



Rochford District
Council

REPORT TITLE:	Audit Progress Report 1/2023-24
REPORT OF:	Audit & Counter Fraud Manager

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.**

RECOMMENDATIONS

R1 - It is proposed that the Committee **RESOLVES**

- (1) That the update on delivering the 2023/24 Audit Plan and associated appendices be noted

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

REPORT AUTHOR:	Name:	Mike Porter
	Title:	Audit & Counter Fraud Manager
	Phone:	01268 207969
	Email:	mike.porter@basildon.gov.uk

BACKGROUND PAPERS

None.

Rochford District Council

Internal Audit & Counter Fraud Progress Update (1/2023_24)

Contents

Section

1. Progress in delivering the 2023/24 Audit Plan
2. Performance of Service Areas in implementing audit recommendations
3. Counter Fraud Activity

Appendix 1	Completed audit engagements
Appendix 2	Completed Light Touch Audit Engagements
Appendix 3	Progress made in implementing recommendations
Appendix 4	Assurance Levels
Appendix 5	Recommendation Priorities

1 Progress in delivering the 2023/24 Audit Plan

- 1.1 We have completed 3 audit engagements from the 2023/24 Annual Audit Plan, a further 2 audits are at the draft report stage, and work has commenced on a further 4 audits. We have also completed initial testing in respect of the 2022/23 Housing Benefit Subsidy claim, the results have been passed Revenues & Benefits for a sanity check, prior to being passed onto the External Auditor for final checking.
- 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**. An explanation of the meaning of and reason for each assessment (opinion) is provided in **Appendix 4**. This appendix should be read in conjunction with **Appendix 5** setting out the recommendation categories.

Changes to the plan

- 1.3 Planned reviews of the Asset Delivery Programme and the Strategic Partnership will not now be undertaken in 2023/24 (for further details please refer to the table below).

2 Performance of Service Areas in implementing audit recommendations

- 2.1 Recommendations arising from completed audit engagements are shown in **Appendix 3**. There are total of 26 live recommendations. A progress update was requested from managers, where a response was received this is included under 'Latest Note'.

3 Counter Fraud Activity

- 3.1 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.
- 3.2 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.

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						
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	Testing					
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						
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	Financial Sustainability	Examination of adopted of measures/arrangements that support achievement of financial sustainability.	Being Financially Sustainable	1						

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.										
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.	Economic Growth	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.	Being Financially Sustainable	1	Planning. TOR written.					
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.	Rental Income	To ensure there is an adequate system in place; appropriate calculation and collection of income due.	Being Financially Sustainable	2	Q4					
Corporate Risk 10: The inability to recruit, retain, develop, and manage	Staff performance management and development	To assess whether there is a robust and consistently applied framework to manage	Being Financially Sustainable	1	Complete (reported					

appropriately skilled staff to deliver the Council's priorities		staff performance and ensure staff receive required training. *Light touch review undertaken in 2021/22 – positive direction travel observed.			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	Testing					
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	Testing 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	Draft Report					
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	TOR agreed. Review to be undertaken by Elucidate.					
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	Draft Report					
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.					
C/fwd 2022/23 Audits:										
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

Fly Tipping:
Report No. RDC041236

Audit Objective

To assess whether there are robust arrangements in place for dealing with fly-tipping, including a review of the service provided by Rochford Norse Ltd.

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: Early Intervention

Corporate Risk: There is a serious food, environmental or other incident for which the Council is culpable

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 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 13. The basis for assessing the priority status of recommendations arising is set out in the table on page 14.

The level of assurance assessed for this audit is – Adequate Assurance.

Risks tested and outcomes.

<u>Risk Area Tested</u>	<u>Assurance Level</u>	<u>Number and priority of recommendations made</u>
Relevant policies and procedures are not up to date or are not fit for purpose.	Adequate	1 Low

Inadequate systems in place to ensure fly-tips are accurately logged, responded to and cleared in a timely manner.	Adequate	3 Moderate
Insufficient measures in place to investigate fly-tipping, leading to inappropriate enforcement action to manage and control the issue.	Adequate	2 Moderate
Contractual targets and responsibilities for fly-tipping are not met by Rochford Norse Ltd.	Adequate	1 Major 2 Moderate
Lack of management information produced in attempt to analyse, monitor and prevent fly-tipping.	Adequate	1 Moderate

Executive Summary

This review has been undertaken to provide an opinion on the effectiveness of the controls in place surrounding fly-tipping, (the illegal deposit of waste on land contrary to Section 33 of the Environmental Protection Act 1990) including a review of the clearance/disposal services provided by Rochford Norse Ltd and Cohart Asbestos Removal (for hazardous waste).

The review identified that fly-tips are for the most part being cleared within the required timescale. However, some control and procedural weaknesses, were identified which is reflected in the **Adequate Assurance** opinion given.

The three Streets and Recycling Team officers have the responsibility of ensuring reported fly-tips are cleared in a timely manner and where possible enforcement action is taken. However, one of these officers, mainly responsible for enforcement, has been on long term sick for nearly a year and therefore certain actions such as inspections and enforcement are not being completed. The Council has entered into a shared service partnership with Brentwood Borough Council, and Streets and Recycling will be subject to a service review, which may result in additional resources and changes to processes.

The current process for requesting a fly-tip clearance and recording cleared fly-tips (including the time taken to clear) is manual via email and a spreadsheet. The spreadsheet is completed as and when, where the fly-tips are identified by a member of the Streets and Recycling Team themselves, otherwise it is completed on a quarterly basis using incident and consignment sheets of completed clearances from the contractors. At the commencement of the audit review in April 2023 the spreadsheet had only been completed up to the end of December 2022, although this was extended to the end of March 2023 by the completion of audit testing. Data from the spreadsheet is then manually uploaded on WasteDataFlow (web based system for municipal waste data reporting by UK local authorities to government).

For the period 1 April 2022 to 31 March 2023, there were 525 fly-tips recorded on the spreadsheet, and shows that fly-tips are typically cleared within 24 hours as per the

contractual obligations. However, as the spreadsheet is populated and updated using the completed incident and consignments sheets from the contractors, should they not be received/or are incomplete then either the whole fly-tip or the clearance date will not be recorded. Indeed, review of the spreadsheet identified that of the 525 fly-tips recorded, 93 did not have the date of clearance logged, therefore the turnaround time could not be confirmed. In addition, where clearance takes longer than 24 hours the reasons for this are not recorded.

It is advised that there are also plans to use the Bartec waste and recycling software (Waste Management already use this) to record fly-tip clearances and remove the need for manual incident forms to be emailed. This should cause less delays and more accurate reporting.

It is understood that all fly-tips are inspected prior to being cleared to gather any potential evidence that may be used in future enforcement action. Due to limited resources, the Streets and Recycling Team often rely on the contractor to inspect, though it is dependent on the nature/location of the fly-tip and the time of day it is reported, which determines who inspects. For example, if the fly-tip is on the outskirts of the borough and is furniture then the contractor would be asked to inspect. However, details of who inspected and when is not recorded.

Although efforts are made to pursue enforcement where feasible, this has been limited since September 2022 due to lack of evidence found during inspection. Between May and September 2022 there have been five Fixed Penalty Notices issued. A spreadsheet record is maintained of enforcement action taken, including the date of issue, the date paid and the amount paid. The penalty is reduced if paid within 14 days and the majority are. However, we noted one case where a reduced payment was accepted outside this period and there were no notes on the spreadsheet to show that the payment had been chased after 14 days or why the reduced payment had been accepted.

Post inspections of cleared fly-tip sites are not completed to ensure that the fly-tips have indeed been cleared and the site left at an A Grade standard, with the Streets and Recycling Team relying on the public reporting ongoing issues.

At the time of reporting there are no performance indicators/measures in place relating to fly-tipping; performance reports and management information is not produced. It is advised that performance reporting across the whole shared service is under review. The only statistics produced are in relation to Freedom of Information requests and includes numbers only. From the Principal Streets and Recycling Officer it is understood that informal analysis is undertaken to identify trends, which has resulted in wildlife cameras being set up in two hotspot areas.

Homeless Reduction: Report No. RDC071237

Audit Objective

A review of the activities that support homeless reduction.

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; *Early Intervention*

Corporate Risk; *Failure to ensure good governance of the Councils activities and delivery of priority outcomes.*

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; *Homeless Reduction 2020-21: Good
Housing Allocations 2019-20: Adequate*

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

The level of assurance assessed for this audit is – Adequate

Risk Area Tested	Assurance Level	Number and priority of recommendations made
Relevant Strategies, Policies and Procedures are not up to date or are not fit for purpose.	Adequate	1 Moderate
Applicants are placed on a housing band without meeting the relevant requirements of the Housing Allocations Policy, or are not placed on a relevant housing band appropriate to their circumstances	Adequate	1 Low
Property Offers do not meet the requirements of the Housing Allocations Policy	Substantial	None

Housing Applications are not processed in a timely manner	Substantial	None
There are insufficient measures in place to enable an applicant to request a review of a decision made	Adequate	None
There are insufficient measures in place to support clients moving to or already living in temporary accommodation or private sector housing	Substantial	1 Low

Executive Summary

This review has been undertaken to provide an opinion on the effectiveness of the controls in place to minimise homelessness within the district.

All relevant policies and procedures have recently been reviewed and are clearly defined. Quarterly trend reports that provide updates on the housing market including prices, affordability and market indicators are also shared with Councillors. However, there is no Housing and Homeless Strategy in place for 2023 onwards. Information has not been provided to Internal Audit as to whether the priorities of the existing strategy for 2018-2022 are still relevant or whether actions have been implemented. An updated strategy should be delivered in line with legislation. Internal Audit acknowledge changes to the Housing directorate due to partnership arrangements with Brentwood, and multiple staff absences may have contributed towards the delay. A recommendation has been raised to address this issue.

The Council does not own or manage any housing accommodation in the district. Properties are managed by third party housing providers or management companies. The approach taken to support those who are homeless or threatened with homelessness appears effective. A sample of 20 homeless prevention and social housing register cases from 2022-23 were reviewed to ensure they met the criteria of the Rochford policies, and that applicant's needs were met. There were no matters arising. It is apparent that there is no one size fits all approach. Temporary, private rental, and social housing options are considered, and each case is assessed based on circumstances, priority level, and need of the client. Applications are processed in a timely manner. Decisions made to decline acceptance on to the Housing Register are justified, in line with the Housing Allocation Policy, and applicants are notified. Should an applicant request a review of a decision, measures are in place to ensure this is carried out independently by a Director. Although in one case there was a delay in responding to the applicant, due to the changes at Director level that were taking place at that time.

Procedures are in the main adhered to when undertaking annual reviews of Housing Register applicant's circumstances, however a recommendation has been raised to provide additional assurance that reviews prior to a property offer are being carried out in line with the policy and evidenced. During testing it was also noted that evidence to support a financial change in circumstances was not always obtained. It is understood that the onus to report such a change, falls on the client and for the cases reviewed the change did not result in a change to their housing band. In such

cases where a change to the band is likely, the Service should ensure that evidence is obtained from the client.

Financial assistance is available to support clients to remain in private rented accommodation. This is provided as a grant and can be used to cover rental costs and deposits. The Prevention Fund Policy details the conditions for eligibility, and expenditure is monitored by the Housing Options Team to ensure the budget is not exceeded. A sound system is in place to ensure grants are issued appropriately. A review of a small sample of cases found that there are certain documents that are not routinely requested when a property has been identified but which are included as required within the policy. It has been acknowledged by the Homelessness Officer that these should be removed from the policy.

Appendix 2: Completed Light Touch Audit Engagements

Community Safety Partnership **Report No. RDC021250 August 2023** **Assessment: Adequate**

Objective: To assess arrangements for governance and oversight of the Community Safety Partnership to include ensuring delivery of agreed outcomes.

The Rochford and Castlepoint Community Safety Partnership (CSP) was set up as a statutory requirement under the Crime and Disorder Act 1998 to fulfil annual objectives relating to the reduction of crime, disorder and re-offending, and tackling anti-social behaviour. The Partnership is made up of a number of agencies including Essex Police, Castlepoint Borough Council, Rochford District Council, Essex County Fire and Rescue Service, National Probation Service, Essex County Council and NHS Clinical Commissioning Group.

A Joint Steering Group is in place that adopts both strategic and operational responsibilities, and holds the overall decision-making powers for the Partnership. An up-to-date Information Sharing Agreement is in place.

During our review, both Castle Point and Rochford Council lost all staff within their Community Safety teams and as a result there are currently no officers in either organisation with CSP responsibility. The Director of Communities and Health, Rochford Council, has stated that this is being looked at and going forward there is a requirement for more robust governance arrangements. However, in the meantime this may hinder progress and have an overall impact on delivery and meeting priorities.

The Terms of Reference (ToR) for the Joint Steering Group have not been reviewed since December 2019. At the time of our review, the Community Safety Officer (CSO) was still in post and acknowledged that elements of the ToR require amending and updating, and a review is planned for this financial year. A County-wide CSP template is likely to be adopted. A recommendation has been raised to ensure this takes place and meet best practice.

Best practice suggests that a Partnership Plan should be established that confirms the direction of travel and key functions of the Partnership. The Plan should be underpinned by the annual strategic assessment. Rochford and Castlepoint CSP does not currently have a formal Plan in place. An action has been agreed to address this.

Priorities and plans to tackle community safety issues are established annually in a Strategic Assessment. This audit review found that priorities are identified based on data provided from partners, and a risk scoring process which provides justification as to why an issue is or is not included as a priority. The Strategic Assessment informs a Delivery Plan for the following financial year, that addresses how each of the priorities will be met.

Delivery Plans for both 2022/23 and 2023/24 have been reviewed by Internal Audit. Both support the Strategic Assessments. The 2022/23 plan includes positive updates and outcomes for all actions, with associated costs where relevant. This year's plan has been set, and it is understood from the Director of Communities and Health that this was presented to the CSP in June 2023. Timescales are not included in the Delivery plans as a number of commissioned interventions are dependent upon availability of external providers. Actions for this year are likely to be progressed from September 2023 onwards, however this may now be further delayed due to staff shortages. Due to the ongoing Home Office Review into the effectiveness of CSP's, quarterly updates on the plan at the Joint Steering Group have not been taking place. The report is yet to be published.

The Joint Steering Group is generally attended by statutory and co-opted partners. However, a small number of statutory partners have not attended during 2022/23. This is known to be an ongoing issue across partnerships, and likely to be dictated by changes in staffing and restructures across the various organisations. The statutory partners for the CSP should be reminded of their obligations in attending and participating in the group. Full attendance of statutory partners will ensure a joined up approach and provide assurance that all agencies are aware of the priorities and emerging matters across the geographical areas.

Meeting minutes clearly reflect discussions and action points. However, it is not always clear whether some actions and considerations have been followed up on as this is not always recorded. Progress was queried for a sample of actions, however due to the departure of the Community Safety Officer we were unable to verify this.

The Council's website contains limited, and out of date information regarding the CSP. The CSO is aware of the need to update the website in line with accessibility requirements. A recommendation has been raised to ensure this task is completed.

Appendix 3: Audit Recommendations – progress to date

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
RDC012022.03 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 to all staff. This could be in the form of e-learning.	Moderate	<div><div>0%</div></div>	Zoe Seward	31-Aug-2023	31-Dec-2022	FOI information on the intranet however from previous discussion was under the impression that e-learning would be established. Current contract due to end on 31/03/23. 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 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.	10-Aug-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.	Low	<div><div>0%</div></div>	Caroline Bell	30-Apr-2024	30-Apr-2024		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	They should be periodically reviewed and updated where necessary.							
RDC041236.02 Fly Tipping 2023-24	To ensure all fly-tips are recorded, cases should be logged on the fly-tipping database (spreadsheet) on an ongoing basis when requests are sent to the contractors to clear. This should be completed by the member of the team that sends over the request. *Agreed, however only until Bartec is in place as this will supersede the requirement of a manual spreadsheet	Moderate	<div>0%</div>	Caroline Bell.	30-Sep-2023	30-Sep-2023		
RDC041236.03 Fly Tipping 2023-24	Rochford Norse Ltd are requested to submit their completed incident forms within 48 hours of the clearance as per the contractual requirements and that the clearance dates are entered onto the database/ spreadsheet upon receipt. Where it is identified that a form has not been received and this has been chased, this should	Moderate	<div>0%</div>	Caroline Bell.	30-Sep-2023	30-Sep-2023		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	be noted on the database/ spreadsheet. *Agreed, however only until Bartec is in place as this will supersede the requirement of a manual spreadsheet.							
RDC041236.04 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	<input type="text" value="0%"/>	Caroline Bell.	30-Sep-2024	30-Sep-2024		
RDC041236.05 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	<input type="text" value="0%"/>	Caroline Bell.	30-Sep-2024	30-Sep-2024		
RDC041236.06 Fly Tipping 2023-24	Management should ensure enforcement action is taken where appropriate and all details should be recorded on	Moderate	<input type="text" value="0%"/>	Marcus Hotten / Caroline Bell.	30-Apr-2024	30-Apr-2024		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	the spreadsheet. This should include reasons for accepting alternate/reduced penalty payments. *Agreed, however the Enforcement Policy is being reviewed and this may result in further changes.							
RDC041236.08 Fly Tipping 2023-24	When the Streets and Recycling service review has been completed, if resources allow then post inspection of cleared fly-tip sites should resume. Alternatively, the contractors could be requested to supply photographic evidence of cleared sites to demonstrate that they have been left at the required standard. 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.	Moderate	<input type="text" value="0%"/>	Caroline Bell.	30-Apr-2024	30-Apr-2024		
RDC041236.09 Fly Tipping 2023-24	Appropriate performance measures/ indicators should be put in place to	Major	<input type="text" value="0%"/>	Caroline Bell.	30-Sep-2024	30-Sep-2024		

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	monitor the contractors performance and drive improvement.							
RDC041236.10 Fly Tipping 2023-24	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 effectively, within contractual requirements.	Moderate	<div><div></div></div> 0%	Marcus Hotten.	31-Oct-2024	31-Oct-2024		
RDC042022.01 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 implemented 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	<div><div></div></div> 0%	Marcus Hotten	30-Nov-2023	30-Jun-2023		
RDC042022.02 Vehicle Fleet	All outcomes of vehicle inspections will be	Moderate	<div><div></div></div> 25%	Caroline Bell	31-Dec-2023	31-Jul-2023	Caroline Bell: Some sections are still not on	15-Aug-2023

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
Management 2022/23	recorded electronically (spreadsheet) in a central location and will be reviewed regularly for any irregularities.						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.	
RDC042022.06 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	<div><div></div></div> 0%	Marcus Hotten	30-Sep-2023	30-Sep-2023		
RDC042022.07 Vehicle Fleet Management 2022/23	Until an automated process has been confirmed, Authority to Drive Forms will be completed by Human Resources at the point of recruitment for all officers who will be driving Council vehicles or	Moderate	<div><div></div></div> 0%	Marcus Hotten	31-Oct-2023	30-Jun-2023		

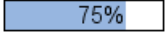
Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	driving their own private vehicles for Business Purposes.							
RDC042022.08 Vehicle Fleet Management 2022/23	All officers who drive a Council vehicle, or who use their own private 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	<div><div>0%</div></div>	Marcus Hotten	31-Oct-2023	30-Jun-2023		
RDC052022.01 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	<div><div>0%</div></div>	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. End of year accounts were being prioritised and this recommendation has not progressed.	10-Aug-2023

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
RDC061237.01 Homeless Reduction 2023/24	The Housing and Homeless Strategy for 2023-2027 should be delivered and published in line with legislation.	Moderate	50%	Lauren Stretch	31-Dec-2023	31-Dec-2023	The draft strategy has now been written and is currently out for consultation.	11/09/2023
RDC082022.01 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	0%	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	11/09/2023
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	0%	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	75%	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	24-Aug-2023

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
							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 decisions on future exercises.	
RDC102022.01 Home Working / Staff Performance Management & Development 2022/23	All staff will be reminded of the current appraisal procedures and the importance of up to date objective setting and regular appraisal/on-to-one meetings.	Moderate	<div><div></div></div> 0%	Nichola Mann	31-Jul-2023	30-Jun-2023	CLT wish to launch a pilot called One team - OneYou Conversations. Further details will be sent out separately, but it is hopeful that this approach will be more focused on the conversation rather than process driven. New process will be rolled out in the next couple of weeks.	10-Aug-2023
RDC112022.01 Electoral Registration 2022/23	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.	Low	<div><div></div></div> 0%	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
	As per Electoral Commission guidance, the strategy will include: •identification and method of engagement with potential target audiences (including hard to reach groups); •communication channels used to engage residents; •working with internal and external partners to reach target audiences; •methods of raising awareness through advertising and the media; and •measuring success of the engagement strategy.							
RDC112022.03 Electoral Registration 2022/23	To consider maintaining a training log confirming that canvassers have read and understood the required training materials	Low	<input type="text" value="0%"/>	George Sullivan	31-Aug-2023	31-Aug-2023		
RDC132021.01 Risk Management 2021/22	A full restart of active risk registers for contracts will commence with an effective assessment and review process put in place.	Moderate	<input type="text" value="0%"/>	Sue White	30-Sep-2023	31-Jul-2022	As of 27/06/22, 33 out of 90 had been assessed. Remaining 57 being chased for response. Plan also in place for future reviews. Followed up 13/07/22. 63 have now been risk assessed. Risks assessed by relevant officers. Low	10-Aug-2023

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
							risks reviewed annually and high/medium risks reviewed six monthly and on contract renewals. Remaining contracts due by end of July. Beki will chase when back from AL (08/08/22) Followed up 08/08/22. Some reviews have been deferred to April and a number still outstanding. Marked Forward. Despite numerous efforts, Kate has not received a response from certain officers. There are now 7 contract registers outstanding. Risk Management is being included in the service review as part of joint arrangements with Brentwood. Plan for Sue White to take responsibility for Risk and Insurance following service review.	
RDC132021.02 Risk Management 2021/22	Consideration will be given to seeking appropriate guidance with a view to revise the	Moderate	0%	Sue White	30-Sep-2023	30-Nov-2022	Plans in place to align guidance with Brentwood. Tim Willis due to create a	10-Aug-2023

Code & Title	Recommendation	Priority	Progress Bar	Assigned To	Due Date	Original Due Date	Latest Note	Latest Note Date
	likelihood / impact matrix structure, to enable a more precise residual risk score.						simplified risk register which should include risk scoring. Plan for Sue White to take responsibility for Risk and Insurance following service review.	
RDC152021.01 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	 75%	Jeff Stacey	31-Aug-2023	30-Apr-2022	23/8/23 Jeff Stacey: A joint approach has been agreed by CLT and work has commenced on new Emergency Plans and Business Continuity Plans under a single Officer. There is still some discussion on the recruitment of paid Emergency Volunteers, but it is likely this will go ahead soon.	24-Aug-2023

Appendix 4 – Assurance Levels

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
Substantial Assurance	<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 	<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>
Adequate Assurance	<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 	<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>
Limited Assurance	<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 	<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>
No Assurance	<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 	<p>Actions are 'Critical' without any mitigating strong controls in other areas of the activity.</p>

Appendix 5 – Recommendation (Action) Priorities

Priority	Description
Critical	<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"> • Significant financial loss (through fraud, error, poor value for money); • Serious safeguarding breach; • Life threatening or multiple serious injuries; • Catastrophic loss of service; • Failure of major projects; • Critical information loss leading to ICO referral; • Reputational damage – intense political and media scrutiny; • Possible criminal, or high profile, civil action against the Council, Members or officers; and • Intervention by external agencies. <p><i>Remedial action must be taken immediately.</i></p>
Major	<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"> • High financial loss (through fraud, error, poor value for money); • Safeguarding breach; • Serious injuries or stressful experience requiring medical treatment, many work days lost; • Significant disruption to services (key outcomes missed, some services compromised. Management action required to overcome medium term difficulties); • Major information loss leading to internal investigation; • Reputational damage – unfavorable external media coverage. Noticeable impact on public opinion; • Scrutiny required by external agencies. <p><i>Remedial action must be taken urgently.</i></p>
Moderate	<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"> • Medium financial loss (through fraud, error or poor value for money); • Significant short-term disruption of non-core activities; • Scrutiny required by internal committees; • Injuries or stress level requiring some medical treatment, potentially some work days lost; and • Reputational damage – probable limited unfavorable media coverage. <p><i>Prompt specific action should be taken.</i></p>
Low	<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"> • Low financial loss (through fraud, error or poor value for money); • 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 • Reputational damage – internal review unlikely to have a wider impact. <p><i>Remedial action is required.</i></p>