, but Full Impact Assessment is not required because measures are in place or are proposed to be implemented that would mitigate the impact on those affected or would provide an opportunity to promote equalities please complete Part C.

**C. If the policy, function or activity is not considered to be relevant to equality, what are the reasons for this conclusion?** Alternatively, if it is considered that there is an impact on any Protected Characteristics but that measures are in place or are proposed to be implemented please state those measures and how it/they are expected to have the desired result. What evidence has been used to make this decision? A simple statement of 'no relevance' or 'no data' is not sufficient.

**The procedures carried out in pursuance of this policy do not require a Full Impact Assessment. The basis for this decision is as follows;**

**The Standards and Audit Committee receives regular reports on complaints including data where it is possible to identify where a complaint engages one or more protected characteristics. In 2019/2020 there were 77 complaints reported, 5 of which were relevant to the protected characteristics of age and/or disability because the people were disproportionately affected because of these factors. For example, a person with disabilities was more affected by the loss of a storage facility for their mobility scooter, but there was no evidence to suggest that people had been discriminated against. Conversely, the Council recorded 81 compliments in 2019/2020, 31 of which were relevant to the protected characteristics of age (young and older people), disability, pregnancy and maternity and gender. The people making compliments had referred to a protected characteristic. For example, a refuse worker was complimented for giving a higher level of assistance to a resident with collecting and returning their bin at a property because they were pregnant.**

**Complaints are considered on a case by case basis, and there are, as stated above, measures in place to ensure that anyone with a protected characteristic which might affect how they engage in the process can be assisted.**

This screening assessment will need to be referred to the Equality Group for challenge before sign-off.

Date completed: 6 January 2021

Sign-off by senior manager: (Mario Leo, signature redacted)

**11. 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.**

- |    |  |                |
|----|--|----------------|
| a) | <u>Exempt Items</u>  | <b>Paras</b>   |
|    | <b>EXEMPT APPENDIX 1 TO ITEM 10 COMPLAINTS AND COMPLIMENTS – QUARTER 3 2020/2021</b> | <b>1 and 2</b> |
| b) | <u>Confidential Items</u><br>(No items to be considered under this heading)          |                |