

Internal Audit & Counter Fraud Shared Service
Medway Council & Gravesham Borough Council

Internal Audit Annual Report 2022-23

Gravesham Borough Council

1. Introduction

The Internal Audit & Counter Fraud Shared Service was established on 1 March 2016 to provide internal audit assurance and consultancy, proactive counter fraud and reactive investigation services to Medway Council & Gravesham Borough Council.

The Chartered Institute of Internal Auditors (CIIA) defines internal auditing as: an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

In accordance with the Public Sector Internal Audit Standards (the Standards), the Head of Audit & Counter Fraud provides Members with update reports detailing the work and findings of the internal audit team. The Standards also require that the Chief Audit Executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

2. Independence

The Internal Audit Charter was approved by Gravesham's Finance & Audit Committee in February 2022 and sets out the purpose, authority, and responsibility of the 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 completed with full independence as set out in the Charter and Standard 1100. The work completed has also been free from any inappropriate restriction or influence from senior officers and/or Members.

Given that the Head of Internal Audit & Counter Fraud has responsibility 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.

3. Resources

The Internal Audit & Counter Fraud Shared Service reports to the Section 151 Officers of Medway Council and Gravesham Borough Council. At the start of the year, the internal audit team had an establishment of eight officers (8.43FTE), made up of the Head of Internal Audit & Counter Fraud (0.65FTE), one internal audit manager, one senior internal auditor, and six Internal Auditors (5.78FTE).

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. At the time the Internal Audit Plans for 2022-23 were prepared, this establishment was forecasted to provide a total of 1,219 days available for internal audit work (net of allowances for leave, training, management, administration etc.). The Internal Audit Plans for Gravesham were prepared with a resource budget of 439 days.

Following the resignation of an internal auditor, an internal audit apprentice was recruited, although this took three attempts creating a significant period of vacancy.

As of 31 March 2023, the net staff days available for Gravesham for 2022-23 amounted to 502 days and 431 days (86%) were spent on chargeable internal audit work. It should be noted that this includes the time the internal audit manager has spent on review of internal audit work, which was not included as

part of the original resource budgets. Of this chargeable time, 403 days (93%) was spent on audit assurance work and 28 days (7%) were spent on consultancy work. The current status and results of all work carried out are detailed at section five of this report.

Learning and development needs and objectives were agreed through the Performance Development Review (appraisal) process and delivered through a mixture of formal qualification training (including apprenticeships), formal skills training, job-shadowing/mentoring and 'on the job' training. Team meetings have taken place throughout the year, and all team members have had regular one to one meetings with their line manager to monitor progress with work-plans.

4. Opinion of the Chief Audit Executive

The Accounts & Audit Regulations 2015 require local authorities to ensure that they have: a sound system of internal control which— (a) facilitates the effective exercise of its functions and the achievement of its aims and objectives; (b) ensures that the financial and operational management of the authority is effective; and (c) includes effective arrangements for the management of risk.

In my capacity as Chief Audit Executive, with responsibility for the provision of internal audit services to the council, I am required to provide the organisation, and the Chief Executive, with a statement as to my opinion of the adequacy and effectiveness of the organisation's risk management, internal control, and governance processes. This opinion is intended to support the council's annual governance statement.

The overall scope of Internal Audit work is defined in the Internal Audit Charter and the specific scope of work for the year 2022-23 was detailed in the Internal Audit Plans, which were approved by the Finance & Audit Committee. The Plans cannot address all risks across the council, but available resources are focused on the highest areas of risk to the authority and those linked to its corporate objectives. The opinion that follows is based on a limited scope due to resourcing issues experienced in year and the knock-on effect of overrunning assurance work from 2021-22, which resulted in a reduced level of assurance work completed as part of the 2022-23 plan and only 17 assurance reviews completed in comparison to an estimated 24 at the start of the year.

The Internal Audit Team operates in accordance with the working practices set out in the Internal Audit Manual and work is subject to supervision and quality review. This means we can be satisfied that the team has carried out all internal audit work in line with the Public Sector Internal Audit Standards and in accordance with our Quality Assurance & Improvement Programme.

In forming my opinion, I have considered the following:

- The outcomes of work completed by internal audit during the year,
- The findings of previous years' audit work carried out,
- The risk management processes of the council,
- The monitoring of progress to implement agreed actions identified in earlier reviews to ensure that control weaknesses identified by internal audit have been mitigated,
- The outcomes of consultancy work completed by internal audit, and
- The outcomes of counter fraud and investigation work completed by the counter fraud team.

There were no matters identified through the counter fraud work carried out which have a material impact upon the corporate governance, risk, and internal control framework of the Council. While placing no specific reliance on sources of external assurance, these have been considered alongside the work completed by the Internal Audit Team.

The council has a duty to manage its resources in a proper, economic, efficient, and effective manner to achieve its objectives. It applies internal controls to manage risks to an acceptable level as it is not possible to remove risks to achieving these objectives completely. Internal Audit can only provide

reasonable and not complete assurance of effectiveness. The work completed as part of the Internal Audit Plans for 2022-23 is summarised in this report, assessing the effectiveness of managing the risks identified by the council, and forms the basis of evidence for my overall opinion.

While not all risks have been examined within our work programme, I am satisfied that those not directly examined have a sufficient assurance approach in place to provide reasonable assurance of effective management.

While it has been identified that the authority has mainly established adequate internal controls within the areas subject to review since my last opinion was issued in July 2022, there are areas where compliance with existing controls should be enhanced or strengthened or where additional controls should be introduced to reduce the council's exposure to risk. Where such findings have been identified, actions have been agreed by management to improve the controls within the systems and processes they operate. Management have accepted responsibility for the implementation of these actions and follow up arrangements are in place to ensure that appropriate action is taken.

I am therefore satisfied that there is sufficient evidence to draw a reasonable conclusion as to the adequacy and effectiveness of the organisation's risk management, system of internal control and governance processes.

Annual Opinion 2022-23

Corporate Governance

Corporate Governance is defined as being the structure of rules, practices, and processes. that direct and control the Council. The reviews of Constitution Maintenance, Risk Management Compliance, and Governance Framework undertaken in 2021-22 and the review of Procurement Compliance undertaken in 2022-23 all fall within this area and lead me to be satisfied that the council complies with corporate governance guidance.

Risk Management

The council has a risk management strategy that is approved by Cabinet and maintains a corporate risk register that is regularly reviewed. A review of risk management compliance was conducted in 2021-22, resulting in an Amber opinion and actions arising from the review have all been completed. I am satisfied that we can place sufficient assurance on the council's risk management arrangements for 2022-23.

Internal control

Fieldwork was completed in relation to 17 assurance reviews during 2022-23, ten of which have been finalised with client services, along with a further six reviews from 2021-22 that were finalised in 2022-23. All of the 16 reviews finalised in 2022-23 resulted in Amber or Green opinions, indicating that all key risks were being managed effectively.

Where actions for improvement were agreed, these were subject to a follow up process to ensure that they had been implemented appropriately. This follow up process identified that 85% of all actions due to be implemented in 2022-23 (51 of 60 actions) have been completed.

I am satisfied that the council can place assurance on the aspects of the system of control tested and in operation during 2022-23.

Overall Opinion

It is my opinion that during the year ended 31 March 2023, Gravesham Borough Council's framework of governance, risk management, and system of internal control, were sufficient and effective, and contributed to the proper, economic, efficient, and effective use of resources in achieving the council's objectives.

James Larkin

5. Results of planned Internal Audit work

The six-monthly Internal Audit Plans for 2022-23 for Gravesham were approved by the Finance & Audit Committee in March 2022 and September 2022. The Plans were intended to provide a clear picture of how the council would use the Internal Audit resources, reflecting all work planned for the team for Gravesham during the financial year in the highest areas of risk to the council.

Arrangements to monitor 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 shared service work-plans as a whole and enables the supervisory staff to plan and support officers to deliver their individual work plans.

During the course of the year the plan was amended to take into account changes in resource levels created by sickness and staff vacancies. Members agreed revisions to the original plans for 2022-23 to remove planned reviews of:

- Housing Development Strategy
- Information Requests

In addition, the planned assurance reviews of Emergency Planning and Rent Deposit Scheme have been changed to consultancy reviews at the request of services to help them with planned changes.

The tables below provide details of the work from 2021-22 that was finalised in 2022-23 and the progress of work undertaken as part of the 2022-23 plans.

2021-22 Internal Audit Assurance Work Finalised in 2022-23 (items in italics detailed in previous update reports)

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
7	<i>Income collection</i>	15	19.7	<i>Final Report Issued</i>	<p>The review considered the following Risk Management Objective: <i>RMO1 - Arrangements are in place for the processing and accounting of income paid by Direct Debit.</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Overall Opinion: Green. Actions: None.</p>
13	<i>Planning applications (inc. validations and decisions)</i>	15	17	<i>Final Report Issued</i>	<p>The review considered the following Risk Management Objective: <i>RMO1 - Arrangements exist for planning applications to be administered and managed in line with legislation and council policy.</i></p> <p>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 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.</p> <p>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</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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 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.</i></p> <p>Overall Opinion: Amber. Actions: Two high, two medium and one low priority.</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<i>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.</i>
14	Business continuity planning	15	22.3	Final Report Issued	<p>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.</p> <p>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 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.</p> <p>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</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<i>scheduled and carried out; and the Framework being updated in relation to arrangements for post incident reviews.</i>
18	Housing allocations	15	28.7	Final Report Issued	<p>The review considered the following Risk Management Objective: <i>RMO1 - Arrangements are in place to manage housing allocations for social housing.</i></p> <p>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 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</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p>undertaken in April 2021, though a move to rolling annual reviews was introduced across Kent from April 2022. Opinion: Amber.</p> <p>Overall Opinion: Amber. Actions: Two medium priority.</p> <p>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.</p>
20	Council housing disabled adaptations	15	17.6	Final Report Issued	<p>The review considered the following Risk Management Objective:</p> <p>RMO1 - There are arrangements in place to appropriately manage disabled adaptations to council properties.</p> <p>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 County Council's (KCC) Adult Social Care Team who will provide 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.</p> <p>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.</p> <p>Overall Opinion: Amber. Actions: Two high and one medium priority.</p> <p>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.</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
22	Corporate complaints	15	17.9	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 - Arrangements are in place for the handling and processing of corporate complaints.</p> <p>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 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.</p> <p>Overall Opinion: Amber. Actions: One medium priority.</p> <p>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.</p>

2022-23 Internal Audit Assurance work (items in italics detailed in previous update reports)

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
1	IT Security & Access Controls	15	14.9	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 – There are arrangements in place to ensure that access to the council's network is secure.</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p>The review found there are appropriate policies and procedures in place for gaining access to the council’s network and network drives. Arrangements are in place to ensure that users are allocated the correct level of access to the council’s network and access to the network is removed when it is no longer required. In practice, there are appropriate procedures in place to grant access to network folders however these processes require formalising and communicating. Users are made aware of their responsibilities including acceptable usage and password security and passwords are set-up and changed in accordance with industry standards. Network access can be reviewed, and this includes monitoring of periods of inactivity if and when necessary. Arrangements are in place to monitor usage when required to identify potential security breaches which are appropriately investigated. Opinion: Green. Overall Opinion: Green. Actions: One medium and one low priority. Actions relate to formalising the arrangements in place for granting and removing access to network folders and for resetting passwords.</p>
2	Communications Strategy	15	15.4	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 – Effective arrangements are in place to deliver the council’s Communications Strategy 2020-2023.</p> <p>The review found there is a Communications Strategy 2020-2023 and associated Crisis Communications Strategy and Social Media Policy in place, which were approved by Cabinet in November 2020 and have been appropriately communicated to the public, Members, and officers. Clear objectives, linked to the Corporate Plan 2019-2023, have been set in the strategy. Although there is not an action plan specifically associated with the strategy, several other documents are in place to support delivery of the objectives. Monitoring of the objectives is undertaken via staff appraisals and one to one’s between the Chief Executive and Communications Manager, with regular meetings also held with the Portfolio Holder, however there is no overall review undertaken to ensure all objectives have or will be achieved during the strategy period.</p> <p>The council’s corporate social media accounts include Facebook, Twitter, Instagram, LinkedIn, and YouTube, with arrangements for other channels to be considered as appropriate. There are several other approved social media accounts linked to specific council services which are run independently of the Communications Team, though can be accessed by the team if needed. Those accounts have their own administrators who are responsible for ensuring the account(s) adhere to the Social Media Policy. The Social Media Policy currently states that officers should not use separate social media sites for content that could (and should) be published on the corporate Twitter, Facebook, Instagram and LinkedIn sites or the council website, although we</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p>understand this is not always adhered to. Monitoring of social media accounts is undertaken as far as is possible and appropriate performance and budget monitoring is undertaken. Opinion: Green.</p> <p>Overall Opinion: Green. Actions: Two medium priority.</p> <p>Actions relate to reviewing the strategy objectives to confirm they have been met and putting a process in place to ensure that relevant council communications are placed on corporate communication channels in preference to personal accounts.</p>
3	NNDR Reliefs	15	17.2	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 - Arrangements are in place for the administration of discretionary and mandatory reliefs.</p> <p>The review found there are appropriate policies in place to support the administration and payment of discretionary and mandatory NNDR Reliefs. The Discretionary Rate Relief Policy is reviewed annually and was last updated in June 2022. Arrangements are in place to determine the annual budget for discretionary NNDR reliefs. There is information available to businesses to make them aware of the NNDR reliefs that are offered and to allow for applications to be submitted, including on the council website.</p> <p>Although there are no specific office procedures in place for the administration of NNDR reliefs, the council subscribes to the annual IRRV Rating Law and Practice manual, which provides up to date details of the eligibility and criteria of all the reliefs that are offered and is used by officers for training and administering the various reliefs. Management agreed that it would be beneficial to have full procedure notes, however, due to the workload and possible changes due to a revaluation there is no time for ancillary jobs to be undertaken at this stage. We were advised that this would be addressed when workloads allow.</p> <p>Arrangements are in place to ensure that applications for relief are validated before being awarded, including appropriate checks and visits, and that they are calculated, awarded correctly, and authorised when necessary. Testing confirmed that this was all working in practice.</p> <p>There are processes in place for appropriate sign off of both new and review applications for discretionary relief and these were found to be working in practice. We were able to see from testing that customers receiving discretionary relief are advised that they would need to submit a review form annually.</p> <p>There is no process in place to regularly review all the reliefs that have been awarded. However, the recent grants from the Covid19 lockdowns have in effect acted as a review process. A review exercise of all the small business rate (SBRR) awards is in</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					progress with a review form being sent to the liable party. It is hoped that the exercise will be completed before annual billing in 2023-24. Opinion: Green. Overall Opinion: Green. Actions: None.
4	Right to Buy	15		Draft report with client for consideration	The review considered the following Risk Management Objective: RMO1 – There are adequate arrangements in place to allow Right to Buy (RTB) applications to be processed.
5	Procurement Compliance	15	18.4	Final Report Issued	The review considered the following Risk Management Objective: 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. The review found that a Procurement Strategy is in place but has not been updated since 2018 and requires attention to ensure it references the council’s changing priorities as well legislation that has been updated since then. Individual managers are responsible for procuring contracts in relation to their service, however training and guidance is limited, with a survey of managers who carry out procurement indicating a desire for greater support in this area. There is appropriate control over the setting up of new suppliers, however monitoring of spend with existing suppliers does not take place currently, though a Finance and Procurement Officer is to be recruited and will undertake this function going forward. A Contracts Register is in place for contracts over £5,000. Requests for exemptions from seeking competition where it is not reasonably practicable or in the council’s best interest to seek competitive quotes where the contract value is below national threshold values are rare and must be agreed by either the Director (Corporate Services) or Assistant Director (Corporate Services), though are not currently recorded on the Contracts Register. Opinion: Amber. Overall Opinion: Amber. Actions: Five medium priority. Actions relate to updating the Procurement Strategy, training and guidance for staff, effective monitoring of aggregate spend being put in place, and updating the Contracts Register.
6	Planning Obligations	15	18.2	Final Report Issued	<i>The review considered the following Risk Management Objectives:</i> RMO1 - Planning obligations are appropriately used to ensure that development does not adversely impact the borough. <i>The review found that there is a limited number of S106 agreements arranged each year and many of the current Planners have not been involved in arranging them. We were advised that the majority of S106 requests come from consultees, either internal or external. No evidence could be identified of an up to date and agreed/documentated</i>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p><i>procedure to support officers with this, though arrangements must exist to identify and assess instances in which S106 agreements will be used, simply because there are agreements in place. S106 agreements are prepared by Legal Services and contain all necessary information, with a document recently introduced for the Planners to instruct Legal Services to draw up an agreement. There is a standard form available for applicants to request amendments or vary a S106 agreement, with such changes made by way of a Deed of Variation prepared by Legal Services when required. The council's requirement to publish an annual Infrastructure Funding Statement (IFS) is overdue with the last IFS published relating to 2019-20. This has been delayed because the record held of all S106 agreements was found to be incomplete and work is currently underway to rectify this. Opinion: Amber.</i></p> <p>RMO2 - Appropriate monitoring is undertaken of all planning obligation agreements.</p> <p><i>The review found that there is limited monitoring of the financial contributions received relating to S106 agreements to ensure they are drawn down, spent, or returned, as necessary. The record held of all S106 agreements is currently incomplete and work is underway to rectify this. Once the record of S106 agreements is complete and accurate, the role of recording new S106 agreements and identifying and monitoring those with a financial contribution, including notifying the relevant parties that a contribution they requested has been received, will be allocated to another officer. Opinion: Amber.</i></p> <p>Overall Opinion: Amber. Actions: Two high and three medium priority. Actions relate to preparing guidance notes to support the processes for arranging and amending S106 agreements, making arrangements to publish the required Infrastructure Funding Statements, preparing accurate records of S106 agreements, and allocating responsibility for maintaining and monitoring these records, and putting arrangements in place to monitor unspent contributions.</p>
7	Financial Planning and Budget Setting (General Fund)	15	9.9	Final Report Issued	<p>The review considered the following Risk Management Objectives:</p> <p>RMO1 – The council has an ongoing plan to balance the General Fund revenue budget both in the current year and going forward. The review found that the appropriate legislative and Constitutional requirements have been complied with, with a timetable and project plan put in place for each annual budget setting process to ensure this is the case. The Council Tax and Budget Setting 2022-23 report was submitted to Full Council on 22 February 2022, as was the Medium-Term Financial Strategy, and both documents were agreed at that time.</p> <p>The Section 151 Officer is also responsible for maintaining a Medium-Term Financial Plan, setting out the projected financial position of the Council over a future time</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p>period. In response to the current globally volatile financial situation and to ensure Members were fully aware of the council’s financial position, including a widening gap in the MTFP, the Section 151 Officer issued two Risks and Financial Pressures reports, one in May 2022 and again in October 2022. These were intended to identify additional pressures around the budget and the steps intended to be put in place to manage these. Opinion: Green.</p> <p>Overall Opinion: Green. Actions: None.</p>
8	Whistleblowing	15	21.2	Final Report Issued	<p>The review considered the following Risk Management Objectives:</p> <p>RMO1 – There are appropriate arrangements in place to manage whistleblowing.</p> <p>The review found there is a Whistleblowing Policy in place for Gravesham Borough Council which is available on the council’s public facing website and on the staff intranet, though it would be beneficial for awareness of the policy to be raised. The policy states that it should be reviewed at least annually but it is not dated and there is no revision schedule, so it was not possible to confirm when it was last reviewed, though it is acknowledged that the information contained within the policy appears to still be relevant. A need was identified to update information within the policy relating to the officers who whistleblowing concerns can be raised with, and changes have since been made, however further contact details would be beneficial for non-employees.</p> <p>There is a whistleblowing e-learning course available to employees, which is identified as mandatory, however staff completion of this course is very low. There is no training available for managers responsible for dealing with concerns raised through the Whistleblowing Policy on how to investigate / manage such cases. A survey of managers highlighted a desire for further training.</p> <p>The Whistleblowing Policy broadly identifies the process for investigating concerns but there are no supporting templates or written procedures available to ensure that managers acknowledge, investigate, and respond to concerns consistently, including maintaining appropriate records that would enable cases to be escalated if needed. There are also no arrangements for line managers to centrally record whistleblowing concerns raised with them, meaning that repeat or related concerns may not be identified. There have been no recent concerns raised with the whistleblowing officers named in the policy, therefore it has not been possible to test that concerns are managed in accordance with the Whistleblowing Policy. Opinion: Amber.</p> <p>Overall Opinion: Amber. Actions: Two high and one medium priority.</p> <p>Actions relate to reviewing the reviewing the Whistleblowing Policy and guidance on responding to concerns; raising awareness of the Whistleblowing Policy across</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					the council, including ensuring it is covered in staff inductions; and reviewing whistleblowing training for employees and managers.
9	Void Property Management	15	19.7	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 – Review of arrangements to manage and re-let void properties.</p> <p>The review identified that there are policies in place, alongside the Tenancy agreement and Tenants Handbook, which set out the lettable standard for the councils’ properties and outline the responsibilities of the tenant in respect of maintaining the property.</p> <p>There are procedures in place for pre-termination inspections to be carried when a property is due to become void, with Void Repair Specification Reports completed detailing the work required and whether this falls within the responsibility of the tenant or the council. It was noted that these Pre-termination visits are not carried out at properties that have become void due to eviction, abandonment, or the death of the tenant.</p> <p>There are procedures in place for Housing Operations to secure the property, sitex, for gas to be capped and locks changed as necessary, and testing confirmed these were working in practice.</p> <p>Arrangements are in place to ensure that the costs of external contractors are checked before being authorised, including variations, and to monitor progress and completion.</p> <p>Outgoing tenants are invoiced for any works that fall within their responsibility; however, this does not appear to happen when the council has incurred void costs following evictions or abandonment. It was identified that other authorities carry out inspections prior to eviction, which may enable recovery of some costs.</p> <p>Void costs are recorded with statistics available for total costs per void property and average costs per month for each of the three categories minor, major and refurbishment. Stats for time between turning void and being re-let are also available as a means of monitoring performance. Opinion: Green.</p> <p>Overall Opinion: Green. Actions: Two medium priority.</p> <p>Actions relate to reviewing the procedures for identifying and booking pre-termination visits and undertaking cost analysis for pursuit of rechargeable costs in eviction cases.</p>
10	Food Safety Inspections (rating scheme)	15	15	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 – There are arrangements in place to ensure food safety inspections are conducted in line with the appropriate legislation.</p> <p>The review found that there are appropriate policies and procedures available to staff that support Food Safety Inspections and relevant policies, and procedures are</p>

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
					<p>available on the council's website, though these have not been recently reviewed. Staff carrying out Food Safety Inspections have been appropriately trained and are qualified to conduct Food Safety Inspections.</p> <p>There are arrangements in place for the registration of Food Business Operators, and in line with the Food Standards Agency Food Law Code of Practice, there is an appropriate intervention programme in place. There are also arrangements in place to respond to complaints from the public or requests from businesses regarding food safety, and evidence was seen of this during the audit. Review of the documents and systems available indicated Food Safety Inspections are carried out in line with legislation and council policy/procedures and for the majority of Food Safety Inspections, accurate records are maintained. The review also found that enforcement action is taken in accordance with legislation and council policy/procedures, with appropriate records maintained.</p> <p>There are arrangements in place to deliver the COVID-19 Local Authority Recovery Plan. Opinion: Green.</p> <p>Overall Opinion: Green. Actions: One medium and one low priority.</p> <p>Actions relate to the review of policies and procedures that support Food Safety Inspections, including setting the frequency of reviews and reminding staff to ensure all relevant documentation is retained.</p>
11	Housing Development Strategy	N/A	N/A	Removed from Plan	Removal Agreed at September 2022 Committee meeting.
12	Information Requests (FOI, SAR, EIR)	N/A	N/A	Removed from Plan	Removal Agreed at September 2022 Committee meeting.
13	Homelessness - Temporary Accommodation	20		Fieldwork complete, in quality control	The review considered the following Risk Management Objective: RMO1 - The provision of temporary accommodation is appropriately managed.
14	Planned & Major Works Programme	15		Fieldwork complete, in quality control	The review considered the following Risk Management Objective: RMO1 - There are arrangements in place to deliver planned and major works on HRA properties and monitor the expenditure.
15	Rent Deposit Scheme	15	N/A	Converted to Consultancy	This assurance review was changed to consultancy at the request of the service to provide advice on guidance on internal controls for proposed significant changes to processes and procedures.

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & actions agreed
16	Emergency Planning	15	N/A	Converted to Consultancy	This assurance review was changed to consultancy at the request of the service to provide advice on guidance on internal controls for proposed significant changes to processes and procedures.
17	Digital Strategy	15	10.7	Final Report Issued	<p>The review considered the following Risk Management Objective: RMO1 – Effective arrangements are in place to deliver the council’s IT & Digital Strategy 2022-2026.</p> <p>The review found the IT & Digital Strategy 2022-2026 was appropriately approved by Management Team and Members.</p> <p>A review undertaken by Socitm assisted with the formulation of the strategy and other councils’ strategies were also reviewed as part of the process.</p> <p>The strategy, which is published on the council’s website and so is accessible to the public, Members, and staff, lists seven objectives and includes information about the objective, what the intended outcomes are and how this will be achieved.</p> <p>Appropriate high-level actions are included in the strategy’s delivery plan and arrangements are in place to monitor delivery of those actions, and the strategy as a whole, which is reported through Management Team to the Leader of the Executive, Cabinet, and other relevant committees. Opinion: Green.</p> <p>Overall Opinion: Green. Actions: None.</p>
18	Climate Change Action Plan	15		Fieldwork complete, in quality control	<p>The review considered the following Risk Management Objective: RMO1 - An effective Climate Change Action Plan and associated governance arrangements are in place to support the council’s commitments for addressing climate change.</p>
19	Write-offs	15		Fieldwork complete, in quality control	<p>The review considered the following Risk Management Objective: RMO1 - There are appropriate procedures in place regarding debt write-off.</p>
20	Regeneration	15		Fieldwork complete, in quality control	<p>The review considered the following Risk Management Objective: RMO1 - Appropriate governance arrangements are in place in relation to the council’s strategic regeneration activities.</p>
21	Housing Rent Recovery	15		Fieldwork complete, in quality control	<p>The review considered the following Risk Management Objective: RMO1 - There are appropriate arrangements to recover rent arrears, including former tenant arrears.</p>

Other Assurance Activity (items in italics detailed in previous update reports)

Ref	Activity	Day budget	Days used	Current status	Opinion, summary of findings & recommendations made
	<i>Finalisation of 2021-22 Planned Work</i>	20	70.4	Complete	<i>All reviews from 2021-22 finalised.</i>
	<i>Validation of Performance Data</i>	10	8.6	Complete	<i>The team undertook independent verification checks on all 2021-22 performance measures and methodologies to provide assurance over their accuracy.</i>
	Grant Validations	7	2.3	Complete	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 (items in italics detailed in previous update reports)

Activity	Opinion, summary of findings & actions agreed
No responsive assurance activity in year	

Other consultancy services including advice & information (items in italics detailed in previous update reports)

Client service area	Services provided
Corporate Working Groups	The Head of Internal Audit & Counter Fraud is a member of the Risk Management Working Group, and the Principal Internal Auditor has been part of the Information Governance Strategy Group and Service Charge Project Group, offering advice and guidance on internal control and risk matters.
Town Twinning Accounts	The team carried out an audit of the Gravesham Town Twinning Association's accounts.
Rosherville	A consultancy review was finalised in December 2022, looking at arrangements relating to charging and invoicing the company for services provided by the council. The review concluded that there were appropriate arrangements in place, however, several suggested actions were identified to further enhance those arrangements.
Woodville	A consultancy review was commenced but was not concluded as of 31 March 2023.

6. Quality Assurance & Improvement Programme

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 for 2022-23 was agreed by Gravesham's Finance & Audit Committee in March 2022.

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.

In line with the QAIP, the team monitor performance against a suite of 13 performance indicators. Performance targets have been set for nine of the 13 indicators and outturns presented are those as of 31 March 2023.

Ref	Indicator	Target	Outturn for report period
Non-LA Specific Performance Measurements			
IA1	Proportion of staff with professional qualification relevant to internal audit	65%	30%
IA2	Proportion of non-qualified staff undertaking professional qualification training	25%	29%
IA3	Time spent on professional qualification training:	N/A	16.9 days
IA4	Time spent on CPD/non-professional qualification training, learning & development	40 days	33.7 days
IA5	Compliance with PSIAS	100%	Our January 2023 self- assessment showed full compliance with 97.5% of the standards, partial compliance with a further 2% and work required to address the remaining 0.5%. This shows improvement on our 2019 self- assessment and our latest external quality assessment received a Green opinion as well as improvements identified since the last assessment in 2018.
LA Specific Performance Measurements			
IA6	Average cost per agreed assurance review	<£5,000	£4,179.54
IA7	Proportion of available resources spent on chargeable work	N/A	86%
IA8	Proportion of chargeable time spent on: Assurance work Consultancy work	N/A	93% 7%
IA9	Proportion of agreed assurance reviews: Delivered Underway	95%	83% 11%
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%	29%
IA11	Proportion of actions agreed by client	90%	100%

Ref	Indicator	Target	Outturn for report period
	management to address control weaknesses		
IA12	Number of agreed actions that are: Not yet due Implemented Outstanding	N/A	0 51 9
IA13	Proportion of actions implemented by agreed date	N/A	85%

7. Follow up of agreed actions

Where the work of the Internal Audit team finds opportunities to strengthen the council's risk management, governance and/or control arrangements, the team make and 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.

Service managers are asked to provide an update on steps taken towards implementing all agreed actions due on a monthly basis and are also asked to supply evidence to confirm that High priority actions have been implemented, which is verified by the Internal Audit Team.

The first of the two tables below sets out the position of all agreed actions which have formed part of the follow-up process during the 2022-23 financial year.

The second table details agreed actions that were more than six months over their planned implementation date as of 31 March 2023 (this includes any that have not been implemented by their revised implementation dates); along with an update from the relevant Service Manager/Assistant Director/Director.

Status of Agreed Actions (as of 31 March 2023)

Audit & Counter Fraud Review title	Overall opinion and number of actions of each priority agreed with management	Proportion of actions due for implementation where a positive management response has been received
Homelessness	<p>Opinion: Red.</p> <p>Four actions agreed: three high and one medium priority.</p> <p>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.</p>	All actions completed.
Use of Enforcement Services	<p>Opinion: Amber.</p> <p>Three actions agreed: one high, one medium and one low priority.</p> <p>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.</p>	All actions completed.
Apprenticeship Scheme	<p>Opinion: Amber.</p> <p>Five actions agreed: two high, two medium and one low priority.</p> <p>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.</p>	All actions completed.
Fraud Focused Review of Lone Workers	<p>Opinion: Amber.</p> <p>Six actions agreed: Four high and two medium priority.</p> <p>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</p>	All actions completed.

Audit & Counter Fraud Review title	Overall opinion and number of actions of each priority agreed with management	Proportion of actions due for implementation where a positive management response has been received
	event to enable validation of timesheets and mileage claims, a reminder for staff undertaking lone working duties to perform security checks 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 low 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.	All actions completed.
Shared Services	Opinion: Amber . One high priority action agreed. Action relates to a review of all Shared Service Agreements.	All actions completed.
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 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	All actions 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	All actions completed.

Audit & Counter Fraud Review title	Overall opinion and number of actions of each priority agreed with management	Proportion of actions due for implementation where a positive management response has been received
	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.	
Traded Services – Rosherville Ltd	Opinion: Amber . Three actions agreed: one high and two medium priority. 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.	All actions completed.
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.	All actions completed.
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.	All actions 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, two completed. Two medium priority outstanding relating to Leaseholders’ Handbook being updated, and the arrangements in place to calculate interim service charges being reviewed.
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.	All actions completed.
Temporary Accommodation –	Opinion Red . Eight actions agreed: Seven high and one medium priority.	Eight actions due, seven completed.

Audit & Counter Fraud Review title	Overall opinion and number of actions of each priority agreed with management	Proportion of actions due for implementation where a positive management response has been received
Out of Area Placements	<p>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 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.</p>	<p>One high priority outstanding relating to arrangements being in put in place to ensure that costs are recovered for all temporary accommodation placements outside of the council's housing stock.</p>
Council Tax Discounts, Disregards & Exemptions	<p>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.</p>	<p>Three actions due, one implemented. One medium and one low priority outstanding relating to a review of the procedure notes/guidance for the administration of Council Tax DDEs and a review of applications (including online and paper forms), ensuring that appropriate applications are accompanied by a signed application form.</p>
Bank Reconciliation	<p>Opinion: Green. One low priority action agreed. Action relates to more comprehensive bank reconciliation procedure notes.</p>	<p>All actions completed.</p>
Accessibility Regulations	<p>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.</p>	<p>All actions completed.</p>
GDPR	<p>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.</p>	<p>Five actions due, three completed. Two high priority outstanding relating to the most up to date versions of the Information Governance policies being shared with staff, 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.</p>

Audit & Counter Fraud Review title	Overall opinion and number of actions of each priority agreed with management	Proportion of actions due for implementation where a positive management response has been received
Housing Allocations	<p>Opinion: Amber.</p> <p>Two actions agreed: Two medium priority.</p> <p>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.</p>	<p>Two actions due, one completed.</p> <p>One medium priority outstanding relating to regular quality assurance checks being carried out.</p>
Council Housing – Disabled Adaptations	<p>Opinion: Amber.</p> <p>Three actions agreed: Two high and one medium priority.</p> <p>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.</p>	<p>All actions completed.</p>
Corporate Complaints	<p>Opinion: Amber.</p> <p>One medium priority action agreed.</p> <p>Action relates to relevant staff being reminded of the council’s Corporate Complaints Procedure, in particular:</p> <ul style="list-style-type: none"> • of 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. 	<p>All actions completed.</p>
Planning Applications	<p>Opinion: Amber.</p> <p>Five actions agreed: Two high, two medium and one low priority.</p> <p>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.</p>	<p>Three actions due, three completed.</p>
Business Continuity Planning	<p>Opinion: Amber.</p> <p>Five actions agreed: Two high, two medium and one low priority.</p> <p>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</p>	<p>Four actions due, four completed.</p>

Audit & Counter Fraud Review title	Overall opinion and number of actions of each priority agreed with management	Proportion of actions due for implementation where a positive management response has been received
	being scheduled and carried out; and the Framework being updated in relation to arrangements for post incident reviews	
Planning Obligations	Opinion: Amber . Five actions agreed: Two high and three medium priority. Actions relate to preparing guidance notes to support the processes for arranging and amending S106 agreements, making arrangements to publish the required Infrastructure Funding Statements, preparing accurate records of S106 agreements, and allocating responsibility for maintaining and monitoring these records, and putting arrangements in place to monitor unspent contributions.	Five actions due, two completed. Two high and one medium priority outstanding relating to making arrangements to publish the required Infrastructure Funding Statements and preparing accurate records of S106 agreements and allocating responsibility for maintaining and monitoring these records.
Food Safety Inspections	Opinion: Green. Two actions agreed. One medium and one low priority. Actions relate to the review of policies and procedures that support Food Safety Inspections, including setting the frequency of reviews and reminding staff to ensure all relevant documentation is retained.	All actions completed.

Actions outstanding more than six months after scheduled implementation date (as of 31 March 2023)

Directorate	Audit & Counter Fraud Review title	Action	Priority	Planned Implementation Date	Management Update
		No actions more than six months overdue			

8. Update on 2023-24 Planned Internal Audit Work

Ref	Activity	Day budget	Days Used	Current status	Opinion, summary of findings & actions made
1	Tenancy Management - GBC	15		Terms of Reference being prepared	
2	Discretionary Housing Payments - GBC	12		Fieldwork complete, in quality control	The review considered the following Risk Management Objective: RMO1 - Applications for Discretionary Housing Payments are appropriately processed.
3	Private Housing Enforcement - GBC	15		Fieldwork Underway	The review will consider the following Risk Management Objective: RMO1 - There are arrangements in place for Private Housing Enforcement.
4	Code of Conduct - GBC	15		Fieldwork complete, in quality control	The review considered the following Risk Management Objectives: RMO1 - A robust policy is in place to notify all staff regarding their expected conduct. RMO2 - Clear and concise guidance and procedures are in place for council employees regarding gifts & hospitality. RMO3 - Clear and concise guidance and procedures are in place for council employees, regarding declarations of personal interest.
5	Staff Travel & Subsistence - GBC	15		Terms of Reference being prepared	
6	STG Building Control Partnership - GBC	15		Terms of Reference being prepared	
7	Corporate Credit Cards - GBC	15		Fieldwork Underway	The review will consider the following Risk Management Objective: RMO1 - Arrangements exist for corporate credit cards to be used in accordance with the relevant guidelines.
8	Carbon Reduction Programmes (HRA) - GBC	15		Terms of Reference being prepared	
9	Environmental Enforcement - GBC	15		Fieldwork Underway	The review will consider the following Risk Management Objective: RMO1 - There are appropriate arrangements in place for the effective prevention, detection and enforcement of offences that harm the environment.
10	Trade Waste Collection - GBC	15		Fieldwork Underway	The review will consider the following Risk Management Objective: RMO1 - Trade waste contracts are effectively managed.

Definitions of audit opinions

<p>Green – Risk management operates effectively, and objectives are being met</p>	<p>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 made are considered to be opportunities to enhance existing arrangements.</p>
<p>Amber – Key risks are being managed to enable the key objectives to be met</p>	<p>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 made to improve this.</p>
<p>Red – Risk management arrangements require improvement to ensure objectives can be met</p>	<p>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 made to introduce new controls, improve compliance with existing controls or improve the efficiency of operations.</p>

Action Priorities

<p>High</p>	<p>Action addresses a significant weakness to enable the achievement of key objectives.</p>
<p>Medium</p>	<p>Action addresses a weakness identified that is not critical to the achievement of objectives.</p>
<p>Low</p>	<p>Action is a system enhancement or improvement to the efficiency of the service.</p>