



Internal Audit

FINAL

## Dacorum Borough Council

Summary Internal Controls Assurance (SICA) Report

2023/24

March 2024

## Summary Internal Controls Assurance

### Introduction

1. This summary controls assurance report provides the Audit and Risk 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 8<sup>th</sup> March 2024.

### Tackling and Managing Fraud Risks

#### 2. The Challenge

Everyone is under increasing financial pressure from the escalating costs of goods and services and increasing inflation leading to the current cost-of-living crisis. The knock-on effects of the pandemic, and the increase in remote working practices, linked with the escalating cost of living has increased the risk of opportunistic fraud against organisations. All organisations are at risk and will be targeted where weaknesses are identified. It is at times such as these where organisations have unfilled vacancies, positions filled by temporary employees, or where existing employees may be struggling with financial or emotional wellbeing that all organisations need to be more aware of the risks and take steps to keep their money, people and data safe.

Recently reported data shows that how some organisations in the UK have been affected by fraud over the last year and how they perceive their fraud risk.

**58%** - think the risk of fraud is going to increase over the next 12 months.      **55%** - of reported frauds were perpetrated by staff or volunteers.  
**40%** - said hybrid working has increased the risk of fraud.      **69%** - experienced financial loss due to fraud.

**Recommended Actions:** To ensure your organisation is addressing this risk and putting in place measures to combat fraud risk, TIAA recommend that several key steps are taken to assess your organisation's exposure, ensure controls are effective and to safeguard should the worst happen.

- **Assign Responsibility:** to a suitably trained employee/Board Member to act as your organisation's Fraud Champion.
- **Train:** Line Managers and Board Members, on fraud risk awareness and managing concerns and, all employees on emerging fraud risk awareness.
- **Govern the risk:** by ensuring your organisation had developed a clearly written Anti-Fraud Policy and Response Plan.
- **Raise Awareness:** with all employees and Members of their responsibilities to protect your organisation's assets.
- **Identify and Record:** the specific types of fraud that are perceived to be a risk to your organisation and what steps are required to manage these.
- **Compliance Test:** at regular intervals, how well your recorded fraud prevention controls are working.
- **Undertake Checks:** on any individual or organisation with whom you have a financial relationship.

**TIAA’s Proactive Fraud Risk Reviews**

TIAA recognises that all sectors and all organisations are susceptible to fraud and is able to provide support in helping ensure your employees are aware of their responsibilities and specific risks facing your organisation. We have also developed a series of reviews that are designed to provide your organisation with external assistance in achieving compliance with our key recommended actions and to provide your Board with assurance over key fraud risk areas.

**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. Details can be seen in appendix A.

*Audits completed since previous SICA report*

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OEM
Assurance review of Key Financial Controls	Reasonable Assurance	2/11/2023	5/3/2024	6/3/2024	0	2	1	2
Assurance Review of Community Grants	Reasonable Assurance	25/10/2023	5/3/2024	6/3/2024	0	2	2	2
Assurance Review of Risk Management Framework	Reasonable assurance	15/11/2023	6/3/2024	8/3/2024	0	1	3	1

**Progress against the 2023/24 Annual Plan**

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

**Changes to the Annual Plan 2023/24**

- 5. There are no proposed changes to the Annual Plan at the current time.

**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. There were 25 Priority 2 recommendations on the tracker of which 15 have been implemented and evidence will be reviewed to provide assurance of completion and will be closed on the recommendation tracking system. Of the remaining 10 Priority 2 recommendations, 1 is no longer applicable, leaving 9 outstanding recommendations as detailed in Appendix B.

**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


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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
Assurance review of Key Financial Controls	Reasonable
Assurance Review of Community Grants	Reasonable
Assurance Review of Risk Management Framework	Reasonable

## Assurance review of Key Financial Controls

**OVERALL ASSESSMENT**



The diagram shows a central yellow circle labeled 'REASONABLE ASSURANCE' surrounded by a blue ring with the text 'Adequate & effective governance, risk and control processes'. To the right is a legend with four colored circles: green for 'SUBSTANTIAL ASSURANCE', yellow for 'REASONABLE ASSURANCE', orange for 'LIMITED ASSURANCE', and red for 'NO ASSURANCE'.




**ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE**

Financial Resilience.



**SCOPE**

Key financial controls will be reviewed on an annual basis covering main finance systems and processes, with a more detailed review of each finance area on a modular basis over a three-year period.

**KEY STRATEGIC FINDINGS**

-  Sample testing of 20 debtor accounts identified lack of information regarding contact or discussions with the debtor in ten instances.
-  Where contact was maintained in the sample tested, there was slow or untimely escalation and recovery of debts. 25% of debt as of 20th September 2023 was older than six months.
-  Debtor accounts with a payment plan indicated that in all five cases there was a lack of a formal, written instalment agreements.

**GOOD PRACTICE IDENTIFIED**

-  There is segregation of duties within the sales income and debtor processes and appropriate authorisation of credit notes.
-  Access rights to the finance system with respect to the sales income and debtor function are controlled and align with job roles.

**ACTION POINTS**

Urgent	Important	Routine	Operational
0	2	1	2

## Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	<p>Testing of a sample of 20 debtor accounts from the aged debt listing of 20<sup>th</sup> September 2023 identified that contact made with the debtor was not always recorded on the system; 10 out of 20 had the last contact recorded as between 60 and 404 days. In particular, this was the case if another department such as Estates or CIL team were managing the debt.</p> <p>It is noted that there are regular meetings between the AR team and other departments, but whilst meeting notes may record action or next steps, this is not always added to the comments on the system.</p>	Debtor's system records to be updated regularly (at least monthly) to reflect contact and action taken.	2	<p><i>The sample taken was mainly high value commercial rent and Community Infrastructure Levies (CILs) where actions are agreed at meetings.</i></p> <p><i>We accept that not all accounts are updated with agreed actions from meetings the Council's financial system Unit 4. However, actions are agreed regularly and details are saved within working documents, minutes and online filling system for the majority of accounts.</i></p> <p><i>Reminder sent to team to add notes from meetings and actions going forward into Unit 4.</i></p>	<i>Recommendation already implemented 31/10/23.</i>	<i>Lead Officer (Accounts Receivable and Income).</i>

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>Five of the sample of 20 debtors tested indicated that a payment agreement was in place to clear the debt. However, a formal, written plan, agreed by the debtor was not available for any of these five debtors.</p> <p>The Lead Officer Customer Accounts &amp; Income (Financial Services) advised that a plan would normally be put in writing to the customer but a lack of agreement from the customer is not always followed-up.</p> <p>Plans for two other debtors were reviewed and it was noted that there is no standard pro-forma. Information was contained in emails and in comments on the system record, but payments terms weren't always clearly or explicitly stated.</p>	<p>A standard pro-forma plan to be used for all debts where instalments are agreed and this plan to be sent to the debtor and a copy retained on the debtor's system record.</p>	2	<p><i>Management do not agree that implementation of this recommendation would best meet the needs of the Council's customers and that current arrangements provide an appropriate record of any payment plans in place. As per recommendation one, we will ensure that details of payment plans in place are consistently recorded in the financial system, Unit 4. The views of Audit Committee are welcome on this position.</i></p> <p><i>There are two types of arrangements on accounts where debt is owed to the Council.</i></p> <p><i>The first is for commercial rent, where there can be an ongoing rolling arrangement to pay rent monthly over the quarter.</i></p> <p><i>The second is for adhoc arrangements on amounts due to the Council. We do communicate with customers to confirm the arrangement agreed. We do this in the communication method the customer prefers e.g. over the phone, e-mail, letter etc. Working with Council customers in this way helps maximise income recovered for the Council.</i></p>	<p><i>Recommendation implementation subject to the view of Audit Committee.</i></p>	<p><i>Head of Financial Services.</i></p>




Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>Testing of the sample above also identified that even where contact was frequent and regular, escalation and debt recovery was slow or untimely - there were old debts with no or very limited movement and the debt collection stage had not moved on from reminders.</p> <p>The chart in Appendix C indicates that £1.9m of the £7.4m debt as of 20<sup>th</sup> September 2023 (25%) was older than six months.</p>	To ensure that there is robust and timely escalation and recovery of debts in accordance with policy and procedures.	3	<p><i>Management are of the view that we already escalate debt recovery action in a timely and robust manner and where it is appropriate to do so. Processes are in place to support this escalation.</i></p> <p><i>The majority of the debts picked up in the sample relate to our commercial property debt portfolio. All commercial property debt is monitored at monthly meetings with our Property Services team which manage the Council's commercial property portfolio. Commercial rents were subject to their own separate internal audit review this financial year and received the high level of assurance.</i></p> <p><i>In taking action on these debts, the Council is striking a balance between appropriate income recovery and broader organisational objectives e.g. to keep our local retail areas open with minimal empty units. Move to write off this debt quickly and potentially evicting leaseholders wouldn't necessarily be appropriate. We have shared the viewpoint of the auditor with our Property Services team.</i></p>	Already implemented.	Head of Financial Services.

## Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	The Debt Management Policy - Sundry Debt does not include a review date or expiry date however the specific areas for operational guidance on payment plans is reviewed regularly but was dated November 2018; the date had not been updated from recent reviews.	To include a review date on the Debt Management Policy - Sundry Debt to ensure it is kept up to date on a timely basis.	<i>Agreed and will be implemented in line with the annual policy review timetable.</i>
2	Directed	The Debt Management Policy - Sundry Debt includes a section on the arrangements for monitoring and reporting debt including KPIs and monthly reporting. However, whilst the document includes who is responsible for reporting, it does not make it clear which team or group will receive the reports.	The Debt Management Policy - Sundry Debt to include details of the officers and groups receiving debtor KPIs.	<i>Agreed and will be implemented in line with the annual policy review timetable.</i>

## Assurance Review of Community Grants

**OVERALL ASSESSMENT**







**ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE**

Key risks are mitigated by following financial regulations and system policy procedures.



**SCOPE**

A periodic review focusing on the process for awarding grants and monitoring compliance with grant funding conditions. Key areas will include: • Appropriate records are maintained to verify applicant eligibility; • Grants are appropriately approved by committee or delegated officers; • All monies expended are done so in accordance with the grant agreement; • There are adequate controls in place with regard to how grant money is spent; and • Adequate budget monitoring and management of grants awarded takes place.

**KEY STRATEGIC FINDINGS**

-  The council risk register does not include any risks pertaining to the community grants process.
-  One of the four applications agreed and paid was not signed by the applicant and therefore terms and conditions cannot be enforced.
-  A drop in staffing levels has caused a lack of follow up of grant fund usage and it cannot be determined if funds are used for the reasons stated in applications.
-  A loss of staff is not accounted for in council resilience measures, this has led to a drop in effectiveness in the monitoring of grant usage.

**GOOD PRACTICE IDENTIFIED**

-  Several key staff members assess the validity of a grant prior to agreement and payment.
-  A higher level of influence is given to the finance team's assessment of an application, than to other staff, due to their insight into budgets.

**ACTION POINTS**

Urgent	Important	Routine	Operational
0	2	2	2

## Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	One of four agreed application forms was not signed by the applicant and no name of the applicant was provided, only the title of "Chair" was given. Due to this it could be surmised that the application has not agreed to the terms and conditions of the grant agreement and is not bound by these terms.	An additional level of control is required to ensure the completeness of application documents and to ensure that terms of the grant agreements are enforceable.	2	<i>A new Head of Service post has been recruited to and is in post from January 2024. Recruitment to a Place Officer post who will be responsible for administering the grants will take place during March and so this process will be fully resourced and the issues identified in this audit will be addressed.</i>	<i>30/6/2024 but will be implemented in the event of any new grants before that date.</i>	<i>Head of Communities and Leisure.</i>
3	Delivery	It was confirmed via email that due to a loss of staff it has not been possible to monitor the accurate use of funds in line with policy requirements recently, but that staff have been attempting to do this on an ad hoc basis.	The follow up and verification that grant funds are used for the purpose stated in the grant application must be actioned as a priority. This it to ensure that funds are not used for any reason other than stated in the grant application and to mitigate the risk of fraud.	2	<i>A new Head of Service post has been recruited to and is in post from January 2024. Recruitment to a Place Officer post who will be responsible for administering the grants will take place during March and so this process will be fully resourced and the issues identified in this audit will be addressed.</i>	<i>30/6/24 or sooner if Place Office in post or alternative resource identified.</i>	<i>Head of Communities and Leisure.</i>
1	Directed	It was advised during interview that no council risk register makes reference to the community grants process, despite risks being clearly identified and controls put in place.	The council risk register be updated to take into account the possibility of risks caused by the community grant process, risk appetite around this and what controls are in place to reduce these risks.	3	<i>Risk Register will be updated.</i>	<i>30 April 2024.</i>	<i>Head of Communities and Leisure.</i>
4	Delivery	During communication it was advised several times that due to a lack of staff, it was not possible to continue the follow up of grant payments to ensure legitimacy. It was advised that this has been the case for the last 12 months due to long term sickness of the team	Further controls are required for the cover of responsibilities of staff who may be absent for long periods of time or who leave the council.	3	<i>A new Head of Service post has been recruited to and is in post from January 2024. Recruitment to a Place Officer post who will be responsible for administering the grants will take place during March and so this process will be</i>	<i>30/6/24 or sooner if Place Office in post or alternative resource identified.</i>	<i>Head of Communities and Leisure.</i>


Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		leader and this responsibility for follow up could not be covered by remaining staff.			<i>fully resourced and the issues identified in this audit will be addressed.</i>		

## Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	The Community Grants Procedures document was provided, which detailed the scheme of delegation naming each member of the panel responsible for Community Grants and appears to act as an aid memoir. It was advised during meeting that some members of this panel are responsible for the preliminary assessment of each application prior to the panel meeting. This pre-meeting scoring process was listed in the Process document, but little explanation was given. Policy documentation did not include date of creation or update and did not include management sign off.	All management control documentation should include a date of creation or update and agreement sign off from an appropriate senior member of staff.	<i>Holding statement.</i> <i>This will be considered by Dacorum Borough Council by the 31/4/2024.</i>
2	Delivery	The Community grants policy and process documentation does not make mention of any way this process relates to or impacts the council's sustainability arrangements.	To ensure best practice across all council departments, the addition to policy documentation regarding how the community grants process either adheres to or effects the sustainability commitments should be included.	<i>Holding statement.</i> <i>This will be considered by Dacorum Borough Council by the 31/4/2024.</i>

## Assurance review of Risk Management Framework

**OVERALL ASSESSMENT**



The diagram shows a central yellow circle labeled 'REASONABLE ASSURANCE' surrounded by a blue ring with the text 'Adequate & effective governance, risk and control processes'. To the right is a legend with four colored circles: green for 'SUBSTANTIAL ASSURANCE', yellow for 'REASONABLE ASSURANCE', orange for 'LIMITED ASSURANCE', and red for 'NO ASSURANCE'.





**ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE**

The Risk Management processes are the main mechanisms by which the organisation monitors the adequacy and effectiveness of its system of internal control



**SCOPE**

Dacorum has made significant developments in respect of risk management over the last 12 months. This review considered the arrangements in place to provide for risk management in accordance with the agreed framework.

**KEY STRATEGIC FINDINGS**

-  The council uses a risk scoring methodology as opposed to developing a risk appetite framework.
-  Documented control targets do not always align with the target being used in practice.
-  Controls do not always have owners responsible for their implementation.
-  There is not a requirement for the council to be considering emerging risks.

**GOOD PRACTICE IDENTIFIED**

-  The risks and controls are generally appropriate for the council and are in-line with their strategic objectives.
-  SLT meet regularly to support risk management and have completely reconsidered the risks in the last 12 months with a series of meetings between executive and councillors.

**ACTION POINTS**

Urgent	Important	Routine	Operational
0	1	3	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)
1	Directed	<p>The council do not have a risk appetite framework but a risk scoring methodology instead. The risk scoring methodology works with the risk guide and is designed to assist in assessing the Impact of a risk should it occur and an indication of the target risk. The scoring methodology provides insight into how the risk should be managed dependant on its score - this is the same across the board and does not differentiate between risk categories such as financial, operational, legal, reputational, or commercial.</p> <p>Lacking in comprehensive risk management guidance for specific areas this inadequacy poses a potential risk to effective risk management and strategic decision making.</p>	It is recommended that the risk scoring methodology be developed into a comprehensive risk appetite framework to aide in decision making when it comes to risk management.	2	Agreed. An updated risk appetite framework will be developed as part of the update the Council's Corporate Plan and associated Strategic Risks. The framework is expected to be drafted by the end of March 2024 and presented at Audit Committee in July 2024 for approvals. Note there is no Audit Committee expected during the period March- June inclusive.	31 <sup>st</sup> July 2024.	Head of Financial Services
2	Directed	<p>SLT meet weekly and have a standing agenda item discussing current and potential risks to aid in horizon scanning for emerging risk, however the is no policy document or requirements for this to happen.</p> <p>This review sampled three service plans for identification of new or emerging risk and while two of the three service plans sampled had a section for identification of emerging risk, this was not filled in.</p>	<p>It is recommended that horizon scanning be added to the policy to help ensure that it happens on a timely basis at regular instances to help Dacorum identify new potential risks.</p> <p>Additionally, it is recommended that where there are sections on documents, they be completed in full or where not applicable this be populated in its place.</p>	3	Agreed. Horizon scanning to be added to the risk policy as part of the update the Council's Corporate Plan and associated Strategic Risks. The policy is expected to updated by the end of March 2024 and presented at Audit Committee in July 2024 for approvals. Note there is no Audit Committee expected during the period March-June inclusive.	31 <sup>st</sup> July 2024.	Head of Financial Services
3	Directed	While every risk had controls and assurances attached to it, these were not adequately specific or detailed.	It is recommended that each identified risk has detailed controls with specific actions, processes, timeframes, and control owners. It is recommended	3	Agreed. This will be implemented in time for Q4 23-24 reporting. Q4 2023-24 reports are presented to Members in the first quarter of 24/25.	30/06/24	Head of Financial Services



Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		<p>This test found that there was a discrepancy between the action reported and the action in practice. 'Failure to optimise income generated by commercial assets' has a control of ' There are currently InPhase performance targets to maintain the number of voids (empty properties) below 5%, and to keep the rent arrears below 10%. Failure to meet either of these targets would prompt further investigation' stating a threshold of 10% , However during the review it was evidenced that the actual threshold being used is 18% and thus not in line with the mitigating controls. This could lead to the risk becoming likely or having a bigger impact and could also ultimately affect the council in achieving its objectives.</p> <p>Lacking specificity and detail in controls and assurances may hinder effective risk management and mitigation efforts within the council. Risks on the strategic risk register are rag rated with mitigating controls and assurances listed, the controls do not have owners, defined frequencies, or due dates. Ensuring each control or action has a frequency or due date will allow the council to track completion and ensure the control is in place as intended.</p> <p>Additionally, it was noted that some of the controls and assurances are statements of fact instead of controls.</p>	<p>that the council have defined frequencies for controls and due dates for action alongside the risk register. It is recommended that all changes to controls are documented and approved at audit committee and a trail is on the risk register showing the updated action against the old action.</p>				
4	Directed	<p>The controls and assurances in the risk register do not have owners, the overall accountability for the controls and assurances lay with the risk owner. However not naming the individuals responsible for the</p>	<p>it is recommended that all controls and assurances have action owners to define responsibility.</p>	3	<p>Each published risk has a risk owner, who has the ultimate responsibility for any associated actions. The recommendation is asking for action owners to be recorded at an operational level. This will be added to</p>	30/06/24	<p>Risk owners/ Head of Financial Services</p>

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		controls may lead to confusion or controls not being implemented.			information held in the risk register. It is not proposed to publish this information as part of reports to the Strategic Leadership Team, Audit Committee or Cabinet as this will not add value to that process. The information will be available on request. This will be implemented in time for Q4 23-24 reporting. Q4 2023-24 reports are presented to Members in the first quarter of 24/25.		

## Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	<p>The audit identified a gap in the risk identification and management process where fraud is not included in the register. The omission of fraud from the risk register may hinder the organisation in identifying, assessing, and mitigating potentially fraudulent activity. As fraud is such a wide-ranging risk with a variety of consequences such as financial losses, due to theft, embezzlement, or other types of financial crime. Reputational harm resulting from service interruptions, public disclosure of a company's sensitive information, or the loss of customer data, the council may benefit from developing this onto the risk register.</p>	<p>Management should consider fraud as a risk and develop it onto the risk register if appropriate.</p>	<p>Fraud risk is captured under the Strategic Risk Register under 'Failure to ensure compliance with statutory and legislative requirement'. The Corporate Anti- Fraud function sits within Financial Services. A specific operational risk has been added to the service plan for that service for 24/25 that captures risk around fraud.</p>

## 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	Final	Final Issued 8/3/2024
Community Grants	2	Final	Final Issued 6/3/2024
Key Financial Controls	3	Final	Final Issued 6/3/2024
HRA H&S	1	Draft	Draft Issued 7/3/2024
Leisure Contract	3	Draft	Draft issued 13/2/2024
Climate Change	4	Draft	Draft issued 13/2/2024
Performance Management	3	Draft	Draft issued 5/2/2024 awaiting management comments.
Waste Management	3	Draft	Draft Issued 7/3/2024
Budgetary Control	3	Fieldwork Complete	Exit Held 7 <sup>th</sup> March
Housing rents	4	Fieldwork commenced	In Progress
Overtime and Additional Allowances	2	Fieldwork ongoing	In Progress
Housing Allocations	4	Initial Meeting held 6/3/2024	Awaiting audit information

Planning Enforcement	4	To be commenced	Opening meeting requested
Planned and Preventative Estate Maintenance	4	To be commenced	Opening meeting requested
Housing Transformation Improvement Programme (HTIP)	4	Postponed	Postponed to 24/25

**KEY:**

	To commence		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><b>Review title:</b>  <b>22/23 202122 Place Strategy HGP JD</b></p>						
<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>	<p>2</p>	<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>25/1/2024</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>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>25/1/2024</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>25/1/2024</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 Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p>Risks related to repairs and maintenance be regularly captured and logged in order for risk to be appropriately monitored and mitigated.</p>	2	<p>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>	<p>18/08/2023</p> <p style="background-color: #fff9c4;">31/3/2024.</p>	<p><i>Ian Kennedy (Interim Head of Asset Management), Steve Cooper (Repairs/key to key Team leader)</i></p>	<p>02/11/2023</p> <p><i>A an operational risk register is being developed for review at the OPSL strategic core group meeting. This should be finalised by 30 November 2023.</i></p> <p>26/01/2024</p> <p><i>An operational risk register is being developed for review at the OPSL 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.</i></p> <p style="background-color: #fff9c4;">08/02/2024</p> <p><i>Change of revised due date as per update from AD.</i></p>	

Recommendation	Priority	Management Comments		Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<b>Review title:</b> <b>22/23 Empty Homes</b>							
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  March 24.	Lesley Jugoo Empty Homes Lead Officer	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.	

Recommendation	Priority	Management Comments		Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<b>Review title:</b> <b>21/22 Safeguarding and Prevention</b>							
<p>The Policy be reviewed and updated in line with the proposed changes and communicated to staff at the earliest opportunity.</p>	2	<p>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 style="background-color: #fff9c4;">31/03/2024</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 &amp; 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> <p style="background-color: #fff9c4;">28/02/2024</p> <p style="background-color: #fff9c4;">Safeguarding policies due at SLT and HSLT next month.</p>	
<b>Review title:</b> <b>20/21 GDPR/Information Governance</b>							



Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<b>Review title:</b> <b>22/23 Corporate Health and Safety</b>						
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.  <div style="background-color: #fff9c4; padding: 5px;">             28/02/2024               Ongoing.           </div>	

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p><b>Review title:</b> <b>23/24 Health and Safety</b></p>						
<p>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.</p>		<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. 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. 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&amp;S Policy. It will also incorporate Arson. An arson risk assessment of the Forum was conducted in September 2022. Note the revised H&amp;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).</p>	<p>31 May 2024</p>	<p>Head of Property Services HHSR</p>	<p>11/03/24 The outstanding action against this recommendation relates to the update of the Fire policy which is due in May 2024</p>	

<p>Local risk assessments be reviewed and updated on a regular basis, ensuring that records are completed in full and action dates are complied with.</p>	<p>The quality and need for regular update of risk assessments was identified in the H&amp;S review. There are actions in the review action plan to address this. Growth bid was submitted two years ago for database to allow for this to happen more easily. The digital H&amp;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. 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. 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&amp;S Board and managers required to complete it. 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. H&amp;S consultant gave feedback to the responsible managers on the risk assessments referred to for the Adventure Parks and OTH Theatre as part of her review in July 2023. 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. 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. 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>28/02/2024</p>	<p>HHSR / Heads of Service Strategic Director Neighbourhood Operations</p>	<p>No comments</p>
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<p>Actions be taken to expedite the outstanding self-audit responses and develop the Health and Safety audit plan for delivery in 2023/24.</p>		<p>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. 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. Health &amp; 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 identified that the low scores were mainly due to a form completeness issue rather than a short fall in service provision. A new quarterly Head of Service reporting process was approved by the Health &amp; 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. 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. 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). Schedule of Audits to be developed by HHSR</p>	<p>30 April 2024</p>	<p>Strategic Director Neighbourhood Op/H&amp;S Manager /Head of Health, Safety &amp; Resilience</p>	<p>No comments 11/03/24 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>	
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**KEY:**

**Priority Gradings (1 & 2)**

<p>1</p>	<p><b>URGENT</b></p>	<p>Fundamental control issue on which action should be taken immediately.</p>	<p>2</p>	<p><b>IMPORTANT</b></p>	<p>Control issue on which action should be taken at the earliest opportunity.</p>
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**Risk Mitigation**

	<b>CLEARED</b>	Internal audit work confirms action taken addresses the risk exposure.		<b>ON TARGET</b>	Control issue on which action should be taken at the earliest opportunity.		<b>EXPOSED</b>	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
<b>22/23 Procurement</b>	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.	<p>23/01/2024</p> <p>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.</p> <p>01/03/2024</p> <p>The data on the contract register is currently being validated and will be completed by 31 March 2024.</p>
<b>22/23 Procurement</b>	2022	Contract Management of Major Council Contracts to be reported on and supervised in line with performance indicators identified within the 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/	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 Contract and will propose a programme of reports on contract performance to be presented to Commercial Board on an ongoing basis.	<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.</p> <p>01/03/2024</p>

		addressed proactively, prior to a contract failing. Frequency to be agreed between Head of Commercial Development and Scrutiny Committee.			<p>The categorisation on contract values has already been established, with small contract values being between £75k - £250k, medium contract values being between £250k - £1M and large contract values being £1M+.</p> <p>I will present a report to Commercial Board in March 2024, identifying contracts and their values and discuss the potential for the performance of the Council's largest/ most significant contracts to be reported periodically to CB. Monitoring of contract performance is a clearly established requirement for all services within the individual directorates, and has been supported by the recent contract management training for all officers responsible for procuring and managing contracts..</p>
<b>22/23 Procurement</b>	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.	<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 &amp; contract related documentation. Once completed an awareness training program will be developed and delivered across the Council</p> <p>01/03/2024</p>

					Procedure note will be drafted and sent out to all Heads of Service/Assistant Directors by 31 March 2024
<b>21/22 Waste Management</b>	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).	<p>04/06/23</p> <p>Revised Driver's Handbook prepared following consultation. To be agreed with Trade Unions.</p> <p>NB/ Audit on waste Management imminent.</p> <p>04/06/23</p> <p>Revised Driver's Handbook prepared following consultation. To be agreed with Trade Unions.</p>
<b>22/23 Corporate Health &amp; Safety</b>	2022	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.	<p>23/01/2024</p> <p>ICT have now informed us that the digital H&amp;S platform for H&amp;S will be developed between February - October 2024. This will enable risk assessments to be uploaded and so available to CHSR.</p> <p>A growth bid has been approved for the implementation of a corporate health &amp; safety database that will allow the collation of this information and proper governance including review dates.</p>
<b>22/23 202122 Place Strategy HGP JD</b>	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	<p>04/02/24</p> <p>The MOU of HGC has now been agreed by all parties and will be signed at the next Board meeting on 29th February 2024.</p>

				amended to provide clarity over the date of review.	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.
<b>22/23 202122 Place Strategy HGP JD</b>	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.
<b>21/22 Housing Benefits</b>	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 will have to wait until the first quarter of 2022/23 to be picked up.	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 within the bad debt provision, but we do accept that the action needs to be taken.  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

					28/02/2024  Within the process for Portfolio Holder sign off.
<b>23/24 H&amp;S</b>	2023	Risk levels be assigned to all actions recorded in the action log in accordance with the Risk Key.	3	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. A new template for recording actions was introduced in October 2023. This did not include the risk rating, so this has now been reinstated. A report on CHSB goes to SLT and this would include highlighting actions that had not been progressed.	n/a
<b>23/24 H&amp;S</b>	2023	An officer be nominated to progress the draft Health and Safety risk with the SLT and complete the review of Environment Services risks.	3	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. Heads of Service in Neighbourhood Operations have confirmed that their operational risk registers are up to date and include H&S risks where appropriate. 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.	n/a
<b>21/22 Procurement</b>	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	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	01/03/2024  The existing Procurement page on Dennis will be updated during March 2024, with relevant documentation.

	<p>appropriately trained; Completion of the Procurement intranet page be progressed in line with an agreed timescale, with matters escalated where necessary.</p>	<p>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>	<p>Any proposed changes to the Council's procurement processes and procedures that arise from the current review being undertaken by Altair and the Procurement Act that will be implemented in October 2024, will be further updated during the year following agreement from Cabinet and adoption from Council.</p> <p>Procurement Awareness training will take place once any new updates to the Procurement Standing Orders have been agreed by Council, this is likely to be in the latter half of 2024/25</p> <p>Contract Management training has already commenced and further training will be delivered via Altair during Q1 in 2024/25.</p>
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