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Dacorum Borough Council

Summary Internal Controls Assurance (SICA) Report

2022/23

November 2022

Summary Internal Controls Assurance

Introduction

1. This summary internal controls assurance report provides the Audit Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Dacorum Borough Council as at 1st November 2022.

Audits completed since the last SICA report to the Audit Committee

2. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

Audits completed since previous SICA report

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OEM
Corporate Health & Safety	Limited	June 2022	October 2022	November 2022	0	9	2	0
Commercial Asset Management	Reasonable	October 2022	October 2022	October 2022	0	1	2	0
Payroll	Substantial	September 2022	September 2022	September 2022	0	0	0	1
Housing Benefits - Arrears	Reasonable	August 2022	August 2022	September 2022	0	1	2	0
Housing Allocation & Homelessness	Reasonable	July 2022	September 2022	September 2022	0	4	6	0

3. The Executive Summaries and the Management Action Plans for each of the finalised reviews are included at Appendix A. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress against the 2022/23 Annual Plan

4. Our progress against the Annual Plan for 2022/23 is set out in Appendix B.

Changes to the Annual Plan 2022/23

5. There a number of areas where internal audit work is recommended to enable an unqualified Head of Audit Opinion to be provided for 2022/23. These are summarised below.

= *COVID assurance review work*

Review	Rationale
Governance Arrangements	This is a crucial area in order to be able to support that assurances are being received and evaluated fully in order to mitigate against risk and support the direction of the Council.
Business Continuity (incl Covid-19)	This is flagged as a high risk area on the risk evaluation and requires specific mitigation in order to provide day to day services.

Progress in actioning priority 1 & 2 recommendations

6. We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. The Council has undertaken an internal follow up of the outstanding recommendations, during August 2022 to October 2022. As at 28th October 2022, there are 47 recommendations (P1s and P2s) listed on TIAA's Tracker, comprising of 2 recommendations for 2020/21, 37 recommendations for 2021/22 and 8 recommendations for current year.

7. Of these, 21 recommendations have been noted as implemented, relating to 2020/21 and 2021/22, which are currently under review and Auditees have been contacted to provide supporting evidence to confirm this status. The remaining 26 recommendations comprise of 22 as outstanding and 4 not yet due.

8. Of the 22 outstanding recommendation, 12 have a revised date, as illustrated in the table below:

Review Area	Recommendations Original and Revised dates
2020/21 GDPR/ Information Governance	1x P2 – 30 Sept 2021 to 31 July 2022
2021/22 Waste Management	2x P1s - 30 Sept 2022 to 31 January 2023
	1x P2 – 30 Sept 2022 to 30 November 2022
2021/22 Housing Rents	1x P2 – 30 Sept 2022 to 30 November 2022
2021/22 Governance and Risk Management	1x P2 – 30 Sept 2022 to 30 November 2022
2021/22 Business Continuity (incl Pandemic Response)	1x P2 – 29 July 2022 to 30 November 2022
	1x P2 – 29 July 2022 to 30 Sept 2022
	1x P2 – 30 June 2022 to 30 Sept 2022
2021/22 Procurement	1x P2 – 30 April 2022 to 30 Sept 2022
2021/22 Enforcement Planning	1x P2 – 31 May 2022 to 31 March 2023
2022/23 Communications	1x P2 – 30 Sept 2022 to 31 October 2022

Frauds/Irregularities

9. We have not been advised of any frauds or irregularities in the period since the last SICA report was issued.

Responsibility/Disclaimer

10. 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. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. 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.

Executive Summaries and Management Action Plans

The following Executive Summaries and Management Action Plans are included in this Appendix. Full copies of the reports are available to the Audit Committee on request. Where a review has a 'Limited' or 'No' Assurance assessment the full report has been presented to the Audit Committee and therefore is not included in this Appendix.

Review	Evaluation
Corporate Health & Safety	Limited
Commercial Asset Management	Reasonable
Payroll	Substantial
Housing Benefits - Arrears	Reasonable
Housing Allocation & Homelessness	Reasonable

Corporate Health & Safety - Executive Summary

OVERALL ASSESSMENT

LIMITED ASSURANCE

Adequate & effective governance, risk and control processes

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Corporate Priority 1: A clean, safe and enjoyable environment

SCOPE

The audit reviewed the systems and processes the council has in place to ensure compliance with corporate health and safety and provide assurance that these are designed and operating effectively.

KEY STRATEGIC FINDINGS

The Council has recently revised its Health and Safety Policy with the introduction of a new Policy and accompanying Strategy. The revised documents improve on the previous Policy, setting out more clearly the respective roles, responsibilities and reporting arrangements with the Strategy setting clear expectations and deliverables.

There are currently no risks identified in the Strategic Risk Register in relation to Health & Safety compliance for the Council. Given the significance of Health & Safety requirements across the Council's activities, it would be prudent to record this as a risk alongside the mitigating controls in place.

Reporting to the Council's Health, Safety and Resilience Committee should be improved, currently no information is routinely supplied on departmental risk assessments, audit visits undertaken, non-conformities identified, mandatory training compliance and performance indicators.

The reports submitted to the Committee in relation to statutory building compliance need to be improved, the current reports provide only high level summary data and lack key details in relation to the management of actions arising from inspections.

GOOD PRACTICE IDENTIFIED

Review of the Council's training profiles established that Health & Safety training was included for all profile groups relating to employees, managers and the leadership team. In relation to employees and managers this is set as e-learning whereas the leadership requirement is set for classroom based training.

Where audit visits are undertaken by the Corporate Health, Safety and Resilience Team, comprehensive reports are produced for the service area and there is clear tracking of any actions arising from the visits.

ACTION POINTS

Urgent	Important	Routine	Operational
0	9	2	0

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	Review of the Health, Safety and Resilience Committee's minutes relating to statutory compliance noted that the Committee has not always followed through on identified actions as set out below: - the September 2021 meeting minutes refer to 381 properties where there was no access for Electrical Installation Condition Report (EICR) inspections, the minutes show 'RL to provide a narrative around the EIC compliance and the outstanding 381'. However, review of the December 2021 report noted that the report was still in the same format with no additional narrative provided - the December 2021 meeting minutes state 'at the next meeting, RL will discuss the actions coming out of the Fire Risk Assessments and how these are being managed', however review of the April 2022 meeting minutes do not evidence any such discussion. The issue raised in relation to attendance at the Committee may have contributed to this (see recommendation 13).	The Committee to ensure that all actions arising from meetings are appropriately tracked.	2	*Refresh of the CHSR Committee has now taken place, becoming the H&S Board. This includes a new Terms of Reference and Chair, being the Deputy Chief Executive. In addition, quarterly reports comes from the Board to the Senior Leadership Team to ensure oversight.* *Actions are now tracked as part of this to ensure better oversight and compliance*	*In Place*	*Deputy Chief Executive (as H&S Board Chair)*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	Review of the Corporate Risk Register established that there are no risks identified, at a corporate level, in relation to Health & Safety compliance for the Council. Given the significance of Health & Safety requirements across the Council's activities, it may be prudent to record this as a risk alongside the mitigating controls in place.	The Corporate Risk Register be reviewed to assess whether the wider health & safety risks that the Council is exposed to be assessed and include as appropriate.	2	*It is the responsibility of all operational teams to flag risks. This is held on a risk register. The corporate risk register is overseen by the Senior Leadership Team and would be escalated to them through the H&S Board as appropriate.*	*28 February 2023*	*Deputy Chief Executive (as H&S Board Chair)*
5	Directed	Review established that a work programme was in place for the Health, Safety & Resilience Committee in 2021/22. However, review of this and actual items submitted to the Committee, established that this did not address all items listed in the Committee's Terms of Reference, for instance '.to ensure that key risks are identified..' and 'assist in the formulation of action plans following inspection'. Review of the work programme for 2022/23 identified that it does not currently include items that are listed (in the terms of reference set out in the Health & Safety Strategy) as the responsibility of the Committee, for instance, oversight of strategic and operational health and safety risk registers, oversight on performance indicators and related monitoring.	The work programme of the Health, Safety and Resilience Committee be reviewed to ensure that the Committee fulfils its terms of reference as set out in the Health & Safety Strategy.	2	*Refresh of the CHSR Committee has now taken place, becoming the H&S Board. This includes a new Terms of Reference and Chair, being the Deputy Chief Executive. In addition, quarterly reports comes from the Board to the Senior Leadership Team to ensure oversight.*	*Done*	*Deputy Chief Executive (as H&S Board Chair)*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Directed	The existing Policy places a requirement on the Corporate Health, Safety and Resilience Team to undertake health and safety audits across all services, at appropriate intervals (based on risk assessment). Discussions with the Corporate Health, Safety and Resilience Team Leader established that there was no formal plan of audit visits scheduled to be undertaken and it was therefore not possible to compare actual performance against plan. The proposed strategy includes a requirement for the Corporate Health, Safety and Resilience Team to 'schedule and undertake health and safety audits'.	A formal plan of health and safety visits to be undertaken be developed and submitted to the Health, Safety and Resilience Committee for review and approval. Performance against the plan should be reported to each meeting of the Committee.	2	*Audits were suspended as part of the Covid pandemic response. Now this has stepped back, a schedule of audits will be developed that fit in with the overall strategy and policy aims*	*December 2022*	*CHSR Team*
7	Directed	Review of audit assessments undertaken established that: - in 2020/21 five audits were completed - in 2021/22 four were completed - in 2022/23 there have been no audits to date. It is accepted that the workload of the team will have been impacted by the pandemic and the need to respond to emerging guidance, revised risk assessments etc.	Audits be undertaken in line with the approved plan of visits (see recommendation 8).	2	*As above*		

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Delivery	Review of the Health, Safety & Resilience Committee meeting agendas and papers for 2021/22 and 2022/23 to date established that whilst it routinely receives updates across a range of areas, for instance statutory compliance, incidents and accidents, safe staffing etc, it does not receive information on: - health and safety related risks identified in service areas/centrally - the results of audit visits/interventions undertaken by the Corporate Health, Safety & Resilience Team - the results of non-conformities with requirements identified by the Corporate Health, Safety & Resilience Team - performance indicators linked to Corporate Health & Safety, for instance the time taken to investigate incidents, RIDDOR reporting timescales - compliance with mandatory and role specific training requirements linked to health and safety.	Reporting to the Health, Safety & Resilience Committee be enhanced to include the items identified.	2	*Refresh of the CHSR Committee has now taken place, becoming the H&S Board. This includes a new Terms of Reference and Chair, being the Deputy Chief Executive. In addition, quarterly reports comes from the Board to the Senior Leadership Team to ensure oversight.*	*28 February 2023*	*Deputy Chief Executive (as H&S Board Chair)*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Delivery	Review of reports submitted to the Committee relating to statutory compliance with health and safety requirements for properties (housing and commercial) identified the following: - the reports relating to commercial properties submitted to meetings in 2021/22 were very brief, containing 1 table showing headline compliance figures. No details were provided for non-compliant items. The report submitted to the April 2022 meeting did contain more detail in the form of meeting notes from a CAPD FLAGE (Fire, Legionella, Asbestos, Gas and Electricity) meeting, although it was not clear that these notes explained the non-compliant areas or set out actions to address them. - the reports relating to housing properties throughout 2021/22 were again brief, containing summary tables and some brief narrative. - neither of the reports contained any detail on actions arising from the inspections and their associated risk rankings and consequently the Committee has not tracked the implementation of these actions (the minutes for the June 2021 meeting refer to 350 high risk actions arising from fire risk assessments). The brevity of information provided in relation to these two key areas was identified by the Committee in April 22, where the minutes record 'Compliance are to report more detail within their report'.	The content of reports relating to statutory compliance submitted to the Committee be reviewed and an appropriate level of detail, including the tracking of actions arising from inspections undertaken, introduced.	2	*Refresh of the CHSR Committee has now taken place, becoming the H&S Board. This includes a new Terms of Reference and Chair, being the Deputy Chief Executive. In addition, quarterly reports comes from the Board to the Senior Leadership Team to ensure oversight.*	*28 February 2023*	*Deputy Chief Executive (as Chair of H&S Board)*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
10	Directed	Whilst a number of areas are reported to the Health, Safety and Resilience Committee, e.g. Incidents/accidents, RIDDOR reportable events, building compliance, there are no formal targets set for performance. The new strategy starts to address this with more defined and measurable actions e.g. minimum requirements for statutory compliance audits, enhanced reporting requirements and timescales, but this could still be developed further.	A formal set of key performance indicators for health and safety related activity be developed and monitored, building on the targets set out in the Health and Safety Strategy.	2	*This work has started, with key details being provided to directorate meetings, which then will feed into a corporate overview at the H&S Board.*	*December 2022*	*CHSR Team*
11	Directed	Review of attendance at the Health, Safety and Resilience Committee through 2021/22 established that attendance had not been in accordance with the current terms of reference for the Committee. Attendance by some members was sporadic/minimal and some listed members had not attended any of the meetings. The revised Policy and Strategy aims to address this.	As part of the implementation of the revised Policy and Strategy, the issue of consistent attendance be addressed.	2	*Refresh of the CHSR Committee has now taken place, becoming the H&S Board. This includes a new Terms of Reference and Chair, being the Deputy Chief Executive. In addition, quarterly reports comes from the Board to the Senior Leadership Team to ensure oversight.*	*28 February 2023*	*Deputy Chief Executive (as Chair of H&S Board)*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	Review of Operational Risk Registers established that a risk in relation to the delivery of health and safety as a housing landlord was included in the Housing risk register. No other health and safety related risks were identified. The revised Policy and Strategy place a requirement on Heads of Service to undertaken an annual self-audit, which includes the requirement to assess risk management, with onward escalation of any significant health & safety issues as required.	Local areas be required to assess the health & safety risks in their respective areas for escalation to operational risk registers as appropriate.	3	*H&S Training is currently being sourced to enable CLT members to understand their elements of control and next steps. CHSR attending Directorate meetings to assist. Operational risk registers are in place across the organisation and being reviewed*	Q4 2022-24	*All*
4	Directed	Discussions with the Corporate Health, Safety and Resilience Team Leader established that risk assessments undertaken over work activities and processes are retained locally and are not routinely shared with/accessible by the Corporate Health, Safety and Resilience Team. The revised policy requires for the submission of all risk assessments to the Corporate Team.	Risk assessments undertaken locally be provided to the Corporate Health, Safety and Resilience Team for review.	3	*A growth bid has been approved for the implementation of a corporate health & safety database that will allow the collation of this information and proper governance including review dates*	*Not Determined – feeds into the bigger ICT strategy so currently paused*	*ICT / CHSR*

Commercial Asset Management - Executive Summary

OVERALL ASSESSMENT

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Funding and income is not sufficient to deliver the Council's Corporate Objectives

SCOPE

The review considered how rental arrangements are being managed and the system to prevent failure to apply a rent rise; the current portfolio of commercially rented properties and how these are managed/verified are accurate; if commercial rents are appropriately recorded with trigger dates for rent reviews in place; whether the database of commercial properties is accurate and up to date; and whether commercial properties rents are paid in accordance with the agreement for a sample of properties selected.

KEY STRATEGIC FINDINGS

A 'Corporate Place Board' (CPB) has been established, in place of the Place Management Board, which no longer exists. The terms of reference for the CPB are not in place as of yet.

Updates to the Asset Management Strategy, dated January 2016, were to be actioned in June 2021 and remain outstanding. The delay has been cited as a result of the Council's re-structure and change in business model. In light of this, a new Strategy will be created in 2023 and be in place for 2023/24.

Proactive management and monitoring of commercial lease agreements is undertaken on a monthly basis, including rent due and aged debt. Legal action for recovering rent arrears was suspended under the Coronavirus Act.

The Council's Commercial Assets portfolio continues to form a stable asset base with no new additions to the properties held or planned, in line with revised aims.

GOOD PRACTICE IDENTIFIED

Examination of the various documents and data confirmed that established processes in place for the management of the Council's Commercial Assets were working well despite the pressures caused by external factors relating to COVID 19 and challenges for the Council and tenants due to rising costs.

In-month KPIs were consistently being met.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	2	0

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)
2	Directed	Commercial Asset Management (CAM) used to be reported to the Property Management Board, which is no longer in place and also the Growth & Infrastructure Board, which has temporarily been suspended. CAM will now report to the Corporate Place Board (CPB). It was noted that the CBP terms of reference is being developed.	Terms of Reference for the new Corporate Place Board be agreed.	2	*We will request Terms of Reference from our Strategic Director. We are not aware that the TOR have been drawn up as yet.*	*31/12/22*	*Richard Le Brun and Richard Rice*
1	Directed	Updates to the Asset Management Strategy (the 'Strategy'), dated January 2016, have not been actioned and remain outstanding. The 2020/21 Internal Audit review, reported that that the original review date of the Strategy was planned for June 2020 however this was revised to 2021. As a result of several significant corporate changes and direction within the Council. The Head of Property Services stated that, in light of the re-structure within the Council and change in the overall business model, a new Strategy will be developed in 2023 and is planned to be in place for 2023/24. The scope of the new Asset Management Strategy alongside the Place Strategy will be reviewed by the Head of Property Services and the Director of Place.	Management to ensure that the new Asset Management Strategy is developed and in place for 2023/24, as planned.	3	*We will discuss the Asset Management Strategy with our Director and seek a brief for same in order that we may commission an external party to produce same this financial year.*	*31/03/24*	*Richard Le Brun and Richard Rice*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	The front sheets of formal rental agreements do not consistently note the rental figures and VAT. It was also noted that this section is not always clearly worded, which may contribute towards confusion and incorrect billing. For example, for Reference 313 it is not stated on the cover page, contents refer to 'Rent: £784 Tenancy at Will per month excl.' The VAT was missed and corrected for in later invoices raised by the Council.	Standardised wording, or screening of formal legal agreements be introduced to ensure clarity and consistency, thereby avoiding any ambiguity.	3	*We have issued a request to the Legal Dept that the requested wording is added to the cover page of relevant documentation so action is complete. The message has also been cascaded to the wider Estates Team.*	*31/12/22*	*Richard Le Brun and Richard Rice*

Payroll - Executive Summary

OVERALL ASSESSMENT

SUBSTANTIAL ASSURANCE

SUBSTANTIAL ASSURANCE
REASONABLE ASSURANCE
LIMITED ASSURANCE
NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Payroll processes align with Strategic Risk 2: The Council is unable to recruit and retain the staff required to progress as a Modern and Efficient Council.

SCOPE

The review provides assurance over the adequacy and effectiveness of current controls over Payroll.

KEY STRATEGIC FINDINGS

Sound processes are in place for processing starters leavers, permanent bank account and temporary maternity related changes to the payroll identified no errors or any inaccuracies of data generated.

Adequate segregation of duties is in place, which ensures that payroll documentation is processed and checked by independent Payroll Team members and this is evidenced on the payroll forms.

A specific authorised signatory list has been developed for Payroll.

GOOD PRACTICE IDENTIFIED

Monthly pre-payment reviews consistently take place and are well evidenced.

Dual signatory controls are in place over payroll BACS payments and payroll to financial ledger reconciliations.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	0	1

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)
No recommendations raised during the audit.							

Housing Benefit (Arrears) - Executive Summary

OVERALL ASSESSMENT

REASONABLE ASSURANCE

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Strategic Risk - Funding and income is not sufficient to deliver the Council's Corporate Objectives

KEY STRATEGIC FINDINGS

The Housing Benefit (HB) Overpayment Debtors are not actively pursued by Finance, which may lead to debt being written off in the near future.

Review and testing of a sample of 10 HB overpayments, it was identified that in 2 cases, a suspension letter had not been issued for one Claimant whereas in the other case, a suspension letter had been issued however the account had not been suspended.

The Benefits Team has two KPIs relating to new applications and change of circumstances processing times. There are no KPIs in place to monitor Overpayments.

GOOD PRACTICE IDENTIFIED

HB matching services, identified claimants, whose circumstances had significantly changed and were reassessed, and their claims were recalculated accordingly, In addition, decision letters were sent out to inform claimants about the changes.

SCOPE

The review focused on Housing Benefits Overpayments, namely identification of overpayments, monitoring, reporting, write off and adherence to policy and procedures.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	2	0

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)
2	Directed	Review and testing of a sample of 9 HB Overpayment debtors, it was identified that, in two instances, the debtors, with an account balance of £10,000 and £14,000 respectively, had not been contacted for the past two years. It was advised that Government restrictions were in place during 2020, due to Covid, which ceased all debt collection activity until the end of 2021. Post the lifting of the restrictions, Finance assigned the task to a part time Finance Officer. At the time of the audit, there were circa 1000 HB debtors with a balance of £1,236,634. The Finance Officer, was not able to give the due attention to the task, as required, due to other work commitments. Finance have acknowledged that debt is not being pursued actively as it should and have cited lack of resources as the underlying cause.	Finance to consider allocating sufficient resources, in order to increase their capacity to pursue HB overpayment debt and recovery.	2	*Financial Services pursue HB overpayment debt based on a system of prioritisation and the staffing resource available to do so.* *The audit findings demonstrate that 78% (7 out 9) of the sample tested could evidence contact in the past two years. Of the remaining 2, the whereabouts of 1 debtors was unknown and the other known to be abroad. Therefore our ability to contact these debtors was limited. We demonstrated that the accounts are periodically reviewed.* *Any local authority debt recovery team will have a finite level of resource and will need to prioritise which debt to pursue based on the resource available.* *The auditor's recommendation has been considered. Our view is that reallocation of resource from within Financial Services to HB overpayment potentially places other areas of debt recovery at risk.* *Securing additional resource for the Financial Services team is subject to Member approval as part of the 2023-24 budget setting process, which concludes in February 2023. The audit recommendations will be considered as part of this process and an update provided upon its conclusion.*	*28/02/23 (conclusion of 2023/24 budget setting process)*	*Head of Financial Services*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	Review and testing of a sample of 10 Housing Benefit (HB) Review forms, submitted between April 2022 to date, it was identified that: • in one instance, a suspension letter had not been sent out to the claimant, even though benefit had been suspended on 25th May 2022; and • in one instance, a suspension letter was issued to the Claimant on 1st June 2022, however the account had not been suspended.	Management to iterate and remind staff of the process underpinning suspension of accounts and the issuance of letters to Claimants.	3	*Staff will be reminded of guidance around suspending cases.*	31/08/22	*Matt Kelly*
3	Delivery	Discussions held with the Benefits Team Leader, it was noted that whilst there are HB Key Performance Indicators (KPIs) in place for new applications and change of circumstances application processing times. However, there are no KPIs in place for HB Overpayments.	Management to consider adopting the Best Value Performance Indicator (BVPI) 79bi-iii, as HB Overpayment KPIs.	3	*Best Value Performance Indicators were abolished in 2008, making this unsuitable as a KPI.* *As debt recovery sits within Finance, it would be more appropriate for any performance indicator to fit within their overall collection figures given the wider range of debts that are collected.*		

Housing Allocations & Homelessness - Executive Summary

OVERALL ASSESSMENT

REASONABLE ASSURANCE

Adequate & effective governance, risk and control processes

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Corporate Priority - Providing good quality affordable homes, in particular for those most in need.

SCOPE

The review will assess the Council's effectiveness on dealing with Housing Allocations and Homelessness.

KEY STRATEGIC FINDINGS

Sample reviews of both Housing Allocations and Homeless applications identify delays in processing applications and the absence of approval documentation and evidence of ongoing action in some cases. It is acknowledged that the period reviewed as part of the audit covered a period when the services were experiencing staff absences.

The KPI information previously reported to the Housing and Communities Overview and Scrutiny Committee does not include specific measures on the timeliness of processing, for instance with Housing Allocations the total time to let is monitored but not the constituent causes of delays, with Homelessness the total number of actions taken is measured but not the related timeliness. A revised set of KPIs has been developed by the Council and should now be introduced.

Reports to the Housing and Communities Overview and Scrutiny Committee acknowledge delays in the re-letting of properties, however, the risk and impact of this are not currently reflected in the operational risk register.

GOOD PRACTICE IDENTIFIED

The Council has a suite of Policies and associated procedures relating to the areas reviewed. These are considered to be comprehensive and in line with relevant legislation.

ACTION POINTS

Urgent	Important	Routine	Operational
0	4	6	0

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)
7	Delivery	Review and testing of a sample of 15 Housing allocations, made during April and May 2022, identified instances where the data recorded and used for performance monitoring was incorrect, as following: • In six cases, the incorrect date of approval was recorded which resulted in four cases, where properties had moved from having met the standard to failing. • In three cases, the incorrect date relating to the advert end date was recorded, resulting in two cases, where properties had moved from having met the standard to failing.	Data maintained relating to housing allocations be recorded accurately.	2	*It is understand that 8 properties were sampled.* *In the 3 cases the advert close date did not align with the spreadsheet – 2 of these properties were outside of the team target set and did not meet the standard, the other was within target.* *Service identifies 4 cases where the approval date was inconsistent and delays in appending documentation to the system – 1 of these properties was outside of the team target.* *Civica Abritas system does not interface with housing system, this results in risk of service failure due to manual inputting – pressures of workload led to delays in reviewing approvals and return to Officers. This has been addressed and more closely monitored by the Housing Needs Team Leader to ensure consistency of performance.*	*Ongoing monitoring and performance management*	*Housing Needs Team Leader*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Delivery	Review of the latest Housing Allocation performance report submitted to the Housing and Communities Overview and Scrutiny Committee, noted that it focuses on the number of properties allocated and the number of days taken to allocate. These measures do not show the delays in the different stages involved in allocating a property, for instance, there is no measure on the time taken to allocate once a property is ready and available to be let. Discussions with the Housing Needs Team Leader, however, established that this is now being addressed through the introduction of a revised suite of KPIs that will show performance for different stages of the process.	The proposed move to the revised KPI set is undertaken and performance monitoring focused on areas of poor performance (if applicable).	2	*Revised suite of management information and PI's has already been implemented following service plan development.*	*31/07/22*	*Housing Needs Team Leader*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Delivery	Review of reporting on homelessness to the Housing and Communities Overview and Scrutiny Committee, established that the standard performance report contains a number of measures relating to homelessness. Review of these targets found that they related to the number of cases prevented/addressed but does not include measures on the timeliness of processing applications.	The reported KPIs in relation to Homelessness be reviewed to include measures, with associated performance, relating to the timeliness of addressing applications.	2	*The Homeless Code of Guidance set outs the framework for prevention and relief activity in line with the Homeless Reduction Act, guidance of 56 days in each state – which means casework will be open in prevention/relief state for minimum of 112 days. Homeless applications cannot be taken unless applicant is threatened with homelessness within 56 days, intervention cases can therefore be open for some time and therefore timeliness of case handling can be significantly impacted by the nature of the case.* *As time taken to handle case is dependent on case circumstances and individual interventions, it is not appropriate to place targets on timeliness. However what is appropriate is to ensure that cases are moved on to the appropriate intervention state in a timely manner and this should be monitored closely by the Lead Officer(s) and Team Leader through H-clic (national data set monitoring and dashboard) rather than local KPI's. Officer sickness, vacancies and caseload volumes as a result of Covid have impacted on timeliness of moving from one case state to another.*	*Ongoing*	*Homeless Prevention Team Leader*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
10	Delivery	The two services have suffered, as a result of staff absences and the consequential impact on staff workload. This is being addressed through a review of the team and internal processes, together with the increased use of agency staff. Review of the budget outturn for 2021/22 identified an underspend on staff salaries of £8k against an overspend on agency staff of £51k, which would be unsustainable going forwards.	The structure and resourcing of the two services be reviewed to establish if it is possible to reduce the reliance on agency staff and the consequential impact on the annual budget.	2	*Structure of the service to be reviewed/considered via HTIP. However it should be noted that agency staff will be essential to cover periods of staff absence to avoid impact on Officer caseloads and customer experience, which could result in further delays to case processing or unnecessary B&B expenditure.*	31/10/22	*Homeless Prevention Team Leader*
1	Directed	The Housing Performance Report submitted to the Housing and Communities Overview and Scrutiny Committee acknowledges delays and poor performance in re-letting properties, however, there is no associated risk recorded in the operational risk register for the service.	The impact of delays in re-letting properties be assessed and, if appropriate, added to the operational risk register.	3	*Operational risk register updated during service planning.* *Strategic Risk Register is currently under review.*	31/08/22	*AD Housing*
3	Directed	Review and testing of a sample of 15 Housing allocations, made during April and May 2022, identified that in one case, there was no 'Allocation Approval' form held on the system.	Allocation approval forms be completed, reviewed and approved for each housing allocation and documentation retained on file for review.	3	*Revised performance monitoring and management of Lead Officer to be undertaken. Exploration with systems provider as to whether digital approvals can be undertaken through system workflow to reduce risk of human error.*	31/10/22	*Housing Needs Team Leader*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	Review and testing of a sample of 15 recent homelessness applications identified delays in actions taken in three cases. Discussions with the Service Improvement and Projects Team Leader established that there was work ongoing relating to these cases but that this had not been recorded on the system.	Evidence of ongoing work in processing applications and providing solutions be recorded on the system completely and in a timely manner.	3	*Long term sickness absence & Officer vacancy has impacted effectiveness in respect of case management. Casework standard and review sessions undertaken by Service Improvement and Projects Team Leader, providing guidance and full review of active caseloads. Ongoing monitoring arrangements to be implemented with newly recruited Lead Officer and managed by the Homeless Prevention Team Leader. Additional resource implemented for short time period to ensure that backlog of cases accruing during sickness absence are prioritised.*	*Immediate and ongoing*	*Homeless prevention Team Leader*
5	Directed	A review of the current homelessness caseload, classified as 'Triage,' identified 66 outstanding applications with the oldest dating back to 11th April 2022. A review of a sample of 15 oldest applications, identified delays in actioning applications, in five cases. Discussions with the Service Improvement and Projects Team Leader established that there was work ongoing relating to these cases but that this had not been recorded on the system.	Evidence of ongoing work in progressing items from Triage to Relief/Prevention/Closure be recorded completely and accurately on the system and in a timely manner.	3	*Officer error in failing to move case from Triage state to casework in system – it is noted however that casework was undertaken and recorded, overall system state had not been amended. This has been addressed with all Officers, Lead Officers and Team Leader – Team Leader to ensure regular monitoring through casework review to ensure that appropriate case management is undertaken.*	*Immediate and ongoing*	*Homelessness Prevention Team Leader*

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Delivery	A review of the Housing Allocation's internal performance monitoring records for April 2022, identified discrepancies between the source data and the performance monitoring data for three of the five team members. In two cases, the actual performance deteriorated in comparison to the reported figures and in the remaining case performance had improved.	Performance monitoring data be calculated and reported accurately based on the source data.	3	*The performance monitoring data is compiled via a working spreadsheet that is managed by the Lead Officers. The spreadsheet lists each property, when the keys came in, advert closure, date allocation made and if the allocation was completed in target. This is saved in the Needs drive and the data is collected from various sources, due to systems not interfacing; sources include Empty Homes Team, Civica Abritas system and Orchard.* *It is acknowledged that some of the data was incorrect which has led to extra days in providing an allocation – it should be noted also that allocations were undertaken within target and there was not an impact on the overall key to key performance.* *That being said it is also acknowledged that some errors were: an incorrect advert close date/entered into spreadsheet, date received allocations and the recording date of the allocation. These are human errors, which could be prevented with improved systems functionality and reduced reliance on spreadsheets. Increased performance monitoring has been implemented by the Team Leader and the service improvements required have been raised via the HTIP and Digital Strategy activity.*	*Immediate and ongoing*	*Homelessness Prevention Team Leader*

Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Corporate H&S	1	Fieldwork completed	Final Issues November 2022
Communications	1	Fieldwork completed	Final issued September 2022
Housing Allocations & Homelessness	1	Fieldwork completed	Final Issued September 2022
Insurances	1	Fieldwork completed	Final issued September 2022
Document Management Systems	2	Fieldwork near completion	Review has been stalled due to Head of Service leaving
Payroll	2	Fieldwork completed	Final Issued September 2022
Housing Benefit	2	Fieldwork completed	Final Issued September 2022
Commercial Asset Management	2	Fieldwork completed	Final issued October 2022
Key Financial Controls	3	Fieldwork near completion	
Council Tax	3	Fieldwork completed	Draft being compiled
NNDR	3	Fieldwork completed	Draft being compiled
Planning	3	Fieldwork in progress	
Housing Rents	3 (4)		Deferred to Q4 – Audit Brief to be issued in December 2022
Housing Repairs & Maintenance	2 (4)		Audit Brief issued 10 June 2022 - *S151 officer requested review to be moved to Q4*
Procurement/ Contract Management	4		Audit Brief to be issued in December 2022
Empty Homes	4		Audit Brief to be issued in December 2022
Governance & Risk Management	4		Audit Brief to be issued in December 2022
Follow Up	3-4	Work in progress	August 2022 updates under review

KEY:

To be commenced	Site work commenced	Draft report issued	Final report issued	Review deferred

Follow Up Table

The table below lists the six recommendations that have been allocated a revised implementation date which have now passed.

REF	Job	Recommendation	Priority	Management Comments	Responsible Officer	Due Date	Revised Due Date	Last Update	Latest Response
1	20/21 GDPR/Inform ation Governance	An exercise be undertaken to review e-records and ensure a log of any destruction is appropriately recorded.	2	An on-going objective is to review the Council's e-records across all services to ensure that departments are aware of system records retention and any residual records on network shares. This is part of the Information Security Team Leaders (ISTL) Objectives. This is a major item of work, so the timetable for implementation is adjusted to reflect this.	Information Security Team Leader	30/09/2021	31/07/2022	25/01/2021	Part complete - in respect of retention. Review of business systems and modules still needs to be performed, but have been distracted by increasing volume of other matters and disruption to capacity in my own team.
2	21/22 Business Continuity (inc Pandemic Response)	ICT management to liaise with business following completion of the ongoing work on reviewing the BCP and DR plans to introduce a program of DR drills testing key Council systems and applications.	2	ICT management will liaise with the Resilience Team to develop BCP testing simulating loss of access to key Council systems.	Head of Digital	29/07/2022	30/09/2022	04/05/2022	An initial BCP test. testing simulating loss of access to key Council systems, is now scheduled for October 2022
3	21/22 Business Continuity (inc Pandemic Response)	Disaster recovery arrangements be tested on an annual basis. Test results be documented as part of a formal test report which details test objectives, outcomes, and lessons learned. This can then be used in updating and improving the DR plan and supporting documents.	2	A tabletop DR exercise is scheduled to take place in June. A test restoration of a key line-of-business system will take place in June 2022.	Head of Digital	30/06/2022	30/09/2022	04/05/2022	"The tabletop exercise has now been scheduled for October following consultation with SLT.

COMPLETED - test restoration of key line-of-business system was completed in June 2022." |

REF	Job	Recommendation	Priority	Management Comments	Responsible Officer	Due Date	Revised Due Date	Last Update	Latest Response
4	21/22 Procurement	Periodic formal oversight of organisation-wide procurement activity reports be established and presented to Committee/ Cabinet, with Leads held to account, where concerns are identified. Reports should include the level and nature of procurement non-compliances, for example, bypassing of procurement process requirements, exceptions, where Procurement Standing Orders (PSOs) were waived.	2	A report is currently presented to the Finance & Resources Overview Scrutiny Committee every quarter and this includes statistics on procurement activities. To comply with this recommendation, it is suggested that the organisation-wide activity report that is reported to this committee, also includes the number of times the PSO's have been set aside and other non-compliance issues. Should members have concerns over the procurement activity, then they can request that the client officer attends the next meeting or provides a written response to the concerns raised by committee. It is also suggested that the non-compliance report is shared with Senior Leadership Team each quarter.	Group Manager Procurement & Contracted Services	01/04/2022	30/09/2022	13/01/2022	The performance report was presented to FROSC in September 2022 and the section on non-compliance was welcomed, it will form part of the performance report on an ongoing basis.
5	22/23 Communications	The Performance reports, presented to the Finance and Resources Overview and Scrutiny Committee, be expanded to include progress/performance against the deliverables set out in the Annual Communications Programme.	2	Performance reports for the Finance and Resources Overview and Scrutiny Committee will be reviewed for Q2 2022/23, to report against deliverables in the communications programme.	Kelvin Soley, Head of Communications	30/09/2022	31/10/2022	02/09/2022	Work has commenced on including this information in the next available F&R OSC meeting.

REF	Job	Recommendation	Priority	Management Comments	Responsible Officer	Due Date	Revised Due Date	Last Update	Latest Response
6	21/22 Waste Management	Action be taken by managers to address the Handbook content and ensure that Drivers complete the required declarations.	2	Alternative wording has been agreed which will be presented to drivers for their understanding and agreement before the Driver Handbook is reproduced. Planned to assess new technology which would allow the vehicle to be locked with the engine running.	Transport Manager/Operations Manager	**30/09/2022**	**01/11/2022**	26/01/2022	Awaiting agreement before final sign off

The table below lists the outstanding and implemented recommendations

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Waste Management	It is imperative that Managers ensure that staff are fully aware of and comply with vehicle weights limits, for all vehicles, prior to use and complete defect reports, as required.	1	Any vehicle that significantly exceeds the set weight is issued with a defect number and the vehicle is recalibrate. There will be instances of drivers not following set down procedures but all drivers have been trained on their responsibilities. Drivers have been issue with a written instruction to remind them of the relevant weight limits.	Operations Manager - Waste	**31/03/2022**	Implemented	26/01/2022	
21/22 Waste Management	It is imperative that Managers develop and put in place a monitoring system, which ensures that medical checks are taken by the Drivers which complies with the License requirements.	1	This is part of an ongoing piece of work to centrally record such matters and ensure reminders are in place. Some matters were overdue due to staff absence but this was addressed. In the meantime, a spreadsheet recording when last done it to be maintained to prevent recurrence. If medical checks are not undertaken by drivers then their licence will be suspended or revoked at which stage the employer will be informed. With regards eye test this was in relation to using display screen in cabs. This will need to be discussed with HR.	Operations Manager – Waste Group Manager	**31/01/2022**	Outstanding	26/01/2022	Previous management comments apply.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
22/23 Housing Benefit	Finance to consider allocating sufficient resources, in order to increase their capacity to pursue HB overpayment debt and recovery.	2	Financial Services pursue HB overpayment debt based on a system of prioritisation and the staffing resource available to do so. The audit findings demonstrate that 78% (7 out 9) of the sample tested could evidence contact in the past two years. Of the remaining 2, the whereabouts of 1 debtors was unknown and the other known to be abroad. Therefore our ability to contact these debtors was limited. We demonstrated that the accounts are periodically reviewed. Any local authority debt recovery team will have a finite level of resource and will need to prioritise which debt to pursue based on the resource available. The auditor's recommendation has been considered. Our view is that reallocation of resource from within Financial Services to HB overpayment potentially places other areas of debt recovery at risk. Securing additional resource for the Financial Services team is subject to Member approval as part of the 2023-24 budget setting process, which concludes in February 2023. The audit recommendations will be considered as part of this process and an update provided upon its conclusion.	Head of Financial Services	**28/02/2023**	Outstanding	27/09/2022	

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Waste Management	The use of digital tachographs be progressed and implemented within a defined timescale. Adequate monitoring systems should be developed and implemented to provide regular assurance on Driver hour's compliance.	2	This forms part of phase 1 of the depot transformation programme that commences January 2022. A decision around the feasibility and cost of implementing digital tachographs will then be possible by end of Q3 2022.	Group Manager - Environment	31/12/2022	Outstanding	26/01/2022	Previous management comments apply. Due date not yet passed.
21/22 Waste Management	Action be taken by managers to ensure that Drivers complete declarations in compliance with the Operational Transport Policy.	2	This forms part of phase 1 of the depot transformation programme that commences January 2022. A decision around the feasibility and cost of implementing digital tachographs will then be possible by end of Q3 2022.Drivers are required as part of their Terms and Conditions to request permission to undertake alternative work. If drivers ask this is refused due to restrictions on their driver's hours.	Group Manager - Environment	31/12/2022	Outstanding	26/01/2022	As per previous actions - built into the depot transformation work
21/22 Empty Homes	Whilst it is acknowledged that the Empty Homes Team is trying to address the delays experienced in the re-let of properties, Management must devise a plan to deal with the delays effectively and/or escalate the matter to Senior Management to address.	2	The senior management within the housing service receiver's reports as part of the recovery plan action agreed between Osbourne's and the client. This includes issues around current performance and increased costs etc. This started on the 29 June 2021 via our weekly progress meeting which I attend. A paper will be going to SLT next week. At an operational level we hold 1 meeting per week on Thursdays covering voids. There are other repair meetings taking place that also pick up voids. There are framework meeting	Head of Property Head of Property Head of Property	31/12/2022	Outstanding	07/07/2022	

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
			that are set out within the TPC contract. We were holding monthly performance meetings which and are now held weekly and these are called progress reports meeting monitoring the action plan. There is also a strategic core group meetings which would normally be held quarterly which is now held weekly and these are called DBC OPSL Weekly Catch Up. The council is also undertaken a review of the sheltered housing accommodation. This is one of the property types that we have difficulties in letting. I will need to liaise with Housing needs for a date of when the review will start etc. The allocation process is divided into functions carried out by 2 teams. Since Covid19 all pre inspections have not been carried out face to face. We are currently reviewing this and will provide the correct levels of PPE moving forward. We are working closely with Housing needs to make reduce delays. We are looking to implement within the next 10 weeks i.e. 19 September 2022.					

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
22/23 Housing Allocation & Homelessness	The structure and resourcing of the two services be reviewed to establish if it is possible to reduce the reliance on agency staff and the consequential impact on the annual budget.	2	Structure of the service to be reviewed/considered via HTIP. However it should be noted that agency staff will be essential to cover periods of staff absence to avoid impact on Officer caseloads and customer experience, which could result in further delays to case processing or unnecessary B&B expenditure.	Homeless Prevention Team Leader	**31/10/2022**	Outstanding	07/09/2022	The service have reviewed the structure, with the commencement of with proposed changes to start October. Approach to be revised due to increased workloads, sickness absence and resource changes. Focus group session to identify service and case management improvements to be further developed via HTIP include. TA review and process review ongoing via HTIP.
21/22 Waste Management	Action be taken by managers to address the Handbook content and ensure that Drivers complete the required declarations.	2	Alternative wording has been agreed which will be presented to drivers for their understanding and agreement before the Driver Handbook is reproduced. Planned to assess new technology which would allow the vehicle to be locked with the engine running.	Transport Manager/Operations Manager	**30/09/2022**	Outstanding	26/01/2022	Awaiting agreement before final sign off
21/22 Waste Management	A single central record of all Driver compliance checks (training, license, medical checks) be maintained and kept up to date.	2	This has been reviewed and merged into one Word document.	Operations Manager	**30/09/2022**	Implemented	26/01/2022	Single document in place

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Waste Management	It be ensured that operational monitoring checks are completed and actions to prevent re-occurrence are recorded. An assessment of resources to complete expected checks should be undertaken.	2	Reminder gone to all supervisors and spot checks need to take place. Transformation programme that is to take place aims to free up the supervisors time to carry out more checks to ensure drivers following procedure. Additionally, looking at whether an electronic recording of checks can be implemented.	Operations Manager - Waste	**30/09/2022**	Implemented	26/01/2022	
21/22 Waste Management	Managers to address and take appropriate action of the lack of awareness or understanding of staff, as noted opposite.	2	The Waste Operations Manager is to hold a meeting with all the supervisors to ensure they are all au fait with the procedures and then ensuring in place across the service. Operations Manager has advised that all staff have been advised on the two locations that the risk assessment can be located. All drivers have been made aware of the requirement to complete an accident form. Drivers are paid to clean their vehicles once per week however vehicles need to cleaned as and when required. Drivers licence and CPC cards are checked each morning before keys are issued to drivers.	Operations Manager - Waste	**30/09/2022**	Implemented	26/01/2022	
21/22 Housing Rents	Old balances be investigated for allocation or be considered for write-off.	2	Review of suspense account to be carried out.	Lead Officer/Senior Debit Control Officer	**30/09/2022**	Outstanding	11/02/2022	This has taken longer than anticipated due to the large work load that this involves, together with training of new staff and connection issues, but this is still on track to be completed by the "revised Due Date".

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Governance and Risk Management	Management to address the CRR gaps noted opposite in order to enhance and present a more informative risk register to both Members and staff.	2	The role out of the In Phase system has meant a redevelopment of the reporting style and format, which led to reports in quarter 2 not being fully developed. A return to the previous reporting style will be made which will include; Inherent risk scores, and Reference to Strategic Objectives The quarter on quarter movement in risk scores is detailed in the Quarterly Strategic Risk Covering report but not detailed in the specific appendix. I can see benefits of simplicity of including the quarterly changes in the risk appendix and will implement this reporting change going forward. The Council is midway through undertaking a review of the Core strategic objectives and Strategic Risk Register, during this process a review of risk appetite associated with objectives and risks will be undertaken that will form part of future strategic risk reporting. The creation and inclusion of Target risk levels is also planned to be included after the current review is completed.	Nigel Howcutt - CFO	30/09/2022	Implemented	09/06/2022	The quarter 1 22/23 strategic risk register is being presented to cabinet on October 17th in a revised format. A Qtr1 and Qtr. 2 report will go to the November AC in the revised versions.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Governance and Risk Management	The Directorate/ Department Operational Risk Registers (ORR) to list those Corporate Risks, which may impact on service delivery within their area. This will in turn demonstrate a connection between the Strategic and Operational risks. Furthermore, the ORR should capture the information listed under Recommendation 2, which will enhance the ORR.	2	A more defined link between the operational risks and the Specific Strategic Risk register will be included in future reports.	Hannah Peacock – Head of transformation and Performance Nigel Howcutt - CFO	**30/09/2022**	Outstanding	09/06/2022	Inphase report formats are being updated to include the recommended in format. The expectation is that these changes will be implemented in time for Q3 strategic and operational risk reporting. The responsibility for this recommendation has now transferred to the Head of Financial services
21/22 Governance and Risk Management	It be ensured that the risk updates are aligned to the mitigating controls listed under 'Controls & Assurances', so that Members are aware and informed of the progress/ position against the risk. Where potential issues may impact on the risk, the risk score must be revised to reflect this. Furthermore, updates be linked to the previous report, so that previous issues are not followed up and reported.	2	A more aligned link between risk updates and mitigating controls will be detailed in future narrative reports. The impact of change that affect the risk score will be better reflected in the narrative. Risk scoring though is subjective and with many variables affecting each risk score, there can often be new risk updates with additional mitigation and controls that lead to no risk score changes.	Nigel Howcutt CFO	**30/09/2022**	Implemented	09/06/2022	The quarter 1 22/23 strategic risk register is being presented to cabinet on October 17th in a revised format. A Qtr1 and Qtr. 2 report will go to the November AC in the revised versions.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Governance and Risk Management	Once the Council has completed its staff and structural change, a risk management training programme be devised along with a timetable. To ensure key postholders are familiar with the Council's risk management process, reporting and monitoring requirements.	2	A new and improved risk management training programme will be rolled out for the Audit Committee, Senior Leadership team and the Corporate Leadership team. This programme will reflect the changing roles and changing strategic direction of the organisation.	Nigel Howcutt CFO	**30/09/2022**	Implemented	09/06/2022	Initial Training with SLT and AC has already commenced with further training planned.
21/22 Recruitment	It is vital to ensure that all contracts with the Council are kept up-to-date and renewed in a timely manner.	2	The recruitment agency framework has expired. Priorities have now enabled a corporate wide project to assess the Council's approach to hiring agency workers, which commenced in January 2022 and the recommendations will be presented to the Council's Commercial Board. It is anticipated that a suggested recruitment agency framework will be in place in the summer of 2022.	Matt Rawdon (Assistant Director – People)	**30/09/2022**	Outstanding	10/06/2022	Due date not yet passed. Commercial board approved new agency framework on 26 July. Next stage is implementation which should be around 2 months.
22/23 Communications	The Performance reports, presented to the Finance and Resources Overview and Scrutiny Committee, be expanded to include progress/performance against the deliverables set out in the Annual Communications Programme.	2	Performance reports for the Finance and Resources Overview and Scrutiny Committee will be reviewed for Q2 2022/23, to report against deliverables in the communications programme.	Kelvin Soley, Head of Communications	**30/09/2022**	Outstanding	02/09/2022	Work has commenced on including this information in the next available F&R OSC meeting.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
22/23 Housing Allocation & Homelessness	Data maintained relating to housing allocations be recorded accurately.	2	It is understand that 8 properties were sampled. In the 3 cases the advert close date did not align with the spreadsheet – 2 of these properties were outside of the team target set and did not meet the standard, the other was within target. Service identifies 4 cases where the approval date was inconsistent and delays in appending documentation to the system – 1 of these properties was outside of the team target. Civica Abritas system does not interface with housing system, this results in risk of service failure due to manual inputting – pressures of workload led to delays in reviewing approvals and return to Officers. This has been addressed and more closely monitored by the Housing Needs Team Leader to ensure consistency of performance.	Housing Needs Team Leader	07/09/2022	Outstanding	07/09/2022	New tracker has been introduced which has been implemented to review the Lead Officers data collection and feedback is provided monthly for Leads if there are discrepancies. Civica report training has been arranged and booked in for 18.10.22 to further develop enhanced reporting functions on Civica. Increase performance monitoring has been introduced.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
22/23 Housing Allocation & Homelessness	The reported KPIs in relation to Homelessness be reviewed to include measures, with associated performance, relating to the timeliness of addressing applications.	2	The Homeless Code of Guidance set outs the framework for prevention and relief activity in line with the Homeless Reduction Act, guidance of 56 days in each state – which means casework will be open in prevention/relief state for minimum of 112 days. Homeless applications cannot be taken unless applicant is threatened with homelessness within 56 days, intervention cases can therefore be open for some time and therefore timeliness of case handling can be significantly impacted by the nature of the case. As time taken to handle case is dependent on case circumstances and individual interventions, it is not appropriate to place targets on timeliness. However what is appropriate is to ensure that cases are moved on to the appropriate intervention state in a timely manner and this should be monitored closely by the Lead Officer(s) and Team Leader through H-clic (national data set monitoring and dashboard) rather than local KPI's. Officer sickness, vacancies and caseload volumes as a result of Covid have impacted on timeliness of moving from one case state to another.	Homeless Prevention Team Leader	07/09/2022	Outstanding	07/09/2022	KPIs have been reviewed. Case management monitoring to be further developed via HTIP outside of dashboard in H-clic. Team are currently finalising PI's to be added to In-phase, awaiting Civica report training (18-Oct) to ensure PIs data can be pulled from this. This will allow for LOfficers to have better oversight of all staff and performance from monthly basis.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
21/22 Safeguarding & Prevention	The Council introduce contractual terms, in line with those in place for tendered contracts, to apply to all procurements where contractors are likely to interact with the public.	2	Safeguarding clauses to be included (generally stated in the agreement where relevant) introduce additional clauses into the agreements where safeguarding is required and not included in the standard agreement. For below threshold agreements (£75k and below) this is more difficult. Procurement in general will not have sight of these and on most occasions the officers will manage this, meaning the Council will sign up to the suppliers Terms and Conditions and it will be governed by the Council's T&Cs on our Purchase Order. T&Cs being reviewed by Legal and add a safeguarding clause which can be referred to on the Council's Purchase Orders. Raise awareness to the clause around the Council so any contract where there is interaction with the public should be included in any new agreements.	Andrew Linden, Procurement, Team Leader Andrew Linden, Procurement Team Leader Andrew Linden	**31/08/2022**	Outstanding	25/04/2022	Still waiting for Legal to carry out review of the Council's Terms and Conditions which will ensure the Council's contract are up to date with the latest safeguarding clauses. Any tender that goes through a procurement process will however be covered in terms of the current clauses for Safeguarding. Housing (where the majority of safeguarding issues will sit) are carrying out a thorough contract review and one of the issues is ensuring all contractors are complying with safeguarding. This will be completed by January 23. There is still an issue with identifying all safeguarding issues on lower value contracts and there is a reliance on Council officers being sufficiently trained to ensure safeguarding is considered for any new contracts.
22/23 Communications	The Strategy be submitted to the Strategic Leadership Team for formal review and approval as scheduled.	2	The Communications and Engagement strategy will be formally approved by SLT on 31 August 2022.	Kelvin Soley, Head of Communications	**31/08/2022**	Implemented	02/09/2022	This has been completed.

Job	Recommendation	Priority	Management Comments	Responsible Officer	Original Due Date	Status	Last Update	Latest Response
22/23 Communications	The Strategy Action Plan, as set out in the Strategy Delivery Plan, be completed and submitted to SLT together with the overarching Strategy.	2	The corresponding action plan has been developed, and has been shared with SLT ahead of the SLT meeting scheduled for 31 August 2022.A copy of the updated communications programme 2022-23 has been shared with SLT.	Kelvin Soley, Head of Communications	**31/08/2022**	Implemented	02/09/2022	This has been completed.
21/22 Safeguarding & Prevention	The Policy be reviewed and updated in line with the proposed changes and communicated to staff at the earliest opportunity.	2	Policy is in the process of being reviewed and updated following staff changes and changes to the designated safeguarding leads.	Sue Warren, Lead Officer, Safeguarding	**31/07/2022**	Outstanding	25/04/2022	
21/22 Safeguarding & Prevention	All Staff and Councillors be instructed to complete any outstanding Safeguarding related training.	2	All training is on DORIS and if it is mandatory training then the individual will receive reminder emails to prompt them to book the specific course. Training is also reviewed by line managers who again can prompt individuals to book themselves on courses. Training Team to run a report to see who has completed the safeguarding training and for those outstanding, the training team will send out a reminder email. Report to be run every quarter to monitor.	Priti Gohill, HR & OD Team LeaderPriti Gohill, HR & OD Team LeaderPriti Gohill, HR & OD Team Leader	**31/07/2022**	Outstanding	25/04/2022	

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22/23 Housing Allocation & Homelessness	The proposed move to the revised KPI set is undertaken and performance monitoring focused on areas of poor performance (if applicable).	2	Revised suite of management information and PI's has already been implemented following service plan development.	Housing Needs Team Leader	31/07/2022	Outstanding	07/09/2022	KPIs have been reviewed. Case management monitoring to be further developed via HTIP outside of dashboard in H-clic. Team are currently finalising PI's to be added to In-phase, awaiting Civica report training (18-Oct) to ensure PIs data can be pulled from this. This will allow for LOfficers to have better oversight of all staff and performance from monthly basis.

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21/22 Business Continuity (inc Pandemic Response)	Management to complete the review and updating of Business Continuity Plan documentation and ensure it is made available to all relevant staff.	2	Corporate BC plan taken to Apr 22 Cttee for yearly consultation and approval to go to SLT 11th May. Following SLT approval, BC plan will be updated on the Doc Centre/Grab bag/RD and communicated. Exercise paper going to 27th April SLT. Proposal to hold July BC exercise. Senior management to ensure all Service Level BC plans and Business Impact Assessments reviewed prior to July CHS&R Cttee and BC exercise.	Corporate Health, Safety and Resilience Team Leader	**29/07/2022**	Outstanding	04/05/2022	Corporate BC plan updated. All CLT sent email requesting BIAs and BCPs to be updated and was being covered at September 2022 CHSR committee but now to form separate governance led by Deputy Chief Executive. BC exercise being moved to allow plans to be updated and verified. Tablet in place to move EP to digital and move away from grab bag. A conversation has been had with the new Deputy Chief Executive who is moving Emergency Planning and Resilience to a new governance format to be put in place. Operationally, CHSR have carried out the sending of the BCPs etc. so now waiting for DCE return to set up new board which will then set out the timetable for BCPs, exercise etc.

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21/22 Business Continuity (inc Pandemic Response)	ICT management to liaise with business following completion of the ongoing work on reviewing the BCP and DR plans to introduce a program of DR drills testing key Council systems and applications.	2	ICT management will liaise with the Resilience Team to develop BCP testing simulating loss of access to key Council systems.	Head of Digital	**29/07/2022**	Outstanding	04/05/2022	An initial BCP test. testing simulating loss of access to key Council systems, is now scheduled for October 2022
21/22 Housing Rents	Where FTAs are not pursued, the debt may be legally deemed as 'statute barred'. It must be ensured that FTAs are actively pursued and tenant accounts must contain adequate notes to demonstrate debt has been pursued.	2	Further investigation of FT accounts has shown that at times the system is failing to move accounts on to next arrears stage prompt therefore getting 'stuck' in the process. This system error is currently being resolved and in the meantime a review of all former tenant (FT) rent accounts in arrears is being conducted using an age of debt and balance based report Review the former tenant rent arrears recovery procedure to ensure fit for purpose. Bench marking with other organisations. Lead Officer to closely monitor the work carried out on FT accounts to ensure thorough notes are being made and correct procedures carried out to actively pursue arrears.	Team Leader and Lead Officer	**30/06/2022**	Implemented	11/02/2022	FT accounts are still managed using age of debt and balance based report however a 'loop' has been added to the Orchard system to ensure accounts no longer get stuck, these accounts will loop back to the beginning for review. Report to be presented to the Resident Services Board September 28th 2022 which will propose the use of a debt collection agency to assist in recovering FTA's. FTA procedure to be reviewed and if the above proposal is agreed by RSB it will shorten the current FTA procedure and free up officer time.

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21/22 Business Continuity (inc Pandemic Response)	Disaster recovery arrangements be tested on an annual basis. Test results be documented as part of a formal test report which details test objectives, outcomes, and lessons learned. This can then be used in updating and improving the DR plan and supporting documents.	2	A tabletop DR exercise is scheduled to take place in June. A test restoration of a key line-of-business system will take place in June 2022.	Head of Digital	30/06/2022	Outstanding	04/05/2022	"The tabletop exercise has now been scheduled for October following consultation with SLT. COMPLETED - test restoration of key line-of-business system was completed in June 2022."
21/22 Planning Enforcement	The risks to delivering an effective and timely planning enforcement service be recorded as a local risk and actions identified to mitigate the risk.	2	The department's risk register does consider the risks associated with staffing shortages, though does not specifically deal with Planning Enforcement. ACTION: The Council's Risk Register to be updated to include the risks to delivering an effective and timely planning enforcement service, and mitigation actions.	Alex Robinson (Group Manager – Planning and Development)	31/05/2022	Outstanding	29/03/2022	The new ATL (starting in December 2022) to work with Head of Service in completing this.

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21/22 Housing Rents	Upon resolving the resource constraint issue, the Housing Team must ensure that Current Tenant Arrears are reviewed and appropriate actions agreed with the Tenant.	2	During testing there were at least two accounts identified where there was 'no contact' or any evidence of an agreed action in place to reduce arrears and these were identified as accounts managed by an employee where performance issues were identified and rectified. The Covid pandemic has affected tenant's ability to pay rent meaning officers are spending a lot more time offering intense support and this has greatly impacted their workload and ability to reach all accounts and tenants with arrears. Recruitment of two extra income officers will reduce the number of accounts on their 'patch' enabling officers to manage all their rent accounts whilst maintaining support needed for vulnerable tenants. Two Income Officer posts have been successfully recruited to.	Gill SwiftLead Officer Rent and Income	30/04/2022	Implemented	11/02/2022	Whilst the two extra posts were successfully recruited to the team have experienced a high level of long term sickness from March 2022 to date. One officer started maternity leave in July 22 and this post remains vacant. Lead officers review a number of accounts on a monthly basis to check work is carried out to the expected standard giving direct instruction to officers where improvement is required. Geographical working patches have been reduced from approx 1600 accounts down to 1000 per officer which has helped reduce workload, however the ongoing pressures on tenant finances is creating pressures on workload once more.

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21/22 Planning Enforcement	In line with Recommendations 6 and 7, all open cases be reviewed and if still active, be allocated to current Enforcement Officers for action. Where no further actions are required and/or the time in which to take enforcement action has expired, the cases be closed and recorded as such.	2	The issue is that there are too many open cases (approx. 480) to review at the same time, as well as dealing with all new cases that come in (approx. 520 a year). There also needs to be a distinction between open cases that are new and those that are historic, as it would not be necessary to review new cases. Various measures have already been introduced in an effort to focus on historic open cases. (1) In performance objectives the Enforcement Officers are tasked with reducing open cases for each calendar year. (2) A geographic approach was introduced to allow the team to focus on cases area by area, eventually covering them all (3) The '400 Plan' introduced a case type focus so that within 12 months all cases will have been reviewed. (4) Clear messaging has been provided to the team that the focus must be on closing new cases as soon as it is appropriate to do so to ensure that they do not become the historic cases of the future. ACTION: The '400 Plan Phase 2' will provide the focus for the next 12 months, in particular focusing on closing cases that can be closed.	Philip Stanley (Group Manager)	30/04/2022	Implemented	29/03/2022	It was agreed by Members in the 28.04.22 DMC (Planning Committee) that the Local Enforcement Plan priority for 2022 was to reduce 2012/13 and 2018/19 caseload.

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21/22 Planning Enforcement	A further focused review be undertaken of the older open cases (focusing on those approaching the 4 year and 10 year passage of time dispensation), to ensure that appropriate action is taken and assurance is provided that cases will not lapse due to the time limits.	2	It is very important that cases do not go beyond the 4 or 10 year periods without action because there is then the potential that harmful breaches of planning control become immune from Enforcement action. ACTION: The 400 Plan Phase 2 will provide particular focus on cases received in 2012/13 and 2018/19, to assess whether formal action is required before these cases 'time out'.	Philip Stanley (Group Manager)	**30/04/2022**	Implemented	29/03/2022	The reduction of 2012/13 and 2018/19 cases has been the main area of focus of the team in respect of historic caseload. Caseloads from these years have been reduced significantly:2012 (from 4 to 1), 2013 (from 3 to 0), 2018 (from 31 to 22), 2019 (from 69 to 33)

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21/22 Planning Enforcement	An assessment of the reasons as to why the Section has not been able to successfully recruit to the key Assistant Team Leader position, be undertaken and action be taken to address, where possible, the underlying issues. Additional fixed term resource be recruited to support the review and clearance of backlog and unallocated (to current Officers) cases.	2	Progress on The 400 Plan was severely hindered by staffing issues. Both the ATL and an Enforcement Officer left in August 2021, whilst the temporary Enforcement Officer cover recruited via Agency proved unsuccessful and the contractor was let go due to very poor performance. We have attempted to recruit for the ATL position three times, each time receiving no suitable applicants. Salary is a very important factor and this post needs to be regraded. ACTION: Complete review of reasons why recruitment for the ATL Enforcement post has been unsuccessful. ACTION: Complete regarding exercise of ATL Enforcement post with HR to allow for post to be re-advertised at higher salary band. Also, finalise details of any 'golden handshake' that could be offered. ACTION: Advertise for 1-year Enforcement Officer post that has been approved in 2022/23 budget.	Philip Stanley (Group Manager)	14/04/2022	Implemented	29/03/2022	Informal review undertaken in March 2022. The principal reason was an uncompetitive salary. The bandings for the role were altered (and to better reflect the position's responsibilities). On the first round of advertising (the 4th in total) with the new salary range a suitable candidate applied, was successful and will be joining the team in Dec 2022. ATL re-grading exercise undertaken with HR on 14.04.22. The 1-year Enforcement Officer position has been advertised three times in total since March 2022. The first and second rounds secured no appointable candidates. Two suitable applicants applied in the third round when the job title was changed to Planning Compliance Officer, with interviews taking place in September 2002. The successful candidate will be starting on 15.11.22.

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21/22 Procurement	Periodic formal oversight of organisation-wide procurement activity reports be established and presented to Committee/ Cabinet, with Leads held to account, where concerns are identified. Reports should include the level and nature of procurement non-compliances, for example, bypassing of procurement process requirements, exceptions, where Procurement Standing Orders (PSOs) were waived.	2	A report is currently presented to the Finance & Resources Overview Scrutiny Committee every quarter and this includes statistics on procurement activities. To comply with this recommendation, it is suggested that the organisation-wide activity report that is reported to this committee, also includes the number of times the PSO's have been set aside and other non-compliance issues. Should members have concerns over the procurement activity, then they can request that the client officer attends the next meeting or provides a written response to the concerns raised by committee. It is also suggested that the non-compliance report is shared with Senior Leadership Team each quarter.	Group Manager Procurement & Contracted Services	01/04/2022	Outstanding	13/01/2022	The performance report was presented to FROSC in September 2022 and the section on non-compliance was welcomed, it will form part of the performance report on an ongoing basis.
21/22 Customer Services	All staff with outstanding training requirements be required to complete these as a priority to ensure their training is up to date and current.	2	Training is an ongoing task and there will always be outstanding training as staff leave and new staff start. Training for a full time CSR in all services can take up to 12 months.	Tracy Lancashire – Team Leader Customer Services	31/03/2022	Implemented	25/10/2021	CSU staff are expected to complete all CSU training modules in up to 12 months from their start date with Customer Services. This timescale has been effective from 1 April 2022.

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21/22 Freedom of Information	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%	HR Team Leader	**31/03/2022**	Outstanding	10/11/2021	This responsibility should rest with Information Security Team Leader. HR will respond to these data requests when asked.
21/22 Waste Management	It be ensured that the planned service risk register is created and put in place. To record and manage risks raised in the monthly Service Summary report to the Portfolio Holder(s).	2	Work is taking place with the new In Phase system to record the risk register for the service. Additionally, the Neighbourhood Delivery Board now has the risk register for the service as a standing agenda item.	Assistant Director (Neighbourhood Delivery)	**31/03/2022**	Implemented	26/01/2022	Now part of performance monitoring. Also a live risk register is being kept as part of the depot transformation programme
21/22 Waste Management	The KPIs report to include explanations for those KPIs which are not performing along with a remedial action plan to bring the KPI back on track.	2	KPIs corporately are being reviewed as part of the new service planning process, and will be directly relevant to corporate and service priorities. Narrative is provided to the Portfolio Holder on a monthly basis, and reports also go to the Overview and Scrutiny Committee on a quarterly basis. All show narrative it reasons differ from previous report.	Group Manager (Environment)	**31/03/2022**	Implemented	26/01/2022	

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21/22 Planning Enforcement	Concentrated effort be focused on achieving the 1 day site visit target for reported Priority 1 cases. If appropriate, consideration be given to relaxing the Priority 3 target of 15 days to support this.	2	We receive relatively few priority 1 site visits each quarter (often less than 5) and therefore each site visit missed can make a huge difference to the % visited in time due to the very small sample size. Very few P1 site visits are not visited within the 1-day target. ACTION: The Planning Enforcement team are reminded in writing of the importance of visiting Priority 1 cases within 1 working day. ACTION: Priority 1 cases are flagged immediately to the ATL Planning Enforcement for action and monitoring.	Philip Stanley (Group Manager) (Business Support Assistant Team Leader)	31/03/2022	Implemented	29/03/2022	An e-mail was written to the team on 10.04.22, strongly reiterating the importance and urgency of P1 cases. An e-mail was written to BS ATL to set up procedures so that P1 cases can be flagged to Enforcement as quickly as possible.
21/22 Waste Management	It be ensured that all accident forms are completed in full and approved by the Operations Manager.	2	Discussed at the depot health & safety meeting, and supervisors to complete the accident forms with the relevant person to ensure done correctly and followed up. Forms cannot include costs until accident has been assessed and quotes requested and received. Unable to find any form that has not been signed by the Operations Manager.	Operations Manager - Waste	31/01/2022	Implemented	26/01/2022	

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21/22 Housing Rents	The Housing team must periodically review tenant accounts in credit; and note reasons, for such balances. Where it is identified that tenants are overpaying rent, the Housing team must take appropriate action.	2	Rent recovery procedures concentrate on accounts in rent arrears and officers have not previously been expected to prioritise accounts in credit. The introduction of Income Analytics (IA) means accounts in credit are easier to monitor as below. Officers are required to check accounts with large credits balances using a 'filter' on Income Analytics. Lead Officers will also check these accounts to ensure large credits are being dealt with in the appropriate way. We recognise that some tenants prefer to have credit on their rent account in case of a change in circumstances, particularly in view of the financial impacts of utility price increases and inflation. We would not want to discourage these good behaviours but propose to review accounts with 6 weeks rent credit and above. Action – Lead Officers to add as a regular discussion point/check at staff supervisions.	Lead Officers Rent and Income	**31/01/2022**	Implemented	11/02/2022	Rent credit letters have been created, an initial letter and a reminder. These are sent to tenants along with a rent refund form to high credit accounts. Recruitment to the third Debit Control officer (DCO) post has been successful and this will help support the rent credit work. However long term sickness of one officer is creating a backlog of the daily DCO work which means the rent credits cannot be prioritised at this time. Where income officers access an account with high credit they will action this.
21/22 Waste Management	It be ensured that Managers record the root cause of the vehicle accident and note the actions to prevent re-occurrence, on the accident forms. Furthermore, a system to monitor compliance be developed and put in place.	2	Discussed at the depot health & safety meeting, and supervisors to complete the accident forms with the relevant person to ensure done correctly and followed up. Work is also taking place with Corporate H&S and Insurance to understand trends to direct action.	Operations Manager - Waste	**26/01/2022**	Implemented	26/01/2022	

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20/21 GDPR/Information Governance	The record of processing activity be completed following the completion of the ongoing review of records.	2	This work is on-going and needs a lot of dedicated time. Timetable reflects this.	Information Security Team Leader	**31/12/2021**	Implemented	25/01/2021	ROPA Created
20/21 GDPR/Information Governance	An exercise be undertaken to review e-records and ensure a log of any destruction is appropriately recorded.	2	An on-going objective is to review the Council's e-records across all services to ensure that departments are aware of system records retention and any residual records on network shares. This is part of the Information Security Team Leaders (ISTL) Objectives. This is a major item of work, so the timetable for implementation is adjusted to reflect this.	Information Security Team Leader	**30/09/2021**	Outstanding	25/01/2021	Part complete - in respect of retention. Review of business systems and modules still needs to be performed, but have been distracted by increasing volume of other matters and disruption to capacity in my own team.