
AUDIT PROGRESS REPORT 2022/23

1 PURPOSE OF REPORT

- 1.1 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 and action taken by service departments in implementing audit recommendations.
- 1.2 Details of the progress made in delivery of the annual audit plan are set out in **Enclosure No.1.**

2 INTRODUCTION

- 2.1 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.

3 RISK IMPLICATIONS

- 3.1 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.
- 3.2 If the Internal Audit Plan is not substantially completed by June 2023, 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.
- 3.3 The main risk to delivering the audit plan is the risk of insufficient resources, this is considered below.

4 RESOURCE IMPLICATIONS

- 4.1 With the formal delegation of its internal audit service to Basildon Council from 1 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.
- 4.2 The newly created team is currently carrying a vacancy of 1.5 FTEs and despite two separate advertising campaigns we are yet to appoint to the vacant positions. As a result we are proposing changes to both audit plans. For further details on changes to the 2022/23 audit plan, please refer to **Enclosure No.1 and Appendix 3.**

5 ENVIRONMENTAL IMPLICATIONS

5.1 None.

6 LEGAL IMPLICATIONS

6.1 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.

6.2 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.

7 PARISH IMPLICATIONS

7.1 None.

8 EQUALITY AND DIVERSITY IMPLICATIONS

9 An Equality Impact Assessment has been completed and found there to be no impacts (either positive or negative) on protected groups, as defined under the Equality Act 2010.

10 RECOMMENDATION

10.1 It is proposed that the Committee **RESOLVES**

- (1) That the update on delivering the 2022/23 Audit Plan, together with revised audit plan (at Appendix 3), be noted.
- (2) That the conclusions and results from completed audit engagements in Appendix 2 be noted.
- (3) That the updated status of audit recommendations in Appendix 4 be noted.



Assistant Director, Resources

Background Papers:-

None.

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If you would like this report in large print, Braille or another language please contact 01702 318111.

Enclosure No.1

1 DELIVERY OF THE ANNUAL AUDIT PLAN 2022/23

- 1.1 A table detailing the audit engagements completed to date is provided for at **Appendix 1**.
- 1.2 A total of two audit engagements from the 2022/23 Annual Audit Plan have been completed: Transparency Code and Freedom of Information. The two engagements were completed as a single audit review and an “Adequate” assurance opinion given. In addition we have completed certification of two grants that were not included in the original plan for 2022/23.
- 1.3 The first quarter of the year is very much about finishing off work from the previous year (2021/22 Audit Plan) before work is commenced on behalf of the external auditor (BDO) on the initial testing for the Housing Benefit Subsidy Claim in Quarter 2. In terms of audit days, a significant amount of time is expended on this piece of work.
- 1.4 The opinion given and main points arising from the completed audit engagements is summarised at **Appendix 2**. 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

- 1.5 Following the formal delegation of its internal audit service to Basildon Council with effect from 1 July 2022, responsibility for delivery of the agreed plan for 2022/23 now rests with Basildon Council. The newly created audit service is currently carrying 1.5 FTEs in terms of vacancies, due in part to the retirement of the Principal Auditor prior to the transfer of staff from Rochford to Basildon. As a result, this has reduced the number of audit days available.
- 1.6 We are therefore proposing to remove 65 days from Basildon’s audit plan and 60 days from Rochford’s. This takes into account the impact of the vacancies so far and a cautious attitude about when we are likely to fill these posts. The audits we are proposing to remove from Rochford’s audit plan are highlighted in red at **Appendix 3**. We are proposing these are moved into the 2023/24 audit plan rather than being dropped completely.
- 1.7 It is hoped that with the current recruitment campaign it may be possible to get people in post from November, but the market is very difficult at the moment and there is no guarantee that this will be possible. As such we have forecast a number of scenarios for delivery of both respective audit plans:
- **Scenario 1 Worst case** – Unable to recruit to vacancies at all. Will require a further 30 days to be removed from the joint plans (15 each)
 - **Scenario 2** – Only able to recruit to 0.5FTE from November. Will require a further 8 days to be removed from the joint plans (4 each)

- **Scenario 3** – Only able to recruit to 1FTE from November. Will mean that we can add back into the joint plans 44 days (22 each)
- **Scenario 4 Best Case** – Able to recruit to 1.5FTE from November. Will mean that we can add back into the joint plans 88 days (44 each)

- 1.8 We will reassess the situation in November to decide if anything further needs to be removed or added back into the plans, based on the outcome of the recruitment. We may recruit individuals earlier or later into the positions, which will change the figures, but this gives us a base line.
- 1.9 If we are not able to recruit at the Senior Auditor level it may be that we look to recruit two trainee auditors. They are not as productive as the senior auditors (but not as expensive) and there will be professional qualification expenses and lost audit days from existing staff to be given over to training, but it would give us an opportunity to grow our own.

2 COUNTER FRAUD ACTIVITY

- 2.1 Responsibility for investigating fraud, excluding housing benefits, or error relating to Local Council Tax Support (LCTS), Council Tax & Business Rates discounts and exemptions rests with the local authority and for Rochford District Council such work is undertaken by the Compliance Officer, Revenues and Benefits, and officers in Business Rates. Both the National Fraud Initiative (NFI) and Pan Essex Data Hub provide the means for the Council to identify potential fraud through data matching, followed by subsequent investigation by the Compliance Officer.
- 2.2 As at 31/8/22 the value of Council Tax identified as recoverable, as a result of Revenues & Benefits compliance work, from all sources including LCTS, was £85.3k, of which £75k related to identifying unbilled properties and withdrawal of discounts or exemption that no longer apply.
- 2.3 Housing Benefit fraud continues to be investigated by the Department for Work & Pensions, but the Revenues & Benefits Team continues to identify and collect overpayments of Housing Benefit. Amounts identified for recovery by compliance work in respect of Housing Benefits was £1k as at 31/8/22.
- 2.4 From April, to 31/8/22, the value of identifiable gains in respect of business rates was £123.3k of which £102k related to unbilled properties. The rest related to undeclared changes or ineligible discounts. The total gain, net of discounts or reliefs, is £75.6K.

3 MONITORING OF INTERNAL AUDIT RECOMMENDATIONS

- 3.1 Recommendations arising from completed audit engagements are shown in **Appendix 4**.

This includes the current status of all recommendations that were live as at the date of the prior Audit Committee in July 2022 and all recommendations raised since that date. There are 15 live recommendations.

3.2 A total of 4 new recommendations have been raised since the last Audit Committee.

COMPLETED AUDIT ENGAGEMENTS SUMMARY - APPENDIX 1

AUDIT ENGAGEMENT	CORE ELEMENT OF PLAN	ASSURANCE RATING	REPORTED TO AUDIT COMMITTEE	RECOMMENDATION CATEGORY			
				C	S	M	L
Transparency Code / Freedom of Information 1 / 2022-23	Failure to ensure compliance with the General Data Protection Regulations (GDPR) and unable to demonstrate consistent application of information standards, controls, and statutory compliance	Adequate	28 September 2022	-	-	2	2

OTHER WORK UNDERTAKEN

AUDIT AREA	NATURE OF WORK	REPORTED TO AUDIT COMMITTEE
Contain Outbreak Management Fund (COMF) 2021/22	Confirmation that the conditions attached to the grant have been complied with.	28 September 2022

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Test & Trace Support Payments	Confirmation that the conditions attached to the funding have been complied with.	28 September 2022
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APPENDIX 2COMPLETE AUDIT ENGAGEMENTSTRANSPARENCY CODE/FREEDOM OF INFORMATION REPORT 1 2022/23Audit Objective

To confirm compliance with the Local Government Transparency Code (the minimum data that local authorities should be publishing).

To review the arrangements for handling Freedom of Information 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

Business Plan Objective *All Priorities*

Corporate Risk *Failure to ensure good governance of the Council's activities and delivery of priority outcomes.*

Failure to ensure compliance with the General Data Protection Regulations (GDPR) and unable to demonstrate consistent application of information standards, controls, and statutory compliance.

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

Last Audit and Assessment *N/A*

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 key 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 8. The basis for assessing the priority status of recommendations arising is set out in the table on page 9.

The level of assurance assessed for this audit is – **ADEQUATE**

Risks tested and outcomes

Risk Area Tested	Assurance Level	Number and priority of recommendations made
Information is not published on a timely basis in line with the transparency code 2015	Adequate	None
Information is not published in the appropriate formats in line with the transparency code	Adequate	none
Published information is not in place for detailing transparency data held by the Council, in line with the Freedom of Information Act	Adequate	1 moderate
Policies and Procedures are not in place that comply with the Freedom of Information (FOI) Act and Environmental Information Regulations (EIR)	Adequate	1 low 1 moderate
FOI and EIR requests are not responded to in a timely manner	Adequate	None
Information relating to FOI's or EIR's is inappropriately released, or information is altered, hidden or destroyed prior to release	Adequate	None
Data is not effectively controlled	Adequate	1 low
Risk Assessments are not in place, not relevant or are not up to date.	Adequate	None

Executive Summary

The Local Government Transparency Code 2015 details categories where local authorities must publish information periodically. The Council has also adopted the Model Publication Scheme, created by the Information Commissioner's Office (ICO), that sets out information that is actively published and where to find it. Commitment documents relating to both are available on the Council's website. The Information Coordinator (IC) organises an annual review of both documents, however responsibility rests with managers within service areas to update information published throughout the year. There is currently no defined process to ensure this

happens. Internal Audit (IA) acknowledge that there is a lack of resource to administer this ongoing task. There is the potential for Rochford and Brentwood to share best practice and align their schemes as part of the joint arrangements, however it is not yet known what this will look like.

Efforts have clearly been made to comply with the regulations and the Council has made much of the information available on its website. The Publication Scheme document details and signposts to information in most cases, however an annual review is overdue. A brief review by Internal Audit found the document generally fit for purpose although it contained some broken website links and out of date information. There were similar findings when reviewing the Transparency Data Commitments document, although a number of service areas have also published information beyond the minimal requirements. An annual review has recently been completed and responsible officers have been made aware of updates that are required, however there is no oversight to confirm whether officers have fulfilled these obligations.

The Council's procedures for handling FOI and EIR requests are available on the website. These follow the requirements of the FOI Act 2000, and the Environmental Information Regulations 2004. Some minor updates are required to improve signposting for customers.

The statutory deadline for the Council to respond to requests is 20 working days. The IC and the Data Protection Officer (DPO) have access to a dedicated inbox that receives requests. A Corporate log is actively maintained by the IC, showing a complete record of requests, and allowing for tracking from receipt through to response.

Legislative timescales are met for the majority of requests. A small percentage (7% or 40 out of 555) exceeded the deadline in 2021/22, many of these were only by a maximum of three working days. Delays appear to be due to the complexity of the request. The IC has a good oversight of the process, informs the relevant service of deadlines, and sends regular reminders if required. The customer is normally notified out of good practice, if the request is likely to take significantly longer.

FOI responses that were reviewed appear accurate, complete and where exemptions were used, these were valid. The customer is notified of their right to an internal review if they are unhappy with the way their request has been dealt with. Only 2 internal reviews were carried out in 2021/22, and there have been no escalations to the Information Commissioner's Office.

Payment is required for certain requests, particularly relating to contaminated land when buying or selling a property. These requests are managed by the service area and are not captured as part of the standard FOI process. Delays have been seen in responding to a small number of requests and payment is not always taken. IA acknowledge that there is a lack of resource within the team, resulting in capacity issues. Consideration should be given to reviewing the procedures for chargeable EIR requests to ensure payment is received and requests are responded to promptly.

There appears to be no training currently provided to staff relating to FOI and EIR requests (formerly understood to be part of the HR corporate induction training programme). Although there is no evidence to suggest that information is missed or given out incorrectly, staff training should be reintroduced to provide additional assurance that the Council complies with regulations. A recommendation has been raised to address this.

The Information Asset Register requires a review to reflect current practices.

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
Corporate Risk 1: We fail to deliver the objectives of the Council’s Business Plan in terms of measurable outcomes			
Home Working Arrangements / Agile Working	Examination of arrangements in place (guidance / training provided) *Not considered a significant risk; new working practices have been in place for some while now.	All Priorities	Postponed to 2023/24
Performance Management	To assess the arrangements for measuring and reporting performance and development of measures against which progress of the Business Plan 2020/2023 can be assessed. *Light touch review undertaken in 2021/22 – positive direction travel observed.	All Priorities	Postponed to 2023/24
Corporate Risk 2: There is a failure of safeguarding arrangements			
None Planned for 2022/23	Safeguarding was reviewed in 2020/21 – Good Assessment	Early Intervention	N/A
Corporate Risk 3a: There is a serious Food, Environmental or other incident for which the Council is culpable			
None Planned for 2022/23	Food Inspections was reviewed in 2019/20 – Assessed as Adequate	Early Intervention	N/A
Corporate Risk 3b: There is a serious Health and Safety incident for which the Council is culpable			

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
None Planned for 2022/23	Health & Safety was reviewed in 2021/22 – Assessed as Adequate	All Priorities	N/A
<i>Corporate Risk 4: We fail to respond to, or provide, relevant services in the event of an incident or disaster</i>			
None Planned for 2022/23	Emergency Planning / Business Continuity was reviewed in 2021/22 – Assessed as Adequate	All Priorities	N/A
<i>Corporate Risk 5: Council held data is lost, disclosed, or misused to detriment of individuals or organisations as result of inadequate protection</i>			
Investigation of critical information breaches	Independent investigation by Internal Audit in the event of a critical information security breach. (Contingent)	Being financially sustainable	
Electoral Registration	<p>Examination of arrangements for the maintenance of Electoral Register</p> <p>* Last reviewed in 2020/21 – Adequate assurance given.</p>	Enable Communities	Postponed to 2023/24
<i>Corporate Risk 7: Failure to engage with stakeholders to understand and communicate what the Council should be trying to achieve</i>			
None Planned for 2022/23	Engagement with Residents was reviewed in 2021/22 – Assessed as Adequate	Enable Communities	N/A

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
<i>Corporate Risk 8: We fail to innovate and develop new ways of meeting customer needs and expectations</i>			
Supporting key projects and policies	To act as a critical friend in providing advice / guidance on risks and controls as projects and policies reach relevant milestones (Connect Project)	Being financially sustainable	
Climate Change	A review of the Council's plans and policies.	Maximise Our Assets	
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. *Not considered a significant risk	Enable Communities	Postponed to 2023/24
<i>Corporate Risk 9: Failure to produce and meet a balanced budget and MTFs that allow for the successful delivery of the Business Plan priorities or the Capital Programme</i>			
None Planned for 2022/23	Budget Setting & Monitoring was reviewed in 2021/22 – Assessed as Good	Being financially sustainable	N/A
<i>Corporate Risk 10: The inability to recruit, retain, develop, and manage appropriately skilled staff to deliver the Council's priorities</i>			

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
Staff performance management and development	<p>To assess whether there is a robust and consistently applied framework to manage staff performance and ensure staff receive required training</p> <p>*Light touch review undertaken in 2021/22 – positive direction travel observed.</p>	Being Financially Sustainable	Postponed to 2023/24
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	
Corporate risk 12: The Council could fail to provide consistent Value for Money (VFM) across all services or obtain VFM in its procurement			
Vehicle fleet management	To assess whether the Council effectively manages its fleet of vehicles in respect of maintenance and replacement management (Suggested by Management)	Being Financially Sustainable	
Corporate risk 13: Failure to ensure good governance of the Council's activities and delivery of priority outcomes			
Annual Governance Statement (AGS) 2022/23	Ensure the AGS covers all elements set out in best practice guidelines.	All Priorities	

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
	<p>Ensure relevant assurances have been obtained to support the elements of the AGS.</p> <p>Review evaluations of systems, processes and documentation supporting development of the AGS.</p> <p>Confirm areas for improvement identified in the AGS have been adequately identified and have action plans in place with arrangements for monitoring progress</p>		
Counter Fraud Arrangements	<p>To carry out an overview of the Council’s counter-fraud arrangements</p> <p>Where necessary, investigate any fraud referrals</p>	All Priorities	
Counter Fraud Work of Compliance Officer and Revenues & Benefits Team	<p>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.</p> <p>This will be reported periodically in the Audit Progress Report and will not be a free-standing audit report.</p>	Being Financially Sustainable	
Contain Outbreak Management Fund (COMF) 2021/22	<p>Confirmation that the conditions attached to the grant have been complied with.</p> <p>*Additional piece of work required, not originally included in 2022/23 audit plan</p>	Being Financially Sustainable	Completed

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
Test & Trace Support Payments	Confirmation that the conditions attached to the funding have been complied with. *Additional piece of work required, not originally included in 2022/23 audit plan	Being Financially Sustainable	Completed
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	Testing
Transparency Code	Confirm compliance with the local government transparency code (the minimum data that local authorities should be publishing).	Being Financially Sustainable	Completed
Key Financial Systems	AIM Cash Receipting (critical friend- advice/guidance on controls for new system)	Being financially sustainable	
Key Financial Systems	Council Tax Support Scheme (new scheme to be launched April 2022)	Being Financially Sustainable	
Key Financial Systems	Debtors (recovery element follow-up)	Being Financially Sustainable	
Key Financial Systems	Housing Benefit overpayments – revisit process for management of overpayments.	Being Financially Sustainable	Postponed to 2023/24

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
	*Limited opinion 2021/22 due to recovery side of operation. This area is subject to on-going scrutiny by management.		
Key Financial Systems	Review of process for provision of Payroll instructions to Braintree Council; accuracy of data submission.	Being Financially Sustainable	
Risk Management	To review the existence and effectiveness of contract risk registers.	All Priorities	
Licensing	Service review.	Being Financially Sustainable	
Waste & Street Scene	LATCo – critical friend re. establishment of governance arrangements.	Being Financially Sustainable	
Corporate Risk 14: Failure to ensure the ICT Estate supports achievement of the Business Plan			
Cyber Security	Health check review by third party assurance provider (e.g. Zurich Resilience Solutions) / Non-technical overview to assess actions to raise awareness of risks and preparedness to withstand cyber-attacks of varying natures.	Being Financially Sustainable	
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.	All Priorities	Postponed to 2023/24

Internal Audit Plan 2022/23: Internal Audit work needed in 2022/23 to provide an annual opinion.

Activity to be audited	Objective of work	Business Plan priority	Status
	*Adequate assurance opinion provided in 2021/22.		
Freedom of Information	Review of arrangements for handling requests.	All Priorities	Completed
<i>Other audit activity chargeable to the audit plan</i>			
External Quality Assessment (EQA)	External assessment of Internal Audit function’s compliance with Public Sector Internal Audit Standards.		
Audit Management	To undertake required management activity including quality assurance and continuous improvement processes. To review and, where necessary, update the Audit Charter and Strategy.		
Audit planning	To develop the 2023/24 audit plan		
Following up recommendations	Where not included in Plan above, we will follow up High and Moderate recommendations to assess whether recommendations have been effectively implemented		
Governance Group	To attend the Governance Group meetings and contribute to the development / improvement of governance processes		
Reporting to Audit Committee	To prepare and present the required reports to Audit Committee throughout 2022/23		
Investigations	To carry out investigations in conjunction with Human Resources as directed by the Leadership Team.		

Appendix 4

Progress of Audit Recommendations

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
17 2017/18	Procurement	3a	M	Contract Procedure Rules and Procurement Guidance will be updated (a)	<p>Agreed Implementation Date 31/3/19 CPR review ongoing. Revised end date 31/12/19. Work in progress with many elements progressed but unable to complete, partially in respect of EU arrangements. Revised end date 31/03/20 Revised end date to bring in line with Constitution review and Financial Regulations review, 31/3/21 Constitution update to be reviewed and rescoped. Revised implementation date 31/3/22</p> <p>Update February 2022 The CPR and Procurement will be reviewed and partnership working with BBC allows for increased staff resilience and capacity. To have a joined-up approach will enable efficiencies across both Councils. Revised implementation date 31/12/22</p>
11 2018/19	Budget Setting and Monitoring	2	M	RDC Financial Regulations will be reviewed to include appropriate controls of transfers to and from Reserves as stated in the Medium-Term Financial Strategy. To be	<p>Agreed implementation date 31/03/20. Financial regulations to be reviewed as part of overall constitution. Revised end date 31/03/21. Constitution update to be reviewed and rescoped. Revised implementation date 31/3/22</p>

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
				considered as part of overall review of Financial Regs during 2019/20.	<p>Update February 2022 The CPR and Procurement will be reviewed and partnership working with BBC allows for increased staff resilience and capacity. To have a joined-up approach will enable efficiencies across both Councils.</p> <p>Revised implementation date 31/12/22</p>
2 2021/22	Complaint Handling	1	M	<p>Internal and External Complaints Procedures will be updated to include the following areas:</p> <ul style="list-style-type: none"> - What constitutes a complaint - How to deal with and report incoming complaints to Customer Services - The importance of formally responding, and communicating in a standard format, informing the customer of the escalation process should they remain unsatisfied. - Reporting to Customer Services on lessons learnt and how processes have been improved as a result of a complaint, where appropriate <p>Out of date procedures on the intranet will be removed.</p>	<p>Agreed implementation date 31/10/21.</p> <p>Due to a long-term sick period, it was not possible to implement by due date. We are aware that work is progressing. Revised end date 31/01/22.</p> <p>Final changes are in proposed version are being made and revised procedures will be presented to the Leadership Team, at its quarterly business meeting in April, for approval. Revised end date 30/4/22.</p> <p>Procedures are to form part of the Customer Charter review which is likely to be reviewed later in the year in collaboration with Brentwood.</p> <p>Revised implementation date 31/12/22</p>

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
9 2021/22	Engagement with Residents and Stakeholders	1	S	An overarching corporate engagement and consultation approach for external engagement and consultation activity will be formalised. It is acknowledged that this may be a project-based approach and the recommendation is intended to develop the initiation of the project.	Agreed implementation date 31/3/22. This work will be included within the Corporate Communications Strategy that will form part of the Transformation Project. It is likely to be developed as part of joint arrangements with Brentwood. Revised implementation date 31/12/22.
9 2021/22	Engagement with Residents and Stakeholders	2	M	Detailed consideration will be given to the acquisition of a suitable engagement tool to support both the consultation itself and subsequent reporting of outcomes.	Agreed implementation date 31/3/22. This work will be included within the Corporate Communications Strategy that will form part of the Transformation Project. It is likely to be developed as part of joint arrangements with Brentwood. Revised implementation date 31/12/22
12 2021/22	Health & Safety	4	M	The role and roster of trained fire marshals will be re-configured to reflect the current circumstance relating to office occupancy.	Agreed implementation date 30/4/22. Review has taken place. Fire marshals are due to undertake training and notice boards require updating. Revised implementation end date 31/07/22. Training planned for when H&S officer returns from leave. Revised end date 30/09/22.
13 2021/22	Risk Management	1	M	A full restart of active risk registers for contracts will commence with an effective assessment and review process put in place.	Agreed implementation date 31/7/22 The majority of contracts have been assessed. A small number have been deferred or are outstanding. Revised end date 30/09/22
13 2021/22	Risk Management	2	M	Consideration will be given to seeking appropriate guidance with a view to	Agreed implementation date 30/11/22

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
				revise the likelihood / impact matrix structure, to enable a more precise residual risk score.	
15 2021/22	Emergency Planning & Business Continuity	1	M	The approach for acquiring sufficient trained volunteers to initiate an emergency response and provide communications support will be reconsidered and implemented	To be a development of procedures as part of joint arrangements with Brentwood. Will be reviewed as part of on-call measures with an expectation this to be addressed by end of October. Agreed implementation date 31/10/22
16 2021/22	Asset Management	1	M	The property inspection regime will be fully reinstated in 2022/23, with detailed recording, and management control checks carried out on a regular basis to confirm completion.	Agreed Implementation Date 31/5/22 Resources continue to be an issue and the recommendation is not expected to be implemented until a valid resource is in place in August. Revised implementation date 30/09/22
16 2021/22	Asset Management	2	M	A centralised checklist for monitoring contract works on Council premises will be updated by the Officer responsible for the contractor instructed to carry out works. Documentation is to be updated and reviewed at regular Team Meetings. All required pre-works documentation and inspection requirements are to be considered, and an effective digital means of filing specifications and	Agreed Implementation Date 31/5/22 Resources continue to be an issue and the recommendation is not expected to be implemented until a valid resource is in place in August. Revised implementation date 30/09/22

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
				outcomes of contract work will be kept updated within the existing property filing system	
22 2021/22	Sundry Debt Management	1	L	Invoice request form will clearly capture the VAT status.	Agreed implementation date 31/7/22. New Achieve Form due to be published on the Intranet in September, to include slides to VAT information. Revised end date 14/09/22 Implemented DELETE
22 2021/22	Sundry Debt Management	2	L	Consideration will be given to training to non-financial staff in respect of VAT arrangements when raising invoice requests.	Agreed implementation date 31/7/22 Implemented DELETE
22 2021/22	Sundry Debt Management	3	M	Procedures for dealing with credit balances will be reviewed to determine the reason for a credit balance and arrange refunds / re-allocation that may be required.	Agreed implementation date 31/7/22 Implemented DELETE
1 2022/23	Transparency Code and Freedom of Information	1	M	The Councils Publication Scheme should be reviewed and updated to ensure items included within the guide are relevant, and that new information has been added.	Agreed implementation date 31/12/22

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
1 2022/23	Transparency Code and Freedom of Information	2	L	<p>The web pages relating to Freedom of Information and Environmental Information Requests (for both chargeable and standard requests) should be reviewed and updated, to include the following for consideration:</p> <ul style="list-style-type: none"> • An updated Compliance Report in the related content on the FOI Web Page • Provide links in Related Content to and from the FOI and EIR web pages • Make clearer that the ‘Request for Environmental Information’ Form in the related content of the EIR and ‘Buying and Selling a Property’ web pages is for chargeable requests only. • Provide a link from the EIR web page to the ‘How Requests will be Dealt with’ web page, given this provides further information on EIR Requests and exemptions. • It could also be made clearer that the internal review 	Agreed implementation date 31/10/22

Report No	Report Title	Rec No	Rec Cat	Recommendation	Implementation progress
				process for standard EIR's is the same as that for an FOI.	
1 2022/23	Transparency Code and Freedom of Information	3	M	Training relating to Freedom of Information and Environmental Information Regulation Requests, and how the Council deals with such requests should be provided to all staff. This could be in the form of e-learning.	Agreed implementation date 31/12/22
1 2022/23	Transparency Code and Freedom of Information	4	L	<p>The details relating to Freedom of Information and Subject Access Requests on the Information Asset Register should be reviewed and updated to reflect current practices, particularly in relation to non-digital data and retention of information.</p> <p>FOI requests held by the Council that exceed 5 years, if any, should be deleted, in line with the Retentions and Record Management Policy.</p>	Agreed implementation date 15/09/22

APPENDIX 5

BASIS FOR AUDIT OPINION		
Assurance level	Internal Audit’s opinion is based on <u>one or more</u> of the following conclusions applying: -	Basis for choosing assurance level
Good	<ul style="list-style-type: none"> • The activity’s key controls are comprehensive, well designed and applied consistently and effectively manage the significant risks. • Management can demonstrate they understand their significant risks and they are proactively managed to an acceptable level. • Past performance information shows required outcomes are clearly defined and consistently met. 	Recommendations are ‘low’ rating. Any ‘moderate’ recommendations will need to be mitigated by consistently strong controls in other areas of the activity.
Adequate	<ul style="list-style-type: none"> • Most of the activity’s key controls are in place, well designed and applied consistently and effectively manage the significant risks. • Management can demonstrate they understand their significant risks and they are generally and proactively managed to an acceptable level. • Past performance information shows required outcomes are clearly defined and generally met. 	Recommendations are ‘moderate’ or “Low” rating. Any ‘significant’ rated recommendations will need to be mitigated by consistently strong controls in other areas of the activity. A ‘critical’ rated recommendation will prevent this level of assurance.
Limited	<ul style="list-style-type: none"> • The activity’s key controls are absent or not well designed or inconsistently applied meaning significant risks. • Management cannot demonstrate they understand and manage their significant risks to acceptable levels. • Past performance information shows required outcomes are not clearly defined and or consistently not met. 	Recommendations are ‘significant’ or a large number of ‘moderate’ recommendations. Any ‘critical’ recommendations need to be mitigated by consistently strong controls in other areas of the activity.
None	<ul style="list-style-type: none"> • The activity’s key controls are absent or not well designed or inconsistently applied in all key areas. • Management cannot demonstrate they have identified or manage their significant risks • Required outcomes are not clearly defined and or consistently not met. 	Recommendations are ‘critical’ without any mitigating strong controls in other areas of the activity.

RECOMMENDATION CATEGORIES		
C	CRITICAL	<p>The identified control weakness could lead to a critical impact on the activity's ability to manage the risks to achieving its key objectives. The control weakness means the associated risk highly likely to occur or have occurred.</p> <p>There are no compensating controls to possibly mitigate the level of risk.</p>
S	SIGNIFICANT	<p>The identified control weakness could have a significant impact on the activity's ability to manage the risks to achieve its key objectives. The control weakness means the associated risk is likely to occur or have occurred.</p> <p>There are few effective compensating controls. Where there are compensating controls, these are more likely to be detective (after the event) controls which may be insufficient to manage the impact. The difference between 'critical' and 'significant' is a lower impact and or lower probability of occurrence and or that there are some compensating controls in place.</p>
M	MODERATE	<p>The identified control weakness could have a moderate impact on the activity's ability to manage the risk to achieving its key objectives. The control weakness does not undermine the activity's overall ability to manage the associated risk (as there may be compensating controls) but could reduce the quality or effectiveness of some processes and or outcomes.</p>
L	LOW	<p>The identified control weakness is not significant, and recommendations are made in general to improve current arrangements.</p> <p>Note – these recommendations will not be followed up.</p>