Internal Audit

FINAL

Dacorum Borough Council

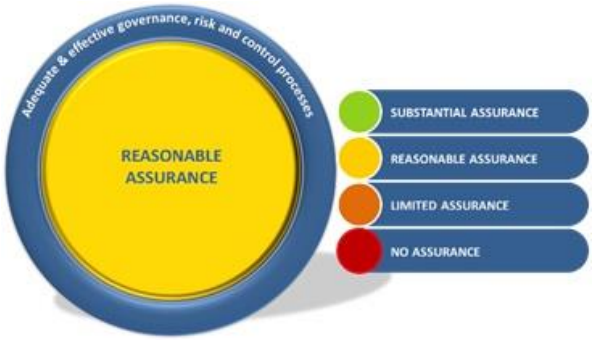
Assurance Review of Freedom of Information

2021/22

November 2021

Executive Summary

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Failure to adhere to the legislative requirements of the Freedom of Information Act 2000 may lead to penalties imposed on the organisation leading to reputational risk.

KEY STRATEGIC FINDINGS

Established arrangements are in place for rerecording, managing and responding to Freedom of Information (FOI) requests, which were operating as intended. Details were appropriately retained on the FOI database records.

For the 10 FOI requests examined, one had not met the 20 day response date due to staff absence. There was evidence of the Council reminder processes being undertaken.

Mandatory training relating to FOI is delivered by the Council, however the number of staff having undertaken the training, could not be provided.

For 2021/22 Quarter 2, 93% of FOI responses met the 20 day target. The ICO target is 90%, whereas the Council has set a 100% target, which is ambitious.

GOOD PRACTICE IDENTIFIED

Improvements were made to the existing FOI process, during the audit. For example, the introduction of a monitoring tracker for internal and ICO reviews (complaints).

Consideration was being given to introducing a new electronic system as part of wider customer and complaints transformation.

SCOPE

The review considered if the Council maintains a log of all information request sheets; Freedom of Information requests are fully replied to within the required timescale; the Council has produced and published policies and procedures for members of the general public on how to apply for information; and if information provided meets the requirements of the Freedom of Information Act and is considered by appropriate officers.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	0	2

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The Information Security Team Leader (ISTL) was unable to provide information relating to the number of staff who have attended the Mandatory GDPR (including Freedom of Information) during the year to date, In particular, for the following categories: • new starters: • key officers (Assistant Director/Group Managers); or • staff who have attended a refresher training.	The ISTL to, periodically, request reports from Human Resources, on the number of staff, who have or have not attended the Mandatory GDPR Training, during the year.	2	*HR have confirmed that it has been problematical to retrieve the information from the system (DORIS) in respect of the granular categories requested. On 29 April 2019 all staff were moved from EIS on to DORIS, and that would include existing staff and new starters.* *HR can only get certain data from DORIS, HR cannot get start dates. Only dates they were added to DORIS.* *Since April 2020, 283 staff have completed GDPR training.* *225 staff have attended with an added to DORIS date of 2019 (this could include new starters and existing) 80%* *37 staff have attended with a 2020 start year 13%* *21 staff have attended with a 2021 start year 7%*	*I cannot comment on an implementation date, as the training system (DORIS) is owned by HR, and due to the way the system operates, it might require consultation with the supplier to report on the granularity required in this report.*	*HR Team Leader*

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
3	ROUTINE	Control issue on which action should be taken.

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	The FOI Complaints procedure is noted on correspondence however a copy is not available on the Council's website nor is the Council's internal review process stated.	Consideration be given to making the FOI Complaints procedure available online and detailing the internal review process, on the Council's website.	*I agree that it would be useful to publish a paragraph on our website in respect of FOI Complaints (Internal Review and ICO). The ISTL has added this to his work plan. Expected date to complete is by end of Q4.*
2	Delivery	The FOI KPI, for responding to FOI requests within 20 days, has a target of 100%, which is felt is ambitious and may be unrealistic. The 2021/22 Quarter 2 Performance report, stated 93% achieved against the 100% target (*The Information Commissioner's Office (ICO) expects Local Authorities to comply with 90% of requests on time*)	Consideration be given to reviewing the 100% KPI target for responding to FOIs requests, to ensure it is realistic and achievable.	*Agreed – this has been problematical, and consideration should be given to lowering it to either 90 or 95%. ISTL will consult with Group Manager on this KPI. Expected date to complete – 31/12/21*

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	1
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	1	-

Other Findings
Policies on Freedom of Information (FOI) and fees are in place, agreed by the Chief Executive, and last reviewed in July and January 2021. Detailed supporting procedural documentation is also available, including summary flowchart guidance on the process to be followed. Review of documentation confirmed appropriate 'clock stops' are flagged, where fees are required.
The Council has published the FOI policy, a request form and guidance for members of the general public on how to apply for information on its website.
The Council maintains a log of all FOI requests, which are recorded in a FOI database, maintained by the Legal Governance Paralegal and Information Security Team Leader, who are responsible for co-ordinating the process. The Council has a designated email address for FOI requests.
The status of FOI requests is regularly monitored and tracked to assess progress against defined timescales and ensure requests are kept under review.
Review of the FOI process followed for a sample of ten requests, confirmed that there is an appropriate process for recording and managing each request. Details and dates had been accurately recorded on the database. This also supports the accuracy of performance monitoring statistics, as to the timeframe for providing responses.

Other Findings

	FOI requests are assigned to Assistant Directors, Group Manager and nominated officers. Each requires an initial assessment and determination, whether additional costs, over the £450 limit may apply as part of the process. Requests categorised as complex involve specialist FOI leads to ensure that information provided meets the requirements of the Freedom of Information Act.
	Review of sample of ten FOI requests, confirmed each was allocated to an appropriate officer. In all cases the information to comply with the FOI request was readily available and would not take officers over the FOI cost limit, to retrieve, and thus an estimation of cost calculation was not necessary. Where a request related to other grounds for refusal, a clear explanation is provided which identified which exemption was applied.
	Responses to the FOI requests are sent via email, with the FOI inbox copied into the responses. By copying in the Information Security Team Leader and the Legal Governance Paralegal, assurance can be provided that an appropriate response is provided and that the FOI requests are closed down on the database. Therefore an adequate audit trail for recording FOI requests is maintained. Testing confirmed an adequate response was sent, that addressed the questions raised in the request in an appropriate format for each of the ten requests reviewed.
	There are adequate arrangements in place for monitoring compliance against the 20 working days target for complying with FOI requests. The FOI database includes for each request: the officer it has been assigned to, the date the FOI request was received, the date it is to be completed by, and the dates for any reminders that have been sent. Email reminders are sent ten and five working days before a FOI request is due to be completed. Sample testing identified one request not processed within the 20 day target, this date was missed due to staff absence, appropriate reminders had been sent.
	It was confirmed that there are adequate arrangements in place for internal reviews, with all reviews carried out by an independent officer that has not been involved in the original FOI response. It was advised that the Information Commissioner's Office (ICO) have not received any complaints in relation to the Council's handling of FOI requests during this financial year. Review of the four ICO reviews received in 2020 confirmed there was adequate evidence of ICO advice being implemented. Details of the internal review process and the ability to refer the matter to the ICO are provided as part of the standard response template for all FOI requests.
	In addition, Council arrangements were improved during the audit through the introduction of a monitoring tracker for internal and ICO reviews, hyperlinked from the main monitoring document to provide links to specific files; and establishment of a new reviews folder to provide clearer centralised record keeping arrangements. Suggested enhancements to the tracker that were raised by auditor were taken on board by the Information Security Team Leader, for instance to capture whether recommendations are raised for a review, and assurance over their implementation status until they are progressed to completion.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	**Performance Monitoring**	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	2
FC	**Financial Constraint**	The process operates within the agreed financial budget for the year.	In place	-	-
R	**Resilience**	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings
The FOI KPI has been set to achieve 100% compliance with the 20 day response timescale for FOI requests. Performance reporting is provided to senior management; namely the Assistant Director (Corporate and Contracted Services) and Monitoring Officer, Group Manager for Legal & Corporate Services and Portfolio Holder.
As at 4th October 2021, the Quarter 2 performance report noted that 140 requests had been received, 93% of which had achieved the target (130 requests). The Information Commissioner's Office (ICO) expects Local Authorities to comply with 90% of requests on time. Discussions with management highlighted reasons for missed responses were known and varied, although related to underlying staffing/ operational pressures. Work is undertaken to assist client departments, delegate from Group Managers to specific officers and offered central support from FOI leads.
Quarterly performance information is available on the new 'InPhase' reporting portal which has replaced the existing system – ROCKET, during the audit. The auditor was informed that a glitch had been identified on the new system regarding the "updater comments" field, which is typically used to state which areas missed the FOI KPI target timescale but was found to be linked to a different KPI field. This has been fed back to the developer and since been resolved.
Consideration was being given to introducing a new electronic system /portal as part of the wider customer and complaints transformation. The first phase due to be undertaken by the end of October 2021, with an action plan to implement, expected to follow. Expected benefits are to provide increased interaction and automation, possibly a landing page, auto-acknowledgements, the use of electronic-forms and potential creation of a case structure. The current database dates to 2005.

EXPLANATORY INFORMATION

Appendix A

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	10th June 2021	14th June 2021
Draft Report:	22nd October 2021	10th November 2021
Final Report:	10th November 2021	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	Dacorum Borough Council		
Review:	Freedom of Information		
Type of Review:	Assurance	**Audit Lead:**	Principal Auditor

Outline scope (per Annual Plan):	Rationale: The Freedom of Information Act 2000 provides public access to information held by public authorities. It does this in two ways: public authorities are obliged to publish certain information about their activities; and members of the public are entitled to request information from public authorities. Scope: The review considered if the Council maintains a log of all information request sheets; Freedom of Information requests are fully replied to within the required timescale; the Council has produced and published policies and procedures for members of the general public on how to apply for information; and if information provided meets the requirements of the Freedom of Information Act and is considered by appropriate officers.	
Detailed scope will consider:	Directed Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation. Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register. Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Delivery Performance monitoring: There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner. Financial constraint: The process operates with the agreed financial budget for the year. Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.
Requested additions to scope:	N/A	
Exclusions from scope:	N/A	

Planned Start Date:	01/09/2021	**Exit Meeting Date:**	12/10/2021	**Exit Meeting to be held with:**	Information Security Team Leader

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	**Y/N (if Y then please provide brief details separately)**
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc.?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N