Internal Audit Update

Gravesham Borough Council

For the period:

1 April – 31 July 2021

1. Introduction

1.1 The Audit & Counter Fraud Shared Service for Medway Council & Gravesham Borough Council was established on 1 March 2016. The team provides internal audit assurance and consultancy, proactive counter fraud and reactive investigation services, and the Single Point of Contact between both authorities and the Department for Work & Pensions Fraud & Error Service for their investigation of Benefits Fraud

1.2 The Public Sector Internal Audit Standards (the Standards) require that: *The chief audit executive must report periodically to senior management and the board on the internal audit activity's purpose, authority, responsibility, and performance relative to its plan. Reporting must also include significant risk exposures and control issues, including fraud risks, governance issues and other matters needed or requested by senior management and the board.*

2. Executive Summary

2.1 The first four months of 2022-23 have been productive with the following audit reviews finalised;
**Items in italics had full details of the review included in the 2021-22 annual report.*

- *Waste & Recycling Collection Service – Opinion: **Green** (2021-22 review finalised in 2022-23)*
- *Bank Reconciliation - **Green** (2021-22 review finalised in 2022-23)*
- *Accessibility Regulations – Opinion: **Amber** (2021-22 review finalised in 2022-23)*
- *GDPR – Opinion: **Amber** (2021-22 review finalised in 2022-23)*
- Income Collection – Opinion: **Green** (2021-22 review finalised in 2022-23)
- Corporate Complaints – Opinion: **Amber** (2021-22 review finalised in 2022-23)
- Council Housing Disabled Adaptations – Opinion: **Amber** (2021-22 review finalised in 2022-23)
- Housing allocations – Opinion: **Amber** (2021-22 review finalised in 2022-23)
- Planning applications – Opinion: **Amber** (2021-22 review finalised in 2022-23)
- Business Continuity Planning – Opinion: **Amber** (2021-22 review finalised in 2022-23)

In addition, one review has had fieldwork completed and is now going through the quality control process, seven further reviews are currently underway and commencement of a number of others is being arranged with clients. As a consequence of this work, plan delivery as at 31 July was 4% complete, with a further 29% underway. Full details of the individual reviews can be found in section 5 of this report.

2.2 Follow up of agreed recommendations has continued and performance as of 31 July stood at 73.1%, with 19 of 26 recommendations due in the period having been implemented. Seven remain outstanding and are being monitored in line with the agreed follow up process. Full details of the progress made in relation to recommendation follow up can be found at section 8.

2.3 There has been some impact on planned resources due to sickness, and a vacancy for an Internal Auditor. There have been two attempts to recruit an apprentice due to a shortage of qualified auditors nationally, but both have been unsuccessful. A third attempt did prove successful, and the apprentice has an anticipated start date of beginning of October 2022. We are currently projecting a loss of approximately 43 days from the projected 442 available at the start of the year.

3. Independence

3.1 The Internal Audit Charter was approved by the Finance & Audit Committee in February 2022 and sets out the purpose, authority, and responsibility of the Internal Audit team. The Charter sets out the arrangements to ensure the team's independence and objectivity through direct reporting lines to senior management and Members, and through safeguards to ensure officers remain free from operational responsibility and do not engage in any other activity that may impair their judgement. The

work of the team during the period covered by this report has been free from any inappropriate restriction or influence from senior officers and/or Members.

3.2 Given the Head of Internal Audit & Counter Fraud's responsibilities for counter-fraud activities, the Internal Audit team cannot provide independent assurance over the counter-fraud activities of either council. Instead, independent assurance over the effectiveness of these arrangements will be sought from an external supplier of audit services on a periodic basis. The most recent of these reviews was undertaken by Tonbridge & Malling Borough Council in 2018-19.

4. Resources

4.1 The Internal Audit & Counter Fraud Shared Service reports to the Section 151 Officers of Medway Council and Gravesham Borough Council. The Internal Audit team consists of; the Head of Internal Audit & Counter Fraud (0.65FTE), one Internal Audit Manager, one Senior Internal Auditor, and six Internal Auditors (5.78FTE) (one post currently vacant).

4.2 The Shared Service Agreement sets out the basis for splitting the available resources between the two councils, approximately 64% for Medway, with the remaining 36% for Gravesham. The establishment at the time the Internal Audit plan for 2022-23 was prepared, was forecasted to provide a total of 1,219 days available for internal audit work (net of allowances for leave, training, management, administration etc.) with the share for Gravesham being 442 days.

4.3 Net staff days available for Gravesham for the period 1 April to 31 July 2022 amounted to 205 days and 180 days (88%) were spent on chargeable internal audit work. Of this chargeable time, 176 days (98%) was spent on audit assurance work and 4 days (2%) was spent on consultancy work. The current status and results of all work carried out are detailed at section 5 of this report.

4.4 A period of vacancy following the resignation of an Internal Auditor available and the first two of three attempts to recruit being unsuccessful has affected the level of resources. A successful recruitment process for an apprentice has now been completed and the position is anticipated to be filled with effect from 01 October.

4.5 We are currently projecting a loss of approximately 43 days from the projected internal audit resource available at the start of the year. However, a significant underestimate in the volume of work over running from 2021-22 has further impacted on resource available for 2022-23.

5. Results of planned Audit & Counter Fraud work

5.1 The Internal Audit Plan Q1-Q2 2022-23 for Gravesham was approved by the Finance & Audit Committee in March 2022. The Plan is intended to provide a clear picture of how the council will use the Internal Audit resource, reflecting all work to be carried out by the team for Gravesham during the first six months of the financial year.

5.2 The tables below provide details of the work from 2021-22 that has been finalised in 2022-23 (excluding those detailed in the annual report for 2021-22) and the progress of work undertaken as part of the Q1-Q2 2022-23 plan during the period.

2021-22 Internal Audit assurance work finalised in 2022-23 (since the last Audit Committee meeting)

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
7	Income collection	15	19.7	Final Report Issued	The review considered the following Risk Management Objective: **RMO1 - Arrangements are in place for the processing and accounting of income paid by Direct Debit.** The review found that information is made available to the public to promote the use of Direct Debits (DDs) and how they can be set up. We were able to see from checking three service areas that used DDs for payment that there was a consistent approach to administering DDs, with all staff involved in the process having adequate training. It was found that there are procedures in place for Direct Debit Instructions (DDI) to be completed and authorised. In all cases checked it was found that the customer had been given adequate notice before the first payment was collected. They had been advised in writing the details of the DD arrangement, namely the account that was being debited, the amount and frequency of payments. The mandatory DD Guarantee was included in most of the correspondence that was checked, in one area, the DD Guarantee had not always been given but this was rectified by management. A process is in place to request all Direct Debit payments from the bank, allocate them to the correct customer account and to record the payments on the General Ledger. It was evident that all the services had arrangements in place to deal with unpaid or cancelled DDs that are received from BACS after each DD payment. **Opinion: Green.** **Overall Opinion: Green. Actions: None.**
13	Planning applications (inc validations and decisions)	15	17	Final Report Issued	The review considered the following Risk Management Objective: **RMO1 - Arrangements exist for planning applications to be administered and managed in line with legislation and council policy.** The review found that detailed webpages are available on the council's website relating to the pre-application advice service, the planning application process, including how to apply, as well as the council's Local List of Validation Requirements. Online forms are available and appropriate arrangements exist for them to be allocated and processed depending on the type of application. It was noted that the fees for pre-application advice were increased in line with inflation

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					in 2022-23 but have not been reviewed for several years to ensure they remain in line with the cost of the officer time required to provide the advice. Audit testing confirmed applications are being validated in line with the national and local validation requirements, and the correct fees had been recorded. There are appropriate arrangements in place to deal with invalid applications, including providing opportunity for missing information to be provided. Where the requested information is not received, the application is treated as withdrawn. Arrangements are in place for Validation Team to invite representations in accordance with legislation for validated applications and audit testing confirmed that this is working in practice. Case officers are also expected to complete a five-day checklist to ensure that any outstanding information and / or additional consultees are identified as soon as possible after the application has been validate. However, we were advised that five-day checklists may not be being completed in all instances and this was supported by audit testing. The time periods for making planning decisions are set out in legislation, though an extension of time can be agreed in writing between the applicant and the council. Responsibility for decision making is set out within the council's Constitution, with delegated authority given to officers to determine applications, except where Members require that an undetermined application be referred to the Planning Committee for determination; it was noted that this differs to some other councils who set triggers for the escalation of applications from officer to Committee level. The council's Constitution specifies that only the Planning Committee may determine applications submitted by the council itself. However, applications relating to approval of a condition are determined under delegated powers due to Government guidance to discharge conditions as quickly and efficiently as possible. To ensure good governance the Constitution should be reviewed to clearly state the determination arrangements for approval of such applications. Approval processes are in place for officer decisions to be checked and authorised by a senior officer and audit testing found these to be working in practice. Details of all determinations under delegated powers are provided to the Planning Committee on a regular basis. Once approved, arrangements exist for decision notices to be generated, checked, and issued. A log of all applications within the council area is maintained, identified by application type and a reference number. Members of the public are able to

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					search for and view applications and supporting documentation via the Public Access system, which is accessible from the council's website. Performance relating to the processing of planning applications is collected as a National Indicator on a quarterly basis. The council's Performance Management Framework includes two performance indicators (PIs) which mirror NI157 and are reported to senior management and Members quarterly. **Opinion: Amber.** **Overall Opinion: Amber. Actions: Two high, two medium and one low priority. Actions relate to charging for pre-application advice being reviewed; invalid applications being monitored to ensure there are no significant delays; Timely completion of the pre-validation checklist being made a mandatory part of the validation process and monitored via the Planning Technical Support Team Leader; investigating if the recommendation approval tab on Uniform can be restricted to senior officers only; and, arrangements being made for approval arrangements for planning applications set out in the Constitution to be reviewed.**
14	Business continuity planning	15	22.3	Final Report Issued	The review considered the following Risk Management Objective: **RMO1 - Arrangements are in place to ensure the council is undertaking its responsibilities in relation to Business Continuity as required by the Civil Contingencies Act 2004.** The review found the council has a comprehensive Business Continuity Management Framework in place which was last updated in July 2022. The Framework sets out arrangements for the preparation of Departmental Business Continuity Plans (BCPs) and Activation Cards, which are combined into a Corporate BCP. The current Corporate BCP and Departmental BCPs / Activation Cards have not been revisited since 2019; however revised templates were agreed in July alongside the Framework and are due to be rolled out to managers for updating. A Longer-Term Service Risk Plan template is also to be introduced which will consolidate standalone plans that have been prepared in recent years for managing more specific longer term-risks. It is acknowledged that although the plans have not been updated for several years, they have been sufficient for the council to manage unprecedented incidents, such as the Covid-19 pandemic. The Framework is clear on arrangements for the testing of BCPs and there are plans for such testing exercises to be undertaken once the Departmental BCPs / Activation Cards have been updated. The Framework is also clear on where BCPs should be

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					stored. Information is provided within the Framework in relation to arrangements for post-incident reviews to be undertaken, though it was noted that it is not specified in what instances a post-incident review should be carried out and the review process described is fairly prescriptive which may not be applicable to smaller incidents. Evidence was available of a post-incident review/debrief having been held at the end of April 2022 following relation to Storm Eunice, with details of learning points and suggestions reported to Management Team. **Opinion: Amber.** **Overall Opinion: Amber. Actions: Two high, two medium and one low priority. Actions relate to the Business Continuity Management Framework and revised BCP templates being circulated to relevant staff and plan owners instructed to update their plans; an updated Corporate BCP being created; testing exercises being scheduled and carried out; and the Framework being updated in relation to arrangements for post incident reviews.**
18	Housing allocations	15	28.7	Final Report Issued	The review considered the following Risk Management Objective: **RMO1 - Arrangements are in place to manage housing allocations for social housing.** The review found the council has an approved Housing Allocation Scheme in place which is reviewed annually. The Housing Allocations Team, in its current form, has been in place since October 2021; officers have received 'on the job' training and there are system guides available. Information is easily accessible by members of the public regarding Housing Allocations on the council's website, which directly links applicants to the Kent Homechoice website, where they can complete a pre-assessment to determine eligibility and apply to join the Housing Register. Applications are primarily made via the Kent Homechoice website, where supporting documents can also be uploaded. New applications and supporting documents are assessed by officers on a rotational basis, against the eligibility criteria set out in the Housing Allocation Scheme. It is understood that reports are run providing details of applications still to be decided and a workflow spreadsheet is in place to monitor any incoming communication, however there is not a 'checklist' for each application to record what documents have been received/checked and which are outstanding; audit testing, while confirming that the majority of documents are obtained, supported the need for such a checklist to be put in place. Banding guidelines are set out in the Housing Allocation

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
					Scheme and officers follow these guidelines when determining the banding of applicants to be accepted onto the Housing Register. There is currently limited oversight of decisions, which has the potential to result in inconsistencies across the team, though a route is available for decisions to be reviewed at the request of applicants via the Housing Allocations Panel. Arrangements exist for applicants to be notified of the decision reached in each case; for successful applicants, this includes their banding decision and priority date. Audit testing confirmed that these arrangements are working effectively in practice. Applicants are informed of the requirement to notify the council of any changes in circumstances at the pre-application, application and decision stages of the process. Arrangements exist for properties to be let in accordance with a shortlist generated for each property identifying the most eligible bidding applicant, based on their banding and priority date; audit testing confirmed that the properties reviewed had been offered in accordance with the shortlist generated. Procedures are in place for direct lets to be made in accordance with the Housing Allocation Scheme, with senior management approval for such allocations. The last full review of the Housing Register was undertaken in April 2021, though a move to rolling annual reviews was introduced across Kent from April 2022. **Opinion: Amber.** **Overall Opinion: Amber. Actions: Two medium priority.** **Actions relate to a checklist being created to confirm all necessary documents have been obtained for each application; and, regular quality assurance checks being carried out.**
20	Council housing disabled adaptations	15	17.6	Final Report Issued	The review considered the following Risk Management Objective: **RMO1 - There are arrangements in place to appropriately manage disabled adaptations to council properties.** The review found there is a Discretionary Disabled Adaptations policy, which is in the process of being updated. A draft version of the revised policy (now the Aids & Adaptation Policy for Council Tenants policy) was provided for the audit and is due to be presented to Management Team in July 2022 and the Housing Services Cabinet Committee in September 2022. Information available to council tenants regarding aids and adaptations is limited and there is not a clear process for tenants to apply for aids and adaptations to their properties. For adaptations to be made, Gravesham Borough Council tenants must be assessed by an Occupational Therapist from Kent Count Council's (KCC) Adult Social Care Team who will provide

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
					the council with a report including any recommendations for adaptations. There are arrangements in place to assess requests, approve and prioritise the associated works, as well as commission the necessary works, either in house or externally. There are also arrangements in place to monitor the quality of the works completed, with a post works inspection carried out at completion for all major works and for a sample of minor works, however work is also monitored throughout. Audit testing confirmed these arrangements to be working effectively in practice. There is a list of properties on the council's previous asset system which includes properties that have had adaptations and going forward the new system will be used as the database of adapted properties. There are also weekly meetings with Housing Operations, Housing Options and Housing Landlord Services, providing an opportunity for appropriate matching of applicants to adapted void properties to ensure best use of the council's facilities and resources. There is an agreed budget for all works, that is regularly reviewed and monitored. **Opinion: Amber.** **Overall Opinion: Amber. Actions: Two high and one medium priority.** **Actions relate to the update and communication of the Aids & Adaptation Policy for Council Tenants, ensuring there is relevant information available to tenants and the process for tenants to request aids and adaptations being reviewed.**
22	Corporate complaints	15	17.9	Final Report Issued	The review considered the following Risk Management Objective: **RMO1 - Arrangements are in place for the handling and processing of corporate complaints.** The review found that an up-to-date Corporate Complaints Procedure is in place. The Corporate Complaints procedure was reviewed, and a new two stage procedure implemented in December 2021. The public can access information about the Corporate Complaints Procedure on the council's website, with a facility provided to lodge a complaint using an online form. A process is in place to ensure that all complaints received are reviewed, triaged, and directed to the relevant service to be actioned. The Corporate Complaints Procedure sets out the timescales for acknowledging and responding to stage one and two complaints. Audit testing confirmed that the majority of complaints are responded to within these timescales, though there appeared to be some confusion regarding responsibility for acknowledgement. Minor issues were also identified in terms of storing documentation and logging the dates of action taken. The Corporate

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
					Complaints Procedure identifies that the council follows the Local Government & Social Care Ombudsman's Good Practice Guidance on Remedies for complaints. Arrangements are in place for complainants to be notified of their ability to escalate stage one complaints to stage two, and to refer stage two complaints to the Local Government & Social Care or Housing Ombudsman'. There are arrangements for senior management and Members to be presented with details of Ombudsman complaints and their outcomes. Arrangements exist for the number of stage one and two complaints received to be monitored on a quarterly basis. **Opinion: Amber.** **Overall Opinion: Amber. Actions: One medium priority.** **Action relates to relevant staff being reminded of the council's Corporate Complaints Procedure, in particular, responsibility and timescales for acknowledging complaints, to store relevant documentation within the Corporate Complaints folder on the H drive, and to accurately record dates of action taken on DASH in a timely manner.**

2022-23 Internal Audit assurance work

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
1	IT Security & Access Controls	15		Fieldwork Underway	The review will consider the following Risk Management Objective: **RMO1 - There are arrangements in place to ensure that access to the council's network is secure.**
2	Communications Strategy	15		Fieldwork Underway	The review will consider the following Risk Management Objective: **RMO1 - Effective arrangements are in place to deliver the council's Communications Strategy 2020-2023.**
3	NNDR Reliefs	15		Fieldwork Underway	The review will consider the following Risk Management Objective: **RMO1 - Arrangements are in place for the administration of discretionary and mandatory NNDR relief.**
4	Right to Buy			Terms of Reference being prepared	
5	Procurement Compliance	15		Fieldwork Underway	The review will consider the following Risk Management Objective:

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
					RMO1 - Processes are in place to ensure the council complies with the requirements of the Public Contracts Regulations 2015 and the council's own Contracts Procedure Rules.
6	Planning Obligations	15		Fieldwork Underway	The review will consider the following Risk Management Objectives: **RMO1 - Planning obligations are appropriately used to ensure that development does not adversely impact the borough.** **RMO2 - Appropriate monitoring is undertaken of all planning obligation agreements.**
7	Financial Planning and Budget Setting (General Fund)			Not Yet Started	
8	Whistleblowing	15		Fieldwork complete, in quality control	The review considered the following Risk Management Objective: **RMO1 - There are appropriate arrangements in place to manage whistleblowing.**
9	Void Property Management	15		Fieldwork Underway	The review will consider the following Risk Management Objective: **RMO1 - There are appropriate arrangements for void properties to be managed.**
10	Food Safety Inspections (rating scheme)	15		Fieldwork Underway	The review will consider the following Risk Management Objective: **RMO1 - There are arrangements in place to ensure food safety inspections are conducted in line with the appropriate legislation.**
11	Housing Development Strategy			Proposal to remove	The Housing Development Strategy is still in the process of being created/developed by the Assistant Director for Regeneration, so there is nothing to review at this time. This review will be reconsidered when planning for 2023-24.
12	Information Requests (FOI, SAR, EIR)			Proposal to remove	The Information Governance Team is going through a period of extreme resourcing issues, with the few staff in place being temporary and the newly appointed manager yet to start. This presents issues around timing and the service's ability to accommodate internal audit. As such it is felt that the review will be more effective if delayed until 2023-24 when the new manager is in post.

Other assurance activity

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
	Finalisation of 2021-22 Planned Work	20	70.4	Complete	The team have now finalised the remaining reviews from 2021-22.

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
	Validation of Performance Data	10	8.6	Complete	The team undertook independent verification checks on all 2021-22 performance measures and methodologies to provide assurance over their accuracy.
	Grant Validations	6	N/A	In progress	The team has completed assurance work relating to the Test & Trace Support Payment Scheme, confirming that grant funding has been spent in accordance with the specified conditions. The required assurance declaration has been returned to the Department of Health and Social Care.

Responsive assurance activity

Activity	Opinion, summary of findings & recommendations made
No activity during the period.	

Other consultancy services including advice & information

Activity	Opinion, summary of findings & recommendations made
Town Twinning Accounts	The team carried out an audit of the Gravesham Town Twinning Association’s accounts.
Rosherville	A consultancy review is currently in progress but is not yet concluded.

6. Quality Assurance & Improvement Programme

6.1 The Standards require that: *The chief audit executive must develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity. A Quality Assurance & Improvement Programme (QAIP) has been prepared to meet this requirement.* The Internal Audit QAIP was agreed by the Finance & Audit Committee in February 2022.

6.2 The arrangements set out in the QAIP have been implemented with the collection and monitoring of performance data largely automated through the team's time recording and quality management processes. It should be noted that the results recorded below have not been subjected to independent data quality verification.

6.3 In line with the QAIP, the team monitor performance against a suite of 14 performance indicators. The table below sets out the performance targets, which are grouped into measures for the service and those that are specific to the individual authority. Targets have been set for nine of the 14 indicators; however, it should be noted that these are for full year outturns; as such outturns at present are not to target levels but are provided for Members information.

Ref	Indicator	Target	Outturn for period
Non LA Specific Performance Measurements			
IA1	Proportion of staff with professional qualification relevant to internal audit	65%	
IA2	Proportion of non-qualified staff undertaking professional qualification training	25%	
IA3	Time spent on professional qualification training:	N/A	6.7 Days
IA4	Time spent on CPD/non-professional qualification training, learning & development	40 days	8.1 Days
IA5	Compliance with PSIAS	100%	An updated self-assessment is due to take place in October/November 2022 prior to an External Quality Assessment.
LA Specific Performance Measurements			
IA6	Average cost per agreed assurance review	<£5,000	
IA7	Proportion of available resources spent on chargeable work	N/A	87%
IA8	Proportion of chargeable time spent on: a) Assurance work b) Consultancy work	N/A	 98% 2%
IA9	Proportion of agreed assurance reviews: a) Delivered b) Underway	95%	 4% 29%
IA10	Proportion of completed assurance reviews subject to a second stage (senior management) quality control check in addition to the primary quality control review	10%	0%
IA11	Proportion of actions agreed by client management to address control weaknesses	90%	100%
IA12	Number of agreed actions that are:	N/A	

Ref	Indicator	Target	Outturn for period
	a) Not yet due b) Implemented c) Outstanding		20 19 7
IA13	Proportion of actions implemented by agreed date	N/A	73.1%
IA14	Client, Management and Member satisfaction with internal audit services	90%	A satisfaction survey will be issued at the end of 2022-23.

7. Review of Internal Audit Plan

7.1 Monitoring of the delivery of planned work is built into the team's processes with individual officer time recording data feeding into an automated performance monitoring workbook; this tracks the performance of the team against the internal audit work plans and enables the Internal Audit Manager to plan and support officers to deliver their individual work plans.

7.2 Projection of the resources that will be available to the year-end are calculated at least quarterly and compared to the original forecasts. This determines any impacts on projected resources that would impact on delivery of the internal audit plan.

7.3 As detailed in paragraph 4.5, we are currently projecting a loss of approximately 43 days from forecasted audit resources for 2022-23. These impacts have been factored into the resources available when formulating to the plan for Q3-Q4 but there are also revisions to the plan for Q1-Q2 in relation to audits that are no longer suitable to go ahead; these being:

- Information requests, and
- Housing Development Strategy

7.4 We will continue to monitor available resources as the year progresses and update the Committee on any further changes that become necessary.

8. Follow up of agreed Actions

8.1 Where the work of the team finds opportunities to strengthen the council's risk management, governance and/or control arrangements, the team agree actions for improvement with service managers. The Standards require that a follow-up process is established: *to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action*. As with all audit work, resources should be prioritised based on risk.

8.2 Service managers are asked to provide an update on action taken towards implementing all actions due on a monthly basis and are also asked to supply evidence in respect of all completed High priority actions, which is verified by the Internal Audit Team.

8.3 The first of the two tables below details the current position in relation to the follow up process and the second details actions that are now more than six months over their planned implementation date; along with an update from the relevant Service Manager/Assistant Director/Director. Some may also contain details of revised implementation dates that have been agreed by Management Team.

Status of agreed actions

Audit title	Overall opinion and number of actions of each priority agreed with management	Number of actions due for implementation where a positive management response has been received
Homelessness	Opinion: **Red**. Four actions agreed: three high and one medium priority. Actions relate to the website being updated in line with the Homelessness Reduction Act, and the rebadging, implementation and publication of the Homelessness Prevention Strategy, as in line with the Rough Sleeping Strategy delivery plan, the creation of procedure notes to support the new requirements of the act, and looking at prevention measures and longer term accommodation options, in order to make better use of the temporary accommodation budget, and help prevent homelessness.	Four actions due, four completed.
Use of Enforcement Services	Opinion: **Amber**. Three actions agreed: one high, one medium and one low priority. Actions relate to the council's Corporate Fair Debt Policy being circulated to all relevant staff, the council's procedures and policy in respect of vulnerable debtors being reviewed and shared with the Enforcement Agents, Debt Collection Agents and Sheriffs used, and appropriate agreements being put in place for all enforcement services, including expected performance arrangements then being put in place for performance to be monitored in line with the agreement, including documenting any meetings held.	Three actions due, three completed.
Apprenticeship Scheme	Opinion: **Amber.** Five actions agreed: two high, two medium and one low priority. Actions relate to a strategy being produced to document the aims and objectives of the council's apprenticeship scheme and how these will be achieved; a process being put in place to ensure that apprenticeships are promoted and considered at the earliest stage of recruitment; the Apprenticeship Policy being reviewed and updated, arrangements being put in place for the apprenticeship spreadsheet to be monitored and updated regularly, and arrangements being made for checks to be undertaken of all payments to and from the Apprenticeship Service Account to ensure accuracy.	Five actions due, four completed. One high priority outstanding relating to a strategy being produced to document the aims and objectives of the council's apprenticeship scheme and how these will be achieved.
Fraud Focused Review of Lone Workers	Opinion: **Amber.** Six actions agreed: Four high and two medium priority. Actions relate to reviewing and updating the procedures linked to the lone working policy, officers being reminded of the need to include sufficient details of diarised visits, managers being reminded of their responsibilities for contacting officers working away from the office, records of visits being maintained after the event to enable validation of timesheets and mileage claims, a reminder for staff undertaking lone working duties to perform security checks	Six actions due, six completed.

Audit title	Overall opinion and number of actions of each priority agreed with management	Number of actions due for implementation where a positive management response has been received
	prior to visits, including checking the unacceptable behaviour register as appropriate, and managers undertaking regular quality control checks of visits.	
Member Standards	Opinion: **Amber**. Three actions agreed: Two medium and one pow priority. Actions relate to the Member training requirements included in the Constitution being reviewed for consistency, arrangements being put in place to maintain a central log of attendance at Planning & Licensing training, including 1-1 sessions, to ensure 'refresher' training is provided to Committee Members at the appropriate frequency, and the point of contact for declaring gifts and hospitality being clarified and the Member Gifts and Hospitality register being retained in accordance with the requirements of the Member Code of Conduct.	Three actions due, two completed. One medium priority outstanding relating to Member training requirements included in the Constitution being reviewed for consistency.
Shared Services	Opinion: **Amber.** One high priority action agreed. Action relates to a review of all Shared Service Agreements.	One action due, not completed. One high priority outstanding relating to a review of all Shared Service Agreements.
Private Housing Enforcement	Opinion: **Red**. Five high priority actions agreed. Actions relate to private Housing procedures being written and tailored to ensure they reflect local priorities; the team investigating digitalisation of Private Housing enforcement processes, including making best use of the systems available and moving away from paper files, as well as well as reviewing arrangements to ensure the Public HMO Register is accurate; arrangements being put in place to facilitate the timely renewal of HMO licences and for enforcement action to be taken where this is not the case; arrangements being put in place to ensure the council is able to take robust private housing enforcement action; the necessary work to facilitate the introduction of Civil Penalties being progressed; and, the service exploring alternative means to hold the landlord forums and otherwise engage with landlords	Four actions due, four completed.
Corporate Debt Recovery	Opinion: **Amber.** Three actions agreed: one high, one medium and one low priority. Actions relate to a review of the debt data matching process and the tools involved, including an assessment on the number of potential corporate debt cases and the resource required to manage these cases; the process to be followed should corporate debt fail to engage with customers and/or payments are stopped being documented; and, reviewing the process for updating customer records on relevant systems following corporate debt action to ensure all officers have up to date information on the status of corporate debt cases.	Three actions due, three completed.
Traded Services – Rosherville Ltd	Opinion: **Amber.** Three actions agreed: one high and two medium priority.	Three actions due, three completed.

Audit title	Overall opinion and number of actions of each priority agreed with management	Number of actions due for implementation where a positive management response has been received
	Actions relate to consideration of the Rosherville Ltd board including the Non-Executive Directors, training for additional staff on roles and responsibilities, and performance reporting from Rosherville to the Shareholder Board.	
Constitution Maintenance	Opinion: **Amber** Two actions agreed: One high and one low priority. Actions relate to a secondment agreement for the new Monitoring Officer being put in place and measures being put into place to ensure that the documents that make up the Constitution are noted as to when they were updated, or that a table of amendments is included.	Two actions due, one completed. One high priority outstanding relating to a secondment agreement for the new Monitoring Officer being put in place.
Governance Framework	Opinion **Green**. Four actions agreed: three medium and one low priority. Actions relate to the ensuring that documents identified as governance mechanisms are kept up to date and regularly checked to ensure this remains the case; including tables of amendments in policies, reviewing processes for ensuring business plans are completed in full and signed off prior to the start of the year to which they relate; and, strengthening evidence requirements in the assurance statements which contribute to the AGS.	Four actions due, four completed.
Leaseholder Management	Opinion: **Amber.** Four actions agreed: One high and three medium priority. Actions relate to the Leaseholders' Handbook being updated, procedure notes being reviewed, the arrangements in place to calculate interim service charges being reviewed, and reviewing the arrangements in place to respond to requests to view the accounts which can be made available for the inspection of leaseholders.	Four actions due, one completed. One high and three medium priority outstanding relating to Leaseholders' Handbook being updated, the arrangements in place to calculate interim service charges being reviewed, and reviewing the arrangements in place to respond to requests to view the accounts which can be made available for the inspection of leaseholders.
Risk Management Compliance	Opinion: **Amber.** Three actions agreed: One high and two medium priority. Actions relate to reviewing the processes in place for assessing and recording operational risks; reviewing the arrangements in place for providing consistent risk management training to staff; and, reviewing the arrangements in place for reviewing Service Risk Registers.	Three actions due, two implemented. One high priority action outstanding relating to reviewing the arrangements in place for providing consistent risk management training to staff.
Temporary Accommodation – Out of Area Placements	Opinion **Red**. Eight actions agreed: Seven high and one medium priority. Actions relate to the Temporary Accommodation Out of Area Placement policy (or an equivalent policy) being agreed and reviewed/signed off regularly; up-to-date workflows/procedures for managing temporary accommodation being put in place; procedures	Five actions due, five completed.

Audit title	Overall opinion and number of actions of each priority agreed with management	Number of actions due for implementation where a positive management response has been received
	being reviewed to ensure compliance with the Homelessness Code of Guidance for local authorities can be demonstrated relating to the standard / suitability of accommodation for out of area placements; and arrangements being in put in place to ensure that costs are recovered for all temporary accommodation placements outside of the council's housing stock.	
Council Tax Discounts, Disregards & Exemptions	Opinion: **Amber**. Three actions agreed: One high, one medium and one low priority. Actions relate to a review of the procedure notes/guidance for the administration of Council Tax DDEs; a review of applications (including online and paper forms), ensuring that appropriate applications are accompanied by a signed application form; and, a review of the arrangements in place to review Council Tax DDEs to ensure that they remain valid, with these reviews documented.	No actions due in report period.
Bank Reconciliation	Opinion: **Green**. One low priority action agreed. Action relates to more comprehensive bank reconciliation procedure notes.	No actions due in report period.
Accessibility Regulations	Opinion: **Amber**. Three actions agreed: One medium and two low priority. Actions relate to reviewing and updating a web accessibility action plan, investigating / agreeing arrangements for websites other than the main council website to be made compliant with the Accessibility Regulations and publishing an accessibility statement on the council's intranet to explain that it is currently exempt from the regulations.	One action due, one completed.
GDPR	Opinion: **Amber**. Five actions agreed: Four high and one medium priority. Actions relate to the GDPR action plan being finalised; the most up to date versions of the Information Governance policies being shared with staff; planned training to be reviewed to consider the need for specific training on data incident handling; and, a review of the forms and processes in place to capture data incidents, to ensure a complete record is available of the incident and action taken.	No actions due in report period.
Planning Applications	Opinion: **Amber**. Five actions agreed: Two high, two medium and one low priority. Actions relate to charging for pre-application advice being reviewed; invalid applications being monitored to ensure there are no significant delays; Timely completion of the pre-validation checklist being made a mandatory part of the validation process and monitored via the Planning Technical Support Team Leader; investigating if the recommendation approval tab on	No actions due in report period.

Audit title	Overall opinion and number of actions of each priority agreed with management	Number of actions due for implementation where a positive management response has been received
	Uniform can be restricted to senior officers only; and, arrangements being made for approval arrangements for planning applications set out in the Constitution to be reviewed.	
Business Continuity Planning	Opinion: **Amber**. Five actions agreed: Two high, two medium and one low priority. Actions relate to the Business Continuity Management Framework and revised BCP templates being circulated to relevant staff and plan owners instructed to update their plans; an updated Corporate BCP being created; testing exercises being scheduled and carried out; and the Framework being updated in relation to arrangements for post incident reviews	No actions due in report period.

Actions outstanding more than six months after scheduled implementation date

Directorate	Audit title	Action	Priority	Planned implementation date	Management update
Communities	Member Standards	The Constitution should be reviewed to ensure references to Member training are consistent.	Medium	31 October 2021	No update received.
Corporate Services	Shared Services	The Shared Service Agreements should be reviewed to ensure that KPI's remain realistic or are altered as needed, necessary management information to be shared and how frequently, and the frequency of meetings between the partner organisations regarding the operation of the shared service, are all clearly defined.	High	30 November 2021	Although outstanding as of 31 July, this action has now been completed.
Communities	Constitution Maintenance	A secondment agreement for the new Monitoring Officer should be put in place.	High	30 November 2021	Although outstanding as of 31 July, this action has now been completed.
Communities	Apprenticeship Scheme	A strategy should be produced to document the aims and objectives of the council's apprenticeship scheme and how these will be achieved.	High	Revised to 31 March 2022	Although outstanding as of 31 July, this action has now been completed.

Definitions of audit opinions & action priorities

Opinion	Definition
Green – Risk management operates effectively, and objectives are being met	Expected controls are in place and effective to ensure risks are well managed and the service objectives are being met. Any errors found are minor or the occurrence of errors is considered to be isolated. Actions agreed are considered to be opportunities to enhance existing arrangements.
Amber – Key risks are being managed to enable the key objectives to be met	Expected key or compensating controls are in place and generally complied with ensuring significant risks are adequately managed and the service area meets its key objectives. Instances of failure to comply with controls or errors / omissions have been identified. Improvements to the control process or compliance with controls have been identified and actions have been agreed to improve this.
Red – Risk management arrangements require improvement to ensure objectives can be met	The overall control process is weak with one or more expected key control(s) or compensating control(s) absent or there is evidence of significant non-compliance. Risk management is not considered to be effective and the service risks failing to meet its objectives, significant loss/error, fraud/impropriety, or damage to reputation. Actions have been agreed to introduce new controls, improve compliance with existing controls or improve the efficiency of operations.

Priority	Definition
High	The findings indicate a fundamental weakness in control that leaves the council exposed to significant risk. The agreed action addresses the weakness identified; to mitigate the risk exposure and enable the achievement of key objectives. Management should address the action as a matter of urgency.
Medium	The findings indicate a weakness in control, or lack of compliance with existing controls, that leaves the system open to risk, although it is not critical to the achievement of objectives. Management should address the action within a reasonable timeframe.
Low	The findings have identified an opportunity to enhance the efficiency or effectiveness of the system/control environment. Management should address the action as resources allow.