



Dacorum Borough Council

Summary Internal Controls Assurance (SICA) Report

2023/24

Internal Audit

Draft

January 2024

Summary Internal Controls Assurance

Introduction

1. This summary 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 31st January 2024.

Whistleblowing - driving the conversation

2. **The importance of a healthy culture.**

We have seen, over the last few months, the publication of several high-profile reports such as the Metropolitan Police (Casey Review March 2023), University Hospitals Birmingham (Bewick Report March 2023) and Plaid Cymru's review (conducted by Nerys Evans May 2023) where a common theme for each organisation was reported around the treatment of whistleblowers as well as 'poor' organisational culture, failures in leadership and poor whistleblowing reporting mechanisms.

There are so many high-profile incidents that have arisen over the last few years across many sectors and industries, perhaps most notably the #METOO campaign which highlighted sexual abuse in the entertainment industry spanning decades, where, despite there being many reported incidents, the individuals were ignored, ostracised or simply closed down and the matter covered up.

There is a real drive within government to look at the Whistleblowing Laws in the UK to drive through change. It is anticipated that there will be greater onus on organisations to improve their culture and to provide greater support and protection for whistleblowers. The outcome of the government's research is due for completion by the Autumn 2023.

In anticipation of the key messages coming out from the government, we in TIAA are using our expertise and knowledge to support organisations by:

1. Working with organisations to 'health check' organisational culture in respect of whistleblowing;
2. Providing a platform for those responsible for governance, raising concerns, whistleblowing and freedom to speak up guardians to share knowledge expertise, good practice in a forum event.
3. Examining poor practice and looking at the lessons to be learnt from recent incidents in webinar events and through consultation exercises such as online surveys.
4. Sharing the information through benchmarking reports and roundtable events.

Please use this link to keep up to date with our campaign and/or to be part of the conversation and drive through real change and improvement in this important area.

<https://www.ttaa.co.uk/publications/ttaa-organisational-culture-and-whistleblowing-webinar/>

Audits completed since the last SICA report to the Audit Committee

3. 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
Health & Safety – Corporate (HRA is to come)	Reasonable Assurance	18/12/2023	Various	30/01/2024	0	5	7	1

4. 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 2023/24 Annual Plan

5. Our progress against the Annual Plan for 2023/24 is set out in Appendix B.

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.

Actions outstanding and completed from audits undertaken in the current financial year

7. Appendix D provides an update against the recommendations issued for reports issued for the current financial year. One is implemented, two are not yet due. Additionally there was one report which due to timing had not been included on the portal at the time this extract was made. That report is included in these management papers and it can be seen that had that been included it would have been indicated as not yet due (*MTFS). It should also be noted that there is one additional report included in this progress report which has not been included as it relates to a delayed output; at Dacorum’s request, from last financial year.

Frauds/Irregularities

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

Responsibility/Disclaimer

9. 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
Health & Safety – Corporate (HRA is to come)	Reasonable

Health and Safety (Corporate)

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Corporate Priority 1: A clean, safe and enjoyable environment

KEY STRATEGIC FINDINGS

- Progress has been made with implementing recommendations made in 2022/23 Internal Audit of Corporate Health and Safety including a refreshed oversight committee and a programme of training for Managers. However, our review has identified areas where suggested reports to the Corporate Health and Safety Board have not yet been implemented and work is still progressing to improve the quality of reporting and should continue to be kept under review.
- Review of processes for core building compliance for a sample of four buildings (The Forum, Old Town Hall Theatre and Cupid Green Depot (Building D) identified that evidence was not available to support one Legionella risk assessment a lack of feedback from Contractors to confirm that remedial works have been completed. Subsequent to the audit evidence of the Legionella risk assessment has been provided.
- Testing on health and safety checks and risk assessments at three sampled core buildings highlighted instances where checks had not been completed in full. Similarly, a sample review of five accident and incident forms identified gaps in the completeness of information recorded.

GOOD PRACTICE IDENTIFIED

- Key performance indicators have been developed and are reported to the Corporate Health and Safety Board.
- Work is in progress to deliver the database for the central management of risk assessments within agreed timescales (March 2024).

SCOPE

H&S is a Corporate Priority and appropriate and adequate Health and Safety for Housing is a critical requirement. Previous audit reviews identified a number of initiatives regarding Health and Safety requirements as work in progress. The audit will review the findings of the previous audits follow-up and examine and test the arrangements for Health and Safety that should be in place for 2023/24 onwards. The review will ascertain and report on the systems and processes the council has in place to ensure compliance and provide assurance that these are designed and operating effectively in relation to corporate health and safety and buildings, specifically in relation to; Fire safety, Legionella, Electrical and Gas Safety certificates, Proactive health and safety walkabouts and management of actions arising, Completion of

ACTION POINTS

Urgent	Important	Routine	Operational
0	5	7	1

risk assessments, Recording and reporting of accidents and near misses, Qualified Health and Safety officer in post.

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)
5	Directed	A process to carry out health and safety audits across the organisation has been reviewed and developed but has not met expected timescales set to complete the review. Evidence was available to confirm that a rolling schedule of Department self-audit to be completed by Service Heads, was planned to commence in March 2023 and complete by the 30th June 2023. It is intended that the results of the self-audits will inform a programme of Health and Safety audits to be completed by the CHSR Team. The progress of the self-audit programme had been impacted by delays in delivering health and safety training to officers to support the completion of the audit forms. During the audit it was confirmed that some Self-Audit responses had been received and outstanding responses are being reported to the CHSB.	Actions be taken to expedite the outstanding self-audit responses and develop the Health and Safety audit plan for delivery in 2023/24.	2	<p><i>Achieved:</i></p> <p><i>Whilst there has not been a scheduled audit plan during 2023, the major review of health and safety across DBC which was carried out between May and November 2023, included visits to Adventure Parks, Old Town Hall, Cupid Green Depot and review of local documentation. An audit of Fleet Management was also carried out.</i></p> <p><i>TIAA report represented the situation in August 2023, when they carried out their audit. All Managers Self Audits had been received prior to publication of this audit report, with senior management support throughout to ensure completed.</i></p> <p><i>In addition:</i></p> <p><i>Health & Safety Consultant was brought in to carry out a major review in May 2023. The results of this were presented to SLT on 14 December 2023 and will be presented to Cabinet early in the New Year. Only two of the Manager Self Audit responses had low scores and these have been followed up by CHSR and support provided. This</i></p>	<p><i>01/11/2023 (Achieved)</i></p> <p><i>01/11/2023 (Achieved)</i></p> <p><i>01/11/2023 (Achieved)</i></p>	<p><i>Strategic Director Neighbourhood Operations Health & Safety Manager (Interim) Strategic Director Neighbourhood Operations</i></p> <p><i>Head of Health, Safety & Resilience</i></p>

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.	3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
					<p>identified that the low scores were mainly due to a form completeness issue rather than a short fall in service provision.</p> <p>A new quarterly Head of Service reporting process was approved by the Health & Safety Board in October 2023 and was implemented from January 2024 (reporting to their Strategic Director and CHSB) and this will include the action Heads of Service are taking to address their Manager Self-Audit findings.</p> <p>The CHSR Team has undergone a major restructure to ensure that the appropriate resource at the appropriate level is allocated to the team. A new Head of Health, Safety and Resilience (HHSR) started in January 2024, their sole areas of responsibility will be Health, Safety and Resilience. They will need time to address findings from the review before planning further audits. Also, our management arrangements are being documented and future Managers Self Audits will be based on these.</p> <p>Year 2 of Managers Self Audit to be carried out in Q1 2024 and this will be included in the 2024 Service Planning (as it was in 2023).</p>	<p>01/01/2024 (Achieved)</p> <p>04/10/2023 (Achieved)</p> <p>22/11/2023 (Achieved) April 2024 Dec 2024 (Achieved)</p>	<p>Health & Safety Manager (Interim)</p> <p>Strategic Director Neighbourhood Operations</p> <p>HHSR</p> <p>HHSR</p>

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					Schedule of Audits to be developed by HHSR		
6	Directed	2022/23 Internal Audit of Corporate Health and Safety recommended developing the scope of reports to the CHSB. A review of reports to the CHSB for April and May 2023 confirmed that suggested additional reporting had been implemented with the exception of health and safety related risks identified in service areas/centrally and training statistics required from Human Resources.	CHSB reporting and Compliance report content be further enhanced to include health and safety related risks identified in service areas/centrally and risk rating for Compliance non-conformities. Human Resources be required to provide training statistics to the CHSB.	2	<p>Action already completed.</p> <p>From January 2024 CHSB will be working to new Terms of Reference. The following reports will be tabled regularly:</p> <ul style="list-style-type: none"> - CHSR performance report (ongoing) - Building Safety Composite report (stated Oct 23) plus most recent B&RS statutory compliance (FLAGEL) report (ongoing) - Top risks performance report – this will show Service performance against top risks identified in the H&S Risk Profile (New) - Directorate H&S Reports – compilation of narrative reports from each Head of Service (New) - Cupid Green Depot H&S Meeting Report (Started Oct 23) 	<p>Dec 2023 (Achieved)</p> <p>Oct 2023 (Achieved)</p>	<p>Strategic Director Neighbourhood Operations</p> <p>Assistant Director Property Services (Interim)</p>

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		Additionally, the quality of information provided through the Compliance report required improvement and a review of the Compliance report for June 2023 confirmed that additional narrative and actions taken to address non-compliances had been included in the report. However, it was noted that the risk that non-compliances pose to the Council has not yet been incorporated into the report.			<ul style="list-style-type: none"> Human Resources report (covering training, sickness absence, health surveillance and other work-health matters) (Started Oct 23) <p>HPS have changed their compliance reports since the Audit was undertaken and now gives more information on the General Fund portfolio and presents compliance data as a percentage. A simple green for 100% compliance and red if not 100% is used.</p>		
9	Directed	<p>A review of building safety compliance, including Fire Safety, Legionella, Gas and Electrical Safety for four corporate buildings (The Forum, Cupid Green Depot - Building D, Old Town Hall Theatre and the Grovehill Adventure Playground), identified that:</p> <ul style="list-style-type: none"> A risk assessment to support the Legionella checks for the Cupid Green Depot - Building D could not be evidenced. Two actions from the fire risk assessment action plan completed on 26/07/2022 for The Forum have not been completed. One high risk relating to the Corporate Fire Policy to clarify the appointed person role and one medium risk to complete the Arson Policy. 	Actions be taken to ensure all corporate building safety compliance checks are evidenced and completion of actions is fed back to the Building Surveyor for recording on the compliance spreadsheet.	2	<p>Head of Property Services has advised that all FLAGEP compliance checks are monitored, and completion of actions is fed back to the Property Services Compliance Surveyor. Operational meetings continue with contractors and delivery of reports have improved but will continue to be monitored.</p> <p>Legionella Risk Assessment: The Head of Property Services has confirmed that the risk assessment for Building D was carried out in 2020 and is stored and managed by the Property Services Compliance Surveyor. A review was undertaken in March 2023.</p>	<p>Complete and ongoing</p> <p>16/03/2023 (Achieved)</p>	<p>Head of Property Services</p> <p>Head of Property Services</p>

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		<ul style="list-style-type: none"> Instances were noted where there was a lack of feedback to the Building Surveyor, to confirm that actions arising from building safety checks had been satisfactorily completed. (Fire Safety - Cupid Green Depot Building D, Grovehill Adventure Playground, Legionella - Old Town Theatre, Gas Safety - The Forum, Electricity - The Forum). <p>This issue was raised in the Compliance Report to the CHSB (June 2023) highlighting ". follow up works are essential in maintaining safe operations. The spreadsheet does not record completion of follow up actions".</p>			<p><i>Fire risk assessment action plan: The first matter is being addressed through rewrite of the Corporate Health and Safety Policy which clearly puts responsibility on the premises controller to ensure the local fire safety arrangements (allocated to the "Appointed Person" in the Fire Policy) have been implemented. The Managers Self Audit has shown good compliance on local fire arrangements, so although the Fire Policy needs updating in this area, this is not high risk. When the Fire Policy is updated in May 2024 the appointed person reference will be clarified and reflect the H&S Policy. It will also incorporate Arson. An arson risk assessment of the Forum was conducted in September 2022.</i></p> <p><i>Note the revised H&S Policy went to SLT on 15th November 2023. This is currently undergoing consultation. Once they have approved it, it will go to Cabinet for final sign off (early in the New Year).</i></p>	May 2024	HHSR
10	Directed	<p>A review of health and safety checks at core buildings (Old Town Hall Theatre, Grovehill Adventure Playground) highlighted lapses in the completeness of checks performed. Specifically;</p> <ul style="list-style-type: none"> 11 instances (dated January and February 2023) where a weekly check for Fire 	Local Health and Safety checks be recorded in full and consistent records of remedial actions be made.	2	<p>Old Town Hall:</p> <p><i>Although there were gaps in fire alarm records in February 2023, records from March up to June 2023 were complete, indicating a historic issue that has been resolved. The emergency lighting check states that the emergency lighting was</i></p>		

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		<p>Alarm and Accessible Facilities at Old Town Hall Theatre had not been recorded and it could not be confirmed if all expected checks had been completed.</p> <ul style="list-style-type: none"> Monthly checks on Emergency lighting at Old Town Hall Theatre (July 2023) identified that actions had not been recorded to address lighting failures for three lights in the Loft Space. Actions had been recorded for other failed lights. Ladder checks carried out in July 2023 identified a recommendation to replace a ladder. Confirmation of this action being completed was awaited. Daily safety check lists for Grovehill Adventure Playground had not been completed for some days on the checklists. No explanation was recorded for the gaps. Health and Safety monthly checklists for Grovehill Adventure Playground (April to June 2023) had not been completed in full. Section 1 - Policies, Section 2 - Fire precaution and Training - Staff know evacuation procedure and assembly point in the event of a fire, Section 3 - Protective Clothing - provided and worn and Section 9 - Ladders - code of practice available, numbered and checked. 			<p><i>working, but there was a problem with the normal lamps.</i></p> <p><i>Theatre Manager has confirmed that checks do now take place regularly and are logged accordingly. All logbooks are kept in the Old Town Hall shared drive which is accessible to OTH staff only and all staff who undertake checks know how to access them.</i></p> <p><i>The faulty lights have been replaced by Elecspec. The replacement ladder has also been purchased.</i></p> <p>Grovehill. <i>H&S Consultant recommended in July 2023 that the responsible manager for Grovehill reviewed their monthly and daily checklists to make them more relevant to the sites</i></p> <p><i>The Leisure Services manager has responded that following the recent audit, internal checks have been reviewed. These are being carried out as required and fully completed. The weekly, monthly and quarterly checks will be digitalised by 1st February 2024.</i></p>	<p>January 2024 (Achieved)</p> <p>January 2024 (Achieved)</p> <p>January 2024 (Achieved)</p>	<p><i>Assistant Director Place, Communities & Enterprise</i></p> <p><i>Assistant Director Place, Communities & Enterprise</i></p> <p><i>Head of Communities & Leisure</i></p>

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11	Directed	<p>A review of seven risk assessments from The Forum, Old Town Hall Theatre and Grove Hill Adventure Playground identified instances where details had not been completed in full.</p> <ul style="list-style-type: none"> One action on the Microwave and Kitchen use risk assessment for The Forum (to obtain manufacturers instructions) was outstanding. Two hazards on Old Town Hall risk assessments (RA2 Kitchen and Bar - and RA6 Theatre Main space) where it was not recorded if further actions were required to address the hazard risk. Three Old Town Hall Theatre risk assessments were dated 2018 and had not been subject to recent review and update. NB: The Artistic Team Leader stated that this was due to lack of staff resource. One action on the Grovehill Adventure Playground risk assessment for Workplace and Welfare / Lone Working, (allocate lone working devices to staff) was outstanding. One hazard on the GroveHill Adventure Playground risk assessment for Safeguarding Children where it was not recorded if further action was required to address the hazard risk. 	Local risk assessments be reviewed and updated on a regular basis, ensuring that records are completed in full and action dates are complied with.	2	<p><i>The quality and need for regular update of risk assessments was identified in the H&S review. There are actions in the review action plan to address this.</i></p> <p><i>Growth bid was submitted two years ago for database to allow for this to happen more easily. The digital H&S platform is being implemented from Feb until Oct 2024 and will be used to record local risk assessments. It will enable actions arising from them to be tracked.</i></p> <p><i>Local Managers will need to review their risk assessments as part of the process of uploading them onto the database. Self-Audits have been carried out and this information has been used to highlight areas that need more support and risk assessment review first.</i></p> <p><i>A common risks risk assessment template has been developed to assist all managers with recording their risk assessment and this will be circulated after it has been to H&S Board and managers required to complete it.</i></p> <p><i>The Head of Property Services has confirmed that the risk assessment for the kitchens has been updated and manufacturer's instructions provided with microwave ovens.</i></p> <p><i>H&S consultant gave feedback to the responsible managers on the risk</i></p>	<p><i>Will be addressed as part of wider H&S Plan</i></p> <p><i>December 2023</i></p> <p><i>February 2024</i></p> <p><i>January 2024 (Achieved)</i></p>	<p><i>HHSR / Heads of Service</i></p> <p><i>All Heads of Service</i></p> <p><i>Head of Health Safety & Resilience</i></p> <p><i>Head of Property Services</i></p>

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
					<p>assessments referred to for the Adventure Parks and OTH Theatre as part of her review in July 2023.</p> <p>The Leisure Services Manager has confirmed that lone working devices have been provided. Risk assessments are being updated and where there are no further actioned they will ensure N/A is added.</p> <p>Theatre Manager has confirmed that there are no hazards with outstanding actions at the Theatre. The general risk assessment (originally dated April 2022) has been reviewed and no updates were needed.</p> <p>NB: New Heads of Service are being appointed in Place Communities and Enterprise. They will be responsible for ensuring risk assessments are regularly reviewed and updated going forward.</p>	<p>July 2023 (Achieved)</p> <p>January 2024 (Achieved)</p> <p>January 2024 (Achieved)</p> <p>January 2024 (Achieved)</p>	<p>Strategic Director Neighbourhood Operations</p> <p>Head of Communities & Leisure</p> <p>Assistant Director Place, Communities & Enterprise</p> <p>Assistant Director Place, Communities & Enterprise</p>
1	Directed	The Health and Safety Strategy refers to Premises Safety Tours, and the Health and Safety Policy includes a requirement for workplace inspections at least quarterly. From discussions with the Health and Safety Consultant, and evidence provided from corporate areas, it was identified that there was no consistent record to document	Verification that premises safety tours / workplace inspections are completed in all services be sought and monitored centrally.	3	<p>The Managers Self Audits included questions about the premises, so this was achieved during 2023 through the manager self-audit process.</p> <p>The H&S Review found that although the H&S Strategy referred to premises</p>	October 2023 (Achieved)	Head of Health Safety & Resilience

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		workplace inspections and inspections carried out were not reportable centrally for monitoring purposes. Reliance was being placed in the management responses provided on the Self Audit form to confirm that the relevant workplace inspections were being completed. At the time of the review responses from nine service areas were outstanding.			<p><i>Safety Tours there was not a process or checklist to support it and responsibility had not been allocated through the H&S Policy. This has been addressed through a rewrite of the H&S Policy and documenting Management Arrangements which clearly set out expectations. A separate Premises Inspection checklist to support Heads of Service / Premises Controllers in carrying out the premises safety tours is also under development. It will be linked to the managers' self-audit.</i></p> <p><i>These documents are currently going through consultation and approval. In 2024 Managers Self-Audit will be used to verify that premises safety tours have been undertaken.</i></p> <p><i>The digital H&S platform will enable premises inspections to be completed and submitted electronically, giving much greater oversight of regular workplace inspections.</i></p>	<p>June 2024</p> <p>From October 2024</p>	<p>Head of Health Safety & Resilience</p> <p>From October 2024</p>
2	Directed	The Council has a standard template risk assessment form for recording and evaluating risks within workplace operational procedures. From discussions with the Health and Safety Consultant it was identified that there was a lack of guidance relating to the	Guidance for the completion of risk assessments and review be developed and communicated to all appropriate staff.	3	<p><i>Although there was no written guidance at the time of the audit, all managers attended 1-2 day health and safety training during 2023, which included guidance on risk assessment. In addition, the CHSR team set up</i></p>	July 2024	Head of Health Safety & Resilience

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		use and completion of the risk assessment forms and whilst Managers had risk assessments in place, these were not always reviewed on a timely basis. NB: our testing has identified instances where this was the case.			<p><i>weekly drop-in sessions at the Cupid Green Depot and Forum to support managers on risk assessment and the managers Self-Audit. The H&S Consultant also provided feedback to specific managers included in the H&S Review on their risk assessments.</i></p> <p><i>Some guidance on risk assessment is included in the draft DBC Management arrangements (See above). In addition, a risk assessment template to enable all managers to easily assess common H&S risks has been developed. This is currently undergoing consultation.</i></p> <p><i>The need for written guidance, in addition to the training and support already offered, was identified as part of the Health and Safety Review, as the Review found that the risk assessments reviewed needed improvement. Action to address this has been incorporated into the Health and Safety Plan and the implementation of the Digital Platform will also provide an opportunity to improve the risk assessment process.</i></p> <p><i>The Health and Safety Plan will be reviewed by the new Head of CHS and CHSB and timescales determined in consultation with relevant senior managers.</i></p>	<p>January 2024 (Achieved)</p> <p>October 2024</p>	<p>Head of Health Safety & Resilience</p> <p>Head of Health Safety & Resilience</p>

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	Systems have been implemented to ensure that actions arising from Board meetings are appropriately tracked. A review of CHSB papers for September and December 2022 and March 2023 confirmed that an action log had been established and was in operation. Actions in the log are assigned a risk level and a review of the action logs for December 2022 and March 2023 highlighted inconsistent use of the risk levels as per the Risk Key. Five actions were noted on the December 2022 action log where "not assigned" had been recorded as the risk level, and one action from the March 2023 action log where "not low" had been recorded.	Risk levels be assigned to all actions recorded in the action log in accordance with the Risk Key.	3	<p>Since March 2023 the tracking of actions from CHSB has continually improved. CHSR are proactively following up with those with actions and asking them to respond prior to CHSB. This enabled most actions to be ticked off prior to the October meeting.</p> <p>A new template for recording actions was introduced in October 2023. This did not include the risk rating, so this has now been reinstated.</p> <p>A report on CHSB goes to SLT and this would include highlighting actions that had not been progressed.</p>	<p>October 2023 (Achieved)</p> <p>February 2024</p>	<p>Head of Health Safety & Resilience</p> <p>Head of Health Safety & Resilience</p>
4	Directed	A review of actions recorded in minutes from CHSB meeting in June 2022 highlighted five actions which did not appear to have been brought forward onto the action log. However, it is acknowledged that systems were in development during this period and review of later CHSB minutes confirmed that all actions raised from September and December 2022 meetings were recorded in the action log.	Checks be undertaken to ensure that actions raised from June 2022 have been completed.	3	<p>TIAA was asked to provide details of the actions they are referring to, to assist new Head CHSR in addressing, as these actions are now 18 months old.</p> <p>1) All to fill out their BIAs and BCPs in June.</p> <p>This has been tracked and monitored through the Resilience Board and CHSR performance reports. An additional resource has been brought in to assist DBC on Resilience and they are reviewing all the BIAs and BCPs with the Heads of Service.</p> <p>2) Desktop / exercise testing review to</p>	March 2024	Head of Health Safety & Resilience

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.	3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
					<p>be carried out in July, pending SLT approval.</p> <p>Exercises with CLT were carried out in August 2023 and January 2024.</p> <p>An additional resource has been brought in to assist DBC on Resilience and they are arranging some further resilience exercises over the next few months.</p> <p>3) R Rice to include dealing with first aiders in the handover meeting with B Hosier and T Moore.</p> <p>Believe this relates to the Forum, where it was agreed that Mitie provide first aid support (as DBC staff are hybrid workers).</p> <p>4) E Walker to ensure a survey of all defibrillators with respect to pads and batteries.</p> <p>5) New process to be defined to easily see what events are being held in DBC.</p> <p>There is an Events spreadsheet which is kept up to date by DBCs Events Group. A Teams Group has also been set up to aid communication. The Events Update group meets fortnightly (chaired by the Head of Health, Safety and Resilience).</p> <p>In the longer term an App is being procured which will enable all events (internal and external) to be logged and</p>	<p>January 2024 (Achieved)</p> <p>December 2022 Achieved</p> <p>April 2024</p> <p>May 2023 (Achieved)</p>	<p>Head of Health Safety & Resilience</p> <p>Head of Property Services</p> <p>Head of Health, Safety & Resilience</p> <p>Head of Health Safety & Resilience</p>

PRIORITY GRADINGS

1 **URGENT** Fundamental control issue on which action should be taken immediately.

2 **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

3 **ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
					monitored. This project is being led by the Communications and Engagement team.	June 2024	Head of Communications & Engagement
7	Directed	At the time of the review the Interim Assistant Director Neighbourhood Delivery had drafted a Health and Safety risk for consideration by the Senior Leadership Team to address gaps in recording health and safety risks in the Corporate Risk Register. Additionally, the Interim Assistant Director Neighbourhood Delivery was responsible for local health and safety risks relating to Environment Services (i.e. pest control, community protection) which were being reviewed. The Interim Assistant Director Neighbourhood Delivery left the organisation and it was unclear how the draft Health and Safety risk and review of Environment Services risks would be progressed.	An officer be nominated to progress the draft Health and Safety risk with the SLT and complete the review of Environment Services risks.	3	<p>H&S Consultant was shown the strategic Risk Register on 25 August 2023. This referenced H&S as part of a wider risk relating to statutory compliance.</p> <p>Heads of Service in Neighbourhood Operations have confirmed that their operational risk registers are up to date and include H&S risks where appropriate.</p> <p>Note that since the audit a full H&S Risk profile has been developed and is kept under review by CHSB. Consideration is being given to how this will link to operational and strategic risk registers.</p>	<p>August 2023 (Achieved)</p> <p>January 2024 (Achieved)</p> <p>September 2023 (Achieved)</p>	<p>Strategic Director Neighbourhood Operations</p> <p>Strategic Director Neighbourhood Operations</p> <p>Strategic Director Neighbourhood Operations</p>
8	Directed	A bid for funds to procure an electronic solution for recording and management of health and safety risk assessments is currently in progress and the target implementation date remains as March 2024. An assessment document "Current Corporate HS&R processes and planned requirements for H&S solution" highlights the ongoing risk that local risk assessments may not be consistently provided to the CHSR Team as	Systems be implemented to ensure that risk assessments undertaken locally are provided to the Corporate Health, Safety and Resilience Team for review.	3	<p>Electronic solution is now scheduled for implementation March – October 2024.</p> <p>It is not practical to set up a separate system ahead of implementation of the electronic solution, or for CHSR to review all local risk assessments. This requirement has been taken out of the revised Policy, but record keeping will be addressed as part of the documented Management</p>	October 2024	Head of Digital

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.	3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		required by the Health and Safety policy and it was unclear how this risk was being mitigated in the interim.			<p>arrangements that are being developed.</p> <p>There is an expectation that risk assessments will be provided to CHSR on request (e.g. as part of an audit) and Heads of Service are aware they can seek advice on risk assessment. Drop-in sessions have been held at Cupid Green Depot and the Forum to support this. CHSR are also actively support heads of Service and managers with risk assessment improvement work where audits have shown a need. The new "Common risks" template (currently under consultation – see above under rec 2) will assist many managers in recording their health and safety risk assessment.</p>		
12	Directed	<p>A review of five accident / incident forms reported to the CHSB in May 2023 highlighted areas where incident details were not completed or did not give clear answers to questions in the form.</p> <ul style="list-style-type: none"> Two forms where it was noted that both "Yes" and "No" had been checked in the question response boxes. One form where the action recorded in Section 5 did not have an action owner or planned completion date. 	Accident / Incident forms be completed in full and further advice / training provided to staff to ensure question responses are appropriate.	3	<p>These are administrative oversights rather than risk critical. Where there are gaps on reporting forms, Corporate Health, Safety & Resilience (CHSR) team will normally go back to the originator and their emailed response would be saved with the report form, unless a major revision is needed. So, some or all of these reports may have been addressed at the time.</p> <p>CHSR will continue to ensure that when they review incident forms they go back to the originator if data is incomplete or</p>	December 2023 (Achieved)	Head of Health, Safety & Resilience

PRIORITY GRADINGS

1 **URGENT** Fundamental control issue on which action should be taken immediately.

2 **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

3 **ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		<ul style="list-style-type: none"> One form where incident investigation sections had not been completed in full. One form, recorded as a Near Miss where the Investigation Section and not been completed by the Manager. <p>NB: accident forms reported in May 2023 did not involve core buildings.</p>			<p><i>incorrect and escalate to the Head of Service if not addressed.</i></p> <p><i>In the longer term new digital reporting mechanisms will be developed as part of the digital platform, which will ensure forms are completed accurately.</i></p> <p><i>It is felt that this shortfall should not be classed as important, rather a routine violation.</i></p>	From Oct 2024	Head of Health Safety & Resilience

PRIORITY GRADINGS

1 **URGENT** Fundamental control issue on which action should be taken immediately.

2 **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

3 **ROUTINE** Control issue on which action should be taken.

Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
MTFS	1	Final – Report Nov	Final
Commercial Rents	2	Final – Report Nov	Final
Garage Rents	2	Final – Report Nov	Final
H&S - Corp	1	Final – Report Jan	Final
Risk Management Framework	2	Draft 15/11/2023	Awaiting Management Responses
Community Grants	2	Draft 25/10/2023	Awaiting Management Responses
Key Financial Controls	3	Draft 28/11/2023	Awaiting Management Responses
HRA H&S	1	Draft 29/01/2024	Awaiting Management Responses
Leisure Contract	3	Fieldwork Completed	Exit Meeting Booked
Budgetary Control	3	Fieldwork ongoing	In Progress
Performance Management	3	To be issued Draft 05/02/2024	Awaiting Issuance
Housing rents	4	Fieldwork ongoing	Opening meeting booked 15/11/2023
Climate Change	4	To be issued Draft 05/02/2024	Awaiting Issuance
Overtime and Additional Allowances	2	Fieldwork ongoing	In Progress
Waste Management	3	Commenced 05/02/2024	In Progress

Planning Enforcement	4	To be commenced	TBC
Housing Transformation Improvement Programme (HTIP)	4	To be commenced	TBC
Housing Allocations	4	To be commenced	TBC
Planned and Preventative Estate Maintenance	4	To be commenced	TBC

KEY:

 To be commenced	 Site work commenced	 Draft report issued	 Final report issued
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Priority 1 and 2 Recommendations - Progress update

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p>Review title: 22/23 202122 Place Strategy HGP JD</p>						



Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p>The Hemel Place Board along with HGC Delivery Board, to devise a suite of metrics against key deliverables and to be reported periodically over the life of the project/ scheme.</p>	2	<p>Hemel Place and HGC will work with DBC Project Management Office to articulate the objectives and consider appropriate KPIs when in delivery mode and whether these should only be in policy development mode as well. For example KPIs are relevant to HGC capital spend for 2022/23. Hemel Place will move to delivery mode after April 2023 and it is suggested that relevant KPIs will be reported to SPEOSC going forward.</p>	<p>30/04/2023 Revised 31/12/2023</p>	<p>Programme Director, Hemel Garden Communities</p>	<p>02/11/2023 25/01/2024</p> <p><i>Hemel Place – Projects will be developed to implement and deliver the Hemel Place Strategy when finalised including the Hemel Hempstead Town Centre Vision. Appropriate KPIs and key deliverable will be developed as part of each project and will be agreed as part of the project governance through the Corporate Place Board and Hemel Place Board</i></p> <p><i>Hemel Place - Budgets will be set, approved and reported on as part of project development and governance reporting as described on 08/09/2023. This is an ongoing action as projects develop and will be embedded in the governance process as described</i></p> <p><i>At the moment, HGC does not have any live capital projects. Our key workstreams are the production of evidence in support of the Local Plan, so the member scrutiny comes via the Local Plan processes.</i></p>	

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p>It be ensured that budgetary positions for “discreet projects” such as Hemel Place including key variances are presented on a periodic and proactive basis to Members for approval, and that this approval is documented accordingly.</p>	2	<p>The financial forecast shows an over spend of £76k as opposed to £170k and is interdependent to the Place Communities Enterprise restructure and additional spend to deliver Hemel Place priorities.</p>	<p>31/3/2023 Revised 31/12/2023</p>	<p><i>Hemel Place Strategy, Programme Manager</i></p>	<p>02/11/2023</p> <p><i>Budgets will be set, approved and reported on as part of project development and governance reporting as described on 08/09/2023</i></p> <p><i>“08/09/23</i></p> <p><i>Financial reporting on Hemel Place Strategy as well as other such projects within the service area will be included in programme management reporting moving forward as appropriate as well as included in Scrutiny reporting on programme updates.”</i></p> <p><i>As previously responded - Hemel Place - Budgets will be set, approved and reported on as part of project development and governance reporting as described on 08/09/2023. This is an ongoing action as projects develop and will be embedded in the governance process as described</i></p>	

Review title:

22/23 Housing Repairs & Maintenance

Recommendation	Priority	Management <i>Comments</i>	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Risks related to repairs and maintenance be regularly captured and logged in order for risk to be appropriately monitored and mitigated.	2	The Council have a strategic risk around the 'the inability to deliver safe and good quality homes'. This is a high level risks designed to capture housing property related risk including that relating to repairs and maintenance. There are further operational risks which are featured on the department service plan	<p>18/08/2023</p> <p>March 24.</p>	<p>Ian Kennedy (Interim Head of Asset Management), Steve Cooper (Repairs/key to key Team leader)</p>	<p>02/11/2023</p> <p>A an operational risk register is being developed for review at the OPSP strategic core group meeting. This should be finalised by 30 November 2023.</p> <p>26/01/2024</p> <p>An operational risk register is being developed for review at the OPSP strategic core group meeting. This has been delayed (live risks are reviewed at operational meetings) and full risk log will be in place for March 24.</p>	

Review title:

22/23 Empty Homes

Whilst it is acknowledged that the Empty Homes Team is working to resolve the delays in reletting properties, Management should devise a strategy to deal with the delays in a timely manner and/or formally and systematically evidence escalation of the issue to Senior Management.

2 We acknowledge that there have been delays and performance has not been where we would expect this to be. The weekly WIP meeting has been restructured to ensure that properties are discussed and any delays are monitored, discussed and escalated in the timely manner. We have been working with the tenancy team and will be reintroducing the pre termination and transfer visits at the property with the tenant and will be raising the condition of the property and how this is expected to be returned at the end of their tenancy in order to reduce the works required when void which is a tenants responsibility DBC is working with our exiting contractors and exploring the use of other contractors to improve the turnaround time on adapted properties.

31/03/2024

*Lesley
Jugoo
Empty
Homes
Lead
Officer*

March 24.

6/01/2024

The progress of void works continues to be monitored at the weekly WIP meeting, should any delays be encountered these would be escalated to the HOS and the contract manager at OPSL. A monthly report is also now in place reporting on performance and turnaround times which will be presented to HSLT / PH monthly.

Review title:

21/22 Safeguarding and Prevention

<p>The Policy be reviewed and updated in line with the proposed changes and communicated to staff at the earliest opportunity.</p>	<p>2 Policy is in the process of being reviewed and updated following staff changes and changes to the designated safeguarding leads.</p>	<p>31/07/2022 Revised 31/12/2023</p> <p>31/03/2023</p>	<p>Sue Warren, Lead Officer, Safeguarding</p>	<p>01/11/2023</p> <p>Changes have been made to the policy as per the recommendation. There is further work to be done on the policy to make it fit for purpose and fully reflective of current safeguarding best practice. The new Head of Safe Communities is working on a thorough review of the policy prior to taking the document through the Council's approval process.</p> <p>26/01/2024</p> <p>As a result of a thorough review of the Safeguarding Policy, it was concluded that the policy had to be separated into two policies: Safeguarding Policy Children & Young People and Safeguarding Policy Adults at Risk to capture the relevant needs of both Adults at Risk and Children and Young People. As of January 2024, both policies are fit for purpose and ready to go through the Council's approval process. A quarterly Safeguarding Report is due to be heard at HSLT on 29 February 2024 and at SLT on 6 March 2024. Both policies will be reviewed alongside the report.</p>
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Review title:

20/21 GDPR/Information Governance

<p>An exercise be undertaken to review e-records and ensure a log of any destruction is appropriately recorded.</p>	<p>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.</p>	<p>30/09/2021 Revised 31/12/2023</p>	<p>Information Security Team Leader</p>	<p>02/11/2023</p> <p>Revised implementation date due to capacity within the service and other service priorities.</p> <p>Document retention polices are in place to support appropriate review and destruction of records as needed.</p> <p>Work on review of e-records per the recommendation are expected to conclude end of December 2023.</p> <p>23/01/2024</p> <p>Records of Processing (ROPA) document has now been completed. The ROPA is now available online. Phase 2 will be to send questionnaire based on ROPA to HoS to complete. Due to other commitments I cannot provide a start date for Phase 2 , but is likely to commence Q1 2024-25.</p>
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Review title: 22/23 Corporate Health and Safety			
Audits be undertaken in line with the approved plan of visits (see recommendation 8).	2	All services have now completed the self audit, and CHSR are in the process of analysing the results to inform audit plans going forward. The new H&S Risk Profile will also inform audit plans. The H&S Consultant is completing a full H&S Management across the Council and has started an audit of contractor management. An audit of Fleet management was also carried out in October.	31/12/2022 Revised 12/12/2024 CHSR Team
		CHSR size has been reduced from 3 to 2 , which will impact on the number of audits that can be undertaken a year. The digital platform once in place and populated will also make it easier for the service to undertake audits, so the priority is to progress with implementation of the platform.	
		The new Head of Health, Safety and Resilience starts on 8th January 2024 and he will decide the audit programme going forward, taking account of resources, the risk profile and findings from the H&S Review.	

KEY:

Priority Gradings (1 & 2)

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

	CLEARED	Internal audit work confirms action taken addresses the risk exposure.		ON TARGET	Control issue on which action should be taken at the earliest opportunity.		EXPOSED	Target date not met & risk exposure still extant
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Priority 3 Recommendations remaining open – As requested by AC

Report	FY	Recommendation	Priority	Management Response	Latest Update
22/23 Housing Repairs & Maintenance	2022	The Council's next updated policy to include its next review date and who approved the policy.	3	Recommendation noted and will be implemented when the policy is next reviewed in August 2024.	26/01/2024 No change to due date or update.
22/23 Procurement	2022	Regular review of the Contracts Register to ensure accuracy true to agreements and establish action taken prior to expiration of contracts. It might also be considered to assign responsibility to this within the Commissioning & Procurement Standing Orders.	3	To ensure compliance with this recommendation, I will arrange for a review of the contract register to take place to ensure that it holds up to date and correct information. I will also ensure that a procedure note is drafted so that the client/contract manager notifies the procurement team on the extension or early termination of a contract so that the contract register can be updated. This will also be reflected in the guidance provided in the Commissioning & Procurement Standing Orders.	23/01/2024 Work is progressing to update the Contract Register and the Procurement Forward Plan to ensure that they remain up to date. The Council have also recently commissioned a contract to support improvements with the procurement and contract activities to provide greater transparency with procurement planning and contract performance.
22/23 Procurement	2022	Contract Management of Major Council Contracts to be reported on and supervised in line with performance indicators identified within the	3	To comply with this recommendation I will draft a paper for presentation at Commercial Board for further discussion. The paper will propose criteria for identifying what is a Major Council	23/01/2024 The Council have also recently commissioned a contract to support improvements with the procurement and

		tender proposals. This is to support the Council in hitting agreed targets, ensuring that value for money prevails, and that non-compliance or poor performance can be identified/ addressed proactively, prior to a contract failing. Frequency to be agreed between Head of Commercial Development and Scrutiny Committee.		Contract and will propose a programme of reports on contract performance to be presented to Commercial Board on an ongoing basis.	contract activities to provide greater transparency with procurement planning and contract performance.
22/23 Procurement	2022	It is recommended that action be taken to ensure all tender documentation is completed are retained, in conjunction with officers being reminded of the importance of doing so in line with standing Orders, procurement procedures and document retention policies.	3	In light of the recommendation I will arrange for a procedure note to be drafted and sent out reminding all staff of the responsibilities and procedures for undertaking all quotation and tendering activities. This will also include a section on document retention.	23/01/2024 The Council have also recently commissioned a contract to support improvements with the procurement and contract activities to provide greater transparency with procurement planning and contract performance. This work includes a review and update of all procurement & contract related documentation. Once completed an awareness training program will be developed and delivered across the Council
21/22 Waste Management	2021	The Waste Services Handbook be reviewed and updated to reflect the documentation in use.	3	A review is to take place as part of the transformation programme (Phase 1).	04/06/23 Revised Driver's Handbook prepared following consultation. To be agreed with Trade Unions. NB/ Audit on waste Management imminent.
22/23 Corporate Health & Safety	2022	Risk assessments undertaken locally be provided to the	3	A growth bid has been approved for the implementation of a corporate health &	23/01/2024

		Corporate Health, Safety and Resilience Team for review.		safety database that will allow the collation of this information and proper governance including review dates.	ICT have now informed us that the digital H&S platform for H&S will be developed between February - October 2024. This will enable risk assessments to be uploaded and so available to CHSR.
22/23 202122 Place Strategy HGP JD	2022	It be ensured that the HGC Board/ Committees/ Group Terms of References are reviewed in a timely manner and approved by the respective Body. The date of review to be noted on the document.	3	TOR were amended in Summer 2022, and due to personnel changes the MOU needs new signatures from Claire Hamilton (DBC) and Councillor Stephen Boulton (HCC)The MOU in principle has been agreed by the HGC Delivery Board. The final signatures are in progress. File headings will be amended to provide clarity over the date of review.	04/02/24 The MOU of HGC has now been agreed by all parties and will be signed at the next Board meeting on 29th February 2024.
22/23 202122 Place Strategy HGP JD	2022	The Council to develop a standardised project structure including requirements that there is standard project documentation, clear roles and responsibilities and something about how long records should be maintained along with standardised reporting to a project board.	3	DBC has a clear PMO office with clear documents and roles/responsibilities. The Hemel Place work will report into the DBC Corporate Place Board, chaired by James Doe, Strategic Director Place. HGC reports to the HGC Delivery Board, with an Independent Chair and in turn the HGC Delivery Board reports to DBC's Cabinet, HCC's Growth Infrastructure & Planning Cabinet Panel / Highways & Transport Cabinet Panel and SACDC's Local Plans Advisory Group. Please see the governance structures for more information which are subject to periodic reviews at key milestones, e.g. moving to delivery mode.	08/09/23 This recommendation extends beyond Hemel Place Strategy and Hemel Garden Communities to the wider organisation. The Council has standard project documentation - work is being done to embed usage across the organisation. This is a medium term project, expected conclusion February 2024.
21/22 Housing Benefits	2021	It must be ensured that the appropriate level of authorisation is obtained for the write off and that it is processed in 2021/22.	3	The service recognises that this account has been awaiting processing for a long time. However there are higher priority tasks to be carried out during the remaining months of 2021/22, and so it	23/01/2024 This task has remained as a low priority, as it is about housekeeping rather than materiality. The value is fully accounted for

				will have to wait until the first quarter of 2022/23 to be picked up.	<p>within the bad debt provision, but we do accept that the action needs to be taken.</p> <p>Due to the low priority, a report for the portfolio holder has not yet been prepared, but it is planned to be done before the end of Q4 2023/24</p>
21/22 Procurement	2021	Further actions be undertaken to improve the Council's training arrangements, as follows: Assistant Directors to identify nominated leads in each area so Procurement can ensure these staff are appropriately trained; Completion of the Procurement intranet page be progressed in line with an agreed timescale, with matters escalated where necessary.	3	The Procurement Service has already undertaken a number of training sessions with identified officers who carry out tendering activities as part of the roles. I will investigate with the GM of Technology and Digital Transformation as to when the Sharepoint update will be concluded, so that the Procurement 'Do it on Dennis' page can be updated with the latest procurement guidance for officers to follow. This will be important, as the Government have recently published its response to the consultation on 'Transforming Public Procurement and the Council have adopted a new commercial approach which will impact on the advice and guidance that Procurement will be required to provide to officers.	<p>23/01/2024</p> <p>The Council have also recently commissioned a contract to support improvements with the procurement and contract activities to provide greater transparency with procurement planning and contract performance. This work includes a review and update of all procurement & contract related documentation. Once completed an awareness training program will be developed and delivered across the Council"</p>

