

Standards and Audit Committee

Tuesday 21 September 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.

v) **Filming, Audio-Recording, Photography, Tweeting and Blogging of Meetings**

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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
- 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

Matters in respect of which reports have been made available for public inspection

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10.	EXCLUSION OF PRESS AND PUBLIC	39

PART II

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

a) Exempt Items

(No items to be considered under this heading)

b) Confidential Items

(No items to be considered under this heading)

1. 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 20 July 2021, as attached at Appendix 'A'.

Runnymede Borough CouncilSTANDARDS AND AUDIT COMMITTEE20 July 2021 at 7.30pm

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

Members of the Committee absent: Councillors D Anderson-Bassey (Vice-Chairman), L Gillham and M Kusneraitis

143 FIRE PRECAUTIONS

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

144 MINUTES

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

145 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor L Gillham.

146 INTERNAL AUDIT SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT 2021/2022

The Committee reviewed progress with the annual audit programme for 2021/2022.

Officers had given consideration to ways of working post lockdown, noting that a mixture of virtual, remote and face to face methods was the preferred model with only a 5% chance of a full return to pre-Covid, on-site delivery methods.

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 Procurement, Main Accounting and Commercial property, noting substantial assurance outcomes for the latter two service areas. A further audit on the Depot was the subject of a separate report on the agenda having received a limited assurance outcome, with one priority 1 recommendation. The planned audit for the Runnymede Travel Initiative had been cancelled, but should a service resume it would be reinstated.

In terms of progress against the plan, the Committee noted that fieldwork was in progress for Risk Management, Data Quality, Customer Services, and Sheltered Centres/Accommodation, whilst audits concerning HR Absence Management and Communications had been postponed, and which it was agreed would be monitored. A further audit on Key Revenue Controls had been brought forward from 2020/2021 and was due to commence in August 2021.

Members were advised that the briefings produced by TIAA, as described in the report, could be circulated on request.

147 INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS

The Committee reviewed outstanding recommendations on a number of audits. Since the last meeting, 5 recommendations had been implemented, leaving just 3 still to be completed by auditees. Whilst the Committee noted revised implementation dates where relevant, it was considered important not to let these continue to be re-negotiated without an explanation being provided.

Members were pleased to see some progress with the completion of Data Protection and Safeguarding e-learning (this would be checked prior to the next scheduled meeting in September) and that privacy notices were nearing completion ready for when the Council's new website was due to go live.

148 **INTERNAL AUDIT ASSURANCE REPORT – DEPOT**

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

The audit covered health and safety, risk assessments, various performance, monitoring and control issues, including complaints handling, and value for money. TIAA had identified good practice with regard to service delivery being maintained fully throughout the Covid pandemic which was to be commended.

Officers explained that the audit outcome had been concluded as limited mainly owing to the delay between recommendations made in 2018 and still remaining outstanding as at July 2021. Notwithstanding, Members appreciated, there had been a change in staffing in that time and challenges presented by a lack of resources and a continuously demanding workload.

Officers asserted that they consulted staff regularly about change and service delivery and the rationale for the various ways in which the refuse and recycling rounds were organised and reviewed to account for more waste being collected, vehicular access issues and the need to have a balanced workload for the crews which did not exceed their 37 hours per week contracted hours, operating on a task and finish basis.

Officers stated that with regard to the recruitment freeze, implementing the actions presented unique challenges, particularly as the Depot currently had ¼ of its office staff as vacant positions or in the context of the work involved since the original report of 2018 the true figure was closer to 50% of the staff who should manage and supervise the day to day operations.

The Committee reviewed the management comments in the report, noting that a feasibility study with regard to the Depot's physical layout would be submitted to a future meeting of the Environment and Sustainability Committee. Improvements at the Depot were subject to funding being available as identified in the Medium Term Financial Strategy, but currently on hold, owing to the Council's financial position.

Officers confirmed that consideration of a separate risk register which TIAA had identified as a priority 1 recommendation was subject to the outcome of a comprehensive audit of health and safety arrangements generally at the Depot which had been completed and was ready for the next level of scrutiny. It was noted that an updated Procedures Manual covering DSO operations was completed in November 2020.

With regard to the acknowledged back log of training, once restrictions were fully lifted, this could be resumed; Covid had presented a number of practical issues, and it was stated that recruitment and retention was difficult, especially HGV drivers, whose particular skill sets were sought in an area of relatively low unemployment, resulting in more agency staff than was ideal, and on occasions, Supervisors having to step in to keep the service going, as a high proportion of the refuse loaders could not drive. However, despite daily challenges, the DSO Manager commended his staff for their hard work across the Depot and supported by the administrative staff at the Depot.

The Committee also wished to thank the Depot staff for their loyalty and commitment to one of the Council's most high profile services and looked forward to the risk register being finalised.

149 **COMPLAINTS AND COMPLIMENTS – QUARTER 1 2021/2022**

The Committee reviewed the 36 complaints and 19 compliments recorded centrally for Quarter 1 of 2021/2022 from 1 April to the end of June 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 8 complaints had been upheld or partly so, which Members considered was very positive in the context of the overall number of complaints which was relatively low.

Members noted a brief explanation of the types of complaint and their outcome. In terms of lessons learned Officers had identified the importance of being consistent in approach and ensuring that residents understood Council policies and why they were in place, whether for practical or legislative purposes.

Officers explained that there were 11 complaints that hadn't been resolved. Relevant Managers had been sent a reminder so that the register could be updated accordingly.

Members were pleased that staff had received more compliments than complaints, with many of the same teams appearing again from Community Development and it was positive to see a number of DSO staff getting praise from residents.

Officers reported that the only ward based pattern emerging in Quarter 1 were incidents of anti-social behaviour or complaints arising from the results of it in Addlestone North.

In terms of Equalities the protected characteristics of disability and race have been engaged but there was no evidence to suggest any discrimination occurring.

Since the last meeting, the Ombudsman had rephrased the way in which it likes public authorities to sign post people to their services if they are unhappy with how a complaint had been handled. The complaints policy and wording on the Council's website had been amended to reflect this.

The Committee was invited to supply Officers with any questions for the Ombudsman who was holding a webinar on complaint handling to accompany the issue of their annual reports to local authorities which would be reported to the next scheduled meeting of the Committee in September 2021.

150 COMPLAINTS AND COMPLIMENTS - LEAGUE TABLES

At the Committee's request Officers had undertaken some research into the merits of producing league tables for complaints and compliments. This involved a look at other councils and organisations. Officers had not found another council that published league tables. There were other types of organisation that did produce league tables but generally they were bodies such as the Police, utility companies or the consumer and/or regulatory led organisations that looked at their performance.

Members reviewed some of the advantages in league tables, which were around the core themes of measuring satisfaction, highlighting bad practice from which improvements could be made and preventing other issues of the same nature happening again. Officers reported that there was some support for league tables expressed by the Corporate Head of Housing in terms of transparency and accountability – which the Committee agreed were valid points and as a service with tenants and contractors this was important. However, it was noted that Housing received regular reports on complaints monitoring and it was agreed that duplication should be avoided.

Members noted where statutory reporting and investigations were required, particularly in Environmental Health, but that there was no legal requirement to report. Ombudsman outcomes were part of the Council's corporate performance indicators.

Members agreed that league tables had to have meaning and context, and concurred with the Officers' view that it would take a disproportionate amount of time to decide on meaningful categories both for complaints and compliments and considered it was more productive to highlight good practice that can be shared across the Council to improve service standards. The point was also made that if the Council produced league tables it would be doing so in isolation and that it might be of more benefit in the London boroughs. The Committee reviewed complaints and compliments at every meeting, noting it used only to be an annual exercise and with all agendas and Minutes for the last six years available on the Council's website, this was thought sufficient to demonstrate that the Council took these issues seriously and that complaint handling was an important role in which Members took a keen interest.

The Committee was also guided by matters issued by the Information Commissioner around data protection and potentially prejudicing legal proceedings but it was also relevant to consider some other things. For example, Safer Runnymede produced comprehensive data, and an assessment of Freedom of Information requests for the last two years showed that most enquiries relating to complaints were about statistics to do with noise complaints rather than the complaints themselves.

An issue was raised with regard to Housing and the role of the Housing Regulator and Officers agreed to provide those Members with further details which had been reported to the Housing Committee.

It was agreed not to produce league tables, but that the situation would be kept under review should there be a demand in the future.

RESOLVED that –

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

151 BDO STATEMENT OF ACCOUNTS

The Committee noted the annual BDO external audit report for the year ending 31 March 2020, which was almost completed.

Officers reported that no matters had come to their attention that necessitated modification of BDO's audit opinion on the Council's financial statements, which it was anticipated would be an unqualified outcome.

BDO highlighted two changes to their risk assessment, both as a result of Covid. These were an escalation of the risk relating to non-collection of receivables from normal to significant and a new risk identified around going concern reflecting the impact of Covid on the Council's finances. Implementation of the IFRS16 had been delayed to 2022/2022 so was no longer a material risk of misstatement.

The Committee was advised that an emphasis of matter was anticipated to be included in the audit opinion in respect of the valuation of land and buildings due to the material uncertainty included in the valuation report by the Council's valuer. A detailed note outlining the uncertainty was included in the financial statements accordingly.

BDO had not yet concluded their work on the Council's value for money arrangements and the Committee would receive a further report regarding this in due course.

The Committee's attention was drawn to the Executive Summary with regard to Final materiality, Material misstatements, Unadjusted audit differences and the Audit scope. These revealed BDO's group materiality level was set at £1.4m as a result of lower gross expenditure on the previous reporting period. In terms of misstatements, the value of other land and buildings had been overstated by £1.6m in the draft accounts due to a missed indexation adjustment for some operational properties including Egham Orbit. The group property, plant and equipment balance was overstated by £533,000 and the financial statements had been corrected accordingly. Although there were four unadjusted audit differences, there would be no impact on the general fund balance. The objective to ensure that BDO had obtained the required level of assurance across the components of the Group in accordance with ISA (UK) 600 had been achieved.

Members were pleased that BDO were content with the Council's financial reporting arrangements and asked for some clarification and detail with regard to debtors, which Officers confirmed were a mixture of individuals and businesses. It was noted that whilst repayment options could be phased it was a statutory duty to recover taxation related debts. The Council had also assisted local businesses by way of grants in the region of £20m, passported on the Government's behalf.

Officers provided a brief update on the Egham Gateway project which Members were assured was doing reasonably well in terms of lettings and completion.

BDO were thanked for their report and looked forward to a final report and for 2020/2021 in due course.

Chairman

(The meeting ended at 8.41 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 27 August 2021.

2. Report

2.1 The report identifies the audits which have been completed since April 2021 on the 2020/2021 audits. To date, no audits have been completed for 2021/2022.

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 three audits had been completed; on Procurement, for which there was one priority 2 recommendation, Main Accounting and Commercial Property, both of which achieved substantial assurance.

2.3 Fieldwork is in progress for 5 audits and a verbal update will be provided at the meeting.

2.4 Appendix 'B' refers to briefing notes issued by TIAA which can be circulated to Members of the Committee separately, on request.

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

21st September 2021 Standards and Audit Committee

2021/22

September 2021

Summary Internal Controls Assurance

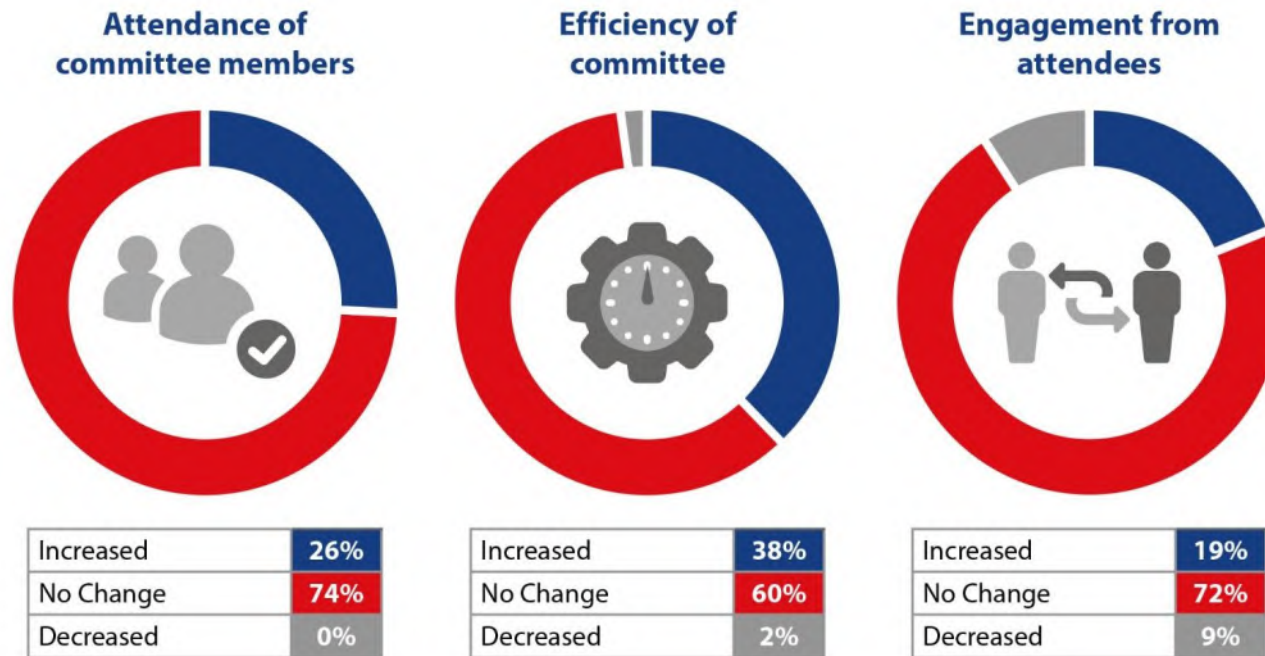
Introduction

1. This summary controls assurance report provides the 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 27th August 2021.

Emerging Governance, Risk and Internal Control Related Issues

2. In our recent 'Post-Lockdown Working Practices Briefing', we explored the results of our survey of clients to ascertain how organisations are planning to deliver some of their functions going forward. We asked a number of questions regarding Audit Committee meetings and their effectiveness since the pandemic started and gained thoughts on how these will take place once restrictions are eased.
3. The experience of remotely held Audit Committees meetings has been positive with the majority of respondents recording no change in or increased attendance, efficiency and engagement at meetings.

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



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	Reasonable	20/07/21	12/08/21	13/08/21	0	1	3	1
Main Accounting (General Ledger)	Substantial	09/06/21	06/07/21	08/07/21	0	0	0	0
Commercial Property	Substantial	11/03/21	06/07/21	08/07/21	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 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.

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 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 C.

Mitigating risk exposures identified by internal audit reviews

Review	Date	Priority 1			Priority 2		
No audits have been finalised yet for 2021/22		-	-	-	-	-	-

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 BC are summarised below:

Action taken by Runnymede BC in response to Alerts issued by TIAA

Briefing Note	Management Response
Public Procurement Update June 2021	
NCSC Device Security Guidance	
Public Procurement Update July 2021	
Cyber Device Security Guidance	

Fraud Alert	Management Response
Action Fraud Reporting Service	

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.



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 Audit Committee on request. Where a review has a 'Limited' or 'No' Assurance assessment the full report has been presented to the Audit Committee and therefore is not included in this Appendix.

Review	Evaluation
Procurement	Reasonable





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.
Business Continuity	2	Fieldwork in progress	Deferred from the 20/21 audit plan.
Key Revenue Controls:	3		
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		
Customer Services	1	Fieldwork in progress	

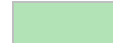
System	Planned Quarter	Current Status	Comments
ICT – Contracts Management	3		
ICT – Software Asset Management	3		
Freedom of Information	1		Postponed at the request of the Information Governance Officer
Depot	3		
Runnymede Travel Initiative	2	CANCELLED	Audit cancelled as the Yellow Bus Service is no longer operational.
Planning Enforcement	2		Postponed at the request of the Development Manager.
Housing Rents	3		
Housing – Health and Safety	2	Draft report issued 27 August 2021	
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

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
Procurement						
Buying Managers be reminded of the need to comply with the Council's Standing Orders in all cases. Where necessary, training needs be identified as part of the 1-2-1 / appraisal process.	2	<p>Take to SLT as an agenda item- this needs to come from CLT.</p> <p>Email to all staff regarding Contract Standing Orders and Staff Pages for information on Procurement and offer of training.</p>	<p>TBC Autumn 2021 SLT are carrying a number of posts vacant and therefore needs to be actioned once new postholders are onboarded.</p> <p>Autumn 2021 once Staff Home issues have been resolved for Procurement Pages</p>	<p>Chief Executive/ CHoLG</p> <p>Corporate Procurement</p>	To be followed up as part of the continuous follow up reporting which is reported to every Standards and Audit Committee meeting.	

KEY:

Priority Gradings (1 & 2)

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

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

TIAA produces regular briefing notes to summarise new developments in Governance, Risk, Control and Counter Fraud which may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those CBNs and Fraud Alerts issued in the last three months which may be of relevance to Runnymede BC 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 -21020	Public Procurement Update June 2021		No Action Required To note
CBN - 21022	NCSC Device Security Guidance		Action Required: Urgent All organisations are recommended to complete a health check to demonstrate that the holistic management of connected IT devices meet with current best practice. Audit committees and boards are recommended to seek assurance by either internal checks, or independent audit and review.
CBN - 21023	Public Procurement Update July 2021		No Action Required To note
CBN - 21024	Cyber Device Security Guidance		No Action Required To note

Summary of recent Fraud Alerts

Ref	Subject	Status	TIAA Comments
CBN-21023	Action Fraud Reporting Service		Action Required: For Information Only Boards and Audit Committees are advised to note that Action Fraud continues to be the UK fraud reporting service. Plans are underway for a replacement system to be implemented in April 2022.

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 in accordance with the review carried out in August 2021.

2. **Resource implications**

2.1 At the time of writing this report 5 recommendations had been implemented and 4 were outstanding as detailed in the Appendix. A verbal update will be given at the meeting with regard to these: GDPR, Internal Communications (x2) and Safeguarding.

2.2 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

September 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 August 2021. Since the previous follow up review was carried out (June 2021), 9 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	4
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 four recommendations classified as Outstanding, these will continue to be periodically monitored, and details relating to the specific recommendations in these cases have been included in the Detailed Findings section below. In all four cases revised implementation dates have been set.



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:	27 th August 2021
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Detailed Findings

Follow Up

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

11. GDPR Preparedness

Audit title	GDPR Preparedness	Audit year	2017/18	Priority	2
Recommendation	A review of all contracts and agreements with third parties be undertaken to ensure all content is GDPR compliant.				
Initial management response	Meeting on 26/09/18. With CHL&G and Legal Services Manager to discuss.				
Responsible Officer/s	Corporate Head of Legal & Governance	Original implementation date	28/02/19 (subsequently March 2020, October 2020, July 2021)	Revised implementation date	31/12/21
Latest Update	<p>It was previously 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 had not been possible to progress this work. No Data Protection issues had 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 would be deferred until July 2021. It was hoped that by that date the impact of COVID-19 would have reduced and resources could be diverted to completing this task.</p> <p>During this follow up review it was advised that the impact of Covid was longer than anticipated. Now that there is a clear path out of Covid, work on this project will restart. A completion date of December 2021 is now envisaged.</p>				
Status	Outstanding			A revised target date has been set.	

12. Internal Communications

Audit title	Internal Communications	Audit year	2020/21	Priority	2
Recommendation	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.				
Initial management response	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. 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.				
Responsible Officer/s	Communications Manager	Original implementation date	April 2021 (subsequently July 2021)	Revised implementation date	31/12/21
Latest Update	<p>It was previously advised by the Communications Manager that this had been delayed due to focusing on the Coronavirus response, along with a member of the team who did most of the internal communications work leaving the Council. It was advised that the existing draft strategy would be reviewed, with a view to being approved by the relevant council committee in July 2021.</p> <p>During this follow up review it was advised by the Communications Manager that due to staffing changes within the team, and the longer duration of the Coronavirus pandemic, it is now expected this will be brought to committee before the end of the calendar year. It is likely that a shorter strategy will be produced, accompanied by a policy document. The contents will be informed by the results of a staff survey planned to take place during October. A revised target date has therefore been set.</p> <p>It was noted that there is a very small Communications team and therefore the Communications Manager is required to be very hands on in terms of writing news stories, social media content, building websites etc., and this front line work has taken precedence. This has especially been the case during the pandemic, and because of staff changes in the team over the last year which have left gaps between employees which the Communications Manager has had to fill in addition to their own work. The internal communication work has continued throughout however, including the launch of the new Staff Home intranet.</p>				
Status	Outstanding			A revised target date has been set.	

Audit title	Internal Communications	Audit year	2020/21	Priority	2
Recommendation	Corporate guidance be developed as to minimum expectations or good practice in terms of both vertical and horizontal communications.				
Initial management response	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. 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. 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. That said, baselining and minimum expectations and advice on topics and approaches will be helpful to give a general steer.				
Responsible Officer/s	Communications Manager	Original implementation date	March 2021 (subsequently July 2021)	Revised implementation date	31/12/21
Latest Update	This is linked to the above recommendation, as guidance will be reviewed as part of the review of the existing draft strategy. During this follow up review it was advised by the Communications Manager that this will be included in the strategy and policy likely to come to Members before the end of the calendar year. A revised target date has therefore been set.				
Status	Outstanding			A revised target date has been set.	



13. 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 and 01/08/21)	Revised implementation date	30/09/21
Latest Update	<p>It was previously 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.</p> <p>During this follow up review it was advised that the Corporate Head of Community Development has been in further discussions with other authorities and a number have now developed a handbook which incorporates the information suggested in the recommendation. The Corporate Head of Community Development is currently drafting this with the aim to have this completed in mid-September at which point it will be circulated to SLT for comment. A revised target date has therefore been set.</p>				
Status	Outstanding			A revised target date has been set.	



8. **Verbal Report from the Section 151 Officer on the BDO Annual Statement 2019/2020 (Assistant Chief Executive)**
9. **Local Government and Social Care Ombudsman Annual Report 2020/2021 (Law and Governance, Clare Pinnock)**

Synopsis of report:

To inform Members on the receipt and outcome of matters handled by the Commissioner for Local Administration (Local Government and Social Care Ombudsman) covering the year ending 31 March 2021

Recommendation:

None. This report is for information.

1. Context of report

- 1.1 The Local Government and Social Care Ombudsman - the Ombudsman - does not normally consider a complaint unless a local authority has first had an opportunity to deal with the complaint itself.
- 1.2 Since June 2017 we have maintained a separate register for complaints dealt with by the Ombudsman. This is monitored on behalf of the Corporate Head of Law and Governance. We ensure that requests from the Ombudsman when investigating a complaint are dealt with in a timely manner.
- 1.3 The register now includes our dealings with the Housing Ombudsman but there were no cases to report for the year ending 31 March 2021.
- 1.4 The Ombudsman suspended investigations for three months during the Covid 19 pandemic but resumed activities in June 2020, including taking new enquiries and completing opened cases. On 21 July 2021, the Ombudsman emailed us their annual report which is the subject of this report. It is also available on their website, but reference numbers are removed to comply with GDPR. We have taken the same approach.
- 1.5 The Ombudsman's annual letter is attached at Appendix 'D'.

2. Report

- 2.1 The feedback page on our website explains our policy and provides people with details of the Ombudsman to whom they can complain once the internal two stage complaints process has been completed.
- 2.2 The Council's Complaints Procedure has recently been updated to reflect a request from the Ombudsman (to all Councils) to change the wording of signposting to their services which makes it clear that people should contact the Ombudsman within 12 months of the issue they wish to complain about otherwise it is, without good reason, likely to be deemed 'out of time'.
- 2.3 For the period 1 April 2020 to 31 March 2021, the Ombudsman reported that it had received 10 complaints and enquiries about this Council, and issued 5

decisions, 5 of which have been accounted for with reference to the Register because the other 5 complaints were dealt with and rejected by the Ombudsman without reference to us so do not appear on our register.

- 2.4 The 10 cases related to Corporate and Other Services (1), Environmental Services and Public Protection Regulation (2), Housing (6) and Planning and Development (1).
- 2.5 The Ombudsman conducted two detailed investigations and one complaint was upheld for which we issued an apology and a relatively small amount of compensation to the complainant. This was a Planning Enforcement related case where Officers had attempted to expedite a process to assist the resident in achieving the outcome they desired, which they did, but had not issued a formal notice which gave the resident a right of appeal if they were unhappy with the Council's actions. The Ombudsman places great emphasis on local authorities attempting to resolve complaints before they reach them, which in this case we were unable to do so they have reported this as 0% for satisfactory remedies provided by the authority for this case.
- 2.6 In the remaining 8 cases, the Ombudsman closed them after initial enquiries, with no further action required. However, there was still considerable Officer time taken by the respective business centres to produce, redact and send the requested information, via the link Officer as required, about each case to the Ombudsman in the format required and within a relatively short timeframe (usually 5 working days).
- 2.7 A breakdown by Ward and Service area for 2020/2021 for the 5 notices we received is shown below:

Business Centre/Service Area	Ward and number of cases
Housing	Englefield Green West (2) Chertsey Riverside (1)
Planning	Englefield Green West (1) Thorpe (1)

- 2.8 With regard to how the Ombudsman presents their statistics; although only one complaint was upheld it rates as 50% because they investigated two complaints in detail. However, a change from last year is that instead of rating compliance at 0%, they have stated there were no recommendations due for compliance this year.
- 2.9 Comparative data for Surrey authorities, including the County Council, for the year ending 31 March 2021, is set out in Appendix 'E'. All data from the report, can be found on the Ombudsman's website through its interactive 'Your council's performance' map. The map now holds three years of data, giving the annual summary of complaints, plus compliance rates and the changes which councils have made following investigations, for each local (public) authority in England.
- 2.10 The decision notices are included for each authority's profile on the interactive map. Where public reports and service improvements have been issued these are also available. A new column has been added to the table in the appendix for the number of service improvements issued by the Ombudsman to each authority since 2018. An example of this was one issued to Reigate and Banstead in respect of Benefits and Tax which is summarised as being Covid 19 related and says that 'the Council has agreed to remind staff of the

need to keep written records of their decision making in line with the Ombudsman's Principles of Good Administrative Practice.'

- 2.11 With regard to themes for the year, the Ombudsman reported that 50% were covid related and would be the subject of a future focus report. The Ombudsman considers that although there were no new distinct themes, existing ones had been magnified because of the pandemic, illustrating the need to 'get the basics right' and to record reasons for a change of the way things were dealt with during the pandemic to avoid getting complaints. For example, we highlighted on our website that during the pandemic only the most urgent issues could be looked at within our usual timeframe, owing to staff being diverted to the pandemic response. In other Councils where no announcement had been made, residents assumed it was 'business as usual' and complained when issues were not dealt with. Good communications with residents are very important.
- 2.12 Throughout the year, the Ombudsman issued a number of public interest reports (40 in 2020/2021) in order to share and promote best practice from which local authorities can learn. They also publish a bi-weekly digest of decisions which we place on a shared drive and highlight to relevant Officers if we think any of the cases are of interest or particular relevance. The Ombudsman also produces specific guidance for different service areas arising from the various complaints they receive. For example, Children in Care, the implementation of the Homelessness Reduction Act and carrying out Public Health duties in Local Government.
- 2.13 Officers recently attended a webinar to complement the Ombudsman's annual reports. In their annual review they highlighted what they describe as the 'widening cracks' in local government complaint handling. It was stressed that this was not intended as a criticism, but to acknowledge the external pressures on local government and the consequential impact on the public. The Ombudsman went on to say that complaints will arise when Councils have to make difficult decisions about service provision.
- 2.14 Headline figures issued by the Ombudsman for the year ending 31 March 2021 include:
- 11,830 complaints and enquiries from members of the public
 - 3,104 recommendations to put things right for individuals.
 - 67% cases upheld which continues an upward trend since the Ombudsman started publishing its uphold rate.
 - 77% of cases upheld for Education and Children's Services
 - Fewer Environmental Protection cases upheld
 - 1,488 recommendations for councils to improve their services for others – such as revising procedures and training staff (up 2% on the previous year)
 - 99.5% compliance rate
- 2.15 Michael King, Local Government and Social Care Ombudsman, said:

"We've been issuing our annual reviews for the past seven years now and, while every year has seen its challenges, this year seems to have been the most difficult for local authorities."

“While the way local authorities dealt with the pressures of COVID-19 is still being played out in our casework, early indications suggest it is only widening the cracks that were already there, and has deepened our concerns about the status of complaints services within councils. These concerns are not new and cannot be wholly attributed to the trials of the pandemic.”

“I am concerned about the general erosion to the visibility, capacity, and status of complaint functions within councils.”

“Listening to public complaints is an essential part of a well-run and properly accountable local authority, committed to public engagement, learning, and improvement. I know the best councils still understand this and put local democracy and good complaints handling at the forefront of their services.”

- 2.16 The Ombudsman is currently working on a new complaints code which will focus on increasing the profile of complaint handling and the importance of the Monitoring Officer’s role in having an overview of complaints and involving Councillors in the process of review and driving service improvement.

3. Policy framework implications

- 3.1 The Council is ‘customer-led’ and strives for excellent customer service. Customer feedback, whether good or bad, is therefore very useful in ensuring standards are maintained and system improvements made.
- 3.2 Decision notices are promptly forwarded to the relevant Business Centre so that they can decide whether there needs to be a review of procedure or if there are ways to improve service delivery in order to avoid having matters referred to the Ombudsman even if ‘no fault’ has been found. In the case that was upheld this year, the Ombudsman asked us to demonstrate what actions had been taken and report back to them, which we duly did and the Ombudsman confirmed they were satisfied with the actions taken.
- 3.3 Since 2019/2020, the Key Performance Indicator for Ombudsman matters reported to Corporate Management Committee includes cases where a remedy was required. For the year ending 31 March 2021 there was only one complaint as reported elsewhere in this report.

4. Resource implications

- 4.1 The Ombudsman register and Link Officer role is carried out using existing resources in Law and Governance. Liaison takes place with the relevant Officers in Housing to record Housing Ombudsman matters.

5. Legal Implications

- 5.1 This report fulfils the Council’s Statutory duty under section 5(2) of the Local Government and Housing Act 1989.
- 5.2 If a Local Authority is the subject of a public interest report issued by the Ombudsman, there is a statutory requirement on the Monitoring Officer to publish a public announcement in the press, as well as to consider the report at a high-level of decision making at the Council; which is this Committee.

- 5.3 Not a statutory requirement, but the Ombudsman has observed that some councils have also proactively shared such reports with residents through social media or newsletters.
- 5.4 In the last eight years, this Council has not had any public interest reports issued.
- 5.5 As stated in this report, there was one case of maladministration and injustice found in the year ending 31 March 2021.

6. **Equality implications**

- 6.1 The Council is required to have due regard to its public sector Equality Duty.
- 6.2 The Council's Duty is stated under the Equality Act 2010 and is to have regard to the need to:
- a) eliminate unlawful discrimination, harassment or victimisation
 - b) advance equality of opportunity between persons who share a Protected Characteristic and persons who do not share it
 - c) foster good relations between those who share a relevant characteristic and those who do not
- 6.3 Although Officers endeavour to collect data that might enable us to identify whether a complainant, or satisfied customer for that matter, has a protected characteristic for equality monitoring purposes, in practice hardly anyone is prepared to divulge such information.
- 6.4 From a review of the matters referred to the Ombudsman for the year ending 31 March 2021 it is indicated that no protected characteristics were engaged.

(For information)

Background papers

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

Local Government & Social Care OMBUDSMAN

21 July 2021

By email

Mr Turrell
Chief Executive
Runnymede Borough Council

Dear Mr Turrell

Annual Review letter 2021

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2021. At the end of a challenging year, we maintain that good public administration is more important than ever and I hope this feedback provides you with both the opportunity to reflect on your Council's performance and plan for the future.

You will be aware that, at the end of March 2020 we took the unprecedented step of temporarily stopping our casework, in the wider public interest, to allow authorities to concentrate efforts on vital frontline services during the first wave of the Covid-19 outbreak. We restarted casework in late June 2020, after a three month pause.

We listened to your feedback and decided it was unnecessary to pause our casework again during further waves of the pandemic. Instead, we have encouraged authorities to talk to us on an individual basis about difficulties responding to any stage of an investigation, including implementing our recommendations. We continue this approach and urge you to maintain clear communication with us.

Complaint statistics

This year, we continue to focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have focused statistics on three key areas:

Complaints upheld - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated.

Compliance with recommendations - We recommend ways for authorities to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the authority upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit authorities that accept fault and find appropriate ways to put things right.

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

Your annual data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 28 July 2021. This useful tool places all our data and information about councils in one place. You can find the decisions we have made about your Council, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

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

As you would expect, data has been impacted by the pause to casework in the first quarter of the year. This should be considered when making comparisons with previous year's data.

Supporting complaint and service improvement

I am increasingly concerned about the evidence I see of the erosion of effective complaint functions in local authorities. While no doubt the result of considerable and prolonged budget and demand pressures, the Covid-19 pandemic appears to have amplified the problems and my concerns. With much greater frequency, we find poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.

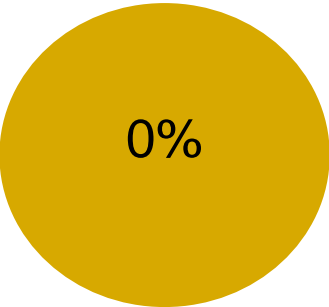
With this context in mind, we are developing a new programme of work that will utilise complaints to drive improvements in both local complaint systems and services. We want to use the rich evidence of our casework to better identify authorities that need support to improve their complaint handling and target specific support to them. We are at the start of this ambitious work and there will be opportunities for local authorities to shape it over the coming months and years.

An already established tool we have for supporting improvements in local complaint handling is our successful training programme. During the year, we successfully adapted our face-to-face courses for online delivery. We provided 79 online workshops during the year, reaching more than 1,100 people. To find out more visit www.lgo.org.uk/training.

Yours sincerely,



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

Complaints upheld		
	<p>50% of complaints we investigated were upheld.</p> <p>This compares to an average of 53% in similar authorities.</p>	<p>1 upheld decision</p> <p>Statistics are based on a total of 2 detailed investigations for the period between 1 April 2020 to 31 March 2021</p>
Compliance with Ombudsman recommendations		
<p>No recommendations were due for compliance in this period</p>		
Satisfactory remedy provided by the authority		
	<p>In 0% of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.</p> <p>This compares to an average of 16% in similar authorities.</p>	<p>0 satisfactory remedy decisions</p> <p>Statistics are based on a total of 2 detailed investigations for the period between 1 April 2020 to 31 March 2021</p>

NOTE: To allow authorities to respond to the Covid-19 pandemic, we did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints we received and decided in the 20-21 year. Please consider this when comparing data from previous years.

Authority	2019/2020 complaints investigated and number upheld + %	2019/2020 Compliance rate	2019/2020 Satisfactory remedies before reaching the Ombudsman	2020/2021 complaints investigated and number upheld + %			2020/2021 Compliance rate	2020/2021 Satisfactory remedies before reaching the Ombudsman	2020/2021 Service Improvements issued since 2018
Elmbridge	4 4 (100%)	100%	1	2	1	50	100%	0	1
Epsom and Ewell	1 0 (0%)	None due for compliance	0 as none upheld	5	3	60	None due for compliance	0	0
Guildford	6 2 (33%)	None due for compliance	None	3	2	67	100%	0	0
Mole Valley	3 0 (0%)	None due for compliance	0 as none upheld	2	2	100	None due for compliance	2	0
Reigate and Banstead	3 1 (33%)	None due for compliance	None	7	6	86	100%	0	5
Runnymede	3 1 (33%)	100%	None	2	1	50	None due for compliance	0	0
Spelthorne	1 0 (0%)	None due for compliance	0 as none upheld	3	1	33	100%	0	1
Surrey Heath	6 2 (33%)	100%	None	0	1	0	None due for compliance	0	0
Surrey County Council	49 33 (67%)	100%	6	38	34	89	100%	2	0
Tandridge	4 2 (50%)	100%	1	2	1	50	100%	0	1
Waverley	4 2 (50%)	100%	None	4	3	75	100%	0	0
Woking	3 0 (0%)	None due for compliance	0 as none upheld	2	1	50	100%	0	0

10. Exclusion of Press and Public

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

OFFICERS' RECOMMENDATION that -

Where appropriate the press and public be excluded from the meeting during discussion of the report(s) under Section 100A(4) of the Local Government Act 1972 on the grounds that the report in question would be likely to involve disclosure of exempt information of the description specified in the relevant paragraphs of Part 1 of Schedule 12A of the Act.

(To resolve)

Part II

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

- | | | |
|----|---|--------------|
| a) | <u>Exempt Items</u>
(No items to be considered under this heading) | Paras |
| b) | <u>Confidential Items</u>
(No items to be considered under this heading) | |