



Standards and Audit Committee

Tuesday, 23 January 2024 at 7.30 pm

Council Chamber - Civic Centre

Members of the Committee

Councillors: J Hulley (Chair), MD Cressey (Vice-Chair), S Dennett, S Jenkins, J Mavi, M Singh, S Walsh, S Whyte, S Williams and J Wilson

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

Notes:

- 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 Clare Pinnock, Democratic Services Section, Law and Governance Business Centre, Runnymede Civic Centre, Station Road, Addlestone (Tel: Direct Line: 01932 425627). (Email: Democratic.Services@runnymede.gov.uk).**
- 3) Agendas and Minutes are available on a subscription basis. For details, please contact democratic.services@runnymede.gov.uk Tel: 01932 425622. 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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of the meeting. If you wish to film a particular meeting, please liaise with the Council Officer listed on the front of the Agenda prior to the start of the meeting so that the Chairman is aware and those attending the meeting can be made aware of any filming taking place.

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

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

**List of matters for consideration
Part I**

Page

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

1. **Notification of Changes to Committee Membership**
2. **Minutes** 4 - 12

To confirm and sign as a correct record the Minutes of the meetings of the Committee held on 21 November and 4 December 2023 (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, Depot Assurance report and Outstanding recommendations** 13 - 47
6. **Risk Report for Quarter 3 2023/24**

To Follow
7. **Complaints and Compliments Quarter 3 2023/24** 48 - 53
8. **Best Value Notice**

To Follow
9. **Exclusion of Press and Public**

OFFICERS' RECOMMENDATION that –

the press and public be excluded from the meeting during discussion of the following reports under Section 100A(4) of the Local Government Act 1972 on the grounds that the reports in question would be likely to involve disclosure of exempt information of the description specified in paragraph 2 of Part 1 of Schedule 12A of the Act.

(To Resolve)

Part II

Matters involving exempt or confidential information in respect of which reports have not been made available for public inspection

10. **Exempt Appendix 'A' to item 7 Complaints and Compliments Quarter 3 2023/24** 54 - 55

This Appendix is exempt because individuals can be identified

Runnymede Borough Council

Standards and Audit Committee

Tuesday, 21 November 2023 at 7.30 pm

Members of the Committee present: Councillors J Hulley (Chairman), MD Cressey (Vice-Chairman), A Balkan (In place of J Wilson), S Dennett, S Jenkins, J Mavi, M Singh, S Whyte and S Williams.

Members of the Committee absent: Councillor S Walsh.

In attendance: Councillor L Gillham.

35 Notification of Changes to Committee Membership

To record that Councillor J Wilson was substituted by Councillor A Balkan.

36 Minutes

The Minutes of the meeting held on 3 October 2023 were confirmed and signed as a correct record.

37 Apologies for Absence

Apologies for absence were received from Councillor S Walsh.

38 Declarations of Interest

Councillor M Singh withdrew from the meeting for item 13 on the agenda, concerning the provision of Internal Audit.

39 Summary Internal Controls Assurance (SICA) Report

The Committee noted the most recent Summary Internal Controls Assurance Report produced by TIAA. The meeting was attended by a new Audit Director, Labi Agbaje, and thanks were extended to Chris Harris for his time working with the Council over many years.

Members were advised that three audits had been completed since the last meeting, and the full reports were included, two in the supplementary agenda and the other as a separate item on the agenda.

The completed audits were for HR Recruitment, Housing Repairs and Maintenance and Corporate Governance, none of which had resulted in any recommendations being made.

Three audits were in progress for Data Quality, the follow up audit on the Depot and Meals at Home. In addition audits on Safeguarding and Commercial Property were expected to commence very shortly.

The report was duly noted.

40 **Internal Audit Progress Report for Outstanding Recommendations**

The Committee noted progress with outstanding recommendations from previous audits.

Members were advised that at the time of writing the report 2 recommendations had been implemented since the last meeting. However, it was confirmed that the Depot had now implemented their outstanding recommendations with regard to Data Protection and Information Governance, as had Digital Services and Development Control.

Officers stated that the exercise to review the Corporate Retention and Disposal Schedule was a much bigger task involving every business centre reviewing all their records and then reporting back to the Information Governance Officer. A revised target date of 31 January 2024 had been agreed.

The report was duly noted.

41 **Internal Audit Assurance Review of Governance**

The Committee was asked to note TIAA's full audit on Corporate Governance.

As this audit had involved gathering the thoughts of a selection of Councillors it was of particular interest to the Committee.

Officers reported that the result of the audit was a Substantial Assurance, and that the documentation of the Corporate Governance process and policies were found to be effective and efficient and reflected the current process as the Council's Constitution had been recently updated. No recommendations were made for service improvement.

Officers highlighted areas of good practice. For example, the existence of the Overview and Scrutiny Select Committee, an appointed Monitoring Officer and training related to Corporate Governance.

Members noted that the scope of the audit involved a review of the Constitution and Standing Orders, an examination of the reporting framework and decision making as well as an assessment of its openness and transparency, and record keeping.

The Committee discussed some of the comments made by the Councillors approached by TIAA in their section on 'other findings' and the responses made by the Monitoring Officer.

There was some disappointment that web-streaming had been put on hold as it was thought this would contribute to openness and transparency, as would longer and more detailed Minutes of meetings. Other Members felt that decision making would be assisted by earlier sight of agenda reports and fewer late items. The management response had indicated that webstreaming was currently not financially feasible, and that meetings in person were accessible by the disabled. It was questioned whether the public would be interested in webstreamed meetings. With regard to Minutes it was re-iterated that the Minutes were a summary of the proceedings rather than a verbatim record. The Minutes were the official public record whereas a recording was not.

Officers considered that the facility to defer an item rather than make a decision was an option open to Members but that an element of risk was possible if the decision was time critical with resource implications.

Some Members considered that the feedback from Councillors had not been given due weight and that only asking a sample of 8 out of 41 with only 4 responding was disappointing. It was agreed that when future audits were conducted which involved surveying Councillors TIAA should invite all Councillors to contribute and that in future

audits TIAA were asked to include a statement about their independence to demonstrate their fairness and transparency.

In response to queries about where information was located, as currently it appeared in different places, Officers were asked to consider running another training session for Councillors on where information could be accessed across Teams/Modern.Gov/Intranet/Extranet/Website.

The Committee was also encouraged to raise concerns, issues and suggestions through the relevant Member Working Parties such as the Service Reviews and Constitution.

The report was duly noted.

42 Risk Appetite Statement 2023 - 2024

The Committee was asked to review the draft Risk Appetite Statement and statements for each category of risk and make a recommendation for their approval by full Council in December 2023.

Officers confirmed that a report regarding the Risk Register would be submitted to the next scheduled meeting in January 2024.

The Committee was invited to 'workshop' the 13 categories of risk and the proposed appetite rating and narrative for each. Officers confirmed that the Government's Orange Book: Management of Risk – Principles and Concepts had been used to identify the risk categories and definitions.

The next step prior to submitting the report for the Committee's consideration was to evaluate each risk and the degree of caution or openness thereto by canvassing the Council's Corporate and Senior Leadership Teams and Service Chairs. There were five categories where a consensus between the two groups had been reached. These were in respect of Strategy, Governance, Legal and Security, where a 'cautious' position had been agreed, and Operations where an 'open' approach had been supported. However, in the remaining eight categories no consensus had been reached. These were Property, Financial, Commercial, People, Technology, Data and Information Management, Project/Programme and Reputational risk. Officers reported that Member consultees had tended to be more 'open' to risk, whereas Officers had tended to be more on the 'cautious' side. The exception to this was in respect of Data and Information Management where the Officer cohort was more 'open'.

Members were advised that risk levels were on a continuum, and that as they would be reviewed annually there was also flexibility to change in response to circumstances where the Council sat in relation to its attitude and appetite for risk.

Members carefully debated each risk category and were asked to choose which level of risk appetite to recommend for approval by full Council. The results were as set out below:

Risk Category	Outcome
Strategy	Cautious
Governance	Cautious
Operations	Open
Legal	Cautious
Property	Cautious
Financial	Cautious
Commercial	No consensus on Cautious or Open
People	Open

Technology	Open
Data and Information Management	Cautious
Security	Cautious
Project/Programme	Cautious
Reputational	Cautious

Members found some risk categories to generate more debate, but generally the Committee erred on the side of caution in the current climate, but with the option of welcoming innovation where appropriate, particularly in the field of People and Technology.

Members were unable to decide whether to opt for Cautious or Open for Commercial risks but were moving towards Cautious to Open.

In the reference to full Council, Officers agreed to reword the boxes relating to Governance and Financial and include broader examples to assist Members' decision making.

Recommend to full Council on 7 December 2023 that –

the overarching Risk Appetite Statement for 2025/25 and supporting risk appetite statements for each risk category be agreed

43 **Ombudsman Joint Complaint Handling Code - Consultation**

The Committee's approval was sought to submit a response to the Local Government Ombudsman's public consultation on a new joint complaint handling code for the Local Government and Housing Ombudsmen which closed on 23 November 2023.

Officers reported that the reason for making a new statutory code was to encourage councils to resolve complaints as soon as possible so that people did not feel the need to escalate them to the Ombudsman.

The code was attached to the report and Officers considered that it gave a clear way forward of future expectations and requirements.

Officers advised that for the first time there would be a statutory definition of complaints and service requests. These were wider definitions and would capture more interactions with the public. Officers confirmed that it was likely that many things that were treated as complaints would in future be classed as service requests. Councillor Enquiries would also be included in the data to be recorded.

Members acknowledged that the Council's corporate complaints policy would have to be amended in some ways to meet the new code and Officers had drafted answers into the new annual self assessment as if it were in place now to illustrate some of the things Officers across business centres would need to do subject to the new code not being changed post consultation.

Members noted that colleagues in Housing had responded to similar questions for social landlords and had highlighted the need for clear guidance and examples to help local authorities comply with the new code.

Members were informed that Equalities considerations played an important part of the new code including the anticipation of making adjustments to help those who need them to resolve their complaint.

When the new code is issued Officers assured the Committee that business centres would continue the process of complying with the more formal framework including the use of

template letters for consistency across the Council. This was also something being looked at by Officers leading the corporate service review of complaints who would assess the potential resource implications. It was confirmed that additional resources if necessary, would have to be funded by the Council.

Officers advised there was a significant amount of work to be done should the new code be approved. As a small authority, with no complaints team this would have operational implications across the Council, and especially for those directly involved with dealing with complaints and those making preparations for the enhanced reporting requirements.

The Committee welcomed the benefits of having the new code and approved the draft response to the consultation, noting that if it was approved it would be statutory from 1 April 2024 and guidance would be issued to help ensure compliance with it by 1 April 2025.

Resolved that –

the corporate response to the Ombudsman’s consultation on a new joint complaint handling code for the Local Government and Social Care and Housing Ombudsmen be approved

44 **Complaints and Compliments Quarter 2 2023/24**

The Committee noted the statistics for complaints and compliments for Quarter 2 of 2023/24.

The Committee was advised that the corporate registers recorded 54 complaints and 29 compliments for the period July to September 2023. Officers reported an upturn in housing related complaints, although only six of them were upheld and remedies were made to systems and training. With regard to the contractors satisfactory steps had been taken to improve the situation.

Members were advised that in anticipation of the new code described in the previous report, Officers had stopped using the term ‘partly upheld’. Therefore, where any element of a complaint was upheld, it counted as upheld. However, as suggested by the new code, a column had been added to the corporate register so that a breakdown could be provided to explain which elements were upheld.

Officers confirmed that in respect of the ward breakdown, Egham Hythe and Chertsey St Ann’s got slightly more complaints, mainly regarding housing and grounds maintenance. It was the case that ward related to where residents lived, not necessarily where the complaint was about.

Officers were asked to provide some details of and confirm progress with resolution of the complaints assigned to Assets and Regeneration.

In respect of compliments, Officers advised that as Environmental Services attracted the most complaints they also got the most compliments which was mainly attributable to the new grounds maintenance service turning things around and a few notable individuals and crews in refuse and recycling.

The exempt appendix was noted. Officers had hoped to move this information into the public part of the agenda but this was not possible. The Committee was disappointed that the majority of staff when asked had not wanted their names in the public domain.

Officers reported that since the last meeting the scoping element of the service review of complaints has almost been signed off and good progress was being made.

Officers were thanked for their report which was duly noted.

45 **Exclusion of Press and Public**

Resolved 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 exempt information of the description specified in paragraphs 1 and 3 of Part 1 of Schedule 12A of the Act.

46 **Exempt Appendix 'A' to Complaints and Compliments Quarter 2 2023/24**

The Contents of the Exempt Appendix were noted and Officers confirmed that certificates to staff receiving compliments were now sent out on a weekly basis.

47 **Future Provision of Internal Audit Services**

The Committee's approval was sought to recommend a proposed way forward for the provision of the Council's Internal Audit service.

Officers reported that a number of options had been considered but that the one being recommended represented the best value for money and resilience in terms of resourcing.

Before the formal meeting of the Standards and Audit Committee, Members attended an informal on-line briefing from the organisation mentioned in the report. This had been arranged at short notice at the request of the Chair and Vice-Chair of the Committee because the organisation was unable to attend in person.

Unfortunately, there was insufficient time to receive the full presentation nor an opportunity for all the Committee to ask questions regarding the proposal, a number of which would have been addressed to the organisation. Therefore, the Committee did not consider it possible to recommend that the proposal be approved by Corporate Management Committee which was meeting later that week.

Officers would prepare a reference for Corporate Management Committee and report verbally on the debate given the lack of time between the two meetings.

Officers agreed to arrange a special meeting of Standards and Audit Committee as a matter of urgency and invite the organisation mentioned in the report to give a presentation and answer any questions that Members had with regard to the proposal.

The Committee would then be able to make a recommendation to the meeting of Corporate Management Committee in December which would still allow time for arrangements to be put in place before the current contract expired.

Recommend to Corporate Management Committee that -

the decision to enter into a partnership with the organisation named in the report be deferred to allow Members of the Standards and Audit Committee to hold a special meeting to receive a presentation from the Head of that organisation to enable the Standards and Audit Committee to fully understand the proposal and make a measured recommendation to Corporate Management Committee on 14 December 2023.

(The meeting ended at 10.32 pm.)

Chairman

Runnymede Borough CouncilStandards and Audit CommitteeMonday, 4 December 2023 at 7.30 pm

Members of the Committee present: Councillors J Hulley (Chairman), MD Cressey (Vice-Chairman), S Dennett, S Jenkins, J Mavi, M Singh, S Walsh and S Whyte.

Members of the Committee absent: Councillors S Williams and J Wilson.

In attendance: Councillor T Gates.

48 **Apologies for Absence**

To record apologies for absence from Councillors S Williams and J Wilson.

49 **Declarations of Interest**

Councillor M Singh withdrew from the room during discussion of the item concerning the future provision of Internal Audit.

50 **Exclusion of Press and Public**

By Resolution of the Committee, the Press and Public were excluded from the meeting during discussion of both items on the agenda under Section 100A (4) of the Local Government Act 1972, on the grounds that the discussion would be likely to involve the disclosure of exempt information as set out in paragraphs 1 and 3 of Schedule 12A to Part 1 of the Act.

51 **Provision of Internal Audit**

The Committee's approval was sought for a proposal as to how the Council's Internal Audit function should be provided.

The matter was discussed at the last meeting of the Committee in November, immediately prior to which some Members had attended a presentation with the preferred provider. However, the decision was deferred to allow more time for the Committee to formulate questions on the proposals, hence the special meeting being convened.

Officers advised that the current internal auditor's contract would shortly be expiring. The contract had been renewed a number of times and the Council's Procurement rules required a review.

The Committee had been very pleased with the current contractors; TIAA, with whom the Council had enjoyed a positive working relationship for a number of years. Good wishes were extended to the outgoing Audit Director.

The Committee reviewed a number of options; ranging from in-house provision to continuing with an outsourced arrangement. However, the recommended option was to enter into a partnership with another organisation with whom the majority of Surrey Local Authorities already worked.

The Committee was given the opportunity to ask questions of the recommended provider, mainly around some detailed operational matters, in order to satisfy themselves that the recommended option was the best for the Council.

The organisation named in the report was able to answer all the questions put to them about staffing levels, resilience and communications with clients. It was confirmed that regular meetings with the clients took place and they would be in a position to provide continuity and a dedicated strategic lead and Audit Manager.

The organisation confirmed they were fully compliant with industry standards with regard to conducting risk based audits and with the production and maintenance of an annual audit programme which optimised the finite number of days available to devote to each service area being audited.

The organisation was transparent about any shortcomings as identified by a recent External Quality Assessment, appended to the report, which they confirmed had been addressed. They conducted annual stakeholder satisfaction surveys from which valuable lessons were learned complemented by positive networking experience and sharing best practice across the local government board.

The Committee agreed that the proposal represented good value for money, resilience, and an opportunity to retain a satisfactory level of control with the Council's Section 151 Officer or suitable representative having a place on their stakeholder board. Members were also content with the references that had been provided as a supplementary agenda.

The Committee thanked Officers for their detailed report and the Organisation for attending the meeting at such short notice.

Recommend to Corporate Management Committee that –

- i) **with effect from 1 April 2024, the Council discharges its Internal Audit function under Section 101 of the Local Government Act 1972 to the County Council named in the report so that the Partnership named in the report can provide the Internal Audit Service for Runnymede Borough Council;**
- ii) **the Council's Section 151 and Monitoring Officers be authorised to enter into the Joint Working Agreement by way of a deed of accession with the aforementioned Partnership and undertake all necessary legal arrangements to do so; and**
- iii) **the Council's Section 151 Officer or nominated officer represents the Council's interests by becoming a voting member of the Partnership's Key Stakeholder Board.**

52 **Alleged Breach of the Runnymede Member Code of Conduct**

The Committee was asked to approve the Monitoring Officer's recommended way forward in respect of a complaint lodged against an elected Member of the Council.

Members were advised that it had been alleged that an elected Member of the Council had breached the Council's Code of Conduct through their alleged behaviour towards another person which had not yet been substantiated.

The report outlined the allegation and the circumstances of when and where it happened. Members were advised of the process to be followed, as set out in detail in the report, given that an informal resolution had not yet been reached.

As required, the Monitoring Officer had consulted the Independent Person appointed for the task. They had concurred with the Monitoring Officer that if an informal resolution was not possible, the matter should be referred for investigation by a third party unconnected

with the case.

It was confirmed that post investigation, the matter would return to them to hear formally should an informal resolution not be achieved. That typically was a panel of three but could be the full Committee subject to their availability.

Members noted the cost of engaging the services of an investigator and accepted that the process dictated this approach. Some other practical and procedural matters were discussed and all Members were invited to express their opinion on the proposed course of action.

The Monitoring Officer would keep the Committee informed.

Resolved that –

the appointment of a suitably qualified external investigator be authorised to conduct an investigation into an alleged breach of the Runnymede Member Code of Conduct by the Member identified in the report and prepare a report with conclusions for consideration by a Hearing Panel if appropriate

(The meeting ended at 9.00 pm.)

Chairman

Report title	Summary Internal Controls Assurance (SICA) Report, Depot Assurance report and Outstanding recommendations
Report author	Philip Lazenby, Director of Audit
Department	TIAA
Exempt	No

Purpose of report:
For Information

Synopsis of report:
To present an update on TIAA’s audit programme for 2023/2024

Recommendation(s):
None. This report is for information

1. Context and background of report

1.1 Attached at Appendix ‘A’ is the most recent Summary Internal Controls Assurance (SICA) Report, as at 11 January 2024.

2. Report

2.1 The report identifies one audit which has been completed since the last meeting. This is for the Council’s Depot. This was judged as ‘substantial’ with two routine recommendations.

2.2 The SICA contains the entire report for Depot which is the report Officers from TIAA will be presenting. In addition there is the latest update for follow up (p 12) and ICT follow up (starting on p13) and which is included in its entirety. The root cause indicators are all satisfactory with no upward or downward trends.

2.3 The following audits are in progress:

- Procurement
- Community Grants
- Key Financial Controls
- Safeguarding
- Payroll (approved for issuance as a Draft Report)

Data Quality is approved for issuance as a Final Report.

Further details can be found in the Appendix (in Appendix C).

3. Resource implications/Value for Money (where applicable)

- 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.

5. Background papers

Relevant Internal Audit working files and reports.

6. Appendices

Appendix 'A' SICA report



Internal Audit

FINAL

Runnymede Borough Council

Standards and Audit Committee – 23 January
2024

Summary Internal Controls Assurance (SICA) Report

2023/24

January 2024

Summary Internal Controls Assurance

Introduction

1. This summary controls assurance 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 11th January 2023.

Future of Internal Audit (IA)- Digital drivers

Use of Data analytics by TIAA

2. TIAA is always adopting new ways of working and methodologies including innovative approaches for delivering internal audits. This is part of our continuous improvement programme which facilitates improvements in efficiency, effectiveness, and the quality of the work we deliver. We currently use data analytics as part of our work in relevant areas to test against full data sets, spot hidden risks, to target our testing and to provide 'proof in total' assurance; this adds credibility and value to the reports we produce. Data Analytics helps us to analyse large volumes of data to identify trends, patterns, and anomalies that may indicate potential risks or opportunities for improvement.

How will Artificial Intelligence (AI) enhance the delivery Internal Audit of the future?

3. We believe that the way internal audits are delivered will change significantly in the next 3 to 5 years through the use of AI, through the use of auditing tools which contribute towards a process of continuous audit assurance, a wider use of predictive analytics to allow auditors to provide reports that are far more forward looking, and robotic process automation which will help remove much of the manual data collection work, thereby allowing Internal Audit more time to provide value-added analysis. Another branch of AI, Natural Language Processing (NLP), has the potential of also enabling auditors to analyse text in a large number of documents.
4. In addition to the use of Data Analytics, TIAA is actively exploring, as part of our vision for the future, the use of AI, automation and other digital tools to streamline the audit process, inform planning, reduce manual effort, and enhance the quality of audit results. Automated data collection and analysis will help reduce the time required to complete audits and improve the accuracy and consistency of audit results. Innovative ways of using and integrating artificial Intelligence in the delivery of audits in response to the exponential growth in data, and how it is analysed and used in the context of Internal Audit, is part of TIAA's innovation strategy. We will also as part of our strategy be investigating more opportunities to not only use AI, but also to develop the capabilities to audit AI and the associated ethical considerations.

Audits completed since the last SICA report to the Audit Committee

5. 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
2023/24 Audits								
Depot	Substantial	20 September 2023	20 November 2023	29 November 2023	-	-	2	-
Follow Up	N/A	As indicated in Appendix E	N/A	N/A	N/A	N/A	N/A	N/A

6. The Reports, Executive Summaries and the Management Action Plans for each of the finalised reviews are included at Appendix A. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress against the 2023/24 Annual Plan

7. Our progress against the Annual Plan for 2023/24 is set out in Appendix C.

Progress in actioning priority 1 & 2 recommendations

8. We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. The table below summarises the extent to which confirmation has been received that management actions have been taken that the risk exposure identified has been effectively mitigated. More information is provided in Appendix C.

Mitigating risk exposures identified by internal audit reviews

Review	Date	Priority 1			Priority 2		
		0	0	0	0	0	0
Depot	29.11.23	0	0	0	0	0	0
HR - Recruitment	29.09.23	0	0	0	0	0	0
Governance - Corporate	31.07.23	0	0	0	0	0	0
Housing – Repairs and Maintenance	05.09.23	0	0	0	0	0	0

Root Cause Indicators

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

RCI – Direction of Travel Assessment

Root Cause Indicator	Qtr 3 (2022/23)	Qtr 4 (2022/23)	Qtr 1 (2023/24)	Qtr 2 (2023/24)	Medium term Direction of Travel	Audit Observation
Directed						
Governance Framework	20%	23%	14%		➡	
Risk Mitigation	-	-	-	11%	➡	
Control Compliance	80%	77%	86%	89%	➡	
Delivery						
Performance Monitoring	-	-	-		➡	
Sustainability	-	-	-		➡	
Resilience	-	-	-		➡	

Frauds/Irregularities

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

Other Matters

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

Client Briefing Alerts issued by TIAA

Briefing Note
Guidance issued by HMRC on tax avoidance schemes

Anti-Crime Alert

None reported since last Standards and Audit Committee

Responsibility/Disclaimer

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

Executive Summaries and Management Action Plans

The following Executive Summaries and Management Action Plans are included in this Appendix. Full copies of the reports are available to the Standards and 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
Depot	Reasonable
Follow Up	N/A



Internal Audit

FINAL

Runnymede Borough Council

Assurance Review of Depot

2023/24

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Poor Health and Safety Management as well as change to Government Policy.

KEY STRATEGIC FINDINGS

The controls in relation to the Depot were considered to be efficient and effective. The risks are being managed and process objectives are achieved. However, improvements could be made with regards to the following:

- Review dates being incorporated as part of the various Policies and Procedures.
- Refresher training relating to Fire Safety and Fire Extinguisher as well as COHH/COHH Assessment being incorporated as part of the training provided.

GOOD PRACTICE IDENTIFIED

Since the previous audit conducted in June 2021 and the follow up audit in October 2022 there has been a substantial number of improvements and the recommendations made have been implemented:

- A separate risk register for the Depot has been created.
- Appropriate training records are being maintained.
- Detailed stock take procedures have been documented.

SCOPE

The review focused on the following areas, which were the subject of previous audit recommendations:

- The identification and monitoring of operational risks.
- Use of the Bartec system and maximising its effectiveness.
- Completion of training and maintenance of appropriate training records.
- Infrastructure and security arrangements.
- Stock checks.

A general review was also be carried out in relation to the documentation of policies and procedures the collection of income (including Trade Waste) and that appropriate budget monitoring arrangements and performance indicators, are in place.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	2	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	<p>The following procedures relating to the depot were obtained and reviewed.</p> <ul style="list-style-type: none"> Direct Service Organisation (DSO Uniform Policy). Safety and PPE Requirements for People Working in or Visiting Runnymede Depot or Chertsey Depot. Direct Service Organisation Stock Check Procedures. <p>It was noted that in all cases there were no review dates incorporated as part of the above Policies and Procedures to ensure that the policies are updated appropriately to reflect the current processes.</p>	Review dates be incorporated as part of the various policies and Procedures.	3	<p><i>Direct Service Organisation (DSO Uniform Policy) now includes a section stating the policy will be reviewed every two years , unless an earlier review is required due to a change in legislation or after incident. Policy has not yet been finalised, so review date has not yet been set.</i></p> <p><i>Safety and PPE Requirements for People Working in or Visiting Runnymede Depot or Chertsey Depot now includes a section stating the document will be reviewed every two years , unless an earlier review is required due to a change in legislation or after incident. Document has not yet been finalised, so review date has not yet been set.</i></p> <p><i>Direct Service Organisation Stock Check Procedures now includes a section stating the procedure will be reviewed every two years , unless an earlier review is required following an incident. A calendar entry has been made to review on 1/4/25.</i></p> <p><i>A spreadsheet has been created listing these documents, the review frequency and date of next review.</i></p>	<p><i>Uniform Policy should be finalised by the end of 2023, then a review date can be diarised.</i> 01/01/24</p> <p><i>Safety and PPE document should be finalised by the end of 2023, then a review date can be diarised.</i> 01/01/24</p> <p><i>completed</i></p>	<p><i>Health and Safety Manager (Operations)</i></p> <p><i>Health and Safety Manager (Operations)</i></p> <p><i>Health and Safety Manager (Operations)</i></p>

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>A sample of 10 staff was selected. For each staff member the training they had received was noted. The training received was then reviewed against the following:</p> <ul style="list-style-type: none"> • Induction • GDPR • Health and Safety Awareness • Fire Safety • Fire Extinguisher • COHH/COHH Assessment • Defibrillator • First Aid at Work (Including Emergency First Aid). <p>Additional discussions held with the Health and Safety Manager (DSO) confirmed the following:</p> <ul style="list-style-type: none"> • In relation to Induction training, it was not relevant for a majority of the staff as they had been working within the Direct Services Organisation quite a while and that it would not be necessary to carry out the Induction Training retro-perspective. • In terms of Health and safety it would be desirable in the future for refresher training to ensure operators are familiar with the current process and procedures. • Appropriate COSHH/COSHH assessment training needs to be incorporated as part of the training provided. • Appropriate Fire Safety and Fire Extinguisher training has been conducted. • First Aid at Work (Including Emergency First Aid) they were designated members of staff who had received the appropriate first aid training. Defibrillator training was also included as part of the Emergency First Aid at Work Course. 	<p>Refresher training relating to Fire Safety and Fire Extinguisher as well as COSHH/COSHH Assessment be incorporated as part of the training provided.</p>	3	<p><i>Fire safety awareness training will be scheduled to start Spring/Summer 2024. This will include a refresher on how to use fire extinguishers, but not practical fire extinguisher training.</i></p> <p><i>The induction presentation for new employee briefly covers chemical safety, however more detailed training will be devised for employees who use substances hazardous to health. Training for Supervisors in how to undertake COSHH assessments will be devised. Training to be rolled out from Spring 2024.</i></p>	<p><i>To start 01/05/24</i></p> <p><i>To start 01/03/24</i></p>	<p><i>Health and Safety Manager (Operations)</i></p> <p><i>Health and Safety Manager (Operations)</i></p>

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No operational Effective Matters have been identified.				

Findings



Directed Risk:

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

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	1	-
RM	Risk Mitigation The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially In Place	1	-

Other Findings



Discussions with the Corporate Head of Environmental Services, The Health and Safety manager operations (DSO) and the Direct Services Organisation Manager confirmed that the procedures set out the current process.

The following procedures relating to the depot were obtained and reviewed.

1) Direct Service Organisation (DSO Uniform Policy).

It was noted that the policy was updated in July 2023. The main aspects outlined in the policy were as follows:

- Provision for uniform including direct-employed staff and agency staff.
- Uniform for Refuse Street Cleansing and Ground Maintenance.
- Variation for individual requirements.
- Variation for different job roles.
- Procedure for requesting Uniform and Returning the Uniform at the end of Employment.

Other Findings

2) Safety and PPE Requirements for People Working in or Visiting Runnymede Depot or Chertsey Depot.

The main aspects outlined in the policy were as follows:

- Requirement to wear PPE Equipment and Safety footwear.
- Visitor parking requirements.
- Expectation from all persons working in or visiting the Depot.
- Breaches of the policy.

3) Direct Service Organisation Stock Check Procedures.

It was noted that the stock take procedures were updated on the 29/6/2023. The main aspects outlined in the policy were as follows:

a) Records to be kept for all stock checks.

A stock take form has been created for each type of stock:

- Uniform/PPE.
- Horticulture - consumables and fluids for machinery.
- Horticulture - soil treatments and pitch marking fluids.
- Cleansing supplies.

Bins are recorded on a detailed spreadsheet due to the vast number of different types of bins.

b) Stock Take Procedure

- Set the date and time for the stock take when you are quiet and won't be interrupted.
- Ensure your stock records are up to date before the count starts and print them off so there is a physical copy.
- Count the physical items of stock and note down on your records the number of items you have. Continue until all items are counted.
- Review the records for any discrepancies, then establish which is correct (this might require a recount).
- Check if there are any reasons why there might be a discrepancy. For example, this could be due to a goods received note not being processed.
- Keep an eye out for any obsolete stock that might need to be removed altogether.

c) Re-Order levels

Re-order levels have been set for various kinds of Bins, Ground Maintenance equipment and cleansing materials.

Overall, the controls in relation to the development of relevant Policies and Procedures were considered to be efficient and effective.



A full audit review of the depot was conducted in June 2021 where five recommendations were made (one priority one recommendation, two priority two recommendation and two priority three recommendation). A follow up audit review was conducted in October 2022 where it was noted that very little progress had been made relating to the implementation of the recommendations made in the audit conducted in June 2021, this was attributed to a lack of resources. The key issues identified were as follows:

- A separate risk register for the Depot has been created, however this is still work in progress.

Other Findings

- Currently operatives do not undergo yearly training.
- The optimisation route package for the Bartec system has not yet been purchased.
- Detailed stock take procedures have not been documented.

Discussions with the Corporate Head of Environmental Services, The Health and Safety manager operations (DSO) and the Direct Services Organisation Manager and testing where appropriate as part of this audit confirmed that all the recommendations have been actioned except the one relating to the optimisation route package which will be considered when the Bartec system is due to be reviewed in October 2025. (Details relating to the recommendation and implementation of the recommendation has been outlined in the relevant part of the report).



Discussions with the Corporate Head of Environmental Services, The Health and Safety manager operations (DSO) and the Direct Services Organisation Manager confirmed that the Corporate Head of Environmental Services is overall responsible for the management of the Depot supported by the Health and Safety manager operations (DSO) and the Direct Services Organisation Manager who deal with the day-to-day operations of the Depot.



Access to the Waste Management System (Bartec), which enables all vehicles to be accurately tracked and for important data for each round to be monitored from the depot, such as the number of garden waste bin subscribers, trade waste customers and list of clinical waste collection is restricted to the office and customer service staff.



It was noted as part of the previous follow up audit that a separate risk register for the Depot had been created, however this was still work in progress. Discussions with the Corporate Head of Environmental Services, The Health and Safety manager operations (DSO) and the Direct Services Organisation Manager confirmed that a risk register specifically relating to the Depot has been developed/formulated and is being updated Bi - Annually. The risk register was due to reviewed in June 2023 but was reviewed on 24/7/23 due to the relevant member of staff being on long term sickness.

The Depot Risk Register was obtained and reviewed. It was noted that the main risks identified, and various mitigating factors were as follows:

- Change in government policy re waste and recycling - nothing at present is being done as awaiting government guidelines.
- Reduction in funding – Street Cleansing. - A review of the service should be undertaken as a mitigating factor.
- Poor Health and Safety Management - As a mitigating factor ongoing training and review of risk assessments should be conducted.

Overall, the controls in relation to the development of a separate risk register for the depot were considered to be efficient and effective.



Discussions with the Corporate Head of Environmental Services, The Health and Safety manager operations (DSO) and the Direct Services Organisation Manager confirmed that appropriate training has been provided for all staff and that appropriate training records have been maintained.

In addition, the Health and Safety manager operations (DSO) confirmed that a training matrix has been developed/formulated which records for each member of the DSO staff what training they have received as well as what training is expected for each of the roles within the DSO. The controls in relation to the provision of adequate training were considered to be only partially efficient and effective as improvements could be made as outlined in the (Key Findings and Management Action Plan above).



It was noted as part of the previous audit review that the main gate to access the Depot was broken and that though CCTV is in operation around the depot, this required upgrading. Discussions with the Depot Manager during the review confirmed that, while ad-hoc repairs have been carried out, the infrastructure at the depot is still very poor including the Intercom and CCTV as well as the entrance gate. Therefore, the following recommendation was made ""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"". Discussions with the Corporate Head of Environmental Services, The Health and Safety manager operations (DSO) and the Direct Services Organisation Manager and a physical inspection of the Depot confirmed that:

Other Findings

- The outer gate works. It is closed mid-afternoon until the next morning and can only be opened by use of an electronic fob – authorised people have a fob others must press the buzzer and speak to someone before the barrier is lifted.
- The CCTV are fully operating.

In addition, the Corporate Head of Environmental Service confirmed that she was happy with the current security arrangements and that a review of the facilities at the Depot is currently being undertaken. Overall, the controls in relation to the security of the Depot were considered to be efficient and effective.



As part of the audit the stock check relating to the Uniform and PPE carried out on the 20/6/23 and 17/7/2023 were obtained and reviewed. It was noted that the stock checks had been conducted appropriately and had been recorded on the appropriate form as per the stock check procedures and that no discrepancies had been noted. (The stock check procedure was obtained and reviewed as outlined in the policy and procedure section of the report). The control relating to stock checks being conducted were considered to be efficient and effective.



Discussion held with the Senior Exchequer Services Officer (Income) confirmed that all trade waste customers are added onto the organisations Finance System known as Total Finance. The fees and charges are reviewed at the beginning of each budget year and updated manually onto the Total Finance system. The invoices are then automatically generated depending on if the relevant customer pays monthly, quarterly, or yearly.

In relation to outstanding debt than the organisations debt collection policy is adhered to, and reminder letters are sent, and the debt forwarded to the Debt Collection Agency if appropriate.

As part of the audit a sample of 10 invoices (four monthly, three quarterly and three annually) were obtained and reviewed. The following was noted:

- Customer Number
- Invoice Date
- Service provided and Cost/Fees as per the Invoice
- Payment date or if payment made by Direct Debt expected day of payment.

In addition, the fees/charges relating to the budget year 23/24 was reconciled for six of the Invoices (two monthly, two quarterly and two annually) to ensure that the correct fees had been charged and that the Total Finance System had accurately generated these invoices.

In addition, list of outstanding payments was obtained. It was noted that the total amount outstanding was £13,829.13. They were some notes attached to the relevant outstanding invoices. No recommendation was made as part of this audit as the outstanding invoices will be reviewed as part of the Key Financial Control audit. Overall, the controls relating to the adding of trade waste customers onto the Total Finance System and accuracy of the invoices were considered to be efficient and effective.





Delivery Risk:


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

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In Place	-	-
S	Sustainability The impact on the organisation's sustainability agenda has been considered.	In Place	-	-
R	Resilience Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In Place	-	-

Other Findings

- 

Discussions with the Direct Services Organisation Manager confirmed that the main Key Performance Indicator (KPI) relating to the Depot is the Percentage of Bins Collected (ES3). The KPI was not reviewed as part of this audit as it is being reviewed as part of the Data Quality Audit.
- 

Discussions with the Direct Services Organisation Manager confirmed that in relation to monitoring arrangements monthly budget statements relating to the Depot are generated by the Finance Team and monthly budget monitoring meetings are being held. These aspects were not reviewed as part of this audit as these will be reviewed as part of the Key Financial Control Audits.
- 

Discussions with the Corporate Head of Environmental Services confirmed that the following measures had been implemented with regards to Sustainability:

 - The refuse collection process has been automated using a tablet.
 - Investment has taken place in electric tools rather than petrol strimmers, hedge cutters and blowers.
 - Where possible everything is recycled.

Scope and Limitations of the Review

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

Disclaimer

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

Effectiveness of arrangements

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

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

Assurance Assessment

4. The definitions of the assurance assessments are:

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

Acknowledgement

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

Release of Report

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

Stage	Issued	Response Received
Audit Planning Memorandum:	26 th July 2023	3 rd August 2023
Draft Report:	1 st November 2023	15 th November 2023
Final Report:	20 th November 2023	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	Runnymede Borough Council				
Review:	Depot				
Type of Review:	Assurance	Audit Lead:	Laila Somji - Auditor		
Outline scope (per Annual Plan):	The review will focus on following up on the areas which were the subject of previous audit recommendations: The identification and monitoring of operational risks. Use of the Bartec system and maximising its effectiveness. Completion of training and maintenance of appropriate training records. Infrastructure and security arrangements. Stock checks. A general review will also be carried out in relation to the following areas: Up to date policies and procedures are in place for all staff working at the depot. The collection of income (including Trade Waste) is adequately controlled. Appropriate budget monitoring arrangements are in place. Appropriate performance indicators are in place, which are periodically monitored and reported.				
Detailed scope will consider:	Directed Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation. Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register. Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Delivery Performance monitoring: There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner. Sustainability: The impact on the organisation's sustainability agenda has been considered. Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.			
Requested additions to scope:	(if required then please provide brief detail)				
Exclusions from scope:	None				
Planned Start Date:	03/08/2023	Exit Meeting Date:	19/10/2023	Exit Meeting to be held with:	Helen Clark

SELF ASSESSMENT RESPONSE

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

Follow up of Non ICT Audits

Introduction

1. This summary report provides the Standards and Audit Committee with an update on the progress in implementing the priority 1, 2 and 3 recommendations arising in previous internal audit reports.
2. This follow up review was carried out in December 2023. Since the previous follow up review was carried out (October 2023), two recommendations have reached their initial or revised target implementation date.

Key Findings & Action Points

3. The follow up review considered whether the management action taken addresses the control issues that gave rise to the recommendations. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss. From the work carried out the following evaluations of the progress of the management actions taken to date have been identified.

Evaluation	Number of Recommendations
Implemented	2
Outstanding	0
No Longer Applicable	0
Not Implemented	0

4. For the two recommendations that have been confirmed as implemented, no further action is necessary and specific details have not been included in this report.
5. Five recommendations arising from the 2022/23 Safeguarding review have not been included in this follow up review as this area is subject to a full audit review in 2023/24.
6. Recommendations relating to ICT audits have been subject to a separate follow up review which commenced during Quarter 3 2023/24.

Follow Up of ICT Audits

7. 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:

8. **Mobile Device Management**

Audit title	ICT Review of Mobile Device Management	Audit year	2018/19	Priority	2
Finding	The Council has a good base to work from but there are improvements that can be made. There are sufficient policies to cover the key elements of Mobile Device Management, however, these policies are in need of review as the majority were last reviewed eight years ago in 2011. The ICT department should consider a review cycle of at least every two to three years to help to keep the policies and procedures up to date. Additional detail can also be added to the core policies to help safeguard the organisation, as further outlined in the detailed report text.				
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	Corporate Head of Customer, Digital & Collection Services	Original implementation date	31/12/19	Revised implementation date(s)	March 2021, then March 2022, then June 2022, then October 2022, then December 2022, then February 2023
Latest Update	<p>It was confirmed by the Corporate Head of Customer, Digital & Collection Services that all of the ICT Policies have now been reviewed, updated and approved by CLT in November 2023. A suite of updated policies was provided, including a Mobile Phone Policy, Bring Your Own Device Policy, Email Policy, Acceptable Usage Policy, Password Policy, Access Control Policy, Data & Cyber Security Polic, and Incident Management Policy.</p> <p>The policies will be reviewed every three years in conjunction with the Digital Services Strategy and will then be documented in the relevant Service Action Plan to ensure they are relevant and kept up to date.</p>				
Status	Implemented				

Audit title	ICT Review of Mobile Device Management	Audit year	2018/19	Priority	2		
Finding	The Council does not currently undertake or schedule risk assessments for their mobile devices and the software installed on them. This would enable the organisation to identify risks which may compromise their data security; these risks could include data loss, public exposure through man-in-the-middle attacks and cross contamination. By identifying potential threats, the ICT Department can make an informed decision as to how to respond. This should be considered and added to the current ICT strategy going forward.						
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 staff personal devices.						
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services	Original date	implementation	31/03/20	Revised date(s)	implementation	March 2021, then March 2022, then June 2022, then October 2022, then January 2023
Latest Update	<p>With regards to risk assessments on personal devices, it was previously advised that the Council were rolling out Intune software to provide a more efficient way to support mobile devices to manage, assess and protect devices. This was an ongoing piece of work with staff working remotely to get them in to have the software installed. The Council were also reviewing the existing mobile phone contract where devices would be streamlined.</p> <p>As part of this follow up review, it was confirmed by the Corporate Head of Customer, Digital & Collection Services that the roll out of Intune software is now complete, the mobile phone contract has been updated and a new policy approved and implemented from November 2023.</p>						
Status	Implemented						

9. Contract Management

Audit title	ICT Review of Contract Management	Audit year	2021/22	Priority	2
Finding	There is not currently a documented policy in place setting out the Council's requirements and controls for contract management. This should include documentation of key roles and responsibilities around contract management, describe the approach taken in order to categorise suppliers and the different requirements and controls to be applied to suppliers according to category, such as the level of IT due diligence required.				
Recommendation	Management to document a corporate Contract Management Policy that undergoes regular review.				
Initial management response	Agreed.				
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services	Original date	Quarter 2 2023	Revised date(s)	
Latest Update	<p>With respect to ICT contracts, regular monthly meetings take place between Procurement and Digital Services where the ICT contract register is reviewed and updated.</p> <p>With respect to corporate Procurement practices, a contract management framework has been drafted and is based upon the Government's Commercial Function's Contract Management Foundation course which is a series of online modules. The contract management framework includes a roles and responsibilities (RACI) matrix and contract categorisation based on a number of factors, including contract value, complexity and risk.</p> <p>It was advised by the Head of Procurement that the contract management toolkit is complete but has not yet been launched to the wider staff base. New contract standing orders are expected to be implemented in Quarter 4 and this will be followed by a Council wide rollout of the contract management framework. Where there is an imminent need, this can be rolled out to specific service areas sooner. For example, Housing have adopted the framework already as part of their ISO9001 accreditation process.</p> <p>This recommendation was therefore considered as implemented. The contract management framework will also be considered in further detail as part of a full Procurement audit, due to be carried out in Q4 2023/24.</p>				
Status	Implemented				

Audit title	ICT Review of Contract Management	Audit year	2021/22	Priority	3
Finding	Regular contract and procurement board meetings are held in order to discuss and manage contract issues. It was noted that there are not currently formal minutes/ actions recorded from these meetings.				
Recommendation	Management to introduce minutes and/or an action log for use in managing actions from key meetings.				
Initial management response	Agreed.				
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services	Original date	Quarter 2 2023	Revised date(s)	
Latest Update	It was confirmed by the Corporate Head of Customer, Digital & Collection Services that regular reviews are undertaken of the contract register with the procurement team. Evidence of the latest review meeting on 23/11/23 was provided; it was confirmed that a cumulative log is maintained by the procurement team in relation to Digital Services contracts, with notes from each review meeting recorded on the contracts log, including action points where relevant. The meeting notes are then subsequently distributed by procurement to all relevant officers. This recommendation was therefore considered to be implemented.				
Status	Implemented				

10. Software Asset Management

Audit title	ICT Review of Software Asset Management	Audit year	2021/22	Priority	2
Finding	<p>There are a number of software asset management controls in place and managed by the Digital Services and Infrastructure teams, including a documented policy in place that sets out the Council's requirements and controls for software asset management.</p> <p>However, the policy is dated 2011, which suggests that a review is required.</p>				
Recommendation	<p>Management to ensure that the asset registration and control policy is reviewed as soon as possible. The review to ensure that the policy includes the Council's requirements and controls for the management, monitoring and reporting of software assets, including licenses, versions, installed endpoints, enterprise software license agreements, subscriptions and commercial software licenses.</p>				
Initial management response	Agreed.				
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services	Original implementation date	29/09/23	Revised implementation date(s)	
Latest Update	<p>As noted above, i was confirmed by the Corporate Head of Customer, Digital & Collection Services that all of the ICT Policies have now been reviewed, updated and approved by CLT in November 2023. The asset register is managed within Zendesk and has been documented within the Wiki.</p>				
Status	Implemented				

Audit title	ICT Review of Software Asset Management	Audit year	2021/22	Priority	2
Finding	<p>It was noted that management are in the process of reviewing and updating many of the risks and controls detailed as part of the Digital Services Risk Register and that this will be updated by the end of the financial year.</p> <p>This will include review of the need for additional Software Asset Management risks and controls.</p>				
Recommendation	Management to review and update the Digital Services risk register.				
Initial management response	Agreed. We are working to take this forward during Q4 23/24.				
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services	Original date	29/03/24	Revised date(s)	
Latest Update	<p>It was advised by the Corporate Head of Customer, Digital & Collection Services that the ICT Risk register was reviewed in March 2023. Various risks have now been transferred to the Corporate Risk Register and also reviewed in November 2023. Corporate Risk has transferred to the Project Management Office and a separate Teams area has been set up and regular reviews are undertaken which are then reported to CLT.</p> <p>The Business Planning and Performance Team have now set up an area within MS Teams where the Digital Services risk register has been incorporated and reviewed in December 2023 to include all corporate risks.</p>				
Status	Implemented				

11. Service Desk

Audit title	ICT Review of Service Desk	Audit year	2022/23	Priority	2	
Finding	The Council recorded risk DS01 relating to "staff holding key knowledge either leaving or taking extended sickness". This risk is relevant in the current situation at the Council. However, the risk register has not been reviewed as scheduled. The current risk register issue date is March 2021.					
Recommendation	Re-establish regular 6 monthly reviews and updates of the risk register as per the established procedure.					
Initial management response	Agreed.					
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services	Original date	implementation	31/03/24	Revised date(s)	implementation
Latest Update	<p>It was advised by the Corporate Head of Customer, Digital & Collection Services that the ICT Risk register was reviewed in March 2023. Various risks have now been transferred to the Corporate Risk Register and risks have also recently been reviewed in November 2023. Corporate Risk has transferred to the Project Management Office and a separate Teams area has been set up and regular reviews are undertaken which are then reported to CLT.</p> <p>The Business Planning and Performance Team have now set up an area within MS Teams where the Digital Services risk register has been incorporated and reviewed in December 2023 to include all corporate risks. The previous 6 monthly review process has now been superseded by the new risk management area within MS teams and the corporate review process.</p>					
Status	Implemented					

Audit title	ICT Review of Service Desk	Audit year	2022/23	Priority	2	
Finding	The change requests are approved by the organisation. However, the change forms contain no record of a technical review to ensure that the changes are technically viable and all the dependencies and pre-requisites are in place.					
Recommendation	Technical reviews and associated approvals of change requests be established.					
Initial management response	Agreed.					
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services / Head of Digital Security, Infrastructure and Operations	Original date	implementation	31/03/24	Revised date(s)	implementation
Latest Update	It was confirmed by the Corporate Head of Customer, Digital & Collection Services that all change request forms are subject to a secondary validation. Three recent examples were provided as evidence. It was noted that these incorporated sections relating to a technical review and it was confirmed that all had been fully completed and authorised.					
Status	Implemented					

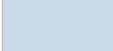
Audit title	ICT Review of Service Desk	Audit year	2022/23	Priority	3	
Finding	Samples of change request forms have been reviewed. It was identified that some information was not complete. For instance, some dates and times were missing and one request did not have a rollback plan.					
Recommendation	The change request forms be duly completed as per the established process.					
Initial management response	Agreed.					
Responsible Officer/s	Corporate Head of Customer, Digital & Collection Services / Head of Digital Security, Infrastructure and Operations	Original date	implementation	30/09/23	Revised date(s)	implementation
Latest Update	It was confirmed by the Corporate Head of Customer, Digital & Collection Services that all change request forms are subject to a secondary validation. Three recent examples were provided as evidence, and it was confirmed that all had been fully completed and authorised.					
Status	Implemented					


Progress against Annual Plan


System	Planned Quarter	Current Status	Comments	Priority
Data Quality	1	Final Report awaiting issuance by TIAA delivery support team	Final Report awaiting issuance by TIAA delivery support team	High
Recruitment	1	Completed	Final report issued 29 September 2023	High
Governance - Corporate	1	Completed	Final report issued 21 September 2023	High
Procurement/Contracts	2	In progress	Timing of audit to be exchanged with Payroll. Start date 22 January 2024	High
Risk Management	2		Original Start date 12 September 2023 – Deferred to February 2024 by client.	Medium
Housing Repair and Maintenance	2	Completed	Final report issued 5 September 2023	High
Depot	2	Final Reported Jan 2024 (P6)	Final report issued – Reported To AC	High
Commercial Property	2		Scheduled for Jan 2024 following concern about scope. To commence with Head of Business Projects Planning and Performance.	High
Community Grants	3		Start date January 2024	Medium
ICT – Virtual Cloud Based Approach to DR	3		Moved by Client to March 2024.	Medium
ICT Audit Follow up of previous recommendations	3	Completed.	Included - Appendix A (page 13)	Medium
Key Revenues Controls	3		Scheduled to Commence Jan 2024.	High
Key Financial Controls	3		Due for Draft Report 10 th Jan2024	High
Main Accounting	3		Start date 8 January 2024	Low
Payroll	3	Draft Report awaiting issuance by TIAA delivery support team	Due for Draft Report 15th Jan 2024	Medium


Treasury Management	3		Start date 19 February 2024	Low
Meals at Home	3		Start date 3 October 2023 (Delayed as Audit lead moved on Resource to be allocated).	Medium
Safeguarding	3		Start date 3 October 2023	High
Follow-up	1-4		Report Each Audit Committee	

KEY:

 To be commenced

 Site work commenced

 Draft report issued

 Final report issued

Briefings on developments in Governance, Risk and Control

Summary of Recent TIAA Client Briefing Notes (CBNs), Alerts, Insights and Articles

TIAA produce regular briefing notes to summarise new developments in Governance, Risk, Control, Counter Fraud and Security Management 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 briefings issued in the last three months which may be of relevance.

Date Issued	Sector	Briefing Type	Subject	Website Link	TIAA Comments
18 DECEMBER 2023	All	Data Protection Alert	Landmark Artificial Intelligence (AI) Deal Reached By EU	Landmark Artificial Intelligence (AI) deal reached by EU - TIAA	<p>European Union officials have reached a provisional deal on the world's first comprehensive laws to regulate the use of Artificial Intelligence (AI).</p> <p>Action Required: Not urgent</p> <ul style="list-style-type: none"> • Check whether your organisation already uses AI or when it plans to. • Ensure the AI use is compliant with ICO guidance.

Date Issued	Sector	Briefing Type	Subject	Website Link	TIAA Comments
18 DECEMBER 2023	Housing	Data Protection Alert	ICO Warning to Housing Organisations	ICO warning to Housing Organisations - TIAA	<p>On 13 December 2023 the UK Information Commissioner’s Office (ICO) issued a warning to Housing organisations on compliance with data protection obligations.</p> <p>Action Required: Not urgent</p> <ul style="list-style-type: none"> • You must have a DPO if you are a public authority or if your core activities include large scale monitoring of individuals or processing special category data. • Check your organisation has an up to date DPA policy and staff are aware of it • Complete mandatory DPA training, which must be thorough and relevant
01 DECEMBER 2023	All	Security Alert	Increase In People Sheltering In Waste Containers	Increase in People Sheltering in Waste Containers - TIAA	<p>This winter, organisations are reminded of the dangers of homeless people and seasonal revellers sleeping in commercial waste containers to avoid the cold weather.</p>
30 NOVEMBER 2023	All	Anti-Crime Alert	Salary Sacrifice Scheme Fraud	Salary Sacrifice Scheme Fraud - TIAA	<p>Action Required: Not urgent</p> <p>The NHS Counter Fraud Authority has uncovered a concerning new scam targeting salary sacrifice schemes. These schemes, offered by many NHS organisations, provide benefits like car leasing or cycle to work programs. Fraudsters are out there, looking to take advantage by using stolen credentials of NHS staff. Ensuring there is a robust policy in place to support the salary sacrifice scheme is key to prevention.</p>

Date Issued	Sector	Briefing Type	Subject	Website Link	TIAA Comments
22 NOVEMBER 2023	All	TIAA Blog	“Value For Money” – Looking Beyond The Standard Definition	“Value for Money” - looking beyond the standard definition - TIAA	Discover the true meaning of "Value for Money", we look beyond the traditional definition and explore a new perspective. Gain a fresh understanding of value and uncover how cost, quality and sustainability are the most advantageous combination to achieve best value for money.
21 NOVEMBER 2023	Charities	TIAA Article	Charity Fraud – Top 5 Areas Of Weakness	Charity Fraud - Top 5 Areas of Weakness - TIAA	Our top 5 areas identified across charities as being weaknesses to fraud.
21 NOVEMBER 2023	Charities	Campaign	Charity Fraud Awareness Week	Charity Fraud Awareness Week - TIAA	TIAA is proud to support Charity Fraud Awareness Week 2023, which runs between 27th November and 1st December 2023. The campaign aims to bring together everyone involved in the charity and not for profit sectors to raise awareness and share good practice in tackling fraud and cybercrime.
12th – 18th NOVEMBER 2023	All	Campaign	International Fraud Awareness Week 2023	International Fraud Awareness Week 2023 - TIAA	Hundreds of organisations across the world participated in International Fraud Awareness Week (IFAW) (12th – 18th November 2023) to raise awareness of fraud risks and key reporting lines. The campaign aims to start discussions amongst peers, co-workers, executives and stakeholders in the community about how important fraud prevention is to society as a whole.
10 NOVEMBER 2023	All	Security Alert	Terrorism (Protection Of Premises) Bill Update	Terrorism (Protection of Premises) Bill Update - TIAA	His Majesty King Charles III recently (7th November 2023) performed one of his key duties as monarch, reading the King’s Speech at the State Opening of Parliament. This included the proposed Terrorism (Protection of Premises) Bill, also known as Martyn’s Law.
01 NOVEMBER 2023	Healthcare	Newsletter	Fraud Stop Healthcare – Autumn 2023	Fraud Stop Healthcare – Autumn 2023 - TIAA	The Autumn 2023 edition of our Fraud Stop Healthcare publication features emerging fraud trends identified at healthcare organisations, case studies that our specialists have been involved in and methods of fraud prevention.

Date Issued	Sector	Briefing Type	Subject	Website Link	TIAA Comments
01 NOVEMBER 2023	All	Newsletter	Fraud Stop All Sectors – Autumn 2023	Fraud Stop All Sectors – Autumn 2023 - TIAA	The Autumn 2023 edition of our Fraud Stop All Sectors publication features emerging fraud trends identified at organisations, case studies that our specialists have been involved in and methods of fraud prevention.
01 NOVEMBER 2023	Charities	Newsletter	Fraud Stop – Charity Edition – Autumn 2023	Fraud Stop – Charity Edition – Autumn 2023 - TIAA	The Charity Fraud Autumn 2023 edition of our Fraud Stop publication features emerging fraud trends identified at organisations, case studies that our specialists have been involved in and methods of fraud prevention.
26 OCTOBER 2023	All	TIAA Blog	TIAA Blog - What Is “Value for Money”?	What is “Value for Money”? - TIAA	Discover the true meaning of value for money, this blog dives deep into this concept and takes a look at the key components. From ‘quality and effectiveness’ – value for money doesn’t mean simply choosing the cheapest option to ‘long-term perspective’ - while immediate cost savings are important, value for money often emphasises the long-term perspective.
20 OCTOBER 2023	All	TIAA Podcast	Organisational Culture And Whistleblowing Podcast	Organisational Culture and Whistleblowing Podcast - TIAA	The first in our Podcast series. Hosted by David Foley, TIAA’s Advisory Director, with guest Professor David Lewis, Head of Whistleblowing Research at Middlesex University. Discover this eye-opening podcast on organisational culture and whistleblowing. Join us as we delve into real-life stories, thought-provoking discussions, and expert insights that will challenge your perception of workplace culture.
23 OCTOBER 2023	All	TIAA Webinar	Whistleblowing And Organisational Culture Round Up Webinar	Whistleblowing And Organisational Culture Round Up Webinar - TIAA	This webinar follows our last session, whereby our experts provide an update on the landscape, including details of our recent survey that TIAA conducted across clients.

Report title	Complaints and Compliments Quarter 3 2023/24
Report author	Clare Pinnock, Democratic Services Officer
Department	Law and Governance
Exempt	No

Purpose of report:
For information

Synopsis of report:
To provide Members with a summary of the complaints and compliments received from 1 October – 31 December 2023 (Quarter 3 of the KPI reporting structure) and report any matters that have arisen since the last report on these matters to the meeting of the Committee in November 2023.

Recommendation(s):
None. This report is for information.

1. Context and background of report

1.1 The Council maintains corporate registers (spreadsheets) 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.

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.’

As reported at the last meeting, when the new joint handling code is issued, subject to any changes following consultation, the new definition of a complaint will be:

‘an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.’

2.2 The new definition of a service request will be:

‘a request from an individual to the organisation requiring action to be taken to put something right.’

- 2.3 Officers are informally operating under these new definitions from January 2024 ahead of the introduction of the new joint complaint handling code. The Ombudsman received 157 responses to the consultation and is preparing its response. Owing to the volume of feedback the response has been delayed and it is more likely to be the end of February or beginning of March before we have a finalised code to work towards in liaison with the Ombudsman. Therefore, we have not yet updated the definitions in the formal complaints policy and are also awaiting the outcome of the internal service review.
- 2.4 Corporate Heads are responsible for ensuring that service requests and complaints are dealt with consistently and compliments recorded in a timely way so that entries on the corporate registers are accurate and comply with the General Data Protection Act. Our responses to complaints should be set out in a particular way, signposting customers to the next stages if they remain unsatisfied with our response.
- 2.5 As at 10 January 2024 there were 37 entries in the corporate complaints register and 16 compliments recorded in Quarter 3 of 2023/24.

2.6 Complaints Quarter 3 2023/24

The table below sets out the figures for quarters 1, 2 and 3 of 2023/24:-

Business Centre	Quarter 1	Quarter 2	Quarter 3
Assets and Regeneration	1	5	2
Community Services			2
Corporate Services			
Customer, Digital and Collection Services	2	1	1
Environmental Services	27	24	12
Financial Services		1	
Housing	6	16	14
Human Resources			
Law and Governance	1	1	1
Planning, Economy and Built Environment	1	6	5
Total	38	54	37

- 2.7 Four of the Housing complaints had neighbourhood disputes at the core of the complaints, the others related to maintenance issues, interactions with staff including contractors and an internal system error for which measures have been put in place to avoid a re-occurrence. There is one complex complaint in progress, requiring input from a number of Officers.
- 2.8 Complaints received by us but relating to County Council functions, typically issues to do with potholes on public roads and other highways related matters have been sent on for them to address.
- 2.9 Quarter 3 saw a reduction in complaints overall, as more matters are being dealt with as service requests. Environmental Services continues to have the most complaints and these mainly relate to multiple missed bins i.e. missed on more than one occasion, and the standard of some specific works carried out in grounds maintenance and green waste.
- 2.10 Three of the Planning related complaints arose from planning applications where residents disagreed with the decisions made by Officers as they felt that by granting permission some detriment had been caused, although all the correct procedures had been followed. Another concerned enforcement and the last, communications which was shared with a number of other departments and was an IT related matter, again for which measures are being put in place to prevent a re-occurrence of the problem.
- 2.11 In some instances, residents have contacted the Chief Executive first instead of addressing their concerns to the service area. These go back to being stage 1 complaints so they can go through the approved internal process and residents were advised accordingly.
- 2.12 In Quarter 3, 15 complaints were upheld and 13 were not upheld. As expected the number of complaints upheld has increased now that we do not use the term 'partly upheld' if any element of the complaint is upheld, usually owing to delays or a breakdown in communication for which we have apologised.
- 2.13 In terms of identifiable lessons to be learned, the register refers to areas where our communication with customers could be improved or systems put in place to assist people understand our policies and procedures and appropriate training provided to prevent a re-occurrence of a particular issue.
- 2.14 If Members have any queries regarding particular service areas these can be referred to the relevant Corporate Head.
- 2.15 **Compliments Quarter 3 2023/24**

The table below sets out the figures for quarters 1, 2 and 3 of 2023/24:-

Business Centre	Quarter 1	Quarter 2	Quarter 3
Assets and Regeneration			
Community Services	4	2	3
Corporate Services	1		
Customer, Digital and Collection Services	3	5	3
Environmental Services	5	15	4
Financial Services		1	1
Housing	4	5	3
Human Resources			
Law and Governance			1
Planning, Economy and Built Environment	1	1	1
Total	18	29	16

2.16 The details are set out in Exempt Appendix 'A'.

2.17 The breakdown of complaints and compliments for Quarters 1, 2 and 3 of 2023/2024 by Ward is set out below (- denotes complaints and + compliments)

Ward	Quarter 1		Quarter 2		Quarter 3	
	-	+	-	+	-	+
Addlestone North	4	3	6	2	4	
Addlestone South	2	2	4	2	3	1
Chertsey Riverside	2	1	1		5	
Chertsey St Ann's	5	1	8	4	1	
Egham Hythe	3	1	8	2	4	3
Egham Town	2	3	6	3	4	2
Englefield Green East	1			1		
Englefield Green West	2	1	2			1
Longcross, Lyne and Chertsey South	1		2	1	2	1
New Haw	1	1	4	1	3	1
Ottershaw		1	3		3	1
Thorpe	2		2	1	1	
Virginia Water			1			

Woodham and RowTown	5		1	1		
Out of Borough	2	3	4	4	2	2
Unrecorded	6	1	2	7	5	4
Totals	38	18	54	29	37	16

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 The Corporate Business Plan 2022 – 2026 is relevant to this process as handling complaints is at the centre of how we interact with the public. Our values include being customer focused, striving for excellence, improving services, promoting equality and diversity, and delivering excellent value for money. Our goals include having satisfied customers. It is important that our processes are aligned with these strands of the plan.

3.3 At the last meeting we reported that the Complaints Policy and Procedures are subject to an internal Service Review. Progress has been made including:

- A review of complaint form data from the Council's website and reviewed the joint handling code (at consultation stage, may be subject to change)
- Identifying a number of key stakeholders
- Production of a high level process map of what happens when we receive complaints through to resolution or escalation to the Ombudsman to help build the software solution (subject to the outcomes of the service review)
- Preparatory work for guidance documents
- regular meetings on the project going forward

4. Resource implications/Value for Money

4.1 The Council does not have a complaints team. Work is co-ordinated within Business Centres by individuals with whom Officers in Law and Governance maintain a close working relationship to try and ensure complaints are dealt with in a timely manner, recorded accurately and that reporting compliments is also promoted.

4.2 Since the last meeting, senior management have been asked to consider who will be responsible for triaging complaints and the mechanism for managing the process. This will be integral to the successful implementation of new ways of working under the new joint handling code, to include the creation of consistent response templates for staff to use who deal with complaints.

4.3 In addition, each Business Centre will need to identify who will be logging, processing and resolving complaints and service requests. This will all help inform the reporting structure and data shared with this Committee.

5. Legal implications

5.1 None identified.

6. Equality implications

- 6.1 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.

- 6.2 In the last reporting period there were two complaints that could be identified as relevant to age and disability, which was not upheld, and 3 compliments relevant to age, one to disability and one to age and disability.

7. Risk Implications

- 7.1 The main risk is that of reputational damage if complaints are not dealt with in a timely and meaningful way.
- 7.2 If complaints are escalated to the Ombudsman, there is potential for financial risk, if a complaint is upheld and compensation recommended as part of the remedy to bring the customer back to the place they were before lodging a complaint.

8. Timetable

- 8.1 The service review and the actual release of the new joint handling code will determine the implementation of new ways of working and associated software packages.

9. Background papers

Complaints and compliments data held on Law and Governance files (part exempt) and correspondence between Officers in Law and Governance and Digital Services.

10. Appendices

Exempt Appendix 'A' - Compliments

By virtue of paragraph(s) 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted