



<b>REPORT TITLE:</b>	Audit Progress Report 2/2023-24
<b>REPORT OF:</b>	Audit & Counter Fraud Manager

**INFORMATION REPORT**

**REPORT SUMMARY**

This report provides Members with an update on the work of the Internal Audit team, in terms of progress made against the annual audit plan for 2023/24, and action taken by Service departments in implementing audit recommendations.

Detail of the progress made in delivery of the annual audit plan is provided for at **Enclosure No.1.**

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**SUPPORT ING INFORMATION****1.0 BACKGROUND INFORMATION**

- 1.1 Internal Audit is a statutory requirement under the Accounts and Audit Regulations. Internal Audit's work is monitored through regular reports presented to this Committee.

**2 FINANCIAL IMPLICATIONS**

- 2.1 None

**3 LEGAL IMPLICATIONS**

- 3.1 Under the Local Government Act 1972 (s151) and the Accounts and Audit Regulations, the Council has a responsibility to maintain an adequate and effective Internal Audit function.
- 3.2 The Internal Audit Section works to the statutory Public Sector Internal Audit Standards. This includes the requirement to prepare and present regular reports to the Audit Committee on the performance of the Internal Audit service.

**4 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 4.1 With the formal delegation of its internal audit service to Basildon Council from 1st July 2022 Rochford Council's audit team were TUPEd over to Basildon. A pool of audit resource derived from combining the two audit teams now delivers the respective audit plans, for Rochford and Basildon, based on an agreed number of chargeable audit days. In addition, we are able to call on a third party to deliver audit days as required.

**5 RELEVANT RISKS**

- 5.1 Failure to operate a robust assurance process (which includes delivering the Internal Audit Annual Plan) increases the risk that inadequacies in the Council's risk management, governance and control arrangements are not identified and effective remedial action agreed and implemented.
- 5.2 If the Internal Audit Plan is not substantially completed by June 2024, the Chief Audit Executive (CAE) may not be able to give a sufficiently informed opinion on the Council's control environment. The CAE's opinion is a source of assurance for the Annual Governance Statement (AGS), which is also considered by the Audit Committee and is of interest to the external auditor for their assessment of the Council's arrangements to use its resources economically, efficiently, and effectively. The lack of CAE opinion could negatively impact on the AGS and Value for Money assessment.
- 5.3 The main risk to delivering the audit plan is the risk of insufficient resources.

**6 ENGAGEMENT/CONSULTATION**

6.1 N/A.

**7 EQUALITY IMPLICATIONS**

7.1 None

**8 ENVIRONMENT AND CLIMATE IMPLICATIONS**

8.1 None

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**BACKGROUND PAPERS**

None.

**Rochford District Council**

**Internal Audit Progress Update (2/2023\_24)**

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## 1 Progress in delivering the 2023/24 Audit Plan

- 1.1 Since the Committee Meeting of 27<sup>th</sup> September 2023 we have completed a further four audit engagements, a further review is at the draft report stage.
- 1.2 The opinion given and main points arising from the completed audit engagements is summarised at **Appendix 1** or in respect of light touch reviews at **Appendix 2**. Also, findings in respect of the initial testing of the Housing Benefit Subsidy claim, previously reported as complete, are provided at **Appendix 3**.
- 1.3 An explanation of the meaning of and reason for each assessment (opinion) is provided in **Appendix 5**. This appendix should be read in conjunction with **Appendix 6** setting out the recommendation categories.

### Changes to the plan

- 1.4 These are noted in the table below.

## 2 Performance of Service Areas in implementing audit recommendations

- 2.1 Recommendations arising from completed audit engagements, that are to still be implemented ('live' recs) are shown in **Appendix 4**. A progress update was requested from managers, where a response was received this is included under 'Latest Note'.

Corp Risk	Audit Title	Proposed Scope	Business Plan Priority	Audit Priority	Progress Status	Assurance Rating	Recommendations			
							Critical	Major	Moderate	Low
Corporate Risk 1: We fail to deliver the objectives of the Council's Business Plan in terms of measurable outcomes	Performance Management	To assess the arrangements for measuring and reporting performance and development of measures against which progress of the Business can be assessed. *Light touch review undertaken in 2021/22 – positive direction travel observed.	All Priorities	1	Deferred	On-going service reviews mean this cannot be done until such time as One-Team approach has been agreed.				
Corporate Risk 3a: There is a serious Food, Environmental or other incident for which the Council is culpable	Fly Tipping	To obtain assurance that there are robust arrangements in place.	Early Intervention	2	Complete	Adequate		1	8	1
Corporate Risk 5: Council held data is lost, disclosed, or misused to detriment of individuals or organisations as result of inadequate protection	Investigation of critical information breaches	Independent investigation by Internal Audit where critical information security breaches occur.	Early Intervention	1	On-going					
Corporate Risk 8: We fail to innovate and develop new ways of meeting customer needs and expectations	Climate Change	A review of the Council's plans and policies.	Maximise Our Assets	1	Climate change audit undertaken by BDO for Brentwood. No added value to undertaking an audit for Rochford, given strategic partnership - one team approach.					
Corporate Risk 8: We fail to innovate and develop new ways of meeting customer needs and expectations	Equality & Diversity	To consider the adequacy and accessibility of the Council's E&D policies / procedures and the extent to which the Council complies with them. The provision of E&D training and appropriate performance reporting.	Enable Communities	2	Deferred	One-Team approach yet be agreed.				
Corporate Risk 9: Failure to ensure financial sustainability for the Council. This includes the requirement to set a balanced budget and Medium Term Financial Strategy (MTFS) to allow for the successful delivery of the	Financial Sustainability	Examination of adopted of measures/arrangements that support achievement of financial sustainability.	Being Financially Sustainable	1	Q4					

<p>Council's priorities as set out in its Business Plan, ensuring robust financial controls are in place to keep the budget on track in-year, and delivery of the Council's Capital Programme.</p>										
<p>Corporate Risk 9: Failure to ensure financial sustainability for the Council. This includes the requirement to set a balanced budget and Medium Term Financial Strategy (MTFS) to allow for the successful delivery of the Council's priorities as set out in its Business Plan, ensuring robust financial controls are in place to keep the budget on track in-year, and delivery of the Council's Capital Programme.</p>	<p>Economic Growth</p>	<p>To assess activity to support local economic growth, including access to funding, availability of key skills, availability of land and premises for growth, and actions to attract inward investment.</p>	<p>Being Financially Sustainable</p>	<p>1</p>	<p>Draft Report</p>					
<p>Corporate Risk 9: Failure to ensure financial sustainability for the Council. This includes the requirement to set a balanced budget and Medium Term Financial Strategy (MTFS) to allow for the successful delivery of the Council's priorities as set out in its Business Plan, ensuring robust financial controls are in place to keep the budget on track in-year, and delivery of the Council's Capital Programme.</p>	<p>Rental Income</p>	<p>To ensure there is an adequate system in place; appropriate calculation and collection of income due.</p>	<p>Being Financially Sustainable</p>	<p>2</p>	<p>Deferred</p>	<p>Project to update Asset Register hit by resource issues and training needs.</p>				



Corporate Risk 10: The inability to recruit, retain, develop, and manage appropriately skilled staff to deliver the Council's priorities	Staff performance management and development	To assess whether there is a robust and consistently applied framework to manage staff performance and ensure staff receive required training.  *Light touch review undertaken in 2021/22 – positive direction travel observed.	Being Financially Sustainable	1	Complete (reported on in 2022/23)						
Corporate Risk 10: The inability to recruit, retain, develop, and manage appropriately skilled staff to deliver the Council's priorities	Staff Recruitment & Retention (Talent Resilience)	This review will consider the control and monitoring framework in relation to staff recruitment and retention and how the risk of poor staff retention is mitigated.	Being Financially Sustainable	1	Complete	Adequate	-	1	7	-	
Corporate risk 13: Failure to ensure good governance of the Council's activities and delivery of priority outcomes	Counter Fraud Arrangements	Where necessary, investigate any fraud referrals	All Priorities	1	On-going						
Corporate risk 13: Failure to ensure good governance of the Council's activities and delivery of priority outcomes	Counter Fraud Work of Compliance Officer and Revenues & Benefits Team	To provide an overview of the level of counter-fraud activity and the results achieved. This will include the NFI data matching exercise of 2020/21.  This will be reported periodically in the Audit Progress Report and will not be a free-standing audit report.	Being Financially Sustainable	1	On-going						
Corporate risk 13: Failure to ensure good governance of the Council's activities and delivery of priority outcomes	Housing Benefit Subsidy	Review benefit cases selected by the external auditor to feed into the external audit grants certification work and report to the Department for Work & Pensions.	Being Financially Sustainable	1	Complete	N/A	-	-	-	-	
Corporate risk 13: Failure to ensure good governance of the Council's activities and delivery of priority outcomes	Building Control	Examination of the performance and effectiveness of the building control function.	Early Intervention	2	Complete	N/A	-	-	-	-	
Corporate risk 13: Failure to ensure good governance of the Council's activities and delivery of priority outcomes	Housing Needs, Allocation, Register and Private Sector Housing	Review of activities that support homeless reduction.	Early Intervention	2	Complete	Adequate	-	-	1	2	

Corporate Risk 14: Failure to ensure the ICT Estate supports achievement of the Business Plan	ICT Infrastructure	Review of current arrangements in place to ensure Rochford's ICT Estate supports achievement of Business Objectives	All Priorities	1	Complete	Limited	-	3	6	-
Corporate Risk 15: Failure to ensure compliance with the General Data Protection Regulations (GDPR) and unable to demonstrate consistent application of information standards, controls, and statutory compliance	GDPR	Overview of adequacy and effectiveness of data breach and data subject requests.  *Adequate assurance opinion provided in 2021/22.	All Priorities	1	Complete	Adequate	-	-	2	5
Corporate Risk 16: The partnership between Rochford District Council and Brentwood Borough Council fails to bring about the project benefits.	Strategic Partnership	To consider whether the partnership between Rochford District Council and Brentwood Borough Council has delivered the proposed project benefits.	All Priorities	1	To be removed from the plan. Service reviews still on-going as part of expected 24-month road map. Too early in journey to report on benefits.					
Corporate Risk 17: The partnership between Rochford District Council and gbPartnerships fails to bring about the project benefits.	Asset Delivery Programme	To assess the arrangements for measuring and reporting performance and development of measures against which progress can be assessed.	All Priorities	1	To be removed from the plan. To date two separate health-check reviews have been completed by the LGA the last of which was published in September 2022. A report is to be taken to Full Council on 7th September to inform members of the latest update on the Asset Delivery Program and to ask for their approval on a new direction of travel.					
<b>C/fwd 2022/23 Audits:</b>										
Corporate Risk 11: Failure to enter into and manage effective partnerships for the delivery of services and outcomes	Partnerships and Alternative Delivery Models	To assess arrangements for governance and oversight of Community Safety partnership to include ensuring delivery of agreed outcomes.	Enable communities	2	Complete	Adequate	-	-	7	1

## Appendix 1: Completed Audit Engagements

**GDPR:  
Report No. RDC101242**

### **Audit Objective**

Overview of adequacy and effectiveness of data breach and data subject requests.

### **Business Plan Link**

This audit contributes to the assurance available regarding the following Business Plan objectives and associate risks identified in the Corporate Risk Register.

<b><u>Business Plan Objective;</u></b>	<i>All Priorities</i>
<b><u>Corporate Risk;</u></b>	<i>Failure to ensure compliance with the General Data Protection Regulations (GDPR) and unable to demonstrate consistent applications of information standards, controls, and statutory compliance.</i>

### **Reason for inclusion in the Annual Audit Plan**

This audit is a planned, standard assurance review identified through the annual assessment of the Council's activities.

### **Prior Audit Work**

A light touch review of GDPR procedures was completed in 2021/22 and this received an Adequate level of assurance.

### **Audit Opinion**

The Audit Opinion is based on how well controls and procedures have been designed, and how effectively they are employed in mitigating the keys risks under consideration as detailed in the following section of this report.

### **The level of assurance assessed for this audit is – Adequate**

### **Risks tested and outcomes**

<b><u>Risk Area Tested</u></b>	<b><u>Assurance Level</u></b>	<b><u>Number and priority of recommendations made</u></b>
Data breaches are not responded to in a timely manner or are not recorded	Adequate	1 Low 1 Moderate

and escalated in line with GDPR / DPA requirements.		
Subject Access Requests are not responded to in a timely manner or are not dealt with in line with GDPR / DPA requirements.	Adequate	1 Moderate 3 Low
Personal data from third parties that is exempt from non-disclosure is not in line with GDPR/Council guidelines.	Adequate	1 Low

## **Executive Summary**

This review has assessed the adequacy and effectiveness of arrangements in place with regards to Data Breaches and Subject Access Requests (SAR) that form part of General Data Protections Regulation (GDPR) procedures.

The review identified that Data Breaches and SARs continue to be appropriately logged and risk assessed for the ones that are recorded on the central log. However, some control and procedural weaknesses were identified which is reflected in the **Adequate Assurance** opinion given. Whilst it is understood that all data breaches and SARs are to be reported centrally, due to the lack of on-going GDPR training (discussed in more detail below) there is always a risk that some services/departments may not be adequately identifying and reporting these in line with Council procedures.

Procedures for dealing with data breaches are outlined in the Information Management Policy, which was last updated in February 2022. Since this period, there have been many organisational changes that haven't been reflected in the policy. In the main the content appears to remain the same, however some roles and responsibilities are in need of update to reflect current members of staff.

A review of the data breach log found four reported data breaches since April 2022. Of the four, three were assessed as low risk of harm and low risk of damage to the data subjects' rights and freedoms. All assessments appear reasonable, however it was not possible to confirm Data Protection Officer (DPO) involvement for two of these cases as correspondence was not filed centrally. Audit were advised that the DPO at that time was responsible for completing the log and this acts as verification of DPO review. As a result we have not raised a recommendation in relation to this but would advise to ensure all information pertaining to data breaches is held centrally in a suitable format for ease of accessibility. Furthermore, the only date that is recorded on the log is when the DPO is informed of the data breach. The date of the actual breach and dates of final decisions and any remedial actions are not recorded. Therefore, it is not easy to determine the timeline for dealing with data breaches. Inclusion of these dates would improve transparency and provide assurance that breaches are being dealt with in a timely manner. This was raised as a recommendation in our previous two audits in 2021/22 and 2020/21 and it was only until we did this review that the log got updated to incorporate these changes, however the date of the breach is still not recorded.

The remaining one data breach relates to the May 2023 Capita incident where Rochford Council was one of a number of authorities that suffered a potential data breach. It is understood that revenues and benefits information was stored on a

hosting service used by Capita, and was for a period of time, potentially capable of being accessed by unauthorised persons. Initial Council response included investigating further into the breach, notifying the corporate leadership team, notifying Members and a press release prepared. However, there was a delay in reporting the breach to the ICO. From review of documentation and exchange of emails there appeared to be some confusion regarding responsibility for reporting to the ICO. This confusion led to a delay in notifying the ICO and overall took 12 working days for this incident to be reported. As per ICO guidance, to avoid the possibility of fines/penalties a reportable data breach should be notified within 72 hours after becoming aware of it.

Under the GDPR, an individual has the right to request details of all personal information that an organisation holds on them, by way of a Subject Access Request (SAR). An individual (referred to as the data subject) can make a SAR verbally or in writing, including on social media. Details on how to make a SAR are included in the Councils Data Protection Policy (2018), which is available on the Councils website, along with a SAR form that must be completed as part of the request. The SAR form, however, is not explicit in stating that there is no obligation for them to put their requests in writing but the recommended approach.

Procedures are in place to ensure that SARs are dealt with within one calendar month and a central log is maintained to ensure these are adequately responded to within specified timescales. The data subject must provide proof of their I.D, or if a third party is acting on behalf of the data subject, consent must be supplied.

There were seven requests for information made since April 2022, however a formal application (SAR) form was not completed in six of these cases and therefore the Council did not proceed with processing these, since ID or verification is needed to ensure the Council is responding to the data subject. In the one case where the application form had been completed, this took slightly longer than one month to respond, 34 days, however it was only identified as a SAR when the request was looked into as it originally went through as a freedom of information request (it was then dealt within one week upon identification as a SAR). Audit were advised that these requests are dealt with at the earliest opportunity, however there is no cover arrangements to monitor the email inbox during absence and as a result there may be a delay in sending these requests out to the relevant person/service to action.

Under the Data Protection Act, there are circumstances which allow for the disclosure of data subjects' personal information to a third party where there is a legal basis to do so, namely with other authorities, agencies, or legal representatives. Internal procedures are in place for such requests which are dealt with departmentally and recorded on a corporate log that is saved centrally. There have been approximately 100 incoming requests made since April 2022. A small sample were reviewed, requests appear reasonable and are dealt with appropriately. It is understood that there are no set timescales for responding to these types of queries as it depends on the nature, type and size of request and efforts are made to respond to these as soon as feasible. From review of the log it appears that the majority are responded to in a timely manner, however on rare occasions there is a delay in allocating the query to the correct officer, and reasons for delay are not recorded on the log.

GDPR training is provided through e-learning, however at present this is not accessible as the Council is transitioning between e learning systems. Conversations with members of staff confirmed that although they had undertaken GDPR training this has not been on a regular basis.

## **Staff Recruitment and Retention Report No. RDC071243**

### **Audit Objective**

This review will consider the control and monitoring framework in relation to staff recruitment and retention and how the risk of poor staff retention is mitigated.

### **Business Plan Link**

This audit contributes to the assurance available regarding the following Business Plan objectives and associate risks identified in the Corporate Risk Register

<b><u>Business Plan Objective;</u></b>	Being financially sustainable.
<b><u>Corporate Risk;</u></b>	The inability to recruit, retain, develop, and manage appropriately skilled staff to deliver the Council's priorities.

### **Reason for inclusion in the Annual Audit Plan**

This audit is a planned, standard assurance review identified through the annual assessment of the Council's activities

### **Audit Opinion**

The Audit Opinion is based on how well controls and procedures have been designed, and how effectively they are employed in mitigating the keys risks under consideration as detailed in the following section of this report. Detail on the basis for choosing each assurance level is set out on page 10. The basis for assessing the priority status of recommendations arising is set out in the table on page 11.

### **The level of assurance assessed for this audit is – Adequate**

### **Risks tested and outcomes**

<b><u>Risk Area Tested</u></b>	<b><u>Assurance Level</u></b>	<b><u>Number and priority of recommendations made</u></b>
Relevant strategies, policies and procedures are not in place	Adequate	None
Recruitment gaps are not identified and no action is taken	Adequate	None
The recruitment process is not consistent	Limited	1 Major 5 Moderate

Professional development is not appropriate to the needs of the organisation	Adequate	1 Moderate
Staff satisfaction is not monitored and no action is taken to retain staff	Adequate	None
Staff turnover levels are not monitored or reported	Adequate	1 Moderate

## **Executive Summary**

Rochford District and Brentwood Borough Councils formed a strategic partnership in January 2022, which included merging the two Human Resources (HR) functions. This review was undertaken during the transition period, with policy and procedures still under review to take account of the shared values of OneTeam. The OneTeam HR Service Plan 2023/24 has already identified a number of areas for action, such as the production of a revised People Strategy, and also action on succession planning for hard to fill posts. For this reason, recommendations have not always been made where Internal Audit consider that there are already plans in place to address issues identified.

The Value Based Recruitment Policy and Procedure and accompanying Manager's Guide sets out the recruitment process clearly and comprehensively with supporting documentation. However, examination of the files of a sample of employees failed to confirm that all the necessary steps in the recruitment process had been undertaken, as much of the documentation could not be readily located. In addition to this, training for recruiting managers is not well defined and Human Resources do not check that adequate training of recruiting managers has been undertaken.

The Council's Policy states that vacancies should not be filled on a 'like for like' basis without careful consideration, and states that the Staffing Requirement Form should be authorised by specified directors to ensure this. In practice, there is no such authorisation if a budget for the post is already in place.

Finally, Rochford Council support staff who are studying towards professional qualification with funding and time for study. There is, however, no documented policy or procedure to ensure that the support given is consistent across the Council.



## **IT Infrastructure Report No. RDC101264**

### **Introduction**

This audit forms part of the agreed 2023/24 Internal Audit Plan. The review assessed the IT Infrastructure to ensure it is effective in supporting the Council to achieve the delivery of Business Objectives.

This review looked to address the control framework and mitigating controls that address Strategic Risk 13: Rochford's ICT Estate does not fully support the achievement of the Business Objectives.

### **Scope**

The IT Infrastructure review included, but was not limited to the following areas:

- The Council has appropriate IT Strategies, roadmaps and operational plans in place;
- There are detailed IT annual, quarterly and monthly work plans to delivery software upgrades, planned systems developments in conjunction with designated system and data owners;
- There is linkage between IT developments and upgrades, service plans, planned developments and IT resourcing and scheduling;
- There are appropriate policies and procedures in place to restrict, control and safeguard systems and data from unauthorised access and loss;
- There is appropriate governance, performance monitoring and oversight of the IT Infrastructure, IT service delivery including obtaining user feedback both internally and externally.

### **Key Findings**

Our key concerns were as follows:

- There is no long-term IT Strategy in place which links IT service development to the longer-term objectives of the Council and service area needs;
- There is no annual IT service plan to ensure linkage of IT activity to business and service area objectives, there is also a need to develop an IT resourcing plan to support the IT strategy and annual IT service plan;
- The ICT risk register is not up to date and does not include key risks including a cyber security attack;
- The Council's Public Services Network (PSN) expired in May 2022; and
- Key documentation and policies need to be updated and reviewed.

### **Areas of Good Practice**

Areas of good practice identified are as follows:

- All planned ICT projects and system upgrades have been captured in a single project workstack.
- A review of the Windows server estate confirmed that all servers were patched monthly and in full vendor support.

- The Council's network domain is subject to annual external security testing to proactively identify and resolve any network vulnerabilities.
- Contract in place for 3<sup>rd</sup> party monitoring of IT infrastructure including real time monitoring of availability, memory and disc space.

## **Observation**

A project has been initiated to implement a joint ICT service between Brentwood BC and Rochford DC, as part of the two Council's wider combined working arrangements. At the date of this review the joint service planned benefits, targets and KPIs are not defined pending the recruitment of a Joint Service Manager.

## **Assurance Opinion and Conclusion**

Overall, the opinion is that the systems and controls provides **Limited Assurance**. Three of the nine recommendations made were addressed prior to issue of the final report.

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## Appendix 2: Completed Light Touch Audit Engagements

### Building Control Report No. RDC081255

As part of the 2023/24 audit plan, Internal Audit were requested to review how Rochford Council's building control team is planning on meeting the new Operational Standards Rules (OSRs).

The findings are predominantly based on conversations with relevant officers, observation at relevant meetings and review of documentation/evidence. Formal audit testing was not undertaken.

Rochford Council has registered as a member of the Local Authority Building Control Organisation (LABC) to ensure it follows best practice and legislation. In order to address perceived variations in the quality of service provided by building control teams nationally, the LABC has developed a framework that allows its members to obtain certification in the ISO9001 Quality Management System (QMS) standard.

Rochford's building control team works to acknowledge, process and approve applications in line with LABC ISO9001 registered QMS procedures. The QMS ensures that they maintain a national building control standard which provides assurance on the quality of their work and standardised practices that are currently in place. Being a member of the LABC and the certification in the ISO9001 enables the Council to keep up to date with legislation, impending changes and the impact of these on their service.

As part of these procedures there is a requirement to undertake annual audits. The audit proforma, including the questions, are designed by LABC and responses completed by the Council's building control team.

The most recent audit was completed in June 2023 and appears to be broadly in line with OSR requirements. The LABC audit plays a vital role in advising the Council about the suitability and effectiveness of current arrangements and it is understood that going forward this may in turn be used as measuring compliance against the OSRs. As a result, we have not conducted any further testing, however we have reviewed the audit and note the following:

- The completion of the audit is a requirement of LABC Quality Management System (QMS) and BSR Operational Rules and is necessary in order to retain ISO 9001 Certification;
- Rochford Council's current ISO Certification (ISO 9001:2015) is valid until 20/06/2024;
- The audit covers assessment of areas of competence (knowledge and expertise), systems and controls, complaints handling and appeals, building control functions, enforcement and intervention and risk management which correspond with the OSR categories;
- The audit is further supported by key performance data (KPI) and a score mechanism in place for KPI results. At the time of our review, scores ranged

between 45%-75% as measurable quality objectives, as some of the data being requested is currently not recorded;

- Responses in some cases are quite limited and it's not clear if these can be supported by documentation. For example, although regular one to ones take place this is on an informal basis, which appears to be an issue across the Council post Covid. The Building Control Manager confirmed that regular discussions amongst the team take place and are recorded on site notes and emails; and
- Opportunities for improvement have been identified by the building control team and solutions for corrective/preventative actions suggested with specified owners and target dates. These areas are discussed at the management review meetings and recorded straight onto the audit. Going forward it would be useful to document the full discussion during these meetings in line with LABC procedures (LABC implementation toolkit).

The Building Control Manager advised that the team recognise that at present there are areas that require further work and these areas have been flagged within the LABC audit. In the main, these relate to having lack of data to measure the effectiveness of training in relation to the competence requirement (knowledge and training), access to documentation to allow access to more specific building control content and current IT systems being limited for recording the suggested reportable/KPI data. It is anticipated that these areas will be addressed by April 2024.

Rochford Council has not yet been subject to an on-site LABC review. It is understood that this is approximately every three years or on a risk assessed basis. It is important to note that whilst we did not perform any checks on the QMS system, that the building control team fully adopt, embed and maintain all of the QMS requirements and evidence necessary to demonstrate conformity. Furthermore, responses to the audit should also be supported by documentation (where applicable) to act as evidence of adhering to specified requirements.

The introduction of OSRs, including KPIs and reportable data, is a new requirement and one that will take time to establish. Once implemented, BSR will periodically revise and re-publish the OSRs and annexes. Therefore, it is important to keep abreast of these on-going changes as action may be taken against those who fail to fulfil the requirements of the OSRs.

## Appendix 3

### **HOUSING BENEFITS SUBSIDY CLAIM 2022/23**

As part of the 2023/24 Annual Audit Plan, work was carried out on behalf of BDO, the External Auditor for the Housing Benefits Subsidy Claim, to review a sample of benefit cases processed during 2022/23. This report serves to advise Members of the position after the completion of the initial stage of testing. No opinion has been issued as that will be determined by BDO on completion of their audit work.

The internal audit work carried out involved testing the accuracy of transactions from 2022/23 for 20 rent allowance cases relating to both private and social housing tenants, 20 cases relating to temporary accommodation secured by the Council's Homeless Team, and four modified scheme cases, where income from war pensions is disregarded for the purpose of benefit assessment. This work is carried out under Department for Work and Pensions (DWP) regulations and all errors are required to be reported.

For context, the total Housing Benefit subsidy claimed in 2022/23 was £10,095,797. During the year there were 185 new rent allowance cases, and 70 new temporary accommodation claims. There was an average active caseload of 1,805 claims across all types. This resulted in 31,109 changes in claim circumstances processed during the year, for which updated notifications must be issued.

2022/23 saw the introduction of the Housing Benefit Accuracy Award, which saw benefits staff complete 302 full case reviews and in addition 109 Housing Benefit Matching Service referrals.

Across the sample tested there were no errors identified for the Rent Allowances and Temporary Accommodation cases and just one minor error in one Modified Scheme were by the State Pension figure used for one week was 2p less than the actual figure. This resulted in a 1p overpayment (taking into account workbook rounding).




In the comparable testing for the Subsidy Audit for 2021/22 there were no errors identified for the Rent Allowances and Modified Scheme cases and one error in processing benefit for those in temporary accommodation, whereby benefit was understated by £145.59 because of a £5.96 water charge being incorrectly deducted from the claimants rent amount.




The outcome of this testing has been shared with the Revenues and Benefits Manager who will consider whether there are any further measures that be taken to reduce the possibility of human error when processing HB claims in future.





The detailed testing results, together with additional testing carried out by the Benefits Team based on specific issues from prior years, will be passed to BDO, who will consider the results and carry out further testing as required by the DWP. This will enable them to determine the extent and impact of the errors within the whole claim and will inform their opinion of the Housing Benefit Subsidy Claim in their report to the DWP. A copy of the completed BDO report for 2022/23 will be presented to this Committee later in this financial year.

## Appendix 4: RDC 'Live' Audit Recs




Generated on: 11 December 2023




Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
RDC082022.0 1 Sundry debtors Follow-Up 2022/23	Procedures will be established for the escalation and recovery and/or write-off of debt relating to the Housing Options Department	Significant		Angela Abbott	30-Sep-2023	30-Jun-2023	We are currently in the process of reviewing all procedures across the service and this will form part of the review	11-Sep-2023
RDC042022.0 1 Vehicle Fleet Management 2022/23	A formal written Strategy will be established that defines the Councils approach to fleet management. Accompanying Policies will also be implement that specifically address the maintenance and inspections of RDC owned vehicles within required timescales, and the disposal and replacement of vehicles in line with Financial Regulations. The Driving at Work Policy will also be reviewed in line with the development of any new policies.	Significant		Marcus Hotten	30-Nov-2023	30-Jun-2023		
RDC101264.0 1 ICT Infrastructure	A documented an approved long term ICT Strategy should be produced to capture the	Significant		Ami Goulter, ICT Business Support & Relationship Manager	30-Jun-2024	30-Jun-2024		



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	alignment key ICT projects to the Council's goals and objectives, including how the ICT risks detailed in the risk register will be							
RDC101264.0 3 ICT Infrastructure	The Joint Service Manager will review the service structure. To inform the service structure and future resourcing need the Joint Service Manager will need to determine the resources required to delivery both Council's core services and resource project that delivery wider Council business objectives.	Significant			30-Jun-2024	30-Jun-2024		
RDC041236.0 9 Fly Tipping 2023-24	Appropriate performance measures/ indicators should be put in place to monitor the contractors performance and drive improvement.	Major		Caroline Bell.	30-Sep-2024	30-Sep-2024		
RDC012022.0 3 Transparency Code & FOI 2022/23	Training relating to Freedom of Information and Environmental Information Regulation Requests, and how the Council deals with such requests will be provided	Moderate		Zoe Saward	31-Aug-2023	31-Dec-2022	Brentwood have launched a new elearning platform via in-house system and plan is for RDC to do the same to enable contract with CLS to end. This will have a	23-Nov-2023




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	to all staff. This could be in the form of e-learning.						knock on impact on the courses. It is hoped the new e-learning platform will be up and running by end of June. I.T are still working on the new platform as a priority.	
RDC021250.0 1 Community Safety Partnership 2023/24	The Terms of Reference (ToR) for the Community Safety Partnership Joint Steering Group should be reviewed and updated as planned and on a yearly basis going forward to ensure it reflects current practice. Declarations of Interests should also be included where voting decisions take place.	Moderate		Tracey Lilley	31-Dec-2023	31-Oct-2023	Reviewed by CSP, new version written and sent for consultation by members	23-Nov-2023
RDC021250.0 2 Community Safety Partnership 2023/24	A Partnership Plan should be established and documented, confirming a clear vision and the key functions of the CSP. The Plan should underpin the annual Strategic Assessment.	Moderate		Tracey Lilley	30-Apr-2024	30-Apr-2024		
RDC021250.0 3 Community Safety Partnership 2023/24	The Annual Delivery Plans should include estimated timescales for completing interventions for monitoring purposes.	Moderate		Tracey Lilley	31-Mar-2024	30-Sep-2023	This has been noted as an action and will be incorporated into Annual report and Partnership Plan	23-Nov-2023
RDC021250.0 4 Community	Quarterly reporting on the Delivery Plans to the Joint	Moderate		Tracey Lilley	31-Mar-2024	31-Oct-2023	This has already started with report at	23-Nov-2023







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Safety Partnership 2023/24	Steering Group should be resumed to ensure appropriate monitoring can take place so that partnership priorities can be met.						CSP away day in November and will continue	
RDC021250.05 Community Safety Partnership 2023/24	The Membership for the CSP Joint Steering Group should be reviewed. Key Statutory Partners should be reminded of their responsibilities to regularly attend and participate in the Joint Steering Group.	Moderate		Tracey Lilley	31-Dec-2023	30-Sep-2023	Membership reviewed at CSP away day in November and new membership to include health and probation being submitted	23-Nov-2023
RDC021250.06 Community Safety Partnership 2023/24	Meeting minutes from the Joint Steering Group should include the status of relevant actions and points of considerations from prior meetings, and whether they have been implemented.	Moderate		Tracey Lilley	30-Nov-2023	31-Oct-2023	Action noted and update sent as part of current action plan	23-Nov-2023
RDC021250.07 Community Safety Partnership 2023/24	Up to date information on the CSP relating to 2023/24 period should be published on the Councils website in line with the expectations outlined in the Terms of Reference. It is acknowledged that the Terms of Reference are due to be reviewed so if there are any changes	Moderate		Tracey Lilley	31-Jan-2024	31-Oct-2023	Action noted and being implemented	23-Nov-2023


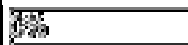
Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	made to this particular item, the requirements should meet the new Terms.							
RDC041236.0 4 Fly Tipping 2023-24	The team actively follow up fly-tips reported on the website to ensure the council reputation is not damaged. Alternatively, the team could deactivate the council's registration as the residents already have the option to call or log any complaints via the council website.	Moderate		Caroline Bell.	30-Sep-2024	30-Sep-2024		
RDC041236.0 5 Fly Tipping 2023-24	Details of who completed pre-inspections and when should be recorded, along with details of any evidence gathered. It should also be recorded whether enforcement action was pursued where evidence is available.	Moderate		Caroline Bell.	30-Sep-2024	30-Sep-2024		
RDC041236.0 6 Fly Tipping 2023-24	Management should ensure enforcement action is taken where appropriate and all details should be recorded on the spreadsheet. This should include reasons for accepting	Moderate		Marcus Hotten / Caroline Bell.	30-Apr-2024	30-Apr-2024		



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	<p>alternate/reduced penalty payments.</p> <p>*Agreed, however the Enforcement Policy is being reviewed and this may result in further changes.</p>							
RDC041236.0 8 Fly Tipping 2023-24	<p>When the Streets and Recycling service review has been completed, if resources allow then post inspection of cleared fly-tip sites should resume.</p> <p>Alternatively, the contractors could be requested to supply photographic evidence of cleared sites to demonstrate that they have been left at the required standard.</p> <p>If the instances of further reports or complaints are low then management may choose to accept the risk and not commit any resources to this.</p>	Moderate		Caroline Bell.	30-Apr-2024	30-Apr-2024		
RDC041236.1 0 Fly Tipping 2023-24	<p>Senior management should determine what management information they would like to receive, how and when to enable them to be assured that the service is operating</p>	Moderate		Marcus Hotten.	31-Oct-2024	31-Oct-2024		

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	effectively, within contractual requirements.							
RDC042022.0 2 Vehicle Fleet Management 2022/23	All outcomes of vehicle inspections will be recorded electronically (spreadsheet) in a central location and will be reviewed regularly for any irregularities.	Moderate		Caroline Bell	31-Dec-2023	31-Jul-2023	Caroline Bell: Some sections are still not on system but are still recording information on paper, due to the forms being changed on our IT, it will take a bit longer, can you put end of Dec 23 please.	15-Aug-2023
RDC042022.0 6 Vehicle Fleet Management 2022/23	The option to automate the process for annual reminder prompts on the iTrent system for MOT and Car insurance certificates will be investigated. New starters can also be added to this process. Until an automated process has been confirmed, managers will implement a manual process to ensure that annual MOT and car insurance checks are being carried out for all officers who drive their own vehicles for business purposes.	Moderate		Marcus Hotten	30-Sep-2023	30-Sep-2023		
RDC042022.0 7 Vehicle Fleet Management 2022/23	Until an automated process has been confirmed, Authority to Drive Forms will be	Moderate		Marcus Hotten	31-Oct-2023	30-Jun-2023		



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	completed by Human Resources at the point of recruitment for all officers who will be driving Council vehicles or driving their own private vehicles for Business Purposes.							
RDC042022.0 8 Vehicle Fleet Management 2022/23	All officers who drive a Council vehicle, or who use their own private vehicle for business use should be reminded of their responsibilities to inform line management of any changes to their health, or any other driving related matters that may affect their ability to drive.	Moderate		Marcus Hotten	31-Oct-2023	30-Jun-2023		
RDC052022.0 1 Payroll 2022/23	The Service Level Agreement should be reviewed, updated and signed by authorised signatories. The new SLA should reflect the new commencement and expiry dates.	Moderate		Tim Willis / Carrie Cox	30-Jun-2023	31-Mar-2023	SLA for 2022/23 not likely to be completed. Awaiting confirmation re SLA for 2023/24. Looking to align Rochford and Brentwood payroll/HR system contract. Once contract drawn up/signed, can close this recommendation. No progression, awaiting response from Brentwood.	10-Aug-2023





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							End of year accounts were being prioritised and this recommendation has not progressed.	
RDC061237.0 1 Homeless Reduction 2023/24	The Housing and Homeless Strategy for 2023-2027 should be delivered and published in line with legislation.	Moderate		Lauren Stretch	31-Dec-2023	31-Dec-2023	Update provided 11/9/23. The draft strategy has now been written and is currently out for consultation.	13-Sep-2023
RDC071243.0 2 Staff Recruitment and Retention	HR should identify the specific training required to be completed by managers prior to the recruitment process, and how long this training is valid for. This should include: - Recruitment training - the mandatory completion of Safeguarding training; and - the completion of equality and diversity training. This training should be checked as having been completed, and recorded by HR.	Moderate		Zoe Saward, Acting Service Manager, People and OD	31-Mar-2024	31-Mar-2024	As part of the Partnership, the recruitment process is due for review. This point will be picked up as part of this review. New recruitment procedure is planned to be approved and in place by April 2024.	15-Nov-2023



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RDC071243.0 6 Staff Recruitment and Retention	Management consider how best to ensure that value based questions are asked at the interview stage. For example, specific value based questions could be included on the Interview Record Assessment Sheet	Moderate		Zoe Saward, Acting Service Manager, People and OD	31-Mar-2024	31-Mar-2024	This will be picked up in the revised recruitment procedure. The values aligned to the existing policy are no longer the current organisational values and therefore this needs to be used with caution until the new procedure is in place. April 2024	15-Nov-2023
RDC071243.0 8 Staff Recruitment and Retention	HR should produce a documented procedure to ensure that support for Professional Development and Qualification Sponsorship is consistent across OneTeam. This should include as a minimum: - candidate/course eligibility and criteria for sponsorship, and authorisation process; - employee commitment; - what is/is not eligible for funding, payment process and the circumstances when repayment to the Council will be required; - arrangements for day release, study and examination leave; and	Moderate		Zoe Saward, Acting Service Manager, People and OD	30-Apr-2024	30-Apr-2024		




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	- candidate application process, details of documentation and timetable.							
RDC092022.03 Cyber Security 2022/23	Documented and approved Information Security policy guidelines should be updated and provide user guidance on confidentiality, authentication, and current and emerging cyber security threats. The policy once updated should be circulated and widely publicised to all staff.	Moderate		Ami Goulter	31-Dec-2023	31-Dec-2023		
RDC092022.09 Cyber Security 2022/23	Failover testing of firewall hardware should be incorporated into the ICT annual Disaster Recovery test.	Moderate		Ami Goulter	31-Jan-2024	30-Jun-2023	23/8/23 Jeff Stacey: A joint Business Continuity Plan has been prepared and this is being populated by each Service going through a process to write a Service BC Plan. The One Team IT Service were one of the first to complete the process. The process of writing the Service Plan includes an assessment of risk and identifications of mitigations. This will be used to inform	23-Aug-2023


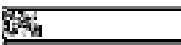





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							decisions on future exercises.	
RDC101242.0 2 GDPR Procedures 2023/24	<p>The data breach log should be updated to include the date of the actual breach.</p> <p>The Data Protection Officer (DPO) should issue an email to all staff reminding them about complying with GDPR regulations. This should be supported by regular training and educational materials to further educate staff members.</p> <p>There should be clarity on the role and responsibilities for reporting to the ICO as Data Controller (the Council) and expectations of a Data Processor (for e.g. Capita)</p>	Moderate		Phillip Davison, Data Protection Officer	30-Nov-2023	30-Nov-2023		
RDC101242.0 4 GDPR Procedures 2023/24	<p>All personal data sent via email should be password protected so that only the intended person can view the information.</p> <p>The password should then be sent on a separate email.</p>	Moderate		Phillip Davison, Data Protection Officer	30-Nov-2023	30-Nov-2023		


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RDC101242.0 6 GDPR Procedures 2023/24	GDPR training should be given on a rolling basis to ensure roles and responsibilities are fully understood.	Moderate		Phillip Davison, Data Protection Officer	30-Nov-2023	30-Nov-2023		
RDC101264.0 6 ICT Infrastructure	An automated solution should be delivered to identify, test and deploy security updates across the Council's PC and Laptop estate promptly and completely	Moderate			31-Jan-2024	31-Jan-2024		
RDC101264.0 7 ICT Infrastructure	The Council needs to prioritise the renewal of the PSN Code of Connection.	Moderate		Ami Goulter, ICT Business Support & Relationship Manager	31-Jan-2024	31-Jan-2024	RDC are procuring external consultancy help from Thurrock Council to remediate the critical & high actions during November 2023. RDC expect all remaining Medium & Low actions to be complete before the end of December 2023.	07-Dec-2023
RDC101264.0 8 ICT Infrastructure	Information Security policy guidelines should be reviewed and updated to capture all Council processes to protect sensitive information and data assets from unauthorised access.	Moderate		Ami Goulter, ICT Business Support & Relationship Manager	31-Jan-2024	31-Jan-2024		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
RDC101264.0 9 ICT Infrastructure		Moderate		Ami Goulter, ICT Business Support & Relationship Manager	30-Jun-2024	30-Jun-2024	The current BCP/DR Plan is being re-written by the joint BCP rep for RDC & BBC; Jeff Stacey. Jeff has completed the IT element of this plan but is awaiting input from all other service areas before the full and final BCP plan can be submitted to the Corporate Leadership Team for approval and publication. Jeff has confirmed that this will be the beginning of quarter two. In practice, if there was an incident, we would use the current plan (rewritten during Covid for RDC) 'Transformation Current Coronavirus BC Plan.	07-Dec-2023
RDC152021.0 1 Emergency Planning & Business Continuity 2021/22	The approach for acquiring sufficient trained volunteers to initiate an emergency response and provide communications support will be reconsidered and implemented	Moderate		Jeff Stacey	31-Aug-2023	30-Apr-2022	No real change from previous reported position. Discussing the recruitment of paid Emergency Officers (a change from Emergency Volunteers) as a basis for	08-Nov-2023

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							supporting the Council's response. This has been to the Corporate Leadership Team a few times now and come back with queries before a decision is made.	
RDC021250.08 Community Safety Partnership 2023/24	Results of this review and the recommendations outlined above should be presented to the Community Safety Partnership.	Low		Tracey Lilley	31-Mar-2024	30-Sep-2023	Results presented at CSP away day in November and will be further updated and reviewed at next CVSP in March	23-Nov-2023
RDC041236.01 Fly Tipping 2023-24	Fly-tipping procedures should be updated to include all roles and responsibilities performed by the Streets and Recycling Team and contractors and reflect current practice. They should be periodically reviewed and updated where necessary.	Low		Caroline Bell	30-Apr-2024	30-Apr-2024		
RDC101242.05 GDPR Procedures 2023/24	The Subject Access Request form and acknowledgments sent upon receipt of such requests should be amended to make it clear that individuals are not obliged to put their	Low		Phillip Davison, Data Protection Officer	30-Nov-2023	30-Nov-2023		

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	requests in writing and that these can also be made verbally.							
RDC101242.0 7 GDPR Procedures 2023/24	The exempt from non-disclosure corporate log should include reasons for long delays to identify potential causes of delay and flag possible training needs for repetitive occurrences.	Low		Phillip Davison, Data Protection Officer	30-Nov-2023	30-Nov-2023		
RDC112022.0 1 Electoral Registration 2022/23	<p>A Public Engagement Strategy will be documented and regularly reviewed and updated ensuring planned activities are tailored to meet the needs of different groups of electors.</p> <p>As per Electoral Commission guidance, the strategy will include:</p> <ul style="list-style-type: none"> <li>•identification and method of engagement with potential target audiences (including hard to reach groups);</li> <li>•communication channels used to engage residents;</li> <li>•working with internal and external partners to reach target audiences;</li> </ul>	Low		George Sullivan	31-Dec-2023	31-Dec-2023		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	<ul style="list-style-type: none"> <li>•methods of raising awareness through advertising and the media; and</li> <li>•measuring success of the engagement strategy.</li> </ul>							
RDC112022.03 Electoral Registration 2022/23	To consider maintaining a training log confirming that canvassers have read and understood the required training materials	Low		George Sullivan	31-Aug-2023	31-Aug-2023	All canvassers provided with training materials before commencing their role and asked to confirm they had read and understood this. Will look at doing a training log for the future and may need to have in person training as well depending on changes in legislation affecting the canvassers role in which case I would get them to sign an attendance sheet as well.	10-Nov-2023
RDC071243.07 Staff Recruitment and Retention	The Rochford Council website is updated to give clear information about apprenticeship opportunities at the Council.	Low		Zoe Saward, Acting Service Manager, People and OD	30-Nov-2023	30-Nov-2023	A request has been made to remove this from the website as any apprenticeship vacancies we do have are advertised in the normal way.	07-Dec-2023
RDC101242.01 GDPR	The Information Management Policy	Low		Phillip Davison, Data Protection Officer	31-Dec-2023	31-Dec-2023		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
Procedures 2023/24	should be updated to reflect current status							
RDC101242.0 3 GDPR Procedures 2023/24	To ensure the Council are committed to dealing with requests for information promptly and in line with statutory guideline of one calendar month, they should ensure someone else is able to deal with such requests during absences. It would be useful to include these types of delay on the SAR log for audit trail purposes.	Low		Phillip Davison, Data Protection Officer	30-Nov-2023	30-Nov-2023		

## Appendix 5 – Assurance Levels

BASIS FOR AUDIT OPINION		
Assurance Level	<i>Internal Audit's opinion is based on <u>one or more</u> of the following conclusions applying:</i>	<i>Basis for choosing assurance level</i>
<b>Substantial Assurance</b>	<ul style="list-style-type: none"> <li>The activity's key controls are comprehensive, well designed and applied consistently and effectively manage the significant risks</li> <li>Management can demonstrate they understand their significant risks and they are proactively managed to an acceptable level</li> <li>Past performance information shows required outcomes are clearly defined and consistently met</li> </ul>	<p>Actions are 'Low' rated.</p> <p>Any 'Moderate' actions will need to be mitigated by consistently strong controls in other areas of the activity.</p>
<b>Adequate Assurance</b>	<ul style="list-style-type: none"> <li>Most of the activity's key controls are in place, well designed and applied consistently and effectively manage the significant risks.</li> <li>Management can demonstrate they understand their significant risks and they are generally and proactively managed to an acceptable level</li> <li>Past performance information shows required outcomes are clearly defined and generally met</li> </ul>	<p>Actions are 'Moderate' or 'Low' rating.</p> <p>Any 'Major' rated actions will need to be mitigated by consistently strong controls in other areas of the activity.</p> <p>A 'Critical' rated action will prevent this level of assurance.</p>
<b>Limited Assurance</b>	<ul style="list-style-type: none"> <li>The activity's key controls are absent or not well designed or inconsistently applied meaning significant risks</li> <li>Management cannot demonstrate they understand and manage their significant risks to acceptable levels</li> <li>Past performance information shows required outcomes are not clearly defined and or consistently not met</li> </ul>	<p>Actions are 'Major' or a large number of 'Moderate' actions.</p> <p>Any 'Critical' actions need to be mitigated by consistently strong controls in other areas of the activity.</p>
<b>No Assurance</b>	<ul style="list-style-type: none"> <li>The activity's key controls are absent or not well designed or inconsistently applied in all key areas</li> <li>Management cannot demonstrate they have identified or manage their significant risks</li> <li>Required outcomes are not clearly defined and or consistently not met</li> </ul>	<p>Actions are 'Critical' without any mitigating strong controls in other areas of the activity.</p>



## Appendix 6 – Recommendation (Action) Priorities

Priority	Description
<b>Critical</b>	<p>Critical and urgent in that failure to address the risk could lead to one or more of the following occurring:</p> <ul style="list-style-type: none"> <li>• Significant financial loss (through fraud, error, poor value for money);</li> <li>• Serious safeguarding breach;</li> <li>• Life threatening or multiple serious injuries;</li> <li>• Catastrophic loss of service;</li> <li>• Failure of major projects;</li> <li>• Critical information loss leading to ICO referral;</li> <li>• Reputational damage – intense political and media scrutiny;</li> <li>• Possible criminal, or high profile, civil action against the Council, Members or officers; and</li> <li>• Intervention by external agencies.</li> </ul> <p><b><i>Remedial action must be taken immediately.</i></b></p>
<b>Major</b>	<p>Major in that failure to address the issue or progress the work would lead to one or more of the following occurring:</p> <ul style="list-style-type: none"> <li>• High financial loss (through fraud, error, poor value for money);</li> <li>• Safeguarding breach;</li> <li>• Serious injuries or stressful experience requiring medical treatment, many work days lost;</li> <li>• Significant disruption to services (key outcomes missed, some services compromised. Management action required to overcome medium term difficulties);</li> <li>• Major information loss leading to internal investigation;</li> <li>• Reputational damage – unfavorable external media coverage. Noticeable impact on public opinion;</li> <li>• Scrutiny required by external agencies.</li> </ul> <p><b><i>Remedial action must be taken urgently.</i></b></p>
<b>Moderate</b>	<p>Moderate in that failure to address the issue or progress the work would lead to one or more of the following occurring:</p> <ul style="list-style-type: none"> <li>• Medium financial loss (through fraud, error or poor value for money);</li> <li>• Significant short-term disruption of non-core activities;</li> <li>• Scrutiny required by internal committees;</li> <li>• Injuries or stress level requiring some medical treatment, potentially some work days lost; and</li> <li>• Reputational damage – probable limited unfavorable media coverage.</li> </ul> <p><b><i>Prompt specific action should be taken.</i></b></p>
<b>Low</b>	<p>Low in that failure to address the issue or progress the work would lead to one or more of the following occurring:</p> <ul style="list-style-type: none"> <li>• Low financial loss (through fraud, error or poor value for money);</li> <li>• Minor errors in systems/operations or processes requiring action or minor delay without impact on overall service delivery schedule. Handled within normal day to day routines; and</li> <li>• Reputational damage – internal review unlikely to have a wider impact.</li> </ul> <p><b><i>Remedial action is required.</i></b></p>