

Standards and Audit Committee

Tuesday 20 July 2021 at 7.30pm

**Council Chamber
Runnymede Civic Centre, Addlestone**

Members of the Committee

Councillors J Sohi (Chairman), D A Bassey (Vice-Chairman), M Adams, A Alderson,
J Broadhead, R Edis, L Gillham, N King, M Kusneraitis and J Olorenshaw

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

A G E N D A

Notes:

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

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

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

vi) The following Measures to comply with current Covid guidelines are in place:

- restricting the number of people that can be in the Council Chamber to 24
- temperature check via the undercroft for Members/Officers and Main Reception for the public
- NHS track and trace register, app scan is next to the temperature check
- masks to be worn when moving around the offices
- masks can be kept on whilst sitting in the chamber if individuals wish
- use of hand sanitisers positioned outside and inside the Council Chamber
- increased ventilation inside the Council Chamber

LIST OF MATTERS FOR CONSIDERATION

PART I

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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. Fire Precautions

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

2. Notification of Changes to Committee Membership

3. Minutes

To confirm and sign as a correct record the Minutes of the Committee held on 26 May 2021, as attached at Appendix 'A'

Runnymede Borough CouncilSTANDARDS AND AUDIT COMMITTEE26 May 2021 at 7.30pm

Members of the Committee Present: Councillors J Sohi (Chairman), M Adams (Vice-Chairman)
A Alderson, J Broadhead, R Edis, N King, L Gillham and
J Olorenshaw.

Members of the Committee absent: Councillors D Anderson-Bassey and M Kusneraitis

22. FIRE PRECAUTIONS

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

23. MINUTES

The Minutes of the meeting of the Committee held on 26 January 2021 were confirmed and signed as a correct record.

24. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D Anderson-Bassey and M Kusneraitis.

25. INTERNAL AUDIT SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT 2020/2021

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

Members were advised that since the last meeting a number of audits had been completed and/or reached a final draft being issued. These included Housing Health and Safety and Housing Repair and Maintenance and Income 'Cash and Bank which had also been issued with some priority 1 and 2 recommendations. In this regard Officers advised that work was being undertaken to become 'cashless' in the future, noting that car parks income was the only service where cash was used now and the paying in machine at main Reception was no longer needed which would produce a saving of approximately £5,000 per annum.

There were three audits in progress; these were Procurement, Main Accounting and the Depot. It was anticipated that the Depot audit would be reported to the next scheduled meeting of the Committee in July 2021 and the relevant Corporate Head would be invited given that it would be a limited assurance outcome.

Business Continuity and Absence Management and Planning Enforcement were scheduled to be completed in 2021/2022.

26. INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS

The Committee reviewed outstanding recommendations on a number of audits. Since the last meeting, 13 recommendations had been implemented and a further 14 were still to be completed by auditees and revised implementation dates were noted.

Members discussed Mandatory Training for Data Protection and Safeguarding and the importance of ensuring staff did the associated e-learning in a timely manner. Officers would discuss with line managers how to enforce these requirements, noting that 27% of staff had not yet completed Data Protection and reminders for both sets of training had been sent to relevant staff. It was suggested that the appraisals were an appropriate forum to discuss these matters with staff.

27. INTERNAL AUDIT ANNUAL REPORT 2020/2021

The Committee noted the Annual Report from TIAA for 2020/2021.

Members were pleased to note the Head of Internal Audit's Opinion that he was satisfied sufficient work had been undertaken to result in a positive conclusion on the Council's affairs, with adequate and effective management, control and governance processes in place to manage the Council's achievement of its objectives. TIAA had conducted 21 reviews; of those available, 9 were substantial, 8 were reasonable and one was limited. In terms of recommendations for the year, 1 urgent recommendation had been made (Housing Health and Safety), 22 important and 23 routine. Despite Covid, TIAA had successfully completed the year's plan and Members thanked the Head of Internal Audit and his staff for their work.

28. INTERNAL AUDIT ASSURANCE REPORT – HOUSING – MANAGING HEALTH AND SAFETY

The Committee noted an audit which had been issued as 'limited' assurance. In such circumstances Members were presented with the full report and recommendations and were addressed by the relevant Corporate Head and other Officers.

The aim of the review was to assess the control measures in place to ensure compliance with both statutory and regulatory health and safety requirements and best practice. Sample checks were included in respect of health and safety inspections regarding fire, gas, electricity, water, asbestos and lifts. TIAA had found that there were limited policies in place with no overarching Health and Safety Compliance Policy.

At the time of the audit 61% of properties had an up to date electrical inspection certificate and 49% had a valid asbestos survey with a significant amount of Fire Risk Assessments outstanding. The audit had pre-dated the new Corporate Head of Housing and Compliance Manager, both of whom confirmed that the situation had improved significantly since the Housing Regulator's report in 2019. A new Health and Safety compliance software package was now in place and, since her appointment in March 2021, the Compliance Manager had made a good start on building up the evidence base that had been lacking.

TIAA were keen to stress that the audit had not found that work wasn't being done, more a case that record keeping was in need of attention. Evidence of good practice had been identified with regard to water hygiene testing, lift inspections, Fire Risk Assessments and Gas Safety Certificates.

The Committee studied the detailed findings, noting there were 9 action points arising from the audit, all of which had been accepted by Managers and were in the process of being implemented. For example, following a comprehensive review, a new Health and Safety Policy was due to be considered by the Housing Committee at its next meeting in June 2021 and a training matrix was being developed to ensure staff were appropriately qualified. In addition, a series of comprehensive spreadsheets and other documentation was being created to provide the necessary evidence of compliance and appropriate monitoring arrangements.

TIAA confirmed that a follow up audit would be conducted after 12 – 18 months and Officers were confident that the outcome would be much more positive.

29. **ANNUAL GOVERNANCE STATEMENT 2020/2021**

The Committee's approval was sought to recommend to Corporate Management Committee the Annual Governance Statement for 2020/2021. The Statement took the usual format as in previous years, set within the Framework 'Delivering Good Governance in Local Government'. Officers confirmed that the Covid pandemic had changed how the Council operated in a number of ways which would be reflected in the Statement for 2021/2022.

The Committee was advised that as was the case with a number of local authorities, although the Statement for 2020/2021, the 2019/2020 statement had still not been signed off. Officers confirmed that as soon as it had been completed, an email would be sent to all Members.

Officers drew several parts of the Statement to the attention of the Committee. For example, the appointment of a member of the Accountancy team as the Finance Director of RBCS instead of the Assistant Chief Executive. With regard to governance controls, Officers confirmed that the third party declarations made by Councillors had been received from all but one of the former Councillors, but this was expected imminently.

During the year the Council had been tasked with the distribution of approximately £14m in grants to local legitimate businesses as a result of Covid. This grant money could not be carried forward beyond the end of June 2021. Covid had also given rise to increased fraud attempts and phone scams.

Members reviewed the action plan attached to the Statement which covered partnership working, Business Continuity Planning and Commercial property Rents. These were all on-going issues which were monitored closely, mainly through the Corporate Management Committee, although the important role of Standards and Audit was also noted.

RESOLVED that –

Corporate Management Committee be asked to recommend that the Chief Executive and Leader of the Council approve the Annual Governance Statement.

30. **LOCAL GOVERNMENT ETHICAL STANDARDS – BEST PRACTICE RECOMMENDATIONS – UPDATE ON IMPLEMENTATION**

The Committee received for information an update on how the Council was implementing the 15 best practice recommendations arising from the report issued by the Committee on Standards in Public Life in January 2019.

Members recalled that the most recent recommendation to be implemented was the introduction of a new Model Code of Conduct, adopted by the full Council in April 2021. This included a number of the other recommendations; for example, new provisions on bullying and harassment, a requirement on Councillors to comply with investigations about their conduct which were now subject to a public interest test included in the Council's Constitution. In place was an annual review of the Code of Conduct which was readily available to all parties. Related to the Code were gifts and hospitality. This procedure had been updated and was now available on the Council's website, appearing under each Councillor's profile which also included their declarations of interest. In this regard, Officers agreed to issue a reminder to all Councillors about the requirements for registering gifts and hospitality which now included a declaration of such that were not accepted. TIAA confirmed that an audit of gifts and hospitality arrangements was usually undertaken every three years.

The Committee was advised that owing to Covid the appointment of two Independent Persons had not yet been completed; plans were in hand to advertise when it was safe to conduct interviews face to face. The role of the Independent Persons was to be consulted when allegations were made in respect of a Councillor's conduct; specifically, to assess whether an allegation merited formal investigation or should be dismissed. With regard to such matters the Council had implemented the best practice recommendations to publish decisions made about conduct and to provide the public with straightforward and accessible guidance on how to make a complaint about a Councillor or co-opted Member. In addition, when the Council's new website went live, Officers were looking to create an interactive form to assist the public in making a complaint to the Monitoring Officer or his Deputy. Another recommendation regarding investigations was the provision to appoint another Monitoring Officer should a conflict of interest arise which was in place should the need arise.

The remaining recommendations related to other business of the Council. Members were advised that with regard to RBCI, RBCS and the RBC Heat Company, the recommendation had partly been complied with. Commercial Services had confirmed they would be content to publish their board agendas and minutes and annual reports in an accessible place subject to the redaction of commercially sensitive information.

The last recommendation had been complied with. Officers confirmed that the Chief Executive and other key senior staff met the Political Group Leaders every 4 weeks and Service Committee Chairmen on a monthly basis.

Officers were thanked for the detailed report and the Committee was content with all the progress that had been made.

31. **COMPLAINTS AND COMPLIMENTS – QUARTER 4 2020/2021**

The Committee reviewed the 45 complaints and 54 compliments recorded centrally for Quarter 4 of 2020/2021 from 1 January to the end of March 2021. 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 23 complaints had been upheld or partly so, and some had been about the same issues which had now been rectified concerning software provided by third parties to the Council. This highlighted the importance of retaining control, particularly when it reflected on the public's perception of the Council as being the responsible party.

The Committee was advised that for the year the Council recorded a total of 118 complaints and 184 compliments. Of the 118 complaints, 43 were upheld or partly so with most being resolved satisfactorily without the need for the resident to progress their complaint to stage 2 and only a very small number approaching the Local Government Ombudsman.

Officers reported that careful scrutinising of complaints had taken place. This revealed that often issues arose as complaints which were then re-routed as service requests. The importance of Service requests was noted, because if not responded to they could become complaints which could have been avoided.

The Committee noted on-going work with Digital Services to make the new website less prone to people using the general complaints form when there was a more direct route to have their issue resolved, such as missed bins, abandoned vehicles and anti-social behaviour.

Members were informed that It was often the case, especially with Housing, that residents would lodge a complaint instead of or as well as going through the agreed appeal stages. However, lodging a complaint did not bypass the process and residents were advised to following the procedures, based in legislation and local policy which then align to the decisions made at each stage.

The Committee reviewed the 'lessons learned', noting that, in future, obtaining this sort of information would rely on being able to see the original complaints. This was being investigated in connection with the new website.

Members were pleased with the high number of compliments with some of the same individuals appearing on numerous occasions as set out in the Exempt Appendix. Reading the register entries, the importance of accurate and historic record keeping was highlighted. Officers confirmed that congratulations to individuals receiving compliments on behalf of the Committee was carried out after each meeting of the Committee.

In terms of Equalities the protected characteristics of age and disability were engaged, but there was no evidence to suggest any discrimination occurring.

At a previous meeting Officers were asked to research the possibility of publishing a league table of complaints and compliments. It was hoped to report findings to the next meeting of the Committee on 20 July 2021.

Chairman

(The meeting ended at 8.35 pm)

4. Apologies for Absence

5. Declarations of Interest

If Members have an interest in an item please record the interest on the form circulated with this Agenda and hand it to the Legal Representative or Democratic Services Officer at the start of the meeting. A supply of the form will also be available from the Democratic Services Officer at meetings.

Members are advised to contact the Council's Legal section prior to the meeting if they wish to seek advice on a potential interest.

Members are reminded that a registrable interest includes their appointment by the Council as the Council's representative to an outside body. Membership of an outside body in their private capacity as a trustee, committee member or in another position of influence thereon should also be declared. Any directorship whether paid or unpaid should be regarded as a disclosable pecuniary interest, and declared.

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 other registrable interest and/or the interest could reasonably be regarded as so significant as to prejudice the Member's judgement of the public interest.

6. Summary Internal Controls Assurance (SICA) Report 2021/2022 (TIAA, Chris Harris)

Synopsis of report:

To inform Members on the progress made to date by TIAA, the Council's internal auditors, on the 2021/2022 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 2021/2022, as at 28 June 2021.

2. Report

2.1 The report identifies the audits which have been completed since April 2021.

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 2021/2022 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. At the time of

writing this report two audits were awaiting comments from the auditees (Main Accounting and Commercial Property) for which no recommendations were made and an audit on Procurement was in progress.

- 2.3 There is one Priority 1 Recommendation regarding the Depot and this is the subject of a separate report on this agenda.
- 2.4 Appendix 'B' refers to briefing notes issued by TIAA which will be circulated to Members of the Committee separately.

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

20 July 2021 – Standards and Audit Committee

2021/22

June 2021

Summary Internal Controls Assurance

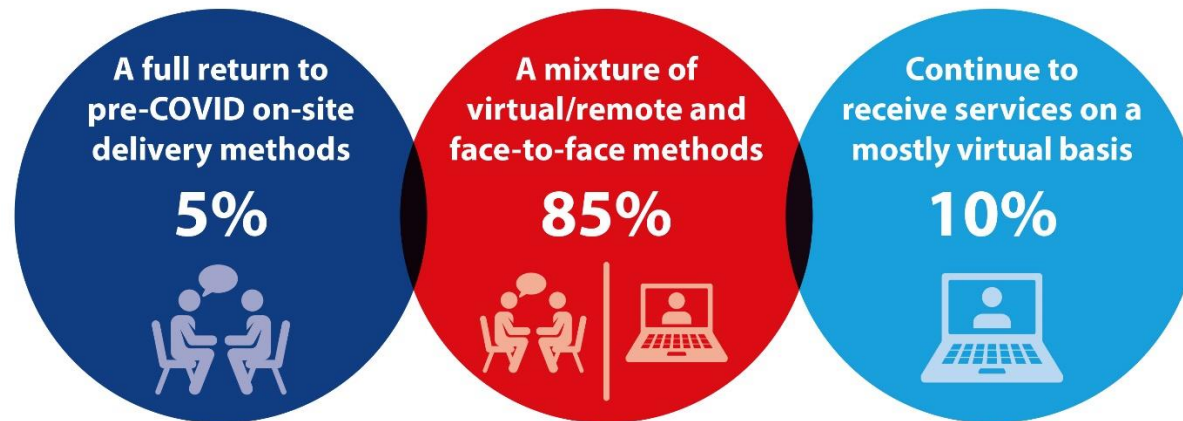
Introduction

1. This summary **controls assurance** report (SICA) 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 28th June 2021.

Emerging Governance, Risk and Internal Control Related Issues

2. With the easing of restrictions come the decisions by many businesses as to how they are going to operate in a post-lockdown world. There is a balance between the creativity and collaboration that arises from being in the same workplace and the benefits that arise from remote working and embracing of technology. Our approach is largely driven by how our clients are going to operate so we decided to ask their thoughts as part of our annual client survey. The majority of respondents said that they would prefer a mixture of virtual/remote and face-to-face provision of assurance services in the future. This is largely what we expected, although we recognise that is likely to vary between sectors.

How our clients would like their organisation's assurance services provided



3. Whichever model is adopted, we will continue to consider the impact on Governance, Risk and Internal Control of any changes to working practices.

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			
		Draft issued	Responses Received	Final issued	1	2	3	OEM
<u>2020/21 Audits</u>								
Procurement	In progress							
Main Accounting (General Ledger)	Substantial	09/06/21	Not Yet Received	DRAFT ONLY	0	0	0	0
Depot (including trade waste)	Limited	18/05/21	01/06/21	04/06/21	1	2	2	0
Commercial Property	Substantial	11/03/21	Not Yet Received	DRAFT ONLY	0	0	0	0
<u>2021/22 Audits</u>								
No 2021/22 audits have been finalised at the time of preparing this report								

5. The Management Action Plans for each of the finalised reviews with priority 1 or 2 recommendations are included at Appendix A. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified. In addition, the Depot is a Limited Assurance audit and this report is separately presented to this Committee and does not appear in Appendix A.

Progress against the 2021/22 Annual Plan

6. Our progress against the Annual Plan for 2021/22 is set out in Appendix B.

Changes to the Annual Plan 2021/22

7. The following audit has been cancelled from the 2021/22 internal audit plan.

Audit Description	Change to Plan
Runnymede Travel Initiative	Audit cancelled as the Yellow Bus Service is no longer operational.

Progress in actioning priority 1 & 2 recommendations

8. We have made one 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 separate Depot Audit report which is an agenda item for this Committee.

Mitigating risk exposures identified by internal audit reviews

Review	Date	Priority 1			Priority 2		
Depot	04/06/21	0	0	1	0	0	2

Root Cause Indicators

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

RCI – Direction of Travel Assessment

Root Cause Indicator	Qtr 3 (2020/21)	Qtr 4 (2020/21)	Qtr 1 (2021/22)	Qtr 2 (2021/22)	Medium term Direction of Travel	Audit Observation
Directed						
Governance Framework	41%	60%	-			
Risk Mitigation	-	-	8%			
Control Compliance	53%	40%	92%			
Delivery						
Performance Monitoring	6%	-	-			
Financial Constraint	-	-	-			
Resilience	-	-	-			

Frauds/Irregularities

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

Other Matters

11. We have issued a number of briefing notes and fraud digests, shown in Appendix D, since the previous SICA report. The actions taken by Runnymede Borough Council are summarised below:

Action taken by Runnymede Borough Council in response to Alerts issued by TIAA

Briefing Note	Management Response
Cyber – The Importance of Preparedness	
Liverpool City Council Best Value Inspection - December 2020 – March 2021	
NAO – Guidance for Senior Leaders to Improve Operational Delivery	
Grenfill Inquiry Safety Bill	
Fraud Alert	Management Response
NAO Good Practice Guide: Fraud and Error	

Responsibility/Disclaimer

12. 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.



Management Action Plans

The following Management Action Plans are included in this Appendix. Full copies of the reports are available to the Audit Committee 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
Depot (The audit full report is another agenda item for this Committee)	Limited



Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Risk Management	1	Fieldwork in progress	Postponed from Q1 to Q2 at request of Head of Service.
Commercial Property	3		
Data Quality (Including security of data)	1	Fieldwork in progress	Postponed from Q1 to Q2 at request of Head of Service.
Commercial Rents	3		
HR – Absence Management	2		Postponed at request of Head of Service.
Communications	2		Postponed from Q2 to Q3 at request of Communications Manager.
Key Revenue Controls:	3	Fieldwork start date scheduled for w/c 02.08.21	Deferred from the 20/21 audit plan.
Benefits and Council Tax Support	-		
Non- Domestic Rates (NDR)	-		
Council Tax	-		
Key Financial Controls:	3		
Accounts Payable (Creditors)	-		
Accounts Receivable (Debtors)	-		
Main Accounting (General Ledger)	3		
Payroll	3		
Treasury Management	3		

System	Planned Quarter	Current Status	Comments
Customer Services	1	Fieldwork in progress	
ICT – Contracts Management	3		
ICT – Software Asset Management	3		
Freedom of Information	1		Postponed at the request of the Information Governance Officer
Depot	3		
Runnymede Travel Initiative	2	CANCELLED	Audit cancelled as the Yellow Bus Service is no longer operational.
Planning Enforcement	2		Postponed at the request of the Development Manager.
Housing Rents	3		
Housing – Health and Safety	2	Fieldwork start date scheduled for w/c 26.07.21	
Housing – Repair and Maintenance	2	Fieldwork start date scheduled for w/c 13.09.21	
Housing - Enforcement	2		Postponed to October at the request of the Housing Services Manager.
Sheltered Centres/Accommodation	1	Fieldwork in progress	
Housing – Section 106	1		Postponed at the request of the Development Manager.
Follow up of Recommendations	1,2,3,4		Progress reports provided to each Standards and Audit Committee meeting.

KEY:

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

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
No Audits to report						




Briefings on developments in Governance, Risk and Control

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

Summary of recent Client Briefing Notes (CBNs)

CBN Ref	Subject	Status	TIAA Comments
CBN -21007	Cyber – The Importance of Preparedness		Action Required Audit Committees and Boards are recommended to obtain assurance or independent assessment, that IT incident management plans are robust and tested. A holistic approach is needed linking backup provisions, business continuity plans, and IT incident response plans.
CBN - 21013	Liverpool City Council Best Value Inspection December 2020 – March 2021		Action Required: Not Urgent Audit Committees and Boards/Governing Bodies are advised to review practices referred to in the report, with particular emphasis on the eight points noted within recommendation three.
CBN - 21014	NAO – Guidance for Senior Leaders to Improve Operational Delivery		Action Required: Not Urgent Chief Executives, Chief Operating Officers and Operational senior management are asked to note the guidance and to reflect on the principles outlined in respect of the application within their own organisation.
CBN - 21015	Grenfill Inquiry Safety Bill		No Action Required To note awaiting further legislation and potential action.

Summary of recent Fraud Alerts

Ref	Subject	Status	TIAA Comments
CBN-21008	NAO Good Practice Guide: Fraud and Error		<p>Action Required: For Information Only</p> <p>Boards and Governing Bodies to be made aware of the NAO Good Practice Guidance, in particular the Fraud and Error Audit Framework</p>



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 28 June 2021.

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

2021-22

July 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 June 2021. Since the previous follow up review was carried out (April 2021), 8 recommendations have reached their initial or revised 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	5
Outstanding	3
No Longer Applicable	0
Not Implemented	0

4. For the five 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 three recommendations classified as Outstanding, these will continue to be periodically monitored, and details relating to the specific recommendations in these cases have been included in the Detailed Findings section below. In two cases revised implementation dates have been set. In one case relating to Data Protection training, an update on training completion statistics was not available at the time of the follow up. However, it has since been provided and can be followed up with individual members of staff accordingly.



Scope and Limitations of the Review

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

Release of Report

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

Date final report issued:	1 July 2021
----------------------------------	-------------



Detailed Findings

Follow Up

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

11. Data Protection

Audit title	Data Protection	Audit year	2020/21	Priority	2
Recommendation	Action be taken to ensure that all staff complete the mandatory Data Protection training on an annual basis.				
Initial management response	<p>A review of the training programme had been undertaken by the DPO and IGO. It was acknowledged that the existing course is not the most user-friendly. We have looked to create a shorter refresher data protection course from April 2021.</p> <p>In the meantime, the existing training has been re-launched for completion by end of October 2020 (or April 2021 if completed in the last six months). We have suggested that data protection training is linked to appraisals.</p>				
Responsible Officer/s	All Line Managers / Learning and Development Manager	Original implementation date	Relaunch of current training- 01/09/20 Training completed by 31/10/20 (unless the individual has completed the training within the last 6 months. Then completion date by 31/03/21) Launch of new training by 01/04/2021	Revised implementation date	TBC
Latest Update	<p>It was confirmed that this has been partially implemented as the training had been re-launched. As at December 2020, 27% of employees were still required to complete the training; it was advised that due to the Covid 19 response some officers have not been able to prioritise this training.</p> <p>As at April 2021, the current statistics on e-learning completion were not available at the time of this follow up review. This will continue to be monitored as part of periodic follow-up reviews.</p>				

	During this follow up review, the situation remained the same; However, an update has now been provided and 23% of staff have yet to complete the training. It was advised that the process will change now that the L&D Manager is back in the office to give her manager access to these reports and training for business continuity going forward.	
Status	Outstanding	

Audit title	Data Protection	Audit year	2020/21	Priority	2
Recommendation	Privacy statements be reviewed to ensure that individuals are provided with all relevant privacy information at the time their personal data is collected.				
Initial management response	<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>				
Responsible Officer/s	DPO / Web Editors	Original implementation date	31/12/20 (subsequently revised to 01/06/21)	Revised implementation date	31/07/21
Latest Update	<p>As part of the December 2020 follow up, it was confirmed that Privacy Notices had 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 was still in progress and would be implemented as part of the launch of the new website. The target date for this was originally advised as June 2021, however during this follow up it was advised that the website will be going live at the end of July 2021. A revised implementation date has been set accordingly.</p>				
Status	Outstanding				A revised target date has been set.



12. Safeguarding

Audit title	Safeguarding	Audit year	2020/21	Priority	3
Recommendation	Roles and responsibilities for departmental Safeguarding representatives be formalised, with contact information made readily available to all staff.				
Initial management response	A more formalised process will be introduced for safeguarding leads across the Council.				
Responsible Officer/s	Corporate Head of Community Development	Original implementation date	31/03/21 (subsequently 31/05/21)	Revised implementation date	01/08/21
Latest Update	It was advised by the Corporate Head of Community Development that guidance for department representatives is currently a work in progress, with advice also sought from neighbouring authorities as to how they have set up their internal safeguarding process. A revised implementation date has been set.				
Status	Outstanding			A revised target date has been set.	



8. **Internal Audit Assurance Report – Depot (TIAA, Chris Harris)**

Synopsis of report:

To inform Members on the outcome from the Depot internal audit report that has received a “Limited” Assurance opinion

Recommendation(s):

None. This report is for information.

1. **Context of report**

1.1 Attached at Appendix ‘D’ is the Assurance Review of the Depot report.

2. **Report**

2.1 Following an audit of the Depot a number of recommendations have been made including a Priority 1 recommendation. As a direct result of these recommendations the assurance opinion is “Limited”. As agreed with Members, all “Limited” assurance reports would be presented in full to the Standards and Audit Committee.

2.2 The Corporate Head of Environmental Services has been invited to attend this meeting.

3. **Resource implications**

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

4. **Legal and Equality implications**

4.1 None.

(For information)

Background papers

Relevant Internal Audit working files and report



Runnymede Borough Council

Assurance Review of Depot

2020/21

June 2021

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Health and Safety risks aspects relating to the services provided by the Depot

KEY STRATEGIC FINDINGS

- Recommendations made during the previous audit (26 April 2018) have not been actioned. These are now Urgent/Important to be actioned as soon as possible.
- Discussions with the Depot Manager during the review confirmed that since the optimisation route package for the Bartec system is still to be purchased the system is only working at 60% efficiency.
- Stock checks of the various bins should be conducted every three weeks. Regular stock checks had occurred however discussions with the Administrative Assistant confirmed that they were no detail Stock take Procedures as well as specifically identifiable re-order levels.

GOOD PRACTICE IDENTIFIED

- Whilst most local authorities had seen some disruption to their waste collections during Covid 19, Runnymede residents had received a full service throughout this period.

SCOPE

The review considered the following key areas

- Procedures and processes in place to monitor and manage the site management, the process for paying for services and how this is evidenced and authorised;
- The process for managing the quality of service and in particular the management of the depot;
- The process for managing the performance of the recycling arrangements;
- An effective system of complaints monitoring exists;
- Stock is properly controlled;
- Value for Money is constantly being reviewed;
- The collection monies for Trade Waste is adequately controlled.

ACTION POINTS

Urgent	Important	Routine	Operational
1	2	2	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	It was noted in the previous audit review that the Depot did not have its own risk register, and a recommendation was raised in this respect. Given the nature of the work undertaken at the Depot, such as refuse collection/street cleaning, where aspects of this work could be classed as high risk, particularly with regard to health and safety, the associated risks should be considered. Discussions with the Depot Manager during this review confirmed that a risk register relating specifically to the depot is not yet in place. Discussions with the Corporate Head of Environmental Services confirmed that they are still in the process of evaluating the risks relating to the Depot, in particular relating to Health and Safety. A Covid Health and Safety risk assessment has been conducted as well as a Health and Safety Audit.	The Depot create its own risk register to identify the key risks associated with the Depot and how these are being controlled and managed.	1	<i>The recommendation raised in the previous report was for a separate risk register for the depot be 'considered'. This was then agreed by the then DSO manager with a target date of 1 July 2018. Follow up of this in Oct 2019 found this remained outstanding and it was subsequently brought to the attention of the new DSO manager in Dec 2019 with a revised date for action being agreed with the CHoES of April 2020. Revised further to April 2021 as a direct impact of Covid and awaiting the outcome of the 'depot feasibility study' commenced in Feb 2020 but also delayed for the same reason. New implementation date set to allow for outcome of on-going H&S risk assessments report.</i>	30/09/21	DSO Manager /CHoES

PRIORITY GRADINGS

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

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

3 ROUTINE Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	It was noted as part of the previous audit that induction training provided should become an annual training requirement for all operatives. Therefore it would take into account any changes during the year and act as a refresher. In addition a central record should also be maintained to record what training has been provided and when the training was given. Discussion with the Depot Manager during the review confirmed that relevant training had not taken place during 20/21 due to the Covid Pandemic as social distancing while training is quite difficult. In addition, no records were available of recent training prior to the pandemic, and it was advised that a training matrix is not yet in place. In addition the Direct Services Organisation (DSO) Procedure Manual currently does not outline the procedure relating to Training.	Operatives to undergo annual training to make sure they are aware of any changes to procedures and to eliminate any bad habits that might have developed over time, and a central training log be developed to provide a comprehensive record of all training given with evidence of competency and understanding. The procedure manual be updated to reflect the procedure and process relating to Training.	2	<i>Noted and agreed. Proposed new post of depot compliance officer to cover all staff training requirements. However, this is subject to on-going recruit freeze.</i>	30/04/22	DSO Manager /CHoES
3	Directed	It was noted as part of the previous audit review that the main gate to access the depot was broken and that though CCTV is in operation around the depot, this required upgrading. Discussions with the Depot Manager during the review confirmed that, while ad-hoc repairs have been carried out, the infrastructure at the depot is still very poor including the Intercom and CCTV as well as the entrance gate.	The security at the Depot be reviewed and appropriate action taken to keep the site secure by use of both physical security measures (a working gate) and via adequate surveillance.	2	<i>These are both longstanding issues and indicative of a lack of regular maintenance and investment by the authority into what are ailing facilities. Both are included in the current depot feasibility study and require financial investment to rectify.</i>	<i>Long term remedy dependent of the outcome of the feasibility study due to report in Sept 2021.</i>	DSO Manager /CHoES

PRIORITY GRADINGS

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

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

3 ROUTINE Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	It was noted as part of the previous audit review that the Waste Management System (Bartec) enables all vehicles to be accurately tracked and for important data for each round to be monitored from the depot. Discussions with the Depot Manager during the review confirmed that the Bartec system is currently being used to produce monitoring reports such as the number of garden waste bin subscribers, trade waste customers and list of clinical waste collections. (The monitoring reports could not be reviewed during testing though the information had been requested). However since the optimisation route package for the system is still to be purchased the system is only working at 60% efficiency, therefore the system needs further consideration as to its effectiveness.	Consideration be given to the purchase of the optimisation route package.	3	<i>Agreed. Finance was sought for this upgrade by the DSO but not forthcoming due to present financial pressures. A report to be made to the relevant committee requesting funding to upgrade the system.</i>	30/09/21	DSO Manager /CHoES

PRIORITY GRADINGS

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

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

3 ROUTINE Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	As per the Direct Services Organisation Procedure Manual stock checks of the various bins should be conducted every three weeks. The Bins stock check record for the period April to December 2020 were obtained and reviewed. It was noted that regular stock checks had occurred during that period relating to the various types and sizes of Bins. In addition all deliveries and the Annual Monthly Usage had been recorded. However discussions with the Administrative Assistant confirmed that they were no detailed Stock take Procedures as well as specifically identifiable re-order levels.	Detailed stock take procedures be documented and a re-order level established, where appropriate.	3	<i>Noted.</i>	30/09/21	DSO Manager /CHoES

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No Operational Effectiveness Matters were identified.				

ADVISORY NOTE

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

Findings



Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	Risk Mitigation The documented process aligns with the mitigating arrangements set out in the corporate risk register.	Not In place	1	-
C	Compliance Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	2, 3, 4 & 5	-

Other Findings



A Direct Service Organisation (DSO) Procedure Manual is maintained. The manual provides guidance and direction for all staff working at the Depot. As part of the previous audit review, a recommendation was included as procedures were in need of a refresh to take account of any changes and update required. A copy of the latest Procedure Manual was provided, and discussions with the Depot Manager confirmed that it had been reviewed / updated in November 2020. The Procedure included various aspects such as:

- Recording of timesheets including Annual Leave, Flexi leave and Sickness Absence;
- Clinical Waste and Illegal Waste Collection;
- Vehicle Maintenance and repair;
- Stock Checks.

Other Findings



None of the previous audit recommendation relating to Training, Risk Register and Security at the Depot had been actioned. Therefore these have been restated as part of this report. The only recommendation that had been actioned related to the updating of the Direct Service Organisation Procedure Manual.



Discussions with the Depot Manager during the review confirmed that complaints are being currently dealt with initially by the Contact Centre, although it was considered that a number of the complaints coming through to the department could have been resolved at source, therefore it would be beneficial for staff at the contact centre to spend some time at the depot to understand how it operates. The Corporate Head of Environmental Services stated that 99% of complaints are dealt by the contact centre but in many cases whilst listed as a complaint they are actually a service request such as bin have not been collected.

The complaints register was obtained and reviewed. It was noted that the register recorded the following information:

- Date received;
- Business Centre/Team;
- Detail of Complaint;
- Name;
- Ward;
- Officer's dealing with the complaint; and
- Stage 1 and Stage 2.

However it was noted that in five out of the 11 cases the response was overdue as per the complaints register. The timeframe for actual complaints responding is 3 weeks. Discussions with Democratic Services confirmed that the number of compliments received by the Depot in 2020/2021 so far (excluding quarter 4) was as follows:

- 29 in quarter 1;
- 17 in quarter 2; and
- 19 in quarter 3.

Other Findings



The number of complaints regarding services provided by the Council's DSO was as follows:

- 0 in Quarter 1;
- 10 in quarter 2; and
- nine in Quarter 3.

A basic analysis of these complaints showed the following themes:

- Service provision and/or disagreement with or misunderstanding Council policy – four;
- Staff conduct – four;
- Missed bins (on more than one occasion) – four;
- Misplaced bins when collecting – e.g. obstructing driveways etc. – three;
- Damage to plants etc. when returning bins at a property – two;
- Delays in response to a service request – one;
- Drains/vegetation – one (Surrey County Council highways function).



It was noted in the previous audit that the current contract relating to vehicle maintenance with Riverside Truck Rental was due to expire in March 2018. A two year contract extension to March 2020 had been agreed and approved by the appropriate Committee. Discussions with the Depot Manager during this review confirmed that a contract for vehicle maintenance is now in place with a new supplier (Specialist Fleet Services Ltd). Relevant details are included on the Council's contract register; the contract covers the period from 1 April 2020 to 31 March 2025, an OJEU Open method of procurement was used, and the total estimated value of the contract is approximately £1.45million.



It is a Corporate Business Plan Action Point to reduce waste and increase recycling from domestic properties. It is also part of the Sustainable Community Strategy to reduce waste and use Runnymede Borough Council resources to support Surrey County Council in achieving recycling targets. Discussions with the Corporate Head of Environmental Services confirmed that The Environment and Sustainability Committee approved the recycling and waste policy / strategy – July 2020. Since then the recycling performance has increased by 7.5% as well as contamination levels reducing from 16.7% to 5.1%. This has been achieved by the operational crews and office staff checking and undertaking visits to inspect bins prior to collection.

Other Findings



A sample of five Trade Waste Invoices relating to the period January 2021 to March 2021 was selected. In all cases the Invoices had been paid promptly and in 1 case where the invoice had not been paid promptly a Reminder Letter had been sent. The aged debtor listing to the Trade invoices was reviewed as well as Trade Waste Customers that had suspended their services due to the Covid Pandemic. The following was noted :

- The total amount outstanding as at 31 January 2021 is approximately £5660
- Out of 283 invoices outstanding only 12 related to invoices outstanding prior to 21 December 2021
- There were 19 suspensions of services due to the Covid Pandemic.

The system was considered to be operating effectively and no issues were identified.



Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring 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.	In place	-	-
FC	Financial Constraint The process operates within the agreed financial budget for the year.	Out of scope	-	-
R	Resilience Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Out of scope	-	-

Other Findings



Discussions with the Depot Manager during the review confirmed that there are KPIs in place relating to the Depot, however for a number of these the performance information is typically 3-4 months behind as they receive the information from a third party (Surrey Waste Services).

Discussions with the Corporate Head of Strategy confirmed that Key Performance Indicators relating to the Depot are being produced, and are reported to the Environment and Sustainability Committee (the latest report being presented in January 2021 in relation to Quarters 1 and 2). These performance indicators also form part of the set of Corporate Performance Indicators which are reported quarterly to the Corporate Management Committee. The Corporate Performance Indicators Report for Quarter 2 relating to Environmental Services was reviewed. There were four indicators relating to the Depot as follows:

- Dried Mix recycling Rate: the Target was 23%,
- Garden and Food Waste: the Target was 23%,
(The combined figure for 1 and 2 above was 50.2% which is above the 46% target.)
- Percentage of Bins Collected: the Target was 99.87% - for Quarter 1 the actual percentage was 99.94% and for Quarter 2 was 99.95%. It was noted that the targets were exceeded despite increased residential waste production during Covid-19 lockdown.
- Number of Street Cleansing Reports: the Target was 150 - for Quarter 1 the actual was 109 and for Quarter 2 was 126. Performance exceeded the target in both quarters.

Other Findings



It was noted as part of the Environmental and Sustainability Committee January meeting that given the pressures on the service due to Covid 19 this was very impressive. Members were pleased to note the figures and stressed the value of having their own DSO, particularly at these unprecedented times. Whilst most local authorities had seen some disruption to their waste collections during Covid 19, Runnymede residents had received a full service throughout this period.



The budget statement for the year ending 31 March 2021 relating to the Depot was obtained and reviewed. It was noted that the Estimated Net Expenditure relating to the depot was £20,898 however the actual as at the year ending 31 March 2021 was a net income of £668. Discussions with the relevant senior accountant confirmed that the main reason for the variance was a Depot Reorganizational Underspend of £23,000 which was carried forward to 2021/22 as the Health and safety feasibility study has not been completed and therefore resulted in the underspend.

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

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

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	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.
Limited Assurance	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.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

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

Release of Report

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

Stage	Issued	Response Received
Audit Planning Memorandum:	2 nd July 2020	28 th July 2020
Draft Report:	18 th May 2021	1 st June 2021
Final Report:	4 th June 2021	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	Runnymede Borough Council
Review:	Depot
Type of Review:	Assurance
Review Agreed By:	In the Annual Plan 2020/21

Planned Start Date:	TBC
Planned Exit Meeting Date:	TBC

Lead Auditor:	Jon Sims/Laila Somji
Exit Meeting to be held with:	Peter Burke

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed (to be covered at the opening meeting).	Y/N
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	
Have there been any significant changes to the process?	
Are there any particular matters/periods of time you would like the review to consider?	

Detailed scope will consider:	Directed	Delivered
	<ul style="list-style-type: none"> • Documented • Risk Mitigation • Compliance 	<ul style="list-style-type: none"> • Performance monitoring • Reputational • Financial control

Outline scope (per Annual Plan):
<p>The review considers the following key areas:</p> <ul style="list-style-type: none"> • Procedures and processes in place to monitor and manage the site management, • The process for paying for services and how this is evidenced and authorised, • The process for managing the quality of service and in particular the management of the depot • The process for managing the performance of the recycling arrangements. • An effective system of complaints monitoring exists • Stock is properly controlled • Value for Money is constantly being reviewed • The collection monies for Trade Waste is adequately controlled

Detailed scope / requested additions to the scope

Information / documentation request
<p>Policy and procedures relating to the depot</p> <p>Depot Risk register.</p> <p>Key Performance Indicators</p> <p>Details on the Waste Management System</p> <p>A list of complaints for 2019/20</p> <p>Stock control register</p>

9. COMPLAINTS AND COMPLIMENTS - QUARTER 1 2021/2022 (Law and Governance, Clare Pinnock)

Synopsis of report:

To provide Members with a summary of the complaints and compliments received from 1 April – 30 June 2021 (Quarter 1 of the KPI reporting structure), and reporting on any matters that have arisen since the last meeting of the Committee in May 2021.

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 (and a separate register for 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 people seeking information and explanations of Council policy are not generally regarded as complaints. Nevertheless, they should still be dealt with in a timely manner, be as helpful as possible to avoid a complaint being lodged subsequently and to maintain a high standard of customer service to our residents, businesses, and visitors to the borough.
- 2.3 There were 36 entries in the complaints register and 19 compliments recorded in Quarter 1 of 2021/2022.

2.4 Complaints Quarter 1 2021/2022

The table below sets out the figures for Quarter 1 2021/2022

Business Centre	Quarter 1
Commercial Services	0
Community Development	6
Community Services	2
Corporate Services	0
Customer, Digital and Collection Services	3
Development Management and Building Control	4
Economic Development and Planning Policy	0
Environmental Services	8
Financial Services	4
Housing	8
Human Resources	0
Law and Governance	1
Total	36

- 2.5 Of the 36 complaints recorded, 8 were upheld, including 3 that were partly upheld. Those upheld were regarding a contractor (so not ourselves), two system faults which have since been fixed, mice in an empty Council owned property getting into a neighbouring property and an alleged data breach which technically was not a breach but because we had to take action it is classed as upheld. The three that were partly upheld concerned an explanation of a legal issue and two where technically we had been at fault but once the circumstances were explained both residents were sympathetic.
- 2.6 One 'complaint' was removed from the register as it was an anti-social behaviour report which the service area Manager confirmed was being dealt with and another complaint was withdrawn once an explanation of the issue was provided.
- 2.7 There were 11 complaints for which a response is overdue from Quarter 1. The relevant managers were sent a reminder, one responded to say theirs was nearing completion, but it was quite complex, and owing to pressure of other work, had not yet been signed off. Another Manager responded to say they would confirm what the position was and update us accordingly.

Lessons Learned

2.8 Members have requested some analysis of complaints and how service improvements can be made using the data available and for this section on lessons learned to be reinstated into this report. The following has been identified from information provided in the register:

- Staff to follow reasonable instructions
- Clear explanations of Council policies and procedures
- The need for residents to use correct reporting procedures for anti-social behaviour unless they feel that we as a Council have not acted on their report.
- Need for sufficient staff resources to address ‘hot spot’ area issues

2.9 Regarding reporting anti-social behaviour, the Community Safety Co-ordinator has confirmed that the reporting form has been revamped and we should see an improvement in reporting lines when the new website goes live.

2.10 **Compliments Quarter 1 2021/2022**

Business Centre	Quarter 1
Commercial Services	0
Community Development	8
Community Services	1
Corporate Services	1
Customer, Digital and Collection Services	4
Development Management and Building Control	0
Economic Development and Planning Policy	0
Environmental Services	5
Financial Services	0
Housing	0
Human Resources	0
Law and Governance	0
Total	19

2.11 There were 19 compliments received for Quarter 1 2021/2022. The details, where staff/particular sections were named, are set out in Exempt Appendix ‘1’. Members will note that there was a significantly smaller number of compliments than the last quarter (56). However, we had far fewer complaints as well (45).

- 2.12 The compliments were by and large for the same teams and individuals as in the last quarter and it was also pleasing that the Meals at Home staff received a compliment.
- 2.13 The breakdown of complaints and compliments in Quarter 1 2021/2022 by Ward is set out below (- denotes complaints and + compliments)

Ward	Quarter 1	
	-	+
Addlestone North	11	1
Addlestone South	1	1
Chertsey Riverside	2	
Chertsey St Ann's	1	1
Egham Hythe	2	1
Egham Town	3	2
Englefield Green East	3	1
Englefield Green West	2	2
Longcross, Lyne and Chertsey South		1
New Haw	2	
Ottershaw	1	1
Thorpe	1	1
Virginia Water	4	
Woodham and RowTown		
Out of Borough	3	7
Unrecorded	0	0
Totals	36	19

- 2.14 Ward based information is fairly consistent. Addlestone North had the most complaints; 5 were related to anti-social behaviour, but to clarify, three residents who complained had experienced something as a result of other people's actions, rather than complaining about the anti-social behaviour itself. The other 5 complaints were regarding refuse and recycling (3) and Housing (2).
- 2.15 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.
- 2.16 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, taking the time to deal with often detailed enquiries, complex situations and showing empathy and understanding to people that are often upset and isolated.

3. **Policy framework implications**

3.1 The Ombudsman recently recommended updated wording for when a complaint has completed the internal 2 stage process, and the complainant is advised of their right to approach the Ombudsman. This wording has been adopted into our Complaints Procedure.

4. **Resource implications**

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

5. **Equality implications**

5.1 The Council has a duty under the Equality Act 2010. 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 at all times act in a way that is non-discriminatory through our policies and procedures and interactions with people.

5.2 In the last reporting period there were no compliments which can be considered relevant to any protected characteristics, and one complaint (each) that could be identified as relevant to disability and race but there is no evidence to suggest there was discriminatory behaviour involved. The complaint relevant to race was not upheld and the other is 'overdue' but being looked at. The person making the complaint had the same issue as other people who didn't share that characteristic.

(For information)

Background papers

The Complaints and Compliments Registers held on the Council's feedback drive and relevant (part exempt) emails on the Council's outlook system.

10. **Complaints and Compliments – League Tables (Law and Governance, Clare Pinnock)**

Synopsis of report:

To present the findings on research into publishing league tables for complaints and compliments as requested by the Committee

Recommendation that –

the Council does not publish a league table of complaints and compliments, but this be kept under review

1. **Context of Report**

- 1.1 At the last meeting of this Committee, Officers promised to bring a report to this meeting regarding the merits or otherwise of publishing a league table of complaints and compliments on the website. The suggestion had first been raised at the meeting of this Committee in November 2020, but Officers have not been able to action that request until now owing to pressure of other work.
- 1.2 At the meeting in November 2020, Members will recall a discussion arising from the complaints and compliments report submitted to the Committee about whether it would be a good idea to publish a league table of complaints and compliments on our website. This was something that had been mentioned at a webinar Officers attended, hosted by the Ombudsman, who had suggested that publication of complaints and compliments data might be one way of demonstrating transparency on feedback by local authorities.
- 1.3 Members were asked to consider whether some form of league table would be a good idea or if resources could be better used issuing more guidance to staff about effective complaint handling and promoting the Ombudsman's Guidance on Remedies.

2. **Report**

- 2.1 To prepare this report, we have looked at other Councils websites, and a range of others where it was likely league tables might appear.
- 2.2 The overall picture was that we could not find any Council that publishes a league table of complaints or compliments. League tables and published complaints data appears to be largely confined to either the private sector such as league tables of estate agents, energy companies etc, or where there is an independent body scrutinising their work. For example, OfCom's website lists details of complaints they've investigated and those not pursued and why.
- 2.3 A number of consumer organisations such as Which? and other advisory bodies do create league tables on performance of various companies and/or for how complaints are handled. For example, Citizens' Advice have a statutory remit to publish energy supplier performance data. From 2014 – 2017 this was a separate document published quarterly; thereafter complaints handling data was incorporated into their energy supplier rating data which provides an ongoing record of complaints performance.
- 2.4 In the public Sector the Local Government and Social Care Ombudsman publishes data on all local authorities, and in a similar way the Housing and Financial Ombudsman's sites.
- 2.5 Schools and University League tables have been in existence for many years and have become more complex in their approach. However, their criteria do not explicitly include how many complaints they've had; rather a satisfaction rating with various elements of college life, largely based on feedback and perception, so can be viewed as rather subjective. The league table element is introduced by the number of courses they do, degree results, fees etc.

- 2.6 Others produce complex tables like the Financial Conduct Authority and there are other organisations like 'hacked off' the Press Complaints Commission and Police Complaints Commission.
- 2.7 Any organisation has to avoid the impression of marking one's own homework, which makes it important that complaints handling is carried out by an independent group and if a league table were produced it needs to stick to salient, factual based criteria. For example, number of complaints, how many resolved within procedural guidelines and deadlines, how many upheld, partly upheld, and any re-occurring themes which would suggest there's a problem to be investigated further.
- 2.8 The value of league tables also depends on the criteria used and what figures are relied on. For example, the Council might have received 50 complaints about something but without the qualifying information of how many of these were upheld, the raw data can easily be taken out of context. We know this from the way the Ombudsman presents some of their figures with regard to compliance with decisions when in one year we came out as 0% compliance, but this was simply because we'd had no cases where we'd been asked to comply with a decision.
- 2.9 There have been a number of articles regarding league tables. For example, 'Inside Housing' published an article in October 2020, which suggested that league tables can have a detrimental and demoralising effect.
- 2.10 The Information Commissioner makes a point of saying that they do not publish league tables and provides some cogent reasons for this which include that their primary purpose is to track and progress individual cases and so that data is not used in isolation but is used more to identify trends and assess the level of their caseload.
- 2.11 Therefore, the Information Commissioner provides information in the form of an annual excel spreadsheet with those organisations/authorities who have had cases falling into different data protection categories such as disclosure of personal details. One could simply add up the number of potential breaches and draw conclusions, but would this be a useful exercise to know that in a particular month or year Surrey County Council had 12 cases and we had none?
- 2.12 It is acknowledged that the public have a legitimate interest in complaints and how they are resolved, so any data should be meaningful but must not breach any Data Protection considerations.
- 2.13 The ICO also helpfully provides some narrative on why they do or do not publish case outcomes which have some transferrable arguments for and against league tables which we used (and added to) to produce the following factors:
- 2.13.1 Factors in favour:
- It is an opportunity for education or to prevent a breach of the law
 - The issue is new or ground-breaking and therefore noteworthy
 - The issue is relevant to the Council's Corporate Business Plan
 - It is likely to prevent similar complaints being lodged

- There is a reputational risk to public confidence in the Council if we do not publish or publicise
- The issue is already in the public domain.
- Publication would help clarify the facts of the matter
- It could demonstrate or encourage an improvement in our services

2.13.2 Factors preventing or deterring publishing or publicising:

- It could prejudice a trial or other legal proceedings
- An investigation is under way that could be hindered by publicity, or the investigation may come to nothing
- It would or could reveal personal or highly commercially-sensitive information and it would be unfair to put it into the public domain.
- There is a reputational risk to public confidence in the Council if we do publish or publicise
- It could breach Data Protection if not carefully managed
- Figures could be skewed by persistent or vexatious complaints which would have to be monitored and filtered by prior to publication

2.14 It is also the case that some complaints are multi-faceted, complex and time consuming and we would not be comparing 'like for like' looking at figures alone. In addition, Officers from across business centres are often involved and it would be unfair to look at figures and judge performance if one complaint can (and often does) cover an extensive period of time because of either the nature of the complaint and/or the person making the complaint.

2.15 It might also be worth taking into consideration Freedom of Information Requests or Subject Access Requests about complaints or compliments.

2.16 The register shows that from January 2020 to the present day we have received the following requests which asked for the number of complaints we had received as set out below:

Date	Issue
13.01.2020	Smells
16.01.2020, 24.01.2020, 20.08.2020, 10.09.2020, 26.01.2021, 12.02.2021, 19.02.2021, 08.03.2021	Noise – includes about neighbours, vehicles, construction sites and statutory noise complaints
10.02.2020	High Hedges
08.07.2020	Disability Discrimination
10.09.2020	Sports coaches
22.10.2020	Christmas lights and decorations
13.10.2020	FOI and our complaints service
05.11.2020	Face masks
27.11.2020	Complaints and liability claims
20.01.2020	A subject access request about complaints held by the Council on an individual

06.04.2021, 07.04.2021	Social housing and stock levels
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- 2.17 Some of our services publish as part of their annual reports how many complaints they have received. For example, Safer Runnymede (to note they received none in 2020). Licensing log complaints received about the taxi trade on an internal database but there is no upward reporting or requirement to do so by central Government. Others carry out satisfaction surveys.
- 2.18 Statistical data is presented in other areas such as Community Safety, and Surrey Police report on crime figures to the Crime and Disorder Committee; which are league tables of a sort.
- 2.19 We have canvassed the opinion of the Senior Leadership Team and staff that deal with complaints and their feedback (received at the time of writing this report) included:
- 2.19.1 *“The senior Housing Management team receives data on complaints’ response times monthly, we log changes/improvements made to policies or procedures as a result of complaints, we report on complaints received in our annual report to tenants and we complete an annual self-assessment of our performance on complaints against the Housing Ombudsman Code of Guidance – all actions to demonstrate transparency and a determination to use complaints to drive service improvements”*
- 2.19.2 *“...it is right to publish a summary of the complaint types we receive and the compliments we receive. We produce...a summary of the complaints we receive in Housing and that goes to the Housing Committee. It is important that we are transparent as an authority – producing this kind of data is part of that move towards greater transparency”*
- 2.20 With regard to publishing a league table of compliments; this could be viewed as having some positive outcomes. For example, the NHS has found that it:
- *“Reduces ward staff stress levels and increases confidence;*
 - *Improves staff wellbeing;*
 - *Improves team working toward a shared goal;*
 - *Increases motivation from ward team to continue the initiative;*
 - *Allows patient and carer satisfaction with ward staff and services to be measured;*
 - *Offers a counterpoint to any complaints received”*
- 2.21 However, if we published compliments, that may then set an expectation that complaints statistics also be published and as with the normal reports to this Committee personal data is presented in the Exempt Appendix and staff might not feel happy about details being released, especially if individuals/residents could be identified.
3. Policy Framework Implications
- 3.1 The Council’s Complaints and Compliments Procedures are published on the Council’s website and have been drawn up in line with advice issued by and best practice guidance of the Local Government Ombudsman and are reviewed annually.

- 3.2 Complaints to the Ombudsman in terms of how many require a remedy are part of our Corporate Performance Indicators, but there is no such requirement for complaints and compliments
- 3.3 If the Committee was minded to publish league tables this would necessitate the procedures to be updated and a suitable channel of publication determined.
4. Resource Implications
 - 4.1 Officers in Law and Governance monitor complaints and compliments and publishing a league table would add an additional and time consuming layer of administration, bearing in mind, the statistics and narrative on complaints and compliments are reported to this Committee on a quarterly basis and as such are already available to the public via our website.
 - 4.2 Officers do not have the resources for this additional work, which as described above would largely be duplicating the information provided to this Committee, and noting that the Housing Committee already receives detailed complaints monitoring data on a quarterly basis, which is, by virtue of being in the public agenda, published on our website and available for 6 years.
 - 4.3 We would have to ensure that safeguards were in place to remove vexatious or persistent complaints and prevent any risk of a data protection breach or compromise any legal proceedings that might be taking place with regard to enforcement, liability claims etc, which would also have implications for other Business Centres, particularly those responsible for Commercial Services, Planning, Insurance Services, Environmental Services, Safer Runnymede and Legal Services. This would involve careful vetting and significantly more Officer time.
5. Legal Implications
 - 5.1 There is no legal obligation to publish a league table of complaints and compliments.
 - 5.2 Although this report is primarily about complaints and compliments about our services, it is useful to note that we have a duty to investigate certain complaints that constitute a statutory nuisance which are deemed prejudicial to health such as: premises, smoke, dust, fumes and noise. However, there are no statutory reporting obligations for complaints that have to be investigated.
 - 5.3 Complaints made in relation to food premises, cleaning and practices, food complaints and number of infectious disease investigations all have to be included in the annual food safety plan in accordance with the Food Standards Agency requirements. Complaints about food premises and food complaints are also part of the statutory food safety returns to the FSA.
 - 5.4 In a similar way Housing have to produce statistical returns on for example the condition of the housing stock and how many repairs have been carried out but that wouldn't necessarily correlate to the number of complaints they had received.
6. Equality Implications

6.1 Extracting information relevant to equalities in complaints reporting is fulfilled by the quarterly reports to this Committee.

7. Conclusions

7.1 Subject to the views of SLT and other relevant staff dealing with complaints and having weighed up the advantages and disadvantages and the time factor, as well as the issues set out in the Information Commissioner's guidance, Officers do not recommend that we adopt a policy of publishing a complaints and compliments league table. It would be out of step with other local authorities, could potentially duplicate information already provided to Members, is not part of our Corporate Performance Indicators and would set a time consuming precedent.

(To resolve)

Background papers

None.

11. BDO STATEMENT OF ACCOUNTS

(To Follow)

12. Exclusion of Press and Public

OFFICERS' RECOMMENDATION that -

the press and public be excluded from the meeting during discussion of the following 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>	Paras
	Exempt Appendix 1 to item 9 Complaints and Compliments – Quarter 1 2021/2022	1 and 2
b)	<u>Confidential Items</u>	
	(No items to be considered under this heading)	