



Standards and Audit Committee

Tuesday, 20 September 2022 at 7.30 pm

**Council Chamber, Runnymede Civic Centre,
Addlestone**

Members of the Committee

Councillors: M Nuti (Chairman), J Broadhead (Vice-Chairman), A Berardi, D Cotty, L Gillham, J Hulley, J Olorenshaw, S Ringham, S Walsh and S Williams

In accordance with Standing Order 29.1, any Member of the Council may attend the meeting of this Committee, but may speak only with the permission of the Chairman of the Committee, if they are not a member of this Committee.

AGENDA

- 1) 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.
- 2) 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 Section, Law and Governance Business Centre, Runnymede Civic Centre, Station Road, Addlestone (Tel: Direct Line: 01932 425627). (Email: clare.pinnock@runnymede.gov.uk).**
- 3) Agendas and Minutes are available on a subscription basis. For details, please ring Mr A Finch on 01932 425623. Agendas and Minutes for all the Council's Committees may also be viewed on www.runnymede.gov.uk.
- 4) 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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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.

List of matters for consideration	<u>Page</u>
Part I	
Matters in respect of which reports have been made available for public inspection	
1. Notification of Changes to Committee Membership	
2. Minutes	4 - 8
	To confirm and sign as a correct record the Minutes of the meeting held on 25 May 2022 (Appendix 'A').
3. Apologies for Absence	
4. Declarations of Interest	
	Members are invited to declare any disclosable pecuniary interests or other registrable and non-registrable interests in items on the agenda.
5. Summary Internal Controls Assurance (SICA) Report 2021/2022 and 2022/2023	9 - 24
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Matters involving exempt or confidential information in respect of which reports have not been made available for public inspection	
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Runnymede Borough Council**Standards and Audit Committee****Wednesday, 25 May 2022 at 7.30 pm**

Members of the Committee present: Councillors M Nuti (Chairman), J Broadhead (Vice-Chairman), A Berardi, D Cotty, L Gillham, J Hulley, J Olorenshaw, S Ringham, S Walsh and S Williams.

22 Minutes

The Minutes of the meeting of the Committee held on 25 January 2022 were signed as a correct record.

In doing so it was confirmed that TIAA's contract with the Council to provide Internal Audit services had been extended for a further 12 months, pending a re-tender of the contract.

23 Declarations of Interest

There were no Declarations of Interests.

24 Summary Internal Controls Audit (SICA) Report 2021/22

The Committee noted progress with the audit programme for 2021/2022 and that the Annual Assurance report would be submitted to the next scheduled meeting of the Committee in July 2022.

Members were pleased that five more audits had been completed in the areas of Key Revenues and Financial Controls. The Corporate Head of Finance and his staff were thanked for their input.

There had been further changes to the audit programme at the request of the relevant Corporate Heads owing to staffing issues. This meant a delay to commencing the audits on Commercial Property, Commercial Rents and HR Absence Management. Officers planned to start these audits in June 2022.

Officers reported that fieldwork was in progress for Communications, Main Accounting (General Ledger), Customer Services and two areas of ICT, Housing and Planning. Draft reports had been issued for Risk Management, Business Continuity, Freedom of Information and Housing Rents.

The Committee's attention was drawn to the 'Root Cause Indicators' which showed a positive direction of travel so far, and to the list of Client Briefing Notes which had been sent to the Senior Leadership Team and were available to Members on request.

There were no priority 1 recommendations to report and the two priority 2 recommendations regarding Financial Controls had been implemented.

At a previous meeting, Members had expressed concern about the outcome of a Safeguarding audit. Officers assured the Committee that the new Corporate Head whose area this came under now was making good progress with implementing the relevant recommendations.

The continued delay with resolving the Depot audit was noted. Members considered that although it had been difficult to make progress owing to Covid that it was time to chase up outstanding areas such as this.

25 **Internal Audit progress report on outstanding recommendations**

The Committee reviewed progress with outstanding recommendations from previous audits, of which there were 11. Another 11 had been implemented but there were still 5 that were subject to discussion with the relevant Corporate Heads.

Further details of outstanding recommendations were given. The Corporate Head of Law and Governance would be asked to confirm that the GDPR recommendations were now complete. This involved checking approximately 33 contracts for compliance. A revised date of 30 June 2022 to implement the Procurement related recommendations was noted.

The Committee was anxious that those relating to the Depot which had been 'live' for several years now should be finalised and if necessary the Head of that service would be asked to explain the position at a future meeting. Officers had been advised that progress was now being made and that everything would be picked up in the follow up review planned for 2022/2023.

26 **Annual Governance Statement 2021/22**

The Committee's approval was sought to recommend the Annual Governance Statement (AGS) for 2021/2022 to the Corporate Management Committee which was meeting the following evening.

Members agreed that the AGS was an important document which demonstrated meeting the statutory requirement to report publicly on the extent to which the Council was complying with its own code of governance which contained seven core principles relating to governance and financial matters and how the Council conducted its affairs.

The process was an active review which included areas for improvement and an action plan as well as setting out planned changes in the coming year.

Officers had streamlined the statement to provide links to other documents, which was appreciated. Officers agreed to make amendments to Principals D and E as discussed to change the frequency of Constitution updates and to add other partnerships.

RESOLVED that –

The draft Annual Governance Statement, as amended, be recommended to Corporate Management Committee for approval

27 **Government response to Committee on Standards in Public Life review of local government ethical standards**

The Committee received for information a report setting out central Government's response to the Committee on Standards in Public Life's review of local government ethical standards. The Government had provided its opinion on the 26 Best Practice Recommendations resulting from the review which concerned general governance issues for local authorities.

The Committee recalled there had been four previous reports to this Committee going back to July 2020 when the new Model Code of Conduct produced by the Local Government Association was first adopted, as recommended.

Officers highlighted a number of the recommendations and progress made with their implementation locally. For example, the change to making non-disclosure of Councillors' addresses the starting point which would require legislative change.

In respect of Recommendation 3, the Committee noted that the Government had stopped short of presuming a Councillor to always be acting in their official capacity on social media. Recent training for Members had emphasised the importance of separating their role as a Councillor from their private life.

Recommendations 8, 9 and 11 concerned the Independent Person who was consulted in the event a complaint was lodged with the Monitoring Officer about a Councillor or co-opted Member. Officers confirmed that consideration would be given to providing legal indemnity to protect the Independent person when they provided advice to the authority.

Officers advised that the Government was reluctant to re-introduce the ability to suspend Councillors if they breach the Code of Conduct despite representations from the sector but was willing to look at sanctions for serious breaches such as bullying and harassment. Officers confirmed that the Government had decided that failure to disclose a pecuniary interest should remain to be a criminal offence.

The last two recommendations concerned how ethical standards were maintained through training and peer reviews. Officers were asked to clarify whether there would be a 'lighter touch' follow up visit following the last peer review in 2019 or the Council would wait until the next Corporate Peer Review which had been recommended to take place in 2024.

28 **Complaints and Compliments about Councillors 2020 - 2022**

The Committee noted a report on complaints and compliments about councillors covering the municipal years 2020 to 2022 which would in future be an annual report for the first meeting of each municipal year. Producing this report demonstrated compliance with the relevant Best Practice Recommendation issued by the Committee on Standards in Public Life.

A summary of the 12 complaints was noted and how they had been resolved. Officers advised that a number had been closed because the person making the complaint had not when asked provided further or enough information for it to be worthy of investigation.

Members were directed to the guidance on the Council's website if someone wished to make a complaint as well as the existence of a register, which unless otherwise directed was anonymised.

Officers advised that the Council's Constitution set out the full details of how complaints were dealt with noting the important role of this Committee should a complaint result in there being a Hearing.

The Committee was informed that there were no Hearings in the reporting period and there was one accepted breach where an apology was made to the Council. Officers advised that one investigation was carried out by an Independent Solicitor where the complaint was deemed worthy of pursuing and met the criteria for doing so.

The Independent Person was involved in four cases during 2020 – 2022. To improve resilience Officers agreed to explore a partnership arrangement with other local authorities in Surrey to widen the pool of 'Independent Persons' rather than recruit a second Independent Person.

Members were pleased to have received a compliment regarding the Councillors who helped out in the Community during the Pandemic; which had been well documented and appreciated.

29 **Complaints and Compliments Quarter 4 2021/2022**

The Committee noted a review of complaints and compliments about the Council, for Quarter 4 2021/2022 (January to March 2022).

Officers reported 17 entries in the complaints register and 26 compliments, as well as the year end figures of 91 and 98 respectively. The Committee was concerned that one service area had a number of complaints that were outstanding. It was confirmed that the Assistant Chief Executive had, as with outstanding recommendations from audits, been tasked with chasing the relevant Corporate Head(s).

The Committee noted that over the full year 25% of complaints were upheld or partly so. This was placed in the context of a total of 23 complaints upheld out of 91 compared with 98 compliments.

Officers advised that the number of complaints when people were working from home was higher but that this had appeared to settle down. The Committee considered it would be useful to have in future a summary of complaints so as to identify any common themes which they as Members could support Officers with resolving.

The two stage complaints process was explained as well as the role of the Local Government Ombudsman where the internal process had been exhausted.

Members were pleased to learn that after discussion with the Communications team staff receiving compliments would in addition to receiving an emailed letter would also be sent a certificate as a thank you from this Committee. Members stated that recognising where staff had been praised by the public was important, noting the high number of compliments for the Council's Green Space team.

Members asked why the number of compliments has halved in 2021/2022 compared with the previous year. It was thought that compliments recognising the work staff did during the pandemic might explain this.

30 **External Audit Update**

The Committee was provided with an update on progress with finalising the 2019/2020 external audit of the Council's Statement of Accounts.

Members were disappointed that the audit was not signed off yet although the external auditors assured that it was substantially complete. Officers were requested to record the complaint made by Members of RIRG that the 2019/2020 external audit was still not finalised.

Work to date had identified a material misstatement, since corrected, regarding the value of other land and buildings being overstated by £1.6m in the draft accounts and within the Group financial statements, assets held by the Council's wholly owned subsidiary had been reclassified from property, plant and equipment to investment property. One further error, also corrected, had decreased the Council's surplus on the provision of services for the year by £533,000.

Officers advised that the outstanding matters were completion of work relating to the Council as a Going Concern, its 'use of resources', subsequent events work, a review of the final version of financial statements and completion of the external auditor's final quality reviews.

The Committee was advised that Runnymede was not alone in having unaudited accounts. However, it did mean that the Council could not access external funding outside of Local Government until they were completed satisfactorily. The nationwide picture of the audit

sector was not healthy with issues recruiting and retaining specialist auditors in a complex and demanding area of work.

Officers confirmed that options for assisting the audit sector were being considered by the Department for Levelling Up, such as skipping a year's audit to help auditors catch up, and they would update Committee on these at a future meeting.

In terms of progress, it was noted that the 2021/2022 external audit would likely commence in October 2022 but would not be finalised on time.

Officers were asked to consider an option of presenting 'mini audits' to Corporate Management Committee.

31 **Exclusion of Press and Public**

There was no discussion on the Part II Appendix to the report on Complaints and Compliments save to say the positive feedback for individuals and teams was welcomed by the Committee.

Chairman's Closing remarks

Members were asked to note that training on analysing audits and the audit process using an old audit as an exercise would take place at 6.30pm, before the next scheduled meeting on 19 July 2022.

(The meeting ended at 9.00 pm.)

Chairman

Summary Internal Controls Assurance (SICA) Report 2021/22 and 2022/2023 (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 and 2022/2023 Internal Audit Annual Plans.

Recommendation:

None. This report is for information.

1. Context of report

- 1.1 Attached at Appendix 'A' is the most recent Summary Internal Controls Assurance (SICA) Report, as at 2 September 2022.

2. Report

- 2.1 The report identifies 7 audits completed since the last meeting of this Committee. These are:
- | | |
|-----------------------------|-----------------------|
| Freedom of Information | Substantial Assurance |
| Housing Rents | Substantial Assurance |
| Housing Enforcement | Substantial Assurance |
| Planning Enforcement | Reasonable Assurance |
| Housing Section 106 and CIL | Substantial Assurance |
| Risk Management | Reasonable Assurance |
| Business Continuity | Substantial Assurance |
- 2.2 Fieldwork is in progress for 8 audits from the 2022/2023 plan. There are 6 draft reports waiting to be finalised from the 2021/2022 audit plan and TIAA's Audit Director will provide a verbal update at the meeting.
- 2.3 Members will be pleased to learn that the deferred audit on HR Absence Management is now in progress.
- 2.4 Five client briefing notes have been issued by TIAA since the last report to this Committee, which can be circulated 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

20 September 2022 – Standards and Audit Committee

2022/23

September 2022

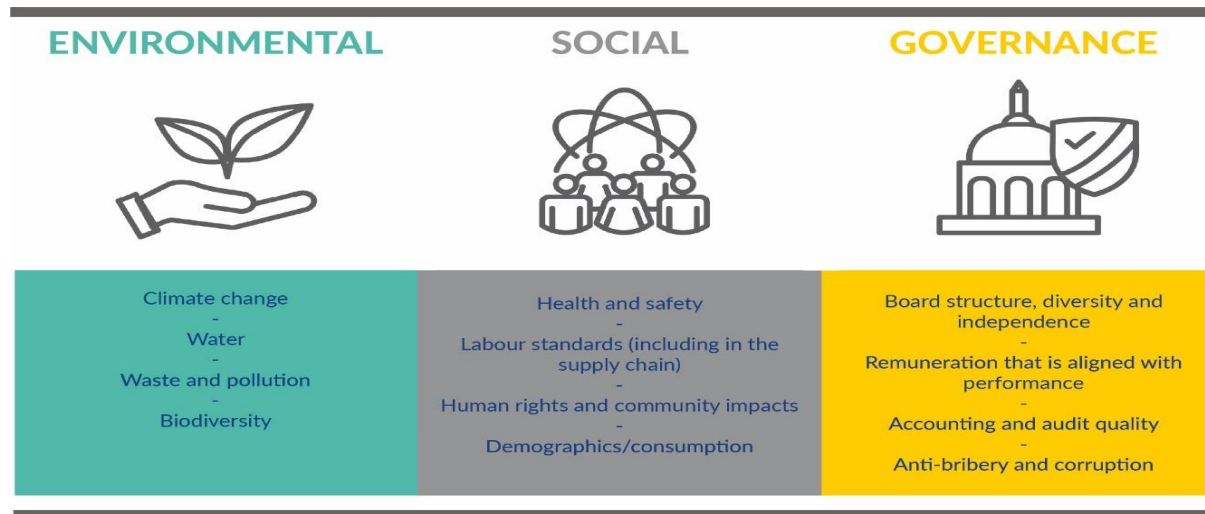
Summary Internal Controls Assurance

Introduction

1. This summary internal controls assurance (SICA) report provides the Standards and Audit Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Runnymede Borough Council as at 2nd September 2022.

Emerging Governance, Risk and Internal Control Related Issue

2. Sustainability is becoming an ever more important consideration for organisations with the efforts of all sectors to reduce their emissions on a much bigger scale being integral to ensuring that global warming stays within the 1.5°C limit highlighted by the IPCC report and adopted by COP26. The increasing importance of Environmental, Social and Governance (ESG) objectives, as well as the introduction of reporting frameworks, both voluntary and mandatory, highlights the need for organisations to demonstrate greater transparency for their stakeholders. The need for strategic direction and the existence of risks and opportunities within ESG means that the Standards and Audit Committee’s role is integral in setting the ESG agenda.



Audits completed since the last SICA report to the Standards and Audit Committee

3. 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
Freedom of Information	Substantial	22.03.22	26.05.22	27.05.22	-	-	2	-
Housing Rents	Substantial	29.03.22	19.05.22	19.05.22	-	-	1	-
Housing Enforcement	Substantial	21.07.22	02.08.22	04.08.22	-	-	1	2
Planning Enforcement	Reasonable	22.06.22	29.06.22	30.06.22	-	1	2	1
Housing Section 106 and CIL	Substantial	03.08.22	08.08.22	16.08.22	-	-	1	2
Risk Management	Reasonable	29.09.21	30.08.22	31.08.22	-	3	1	-
Business Continuity	Substantial	10.03.22	30.08.22	31.08.22	-	-	2	-

4. The Management Action Plans, where there are priority 1 or 2 recommendations 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 and 2022/23 Annual Plans

5. Our progress against the Annual Plan for 2021/22 and 2022/23 is set out in Appendix B.

Changes to the Annual Plan 2022/23

6. The following changes have been made to the 2022/23 internal audit plan.

Review	Rationale
HR – Absence Management	Following a protracted process this review was eventually cancelled at the end of 2021/22 and is now included into the 2022/23 plan – 6 additional days. This audit is now in progress as part of the 2022/23 audit plan.

Progress in actioning priority 1 & 2 recommendations

7. 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		
Planning Enforcement		0	0	0	0	1	0
Risk Management		0	0	0	0	3	0

Root Cause Indicators

8. 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 2 (2021/22)	Qtr 3 (2021/22)	Qtr 4 (2021/22)	Qtr 1 (2022/23)	Medium term Direction of Travel	Audit Observation
Directed						
Governance Framework	71%			17%		
Risk Mitigation						
Control Compliance	29%		100%	83%		
Delivery						
Performance Monitoring						
Sustainability						
Resilience						

Frauds/Irregularities

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

Other Matters

10. We have issued the following client briefing notes or fraud alerts, since the previous SICA report.

Client Briefing Alerts issued by TIAA

Briefing Note
Internal Audit: Untapped Potential
UK Government reveals new Data Protection Rules
ICO sets out revised approach to public sector enforcement
Rise in Environmental, Social and Governance and supply chain fraud
Fraud Alert
Misappropriation of Fuel Fraud Alert

Responsibility/Disclaimer

11. 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 Standards and Audit Committee and therefore is not included in this Appendix.

Review	Evaluation
Planning Enforcement	Reasonable
Risk Management	Reasonable



Progress against Annual Plan – 2021/22

System	Planned Quarter	Current Status	Comments
Risk Management	Q1	Final report issued 31.08.22	Postponed from Q1 to Q2 at request of Head of Service.
Commercial Property	Q3	Audit Cancelled	Head of Service has requested for this to be postponed due to staffing issues. Audit to be cancelled from the 2021/22 audit plan and included in the 2022/23 audit plan
Data Quality	Q1	Final report issued 10.03.22	Postponed from Q1 at request of Head of Service.
Commercial Rents	Q3	Audit Cancelled	Head of Service has requested for this to be postponed due to staffing issues. Audit to be cancelled from the 2021/22 audit plan and included in the 2022/23 audit plan
Human Resources – Absence Management	Q2	Audit Cancelled	Head of Service has requested for this to be postponed due to staffing issues. Audit to be cancelled from the 2021/22 audit plan and included in the 2022/23 audit plan
Communications	Q2	Draft report issued 01.09.22	Postponed from Q2 at request of Communications Manager.
Business Continuity	Q2	Final report issued 31.08.22	Deferred from the 20/21 audit plan.
Key Revenues Controls	Q3		
Benefits and Council Tax Support	As above	Final report issued 26.01.22	
Non-Domestic Rates (NDR)	As above	Final report issued 26.01.22	
Council Tax	As above	Final report issued 26.01.22	
Key Financial Controls	Q3		
Accounts Payable (Creditors)	As above	Final report issued 11.01.22	
Accounts Receivable (Debtors)	As above	Final report issued 11.01.22	
Main Accounting (General Ledger)	Q3/4	Draft report to be issued before meeting	


Payroll	Q3	Final report issued 18.02.2022	
Treasury Management	Q3/4	Final report issued 23.03.22	
Customer Services	Q1	Draft report to be issued before meeting	
ICT – Software Asset Management	Q3	Draft report to be issued before meeting	
ICT – Contract Management	Q3	Draft report to be issued before meeting	
Freedom of Information	Q1	Final report issued 27.05.22	Postponed at the request of the Information Governance Officer.
Depot	Q3	Cancelled	Audit to be cancelled from 2021/22. It was advised by the Depot Manager that there have been no further developments since the previous audit due to unfilled vacancies (nearly 1/3 of the staff) within the office staff at the depot. Due to the limited amount of staff available to run and deliver the daily operations all the staff time has been devoted to ensuring the operations are run and delivered in continually difficult times. The Depot will be subject to a full follow up review as part of the 2022/23 audit plan.
Runnymede Travel Initiative	Q1	Cancelled	Audit cancelled as the Yellow Bus Service is no longer operational.
Planning Enforcement	Q2	Final report issued 30.06.22	Postponed at the request of the Development Manager due to a change of management personnel.
Housing Rents	Q3/4	Final report issued 19.05.22	
Housing Health and Safety	Q2	Final report issued 21.09.21	
Housing Repair and Maintenance	Q2	Final report issued 08.12.21	
Housing Enforcement	Q2	Final report issued 04.08.22	Postponed at the request of the Housing Services Manager.
Sheltered Accommodation	Q1	Draft report to be issued before meeting	
Housing Section 106 and CIL	Q1	Final report issued 16.08.22	Postponed at the request of the previous Development Manager due to a change of management personnel. Following the introduction of CIL the scope has now been expanded to incorporate this area.
Follow up of recommendations	Q1,2,3,4		Progress reports provided to each Standards and Audit Committee.


Progress against Annual Plan – 2022/23

System	Planned Quarter	Current Status	Comments
Commercial Property	1	Fieldwork in progress	
Commercial Rents	1	Fieldwork in progress	
HR: Absence Management	1	Fieldwork in progress	
Housing Allocations and Homelessness	1	Fieldwork in progress	
Leisure Contract	1		
Community Grants	1		Scheduled to commence in September 2022
Governance – Gifts and Hospitality	1	Fieldwork in progress	
Data Protection & Information Governance	2	Fieldwork in progress	
ICT – Service Desk	2		
ICT – Virtual / Cloud based approach to DR	2		
Housing Health and Safety	2	Fieldwork in progress	
Recruitment	2		
Depot (including Trade Waste)	2		
Car Parking	2	Fieldwork in progress	
Payroll	3		
Budgetary Control	3		
Key Revenues Controls: -Housing Benefits and Council Tax Support -Business Rates -Council Tax	3		

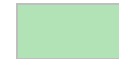
Key Financial Controls: -Accounts Payable (Creditors) -Accounts Receivable (Debtors)	3		
Procurement/Contracts	4		
Climate Change	4		
Income – Cash & Bank	4		
Main Accounting (General Ledger)	4		
Capital Accounting and Asset Management	4		
Housing Rents	4		
Follow Up	1 - 4		

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
Planning Enforcement						
Enforcement Charter be revisited, in particular around the target number of days for an initial investigation to be undertaken, to ensure these are realistic and reflect actual working practices.	2	<i>The Enforcement Charter is programmed for review and prioritisation targets will be set to accurately reflect working practices.</i>	31/12/22	Jonathan Murray		

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Risk Management						
The Risk Management Strategy to be finalised and ratified appropriately.	2	<i>This action remains outstanding. Due to changes in personnel and division of duties between roles, the draft Strategy needs to be reviewed and updated to ensure it aligns with current structure and processes and remains relevant, before presenting to Standards & Audit Committee for consideration.</i>	24/01/23	Assistant Chief Executive		

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Risk Management to be adequately monitored and reported to the Standards and Audit Committee in accordance with the draft Risk Management Strategy.	2	<p><i>This action remains outstanding.</i></p> <p><i>The Council's self-assessment against CIPFA's Financial Management Code (reported to Committee in January 2022) highlighted the need for regular reporting of Risk to the Standards and Audit Committee and this has also been assessed as a priority improvement in the Annual Governance Statement 2021/22, for action during 2022/23. Ideally, reporting would commence with consideration of the Strategy which is not yet finalised. Regular reporting should commence from the adoption of the Strategy.</i></p>	<p><i>Dependent on adoption of Strategy.</i></p> <p><i>24/01/23</i></p>	<p><i>Assistant Chief Executive</i></p>		
Action to be taken to ensure that mandatory Risk Management Training is completed by all new employees.	2	<p><i>E-mails are sent out as standard to new staff about all the on-line courses they need to complete but it is the responsibility of their immediate line manager who is responsible for their induction and discussing regularly as part of their induction and probation that they have completed all the on-line courses. The line manager has to sign off on the induction checklist that the employee has completed all their on-line courses of which this is one. Action has been agreed to re-enforce via SLT that this is the line manager's responsibility. The Recruitment and Retention Manager will send out quarterly reminders to SLT with a listing of who has not completed the training.</i></p>	<p><i>31/10/22</i></p>	<p><i>All Corporate Heads of Service</i></p>		

KEY:

Priority Gradings (1 & 2)

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

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

TIAA produces regular briefing notes to summarise new developments in Governance, Risk, Control and Counter Fraud which may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those CBNs and Fraud Alerts issued in the last three months which may be of relevance to Runnymede 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
June 2022	Misappropriation of Fuel Fraud Alert:		<p>Action Required</p> <p>The risk of opportunistic fraud and/or theft of fuel paid for by the business has dramatically increased in the last few weeks. Reminding all staff that there is zero tolerance of misappropriation of fuel paid for by the business would be a timely deterrent to employees who might otherwise be tempted.</p> <p>Organisations should also seek to obtain assurance over the robustness of their current fuel expenditure controls.</p>
July 2022	Internal Audit: Untapped Potential		<p>Action Required</p> <p>Audit Committees and Boards / Governing Bodies are advised to note the report.</p>
August 2022	UK Government reveals new Data Protection Rules		<p>Action Required: For Information Only</p> <p>Audit Committees and Boards / Governing Bodies are advised to familiarise themselves with the response document in line with current Data Protection practices</p>

CBN Ref	Subject	Status	TIAA Comments
August 2022	ICO sets out revised approach to public sector enforcement		<p>Action Required: For Information Only Audit Committees and Boards / Governing Bodies are advised to note this information.</p>
August 2022	Rise in Environmental, Social and Governance and supply chain fraud		<p>Action Required: For Information Only Audit Committees and Boards / Governing Bodies are advised to note the outcome of the survey.</p>



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:

None. This report is for information.

1. Context of report

- 1.1 Attached at Appendix 'A' 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 earlier.

2. Report

- 2.1 At the time of writing this report, 6 of those previously outstanding had been implemented and 8 were outstanding. The Committee will note that 4 of those that remain outstanding concern previous DSO audits. However, the Corporate Head of Environmental Services reports that progress is being made and that the recently approved refurbishment of the Depot will assist. Further details concerning the Depot recommendations are available in the appendix.

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

Internal Audit Progress Report for Outstanding Recommendations

2022-23

September 2022

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 2022. Since the previous follow up review was carried out (June 2022), 8 recommendations have reached their initial or revised target implementation date, and status updates have also been sought for the additional 6 recommendations previously reported as outstanding.

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	6
Outstanding	8
No Longer Applicable	0
Not Implemented	0

4. For the six 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 eight 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.
6. Four of the outstanding recommendations relate to the previous Depot audit. As previously reported, it was confirmed that the new Head of Service for this area is making progress with implementing the recommendations, including obtaining recent agreement for the refurbishment and upgrade of the Depot prior to grounds maintenance and green spaces services being relocated and delivered in house from the depot premises in April 2023. However, as these recommendations are not yet fully implemented they continue to be included in the Detailed Findings section below. The Depot is subject to a separate, full follow up review during 2022/23 (currently scheduled to commence in October 2022) and therefore these recommendations will be considered as part of that review.



Scope and Limitations of the Review

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

Release of Report

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

Date final report issued:	September 2022
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Detailed Findings

Follow Up

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

12. Depot

Audit title	<u>Depot</u>	Audit year	2020/21	Priority	1
Recommendation	The Depot create its own risk register to identify the key risks associated with the Depot and how these are being controlled and managed.				
Initial management response	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.				
Responsible Officer/s	DSO Manager /CHoES	Original implementation date	30/09/21	Revised implementation date	TBC
Latest Update	It was advised by the Depot Manager that there have been no further developments since the previous audit due to unfilled vacancies (nearly 1/3 of the staff) within the office staff at the depot. Due to the limited amount of staff available to run and deliver the daily operations all the staff time has been devoted to ensuring the operations are run and delivered in continually difficult times. The Depot is subject to a separate, full follow up review during 2022/23 and therefore this recommendation will be considered as part of that review.				
Status	Outstanding				

Audit title	<u>Depot</u>	Audit year	2020/21	Priority	2
Recommendation	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.				

Initial management response	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.					
Responsible Officer/s	DSO Manager / Corporate Head of Environmental Services	Original implementation date	Long term remedy dependent of the outcome of the feasibility study due to report in Sept 2021.	Revised implementation date	TBC	
Latest Update	It was advised by the Depot Manager that there have been no further developments since the previous audit due to unfilled vacancies (nearly 1/3 of the staff) within the office staff at the depot. Due to the limited amount of staff available to run and deliver the daily operations all the staff time has been devoted to ensuring the operations are run and delivered in continually difficult times. The Depot is subject to a separate, full follow up review during 2022/23 and therefore this recommendation will be considered as part of that review.					
Status	Outstanding					

Audit title	Depot	Audit year	2020/21	Priority	3	
Recommendation	Consideration be given to the purchase of the optimisation route package.					
Initial management response	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.					
Responsible Officer/s	DSO Manager /CHoES	Original implementation date	30/09/21	Revised implementation date	TBC	
Latest Update	It was advised by the Depot Manager that there have been no further developments since the previous audit due to unfilled vacancies (nearly 1/3 of the staff) within the office staff at the depot. Due to the limited amount of staff available to run and deliver the daily operations all the staff time has been devoted to ensuring the operations are run and delivered in continually difficult times. The Depot is subject to a separate, full follow up review during 2022/23 and therefore this recommendation will be considered as part of that review.					
Status	Outstanding					

Audit title	Depot	Audit year	2020/21	Priority	3	
Recommendation	Detailed stock take procedures be documented and a re-order level established, where appropriate.					

Initial management response	Noted.				
Responsible Officer/s	DSO Manager /CHoES	Original implementation date	30/09/21	Revised implementation date	TBC
Latest Update	<p>It was advised by the Depot Manager that there have been no further developments since the previous audit due to unfilled vacancies (nearly 1/3 of the staff) within the office staff at the depot. Due to the limited amount of staff available to run and deliver the daily operations all the staff time has been devoted to ensuring the operations are run and delivered in continually difficult times.</p> <p>The Depot is subject to a separate, full follow up review during 2022/23 and therefore this recommendation will be considered as part of that review.</p>				
Status	Outstanding				



13. ICT – Mobile Device Security Management

Audit title	<u>Mobile Device Security Management</u>	Audit year	2018/19	Priority	2
Recommendation	A more regular review schedule be put in place for all policies and procedure documents relating to Mobile Device Management, with additional detail to be added to the current Mobile Device Management policies as per the report text.				
Initial management response	Agreed, the policies will be updated as the contracts come up for review moving forward but all will be done by the end of the calendar year.				
Responsible Officer/s	Infrastructure and Security Manager	Original implementation date	31.12.19 (subsequently March 2021, then March 2022, then June 2022)	Revised implementation date	31.10.22
Latest Update	It was advised that the policies have been written but require formal approval. The Chief Executive has requested for these to be reviewed via the Transformation Working Group, however agreed dates had not been received from the leader on the meeting. It was therefore suggested to move the implementation date to October 2022 as the policies cannot be rolled out until have been approved.				
Status	Outstanding			A revised target date has been set.	

Audit title	<u>Mobile Device Security Management</u>	Audit year	2018/19	Priority	2
Recommendation	Regular risk assessments of their mobile devices and installed software be implemented and scheduled.				
Initial management response	Whilst the recommendation is noted, it will be difficult to implement particularly for staff who have their own devices which they then have access to their work e-mails on. All staff sign up to the Council's ICT protocol and the Member protocol has also been reviewed so everyone is aware of the risks around data security and loss. Management will consider how security can be improved without conducting onerous risk assessments on staffs' personal devices.				
Responsible Officer/s	Infrastructure and Security Manager	Original implementation date	31.03.20 (subsequently March 2021, then March 2022, then June 2022)	Revised implementation date	31.10.22

<p>Latest Update</p>	<p>With regards to the risk assessments it was advised that new software for supporting remote management of devices (Intune) is installed on the majority of devices and this is an ongoing piece of work with staff working remotely to get them to have the software installed. The existing mobile phone contract is also being reviewed where the Council will be streamlining devices. This is due for renewal at the end of September.</p>	
<p>Status</p>	<p>Outstanding</p>	<p>A revised target date has been set.</p>



14. Procurement

Audit title	Procurement	Audit year	2020/21	Priority	2
Recommendation	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.				
Initial management response	<p>1.Take to SLT as an agenda item- this needs to come from CLT.</p> <p>2.Email to all staff regarding Contract Standing Orders and Staff Pages for information on Procurement and offer of training.</p>				
Responsible Officer/s	1.Chief Executive 2.Corporate Procurement	Original implementation date	1.TBC Autumn 2021 SLT are carrying a number of posts vacant and therefore needs to be actioned once new postholders are onboarded. 2.Autumn 2021 once Staff Home issues have been resolved for Procurement Pages	Revised implementation date	30.09.22
Latest Update	<p>The timeframe had previously been revised to Q1 2022/23 due to the timing of new appointments to the posts of Assistant Chief Executive and Corporate Head of Environmental Services.</p> <p>A Managers briefing slide set has been prepared to present to SLT and Buying Managers. As the Finance team also want to carry out a briefing regarding the Financial Regulations, it has been decided that it would be beneficial for these to be carried out at the same time, and this is likely to be September 2022.</p> <p>A training slide set has also been prepared based on the Briefing slide set above to be coordinated and consistent in message. It was advised that the communication of training sessions will commence from September 2022.</p>				
Status	Outstanding			A revised target date has been set.	

Audit title	Procurement	Audit year	2020/21	Priority	3
Recommendation	Procurement Strategy and associated policies be finalised at the earliest opportunity to ensure that the overall vision, direction and priorities for the Council's procurement activities are clearly communicated.				
Initial management response	Needs to be reflective of the Council's strategies for Climate Change, Prosperous Economy and Health and Wellbeing Corporate Themes that are being developed and drafted with deadline of Nov '21. Review and revise draft Procurement Strategy in light of these emerging strategies.				
Responsible Officer/s	Head of Business Planning, Projects and Performance	Original implementation date	Q1 2022/23	Revised implementation date	TBC
Latest Update	It was originally envisaged that this would be a task for a new Procurement Manager post. However, it was subsequently agreed in March 2022 that the new Procurement Manager post would be kept vacant during 2022 whilst options for the future provision of procurement is investigated. The task would therefore be completed by the Head of Business Planning, Projects and Performance however resource capacity is an issue. Recruitment to a permanent Procurement Officer post has failed three times and the Interim Procurement Officer was due to leave the Council in August. As a result, resource capacity in the team to deliver on ongoing procurements is stretched. It was advised that the Strategy review is underway but is taking longer due to resources. A revised timeframe for completion was not provided.				
Status	Outstanding			Implementation is in progress.	



Internal Audit Annual Assurance Report (TIAA, Chris Harris)

Synopsis of report:

To inform Members on audit work undertaken during 2021/22 and to provide a Head of Internal Audit opinion based on the outcomes of the audit work by TIAA.

Recommendation:

None. This report is for information.

1. Context of report

- 1.1 Attached at Appendix A is TIAA's Internal Audit Annual Assurance Report for 2021/22.

2. Report

- 2.1 At the end of each financial year the Head of Internal Audit reviews the outcomes from all the audit work undertaken in year and in particular notes the assurance outcome for each audit. Based on the work undertaken in 2021/22 the Head of Audit is able to give a positive opinion on the governance, risk and control framework for Runnymede BC.

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

Internal Audit Annual Assurance Report

20 September 2022 – Standards and Audit Committee

2021/22

September 2022

Internal Audit Annual Report

Introduction

This is the 2021/22 Annual Report by TIAA on the internal control environment at Runnymede Borough Council. The annual internal audit report summarises the outcomes of the reviews we have carried out on the organisation's framework of governance, risk management and control. This report is designed to assist the Council in making its annual governance statement.

Limitations on our opinion arising from Covid-19

The impact of COVID-19 on all public sector services has been significant including changes to ways of working, reprioritising services, redeploying staff and stretching capacity; the impact has been present throughout the whole of 2021/22 in varying degrees.

For internal audit, it has raised the question of whether they have been able to undertake sufficient internal audit work to gain assurance during 2021/22. This is a key consideration to fulfil the requirement of the Public Sector Internal Audit Standards (PSIAS) for the Head of Internal Audit (HIA) when issuing their annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This opinion is in turn one of the sources of assurance that the organisation relies on for its Annual Governance Statement. Factors that need to be taken in to account in reaching a conclusion include:

- Has any reduction in coverage compared to what was planned resulted in insufficient assurance work?
- Have any limitations in the scope of individual assignments resulted in it only being possible to place partial assurance on the outcome?
- Have changes in ways of working led to gaps in the governance, risk management and control arrangements?

TIAA understands the considerable challenges and the difficult decisions that organisations are having to deal with, however, the professional and regulatory expectations on public bodies to ensure that their internal audit arrangements conform with PSIAS have not changed. In this difficult situation, heads of internal audit will need to consider whether they can still issue the annual opinion or whether there will need to be a limitation of scope.

A limitation of scope arises where the HIA is unable to draw on sufficient assurance to issue a complete annual opinion in accordance with the professional standards. This is an issue not only for the HIA but also for the leadership team and the Standards and Audit Committee who normally rely on that opinion. It may also have wider consequences for stakeholder assessments of the organisation.

What this means for Runnymede Borough Council

No impact on the delivery of planned work

There has been minimal or no impact on the delivery of the internal audit work for 2020/21 as a result of the COVID-19 pandemic. Whilst there was an impact on delivery of the work in the early part of the year during the initial lockdown, we are able to deliver the majority of planned work to enable an opinion to be made. There have been no changes to the planned work as a result of COVID-19; any changes to the plan were based on purely on business/operational need and have been reported to the Standards and Audit Committee.

HEAD OF INTERNAL AUDIT'S ANNUAL OPINION

I am satisfied that sufficient internal audit work has been undertaken to allow me to draw a positive conclusion as to the adequacy and effectiveness of Runnymede Borough Council's risk management, control and governance processes. In my opinion, Runnymede Borough Council has adequate and effective management, control and governance processes in place to manage the achievement of their objectives.

Our opinion is based solely upon the work TIAA have undertaken. It must be noted that the External Auditor has not yet signed off the accounts at Runnymede BC for the years 2019/20 and 2020/21 and as such this may present a risk to the control framework at Runnymede.

Internal Audit Planned Coverage and Output

The 2021/22 Annual Audit Plan approved by the Standards and Audit Committee (26 January 2021) was for 184 days of internal audit coverage in the year.

During the year there were a number of changes to the Audit Plan and these changes were approved by the Standards and Audit Committee during the year.

The planned work that has been carried out against the plan and the status of work not completed is set out at Annex A.

No extra work was carried out which was in addition to that set out in the Annual Audit Plan as amended and approved during the year.

Urgent	Important	Routine
0 (1)	14 (22)	26 (23)

Assurance

TIAA carried out 20 reviews (xxx audits are at draft report), which were designed to ascertain the extent to which the internal controls in the system are adequate to ensure that activities and procedures are operating to achieve the Organisation’s objectives. For each assurance review an assessment of the combined effectiveness of the controls in mitigating the key control risks was provided. Details of the completed audits are provided in Annex A and a summary is set out below.

Assurance Assessments	Number of Reviews	Previous Year
Substantial Assurance	11	9
Reasonable Assurance	9	8
Limited Assurance	0	1
No Assurance	0	0

The areas on which the assurance assessments have been provided can only provide reasonable and not absolute assurance against misstatement or loss and their effectiveness is reduced if the internal audit recommendations made during the year have not been fully implemented.

We made the following total number of recommendations on our audit work carried out in 2021/22. The numbers in brackets relate to 2020/21 recommendations

Audit Summary

Control weaknesses: There were no areas reviewed by internal audit where it was assessed that the effectiveness of some of the internal control arrangements provided 'limited' or 'no assurance'.

Operational Effectiveness Opportunities: One of the roles of internal audit is to add value and during the financial year we provided advice on opportunities to enhance the operational effectiveness of the areas reviewed and the number of these opportunities is summarised below.

Operational
12

Independence and Objectivity of Internal Audit

There were no limitations or restrictions placed on the internal audit service which impaired either the independence or objectivity of the service provided.

Performance and Quality Assurance

The following Performance Targets were used to measure the performance of internal audit in delivering the Annual Plan.

Performance Measure	Target	Attained
Completion of Planned Audits (final and draft)	100%	100%
Audits Completed in Time Allocation	100%	100%
Final report issued within 10 working days of receipt of responses	95%	100%
Compliance with Public Sector Internal Audit Standards	100%	100%

Ongoing quality assurance work was carried out throughout the year and we continue to comply with ISO 9001:2015 standards. An independent external review is carried out of our compliance of the Public Sector Internal Audit Standards (PSIAS) and, in particular, to meet the requirement of an independent 5 year review. The outcome confirmed full compliance with all the standards. Our work also complies with the IIA-UK Professional Standards and relevant guidance issued by the Accounts & Audit Regulations 2015.

Release of Report

The table below sets out the history of this Annual Report.

Date Report issued:	August 2022
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Annexes

Annex A

Actual against planned Internal Audit Work 2021/22

System	Type	Planned Days	Actual Days	Assurance Assessment	Comments
Risk Management	Assurance	6	6	Reasonable	
Commercial Property	Assurance	8	-		Audit Cancelled to be done in 2022/23
Data Quality	Assurance	6	6	Substantial	
Commercial Rents	Assurance	6	-		Audit Cancelled to be done in 2022/23
Human Resources – Absence Management	Assurance	6	-		Audit Cancelled to be done in 2022/23
Communications	Assurance	6	6	Substantial	Draft report
Business Continuity	Assurance	6	6	Substantial	
Key Revenues Controls	Assurance	20	20	Substantial	
Benefits and Council Tax Support				As above	
Non-Domestic Rates (NDR)				As above	
Council Tax				As above	
Key Financial Controls	Assurance	12	12	Reasonable	
Accounts Payable (Creditors)				As above	
Accounts Receivable (Debtors)				As above	
Main Accounting (General Ledger)	Assurance	6	6	Substantial	Draft report
Payroll	Assurance	8	8	Substantial	
Treasury Management	Assurance	6	6	Substantial	
Customer Services	Assurance	6	6	Reasonable	Draft report
ICT – Software Asset Management	Assurance	8	8	Reasonable	Draft report
ICT – Contract Management	Assurance	8	8	Reasonable	Draft report
Freedom of Information	Assurance	6	6	Substantial	

Depot	Follow up	4	-		Audit Cancelled to be done in 2022/23
Runnymede Travel Initiative	Assurance	6	-		Audit Cancelled
Planning Enforcement	Assurance	6	6	Reasonable	
Housing Rents	Assurance	6	6	Substantial	
Housing Health and Safety	Follow up	4	4	Reasonable	
Housing Repair and Maintenance	Follow up	4	4	Reasonable	
Housing Enforcement	Assurance	6	6	Substantial	
Sheltered Accommodation	Assurance	6	6	Reasonable	Draft report
Housing Section 106 and CIL	Assurance	6	10	Substantial	
Follow up of recommendations	Follow up	12	12	N/A	
	Total Days	184	158		



Local Government and Social Care Ombudsman Annual Report 2021-2022 (Law and Governance, Clare Pinnock)

Synopsis of report:

To inform Members on the receipt and outcome of matters handled by The Commission for Local Administration (Local Government and Social Care Ombudsman) and the Housing Ombudsman covering the year ending 31 March 2022

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 which is within their remit 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 by a designated Link Officer in Democratic Services. We ensure that requests from the Ombudsman when investigating a complaint are dealt with in a timely manner and co-ordinate with named Officers in the relevant departments.
- 1.3 The register also includes our dealings with the Housing Ombudsman who operates slightly differently from the Ombudsman in that they tend to contact Housing Officers direct instead of liaising with a Link Officer. We have encouraged them to utilise the Link Officer and/or the named Officer in Housing who co-ordinates responses to complaints for consistency.
- 1.4 On 20 July 2022, the Ombudsman emailed us their annual report letter and statistics. These are also published on their website.
- 1.5 The Ombudsman's annual letter is attached at Appendix 'A'.

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 In most cases, the Ombudsman will only investigate if a complainant has been directly affected by a matter (personal injustice). The Ombudsman will only deal with third parties if they have permission or a right (such as lasting power of attorney), to act on behalf of the person making the complaint.

- 2.3 Complainants 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'.
- 2.4 For the period 1 April 2021 to 31 March 2022, the Ombudsman reported that they had received 8 complaints and enquiries about this Council, this is 2 less than last year. There were 6 matters relating to Housing, and one each for Benefits and Tax, and Environmental Services & Public Protection & Regulation. We were only aware of 4 of them as the other 4 were closed after initial enquiries.
- 2.5 The Ombudsman issued 9 decisions, 5 of which have been accounted for with reference to the Register because the other 4 complaints were dealt with by the Ombudsman without reference to us as they were regarded as premature and the complainants were referred back to us. They do not appear on our register because in each case the complainant did not then raise a complaint with us.
- 2.6 The statistics don't always marry up with ours because we record from the date we receive notification of a case and the Ombudsman records the date they issue a decision.
- 2.7 The 9 decisions concern Benefits and Tax (1), Environmental Services and Public Protection Regulation (1), Housing (6) and Planning and Development (1). No decisions upheld any of the complaints.
- 2.8 The Ombudsman conducted one detailed investigation regarding a Planning Enforcement case. We received notification from the Ombudsman in July 2020. The Ombudsman asked for initial information within 5 working days and then decided to refer it to the Assessment stage where more detailed information was requested and collated by Officers in Development Management. Throughout the summer Officers collated more information, making redactions as necessary, and the Ombudsman decided to investigate in October 2020. The final decision was issued on 1 April 2021, not upholding the complaint. Members will appreciate it is often a lengthy process.
- 2.9 In 4 cases, the Ombudsman closed after initial enquiries, with no further action required. However, there was still 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). For example, one Housing case consisted of 12 emails internally and with the Ombudsman but in another which was closed after initial enquiries there were 25 emails over a period of one month which illustrates the thoroughness of both the Ombudsman and Council Officers to ensure cases are dealt with properly.
- 2.10 In terms of compliance we received confirmation of full compliance with a decision that was upheld from 2020/2021 but because the remedy date was in June 2021 it appears on this year's statistics. It was reported to last year's meeting. The details are on the Ombudsman's website and we agreed to the service improvement recommended by the Ombudsman.

Housing Ombudsman

- 2.11 Housing Ombudsman cases totalled 6 in the year ending 31 March 2022. One case was upheld, 4 were not upheld and the remaining case has been closed because the complainant had not been through our complaints process and was referred back to us and is being dealt with.
- 2.12 In the case that was upheld, we paid additional compensation to the resident having already paid some to resolve the issues raised. Members are asked to note that the complaint had three strands, one issue was outside the Housing Ombudsman's jurisdiction and the other was considered to be satisfactorily resolved.
- 2.13 The Ombudsman has announced that they will be working with the Housing Ombudsman to produce a joint complaint handling code to provide a clear framework for local authorities. The timescale for this is to be advised.
- 2.14 A breakdown by Ward and Service area for 2021/2022 for the notices we received from both Ombudsmen is shown below:

Business Centre/Service Area	Ward and number of decisions
Benefits and Tax	Addlestone North (1)
Housing	Addlestone North (2) Addlestone South (1) Egham Hythe (3) Englefield Green West (2)

- 2.15 Comparative data for Surrey authorities, including the County Council, for the year ending 31 March 2022, is set out in Appendix 'B'. Data from the report, can be found on the Ombudsman's website through its interactive 'Your council's performance' map. The map now holds data and annual letters going back to 2007, 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.
- 2.16 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. The number of enquiries and complaints actually received by the Ombudsman in respect of each authority is not on the website, only individual authorities hold this information on the accompanying spreadsheet issued with the annual letters.
- 2.17 With regard to themes for the year, a column has been added to Appendix 'B' for 'lessons learned' which is effectively what the Service Improvement Notices are intended to do.
- 2.18 Throughout the year, the Ombudsman issued a number of public interest reports (43 in 2021/2022), as well as weekly decision digests on Housing, Planning and Adult Social Care. Any of particular interest or relevance are circulated to the relevant Corporate Head(s), as well as being available on a shared drive on the network.
- 2.19 National headline figures issued by the Ombudsman for the year ending 31 March 2022 include:

- 15,826 complaints and enquires received
- 2,231 cases with recommendations to put things right
- 1,848 service improvement recommendations, complied with by 99.7% of councils
- 11% upheld cases where the Ombudsman agreed with the authority's remedy
- 4,130 recommendations to remedy personal injustice
- Education and Children's Services continue to attract the most complaints (77%)
- Approximately 2/3 of all complaints received are upheld

2.20 Michael King, Local Government and Social Care Ombudsman, said:

“One complaint can have immense power to change things for the better, and we're increasingly focusing on to how we, and the local authorities we investigate, take the learning from those complaints and improve service provision.

“The vast majority of councils agree to the recommendations we make and see them as common-sense ways of providing better services for people in their area. However this can only happen when councils act swiftly when they have committed to do so.

“Unfortunately we are seeing some councils taking longer to make those changes, which put them at risk of making the same mistakes again. In 18% of cases we found compliance was late.

“While I welcome the professional way in which the majority of councils continue to work with us, I would urge those authorities who are having problems to pay close attention to this final, but crucial, step in the complaints process.”

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.
- 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 2022 there were no complaints from the Ombudsman and one from the Housing Ombudsman.
- 3.4 The Ombudsman recommends that Councillors take an active role in having an overview of cases, hence this annual report. They also have a section on their website which makes suggestions about questions Councillors can ask

with regard to different services. For example, the Homelessness Reduction Act, Waste and Recycling and the Local Planning Process.

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 nine 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 (Housing Ombudsman).

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 2022 it is indicated that the protected characteristic of disability was engaged in four cases, one of which also engaged 'age'.
- 6.5 The Ombudsman issued a focus report in August 2022 on improving access to council services for people with disabilities. This arose from a case at Ribble Valley local authority where the lack of a policy on recording disability and making reasonable adjustments under the Equality Act resulted in a

client's record not highlighting particular needs, those needs were then unmet causing the client distress.

- 6.6 This illustrates the need for councils to have a policy to check whether people have disabilities, show how they might accommodate any adjustments that might need to be made to enable people to access services and, importantly, keep a record of those adjustments.

(For information)

Background papers

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

20 July 2022

By email

Mr Turrell
Chief Executive
Runnymede Borough Council

Dear Mr Turrell

Annual Review letter 2022

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2022. The information offers valuable insight about your organisation's approach to complaints. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

Complaint statistics

Our statistics focus on three key areas that help to assess your organisation's commitment to putting things right when they go wrong:

Complaints upheld - We uphold complaints when we find fault in an organisation's actions, including where the organisation accepted fault before we investigated. We include the total number of investigations completed to provide important context for the statistic.

Compliance with recommendations - We recommend ways for organisations 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 organisation upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit organisations that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your organisation with similar authorities to provide an average marker of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 27 July 2022. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

Supporting complaint and service improvement

I know your organisation, like ours, will have been through a period of adaptation as the restrictions imposed by the pandemic lifted. While some pre-pandemic practices returned, many new ways of working are here to stay. It is my continued view that complaint functions have been under-resourced in recent years, a trend only exacerbated by the challenges of the pandemic. Through the lens of this recent upheaval and adjustment, I urge you to consider how your organisation prioritises complaints, particularly in terms of capacity and visibility. Properly resourced complaint functions that are well-connected and valued by service areas, management teams and elected members are capable of providing valuable insight about an organisation's performance, detecting early warning signs of problems and offering opportunities to improve service delivery.

I want to support your organisation to harness the value of complaints and we continue to develop our programme of support. Significantly, we are working in partnership with the Housing Ombudsman Service to develop a joint complaint handling code. We are aiming to consolidate our approaches and therefore simplify guidance to enable organisations to provide an effective, quality response to each and every complaint. We will keep you informed as this work develops, and expect that, once launched, we will assess your compliance with the code during our investigations and report your performance via this letter.

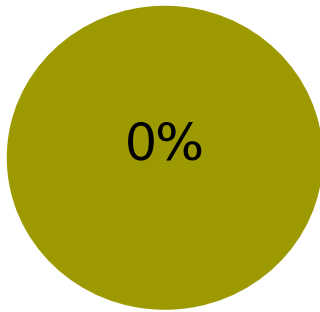
An already established tool we have for supporting improvements in local complaint handling is our successful training programme. We adapted our courses during the Covid-19 pandemic to an online format and successfully delivered 122 online workshops during the year, reaching more than 1,600 people. To 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



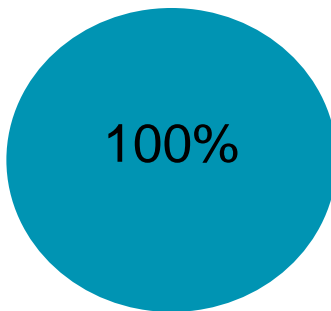
0% of complaints we investigated were upheld.

This compares to an average of **51%** in similar organisations.

0
upheld decisions

Statistics are based on a total of **1** investigation for the period between 1 April 2021 to 31 March 2022

Compliance with Ombudsman recommendations



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

This compares to an average of **100%** in similar organisations.

Statistics are based on a total of **1** compliance outcome for the period between 1 April 2021 to 31 March 2022

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

Satisfactory remedy provided by the organisation

The Ombudsman did not uphold any detailed investigations during this period

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%)	n/a	n/a	5	3	60	n/a	0	0
Guildford	6 2 (33%)	n/a	0	3	2	67	100%	0	0
Mole Valley	3 0 (0%)	n/a	n/a	2	2	100	n/a	2	0
Reigate and Banstead	3 1 (33%)	n/a	0	7	6	86	100%	0	5
Runnymede	3 1 (33%)	100%	0	2	1	50	n/a	0	0
Spelthorne	1 0 (0%)	n/a	n/a	3	1	33	100%	0	1
Surrey Heath	6 2 (33%)	100%	0	0	1	0	n/a	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%	0	4	3	75	100%	0	0
Woking	3 0 (0%)	n/a	n/a	2	1	50	100%	0	0

Authority	2021/2022			2021/2022	2021/2022	2021/2022	Lessons Learned from most recent Service Improvement Notices
	Number of complaints investigated, number upheld and %			Compliance rate	Satisfactory remedies before reaching the Ombudsman	Service Improvements issued since 2018	
Elmbridge	0	0	0%	n/a	0	1	Various regarding a Housing case from 2018
Epsom and Ewell	3	2	67%	100%	0	1	Keep to timescales in the complaints procedure and keep complainants informed if there is a delay (Housing)
Guildford	2	2	100%	100%	0	1	The Council agreed to share this decision with its officers dealing with high hedge complaints to emphasise the Council's requirement to promptly acknowledge appeal requests when made by members of the public. The Council will review its high hedge policy and/or procedure to ensure that complainants are informed of the progress of their case and to see if it can improve the process to make sure it completes the complaints promptly (Planning Enforcement)
Mole Valley	2	0	0%	n/a	0	0	
Reigate and Banstead	4	3	75%	100%	0	6	The Council should send a memo to officers dealing with disabled facilities grants and Millbrook Healthcare Ltd to remind them that the law allows the Council to award a discretionary grant if works have started but not been completed before the application was approved where the Council considers there are good reasons for doing so
Runnymede	1	0	0%	n/a			Provide relevant officers with training and/or guidance to ensure they know the requirements of the Anti-social Behaviour Act 2003 and associated guidance, and act in accordance with it (Planning Enforcement)

Spelthorne	1	1	100%	100%	0	1	Remind staff not to raise expectations by promising to do something it has no intention of doing – case from 2020 (Housing)
Surrey Heath	0	0	0	n/a	0	1	The Council agreed to complete its service review and to report the outcome and our findings to the relevant scrutiny committee (Planning Service)
Surrey County Council	62	52	84%	100%	6 (12%)	55	Various with regard to Education – policy relating to personal budgets and direct payments including training and reviews
Tandridge	5	4	80%	100%	1 (25%)	1	The Council agreed to review why officers were unable to access history planning records and clarify what the issue was. It agreed to advise the Ombudsman what (if any) action is necessary to remedy the problem, for example, training & guidance for officers or systems alterations (Planning Enforcement)
Waverley	4	2	50%	100%	0	0	
Woking	1	1	100%	n/a	1	0	

Complaints and Compliments Quarter 1 2022/2023 (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 2022 (Quarter 1 of the KPI reporting structure), and report any matters that have arisen since the meeting of the Committee in May 2022.

This is the report which would have been considered at the July meeting of this Committee which was cancelled owing to the excessive heat at that time.

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 Corporate Heads are responsible for ensuring 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 27 entries in the complaints register and 24 compliments recorded in Quarter 1 of 2022/2023.
- 2.4 **Complaints Quarter 1 2022/2023**

The table below sets out the figures for Quarter 1 2022/2023:-

Business Centre	Quarter 1
Assets and Regeneration	0
Community Development	0
Community Services	1
Corporate Services	0
Customer, Digital and Collection Services	2
Development Management and Building Control	0
Economic Development and Planning Policy	0
Environmental Services	8
Financial Services	0
Housing	16
Human Resources	0
Law and Governance	0
Total	27

- 2.5 Of the 27 complaints recorded, 10 were upheld or partly so, 9 were not upheld, 7 are overdue and the remaining 1 is in progress.
- 2.6 Members have requested some analysis of complaints and compliments and any emerging themes around complaints. There were 16 complaints about Housing related issues this quarter, which is higher than usual, but Members are asked to note that only 6 of these were upheld or partly so. These concerned the general condition of properties and after inspection remedial works were successfully undertaken and resolved. There were also issues relating to residential developments where residents in the vicinity have experienced noise and limited parking and the relevant contractors have been contacted to resolve accordingly.
- 2.7 Complaints that were not upheld also concerned the condition of properties, issues with neighbours and a number of Housing related policies and others where a third party was responsible.

- 2.8 There have been occasions where miscommunication between departments, has resulted in a complaint. For example, where each thinking the other had responded highlighting the importance of joined up thinking and clear communication with residents.
- 2.9 Complaints often arise because there has been a delay dealing with enquiries. This seems to be the case where teams are stretched owing to unfilled vacancies or other absences combined with the general volume of work experienced in business centres.
- 2.10 Other complaints were not about the team allocated on the register, but they were the main contact for the resident. In some cases the Council cannot resolve something until a third party has provided the information needed.
- 2.11 There were two complaints regarding the physical appearance of the borough, in places people thought they were looking tired and unloved, not being litter picked and lots of weeds growing in the drains. It is difficult to resolve these complaints with limited resources and shared responsibility with other bodies. However, Members will be aware that it is anticipated we will have more flexibility and joined up thinking once Grounds Maintenance is brought back in house.
- 2.12 If Members have any queries regarding particular service areas these can be referred to the relevant Corporate Head.
- 2.13 **Compliments Quarter 1 2022/2023**

Business Centre	Quarter 1
Assets and Regeneration	
Community Development	5
Community Services	1
Corporate Services	4
Customer, Digital and Collection Services	4
Development Management and Building Control	
Economic Development and Planning Policy	
Environmental Services	2
Financial Services	
Housing	8
Human Resources	
Law and Governance	
Total	24

- 2.14 There were 24 compliments received for Quarter 1 2022/2023. The details, where staff were named or identifiable from the information provided, are set out in Exempt Appendix 'A'.
- 2.15 There were some compliments that were shared between teams particularly Housing Maintenance and the Home Improvement Agency. It was positive to see Housing getting 8 compliments across the Business centre mainly for the care and attention paid by individuals and teams to our residents.
- 2.16 Because the scheduled meeting of this Committee was cancelled in July, all the compliments letters went out anyway with the approval of the Chairman to avoid a delay. We received some really positive feedback from staff and their managers who clearly appreciated being thanked for going above and beyond the normal day job.
- 2.17 The breakdown of complaints and compliments in Quarter 1 for 2022/2023 by Ward is set out below (- denotes complaints and + compliments)

Ward	Quarter 1	
	-	+
Addlestone North	4	3
Addlestone South	3	3
Chertsey Riverside	2	
Chertsey St Ann's	3	2
Egham Hythe	4	4
Egham Town	4	1
Englefield Green East		
Englefield Green West	1	
Longcross, Lyne and Chertsey South		
New Haw	2	1
Ottershaw		1
Thorpe		2
Virginia Water	2	
Woodham and RowTown		1
Out of Borough	1	6
Unrecorded	1	
Totals	27	24

- 2.18 Recording complaints and compliments is a valuable tool for the Council to review performance and improve the delivery of services.

3. Policy framework implications

- 3.1 The Complaints policy and procedures are reviewed regularly to provide up to date guidance to staff completing the registers and to ensure reporting is accurate.
- 3.2 A recent improvement to systems and procedures in Customer Services is the logging of complaints received via general enquiries to a case management software package. Staff then update this and share information with Officers who deal with complaints to provide an audit trail. This is useful when providing an update to the customer and issuing reminders on outstanding queries.

4. **Resource implications**

- 4.1 The registers are co-ordinated by an Officer in Law and Governance; on behalf of the Monitoring Officer, but time is also spent by other Officers, particularly in Housing whose input is much appreciated.

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 10 compliments which can be identified as relevant to the protected characteristics of age and/or disability, one complaint that could be identified as relevant to race, and another to disability.

(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.

**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 in question would be likely to involve disclosure of exempt information of the description specified in paragraph 1 of Schedule 12A of the Act.

(To resolve)

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A of the Local Government Act 1972.

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