

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Standards and Audit Committee

The meeting will be held at **7.00 pm** on **12 September 2019**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Gerard Rice (Chair), David Potter (Vice-Chair), Gary Collins, Oliver Gerrish, Barry Johnson and Jane Potheary

Substitutes:

Councillors Abbie Akinbohun, Garry Hague, Tom Kelly, Luke Spillman and Lynn Worrall

Agenda

Open to Public and Press

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1 Apologies for Absence	
2 Minutes	5 - 10
To approve as a correct record the minutes of the Standards and Audit Committee meeting held on 18 July 2019.	
3 Items of Urgent Business	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declaration of Interests	
5 Annual Complaints & Enquiries Report 2018/19	11 - 70

6	Internal Audit Progress Report 2019/20	71 - 80
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10	Work Programme	121 - 124

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **4 September 2019**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Standards and Audit Committee held on 18 July 2019 at 7.00 pm

- Present:** Councillors Gerard Rice (Chair), David Potter (Vice-Chair), Oliver Gerrish, Barry Johnson and Jane Pothecary
- Apologies:** Councillor Ben Maney
- In attendance:** Sean Clark, Director of Finance & IT
Jonathon Wilson, Assistant Director, Finance
Michael Dineen, Senior Manager & Senior Appropriate Officer (POCA)
Lee Henley, Strategic Lead, Information Management
Lisa Clampin, Binder Dijke Otte (BDO) Representative
Simiso Ngidi, Binder Dijke Otte (BDO) Representative
Juel Swift, Binder Dijke Otte (BDO) Representative
Jenny Shade, Senior Democratic Services Officer
-

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

1. Minutes

The minutes of the Standards and Audit Committee held on the 14 March 2019 were approved as a correct record.

2. Items of Urgent Business

There were no items of urgent business.

3. Declaration of Interests

There were no declarations of interest.

4. Regulation of Investigatory Powers Act (RIPA) 2000 - 2018/19 Activity Report

Lee Henley, Strategic Lead, Information Management, provided members with an update on the usage and activity of the Regulation of Investigatory Powers Act 2000 (RIPA) requests during 2018/19. Lee Henley stated that RIPA directed surveillance could not be summarised in detail due to data protection requirements and to ensure that no on-going investigations were compromised.

Councillor Pothecary questioned whether the success rate was known on those that had the power to make such requests. Lee Henley stated that a

robust authorisation process was in place from the start and specific details could not be provided to Members to the nature of the requests.

RESOLVED

That Members noted the statistical information relating to the use of the Regulation of Investigatory Powers Act 2000 for the period 2018/19.

5. Chief Internal Auditor's Annual Report - Year ended 31 March 2019

Jonathan Wilson, Assistant Director Finance, introduced the Chief Annual Auditor's Annual Report and referred Members to the Chief Internal Auditor opinion which was supported by three green opinion ratings in respect of Governance, Risk Management and Internal Control. The report with the findings being available for Member information in the attached Appendix.

Members had no questions so the Chair called for the recommendation to be approved.

RESOLVED

That Members considered and commented on the Chief Internal Auditor's Annual Report for the year ending 31 March 2019.

6. Refresh of the Strategic / Corporate Risk and Opportunity Register

Jonathan Wilson, Assistant Director Finance, provided Members with an update on the key risk and opportunities identified and the revised strategic/corporate risk and opportunity register. Members were referred to the Appendices and stated that any risk or opportunity that had been currently rated at 12 would automatically become a focus.

Members had no questions so the Chair called for the recommendations to be approved.

RESOLVED

1. That Members noted the items and details contained in the Dashboard.

2. That Members noted the "In Focus" report which highlighted the higher priority items identified by the review.

7. Audit Results Report for the Year Ended 31 March 2019

The Chair informed Members the Appendix 1 to the report had been tabled.

Jonathan Wilson, Assistant Director Finance, introduced the report to Members. BDO then provided an update on the details of the findings from their audit of the 2018/19 financial statements to date. This focussed on how

the key risks identified at the planning stage had been met and the proposed amendments. It was noted there was no impact on the useable reserves of the Council. There was one unadjusted items in respect of the valuation of the pension liability and this will be addressed in 2019/20. It was the first year of the audit and while the work had been challenging the experience was positive and a good working relationship developed.

Jonathan Wilson stated the audit was nearing its final completion with two potential adjustments which largely offset each other.

Lisa Clampin from BDO thanked the Thurrock Council's Finance team for their collaboration and cooperation and stated the report provided Members with an overview of the audit matters that were important to the Standard and Audit Committee when reviewing the results of the audit of the financial statements.

Sean Clark, Director of Finance, stated there was a huge amount of information in the statement and agenda for Members to read but reminded Members that the important note was "have the Council got the amount of money that they said we had". Sean Clark stated that the report had identified no issues to date which would impact the General Fund reserve balance of £11 million.

Councillor Gerrish questioned the one unadjusted item on the liabilities to the Essex Pension Fund and what the impact would be on the Council. Sean Clark stated every three years the valuation of pensions was made and identified balances and how much the Council needed to pay. Sean Clark stated that the change to the case law would not affect local authorities as yet and had therefore not amended the 2018/19 financial statements with the expected impact.

Councillor Potheary questioned whether journals were being reviewed by the same person that raised them. Sean Clark stated that journals were identified by the service and raised by finance and there was further review processes undertaken at various levels on a monthly basis. Lisa Clampin stated that Finance had a healthy journal process in place for management overview and could identify inappropriate behaviour.

Councillor Potheary asked whether Thurrock Council mirrored other local authorities. Lisa Clampin stated there was a range of processes in place at other Local Authorities.

Councillor Gerrish questioned how the issues identified would be monitored throughout the year. Sean Clark stated that an update on the External Audit Plan for 2019/20 would be brought to the Standard and Audit Committee on the 12 March 2020.

RESOLVED

That Members considered the comments of the external auditors as set out in the attached report and noted their findings.

8. Financial Statements and Annual Governance Statement 2018/19

The Chair informed Members the Appendix 3 to the report had been tabled.

Jonathan Wilson, Assistant Director Finance, provided Members with an update on the draft financial statements and referred Members to the Appendices in the report. Jonathan Wilson briefed Members on the significant governance issues that had been addressed to improve the council's governance arrangements and would be updated throughout the year. The Chair would be required to sign the letter of representation on behalf of the Council by the 31 July 2019.

The Chair questioned the total of Developers Contributions in the Housing Revenue Account. Jonathan Wilson, Assistant Director - Finance, stated that this was the money spent this year and that money unspent would be carried over to the appropriate item next year.

Councillor Gerrish noted the big improvement in the (Surplus) Deficit to the General Fund and Housing Revenue Account balances from £3.3 million in 2017/18 to £13.2 million in 2018/19. Sean Clark stated that the statement would be different throughout the year but these were the final accounts. Members were informed that there had been a surplus of £2.7 million in the Housing Revenue Account and agreement had been made to draw down on the Minimum Revenue Provision. Sean Clark stated that there would likely be a surplus to the 2019/20 balances.

Councillor Gerrish questioned whether the Co-Opted seats to the Standard and Audit Committee were to be filled. Sean Clark, Director of Finance, noted the Co-Opted Members absence from the committee and stated that a vacancy advertisement would be put back on-line.

Sean Clark stated that Members should approve the recommendations based on the reports they had seen in the Agenda this evening and that the letter of representation would be signed off by the Chair by the 31 July 2019. That delegation had been given to Jonathan Wilson as Deputy S151 Officer.

RESOLVED

- 1. That Members considered the comments within the Audit Results Report considered earlier in the agenda and approved the Financial Statements.**
- 2. That Members noted the issues contained within, and approve, the Annual Governance Statement.**
- 3. That Members approved the letter of representation on behalf of the Council to be signed by the Chair of the Committee.**

Simiso Ngidi left the committee room at 7.50pm

9. Counter Fraud & Investigation Annual Report & Strategy

Michael Dineen from the Counter Fraud and Investigation Department, presented the report to Members which outlined the performance of the Counter Fraud and Investigation Team over the last year as well as the Council's strategy to tackle fraud in 2019/20. Members were informed that the team had detected £3.4 million of fraud and recovered £941,155 which had demonstrated that for every £1 spent on the service it had detected £2 in fraud. Members were directed to the Control Strategy within the report that highlighted the team's purpose, priorities and how the team plan to succeed.

The Chair stated that it was good to see that Social Housing Fraud had recovered properties as this had been a concern in the borough.

Councillor Gerrish questioned whether Thurrock's results were similar to other local authorities. Michael Dineen stated that Thurrock was on-par with Wansford Council which covered five London Boroughs. Members were informed that high levels of fraud had been detected but that for every £1 million of fraud identified a quarter was recovered.

Councillor Potheary questioned what checks were in place for the wide range of referrals made. Sean Clark, Director of Finance, stated that in Thurrock there was a pro-active approach and that governance checks were in place to monitor such referrals.

Councillor Potheary questioned whether a social housing amnesty had been considered in Thurrock. Michael Dineen stated an amnesty had taken place in Thurrock before but would not recommend at this time as it may ruin ongoing investigations.

Michael Dineen stated that he was proud of the team in how they were pro-active in their work which had enabled the team to excel.

Sean Clark stated that he was proud of the team and echoed the comments made by Michael Dineen.

Councillor Potheary questioned whether increasing the spent to £2 would detect £4 in fraud. Michael Dineen stated the team were pro-active in time and effort when dealing with fraud and was proud of what the team had achieved but stated that doubling the budget would not double results. Members were informed that great lengths had been put in place that for every £1 million of fraud identified a quarter was recovered.

RESOLVED

- 1. Members noted the performance of the Counter Fraud and Investigation team over the last year.**

2. **Members agreed the Counter Fraud and Investigation strategy and work programme for 2019/20.**

10. Annual Information Governance Report

Lee Henley, Strategic Lead Information Management, updated Members on the Annual Information Governance Report and referred Members to the Appendices in the report.

Members had no questions so the Chair called for the recommendations to be approved.

RESOLVED

1. **That Members noted the Information Governance activity and performance.**
2. **That Members supported the Data Protection Compliance activity detailed within Appendix 2.**
3. **That Members supported the project to reduce manual records volumes and costs across the Council.**

11. Work Programme

Members discussed the Standard and Audit Committee Work Programme.

The meeting finished at 8.05 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

12 September 2019	ITEM: 5
Standards & Audit Committee	
Annual Complaints & Enquiries Report 2018/19	
Wards and communities affected: All	Key Decision: Non-Key
Report of: Lee Henley - Strategic Lead Information Management	
Accountable Strategic Lead: Lee Henley – Strategic Lead Information Management	
Accountable Directors: Jackie Hinchliffe – Director of HR, OD & Transformation and Tim Hallam – Assistant Director of Law and Interim Monitoring Officer	
This report is: Public	

Executive Summary

- The number of complaints received for the reporting period is 1483. For the same period last year the figure was 1714, therefore the reporting period represents a reduction in complaints received.
- Details of the top 10 complaint areas are detailed within Appendix 1.
- A summary for Adult Social Care complaints is attached as Appendix 2.
- A summary for Children Social Care complaints is attached as Appendix 3.
- During the reporting period, 43% of complaints have been upheld. This is a slight increase compared with the same period last year which identified 41% of complaints as being upheld.
- For the reporting period, 89% of complaints were responded to within timeframe. This is below the 95% target, however it represents an improvement on last year, where 83% were responded to within timeframe.
- A total of 589 MP/MEP enquiries were received, of which 89% were responded to within the timeframe. This is below the 95% target, however represents an improvement compared to last year's figures of 77% on time (from 788 received).

- A total of 3825 member enquiries were received, with 96% responded to within timeframe. This is above the target of 95%. The average time taken to respond to members enquiries across all Directorates was 6 days.
- The reporting period has seen a significant increase in external compliments received. This in the main is due to the team now capturing compliments that are sent through via the contact centre.

1. Recommendation(s)

To note the statistics and performance for the reporting period.

2. Introduction and Background

- 2.1 This report sets out the council's complaints statistics for the period 1 April 2018 to 31 March 2019.
- 2.2 Adult Social Care (ASC) and Children's Social Care (CSC) have separate statutory complaints procedures.
- 2.3 Top 10 complaint themes have been produced and are attached as Appendix 1. The Corporate Complaints Team work with services to establish the root cause for complaints received, to identify reasons for complaint escalation and to establish the reasons why complaints are upheld.
- 2.4 Ombudsman Enquiries
- 2.4.1 The table below provides a summary of formal enquiries where the Local Government and Social Care Ombudsman (LGSCO) and/or the Housing Ombudsman (HO) have reached a formal decision on cases within the reporting period. Findings and recommendations from all enquiries are shared with respective Directors and Assistant Directors.

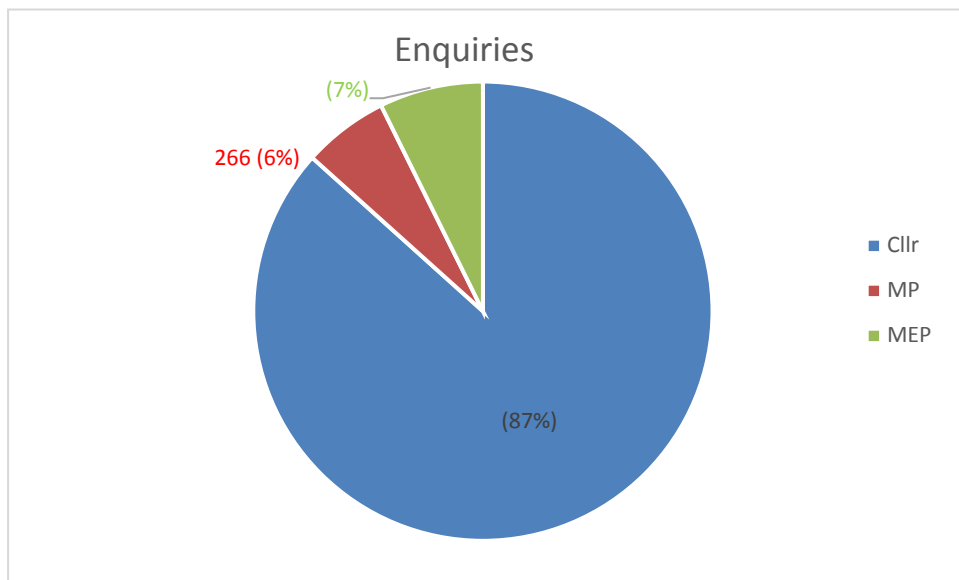
Area	Issue Nature	Ombudsman Findings	Financial Remedy
Housing Repairs (HO)	Property condition and repairs	No Maladministration	N/A
Housing Estates Services (HO)	Caretaking Services	No Maladministration	N/A
Housing Repairs (LGSCO)	Delays in Repairs (Mears)	No Maladministration	N/A
Planning Enforcement (LGSCO)	Failure to enforce against a neighbours building work	Maladministration Causing Injustice	N/A

Highways (LGSCO)	Refusal to add additional Street lighting	Maladministration Causing Injustice	N/A
Procurement (LGSCO)	Public Notice Contract	No Maladministration	N/A
Housing – Private Housing Enforcement (LGSCO)	Failure to investigate possible House in Multiple Occupation	No Maladministration	N/A
Housing – ASB (HO)	Failure to deal with ASB from a neighbour	Maladministration Causing Injustice	£200
Transport Development (LGSCO)	Failure to implement a Traffic Regulation Order	No Maladministration	N/A
Housing Repairs (LGSCO)	Failure to deal with a malfunctioning fire alarm correctly	No Maladministration	N/A

2.5 MP, MEP and Members Enquiries

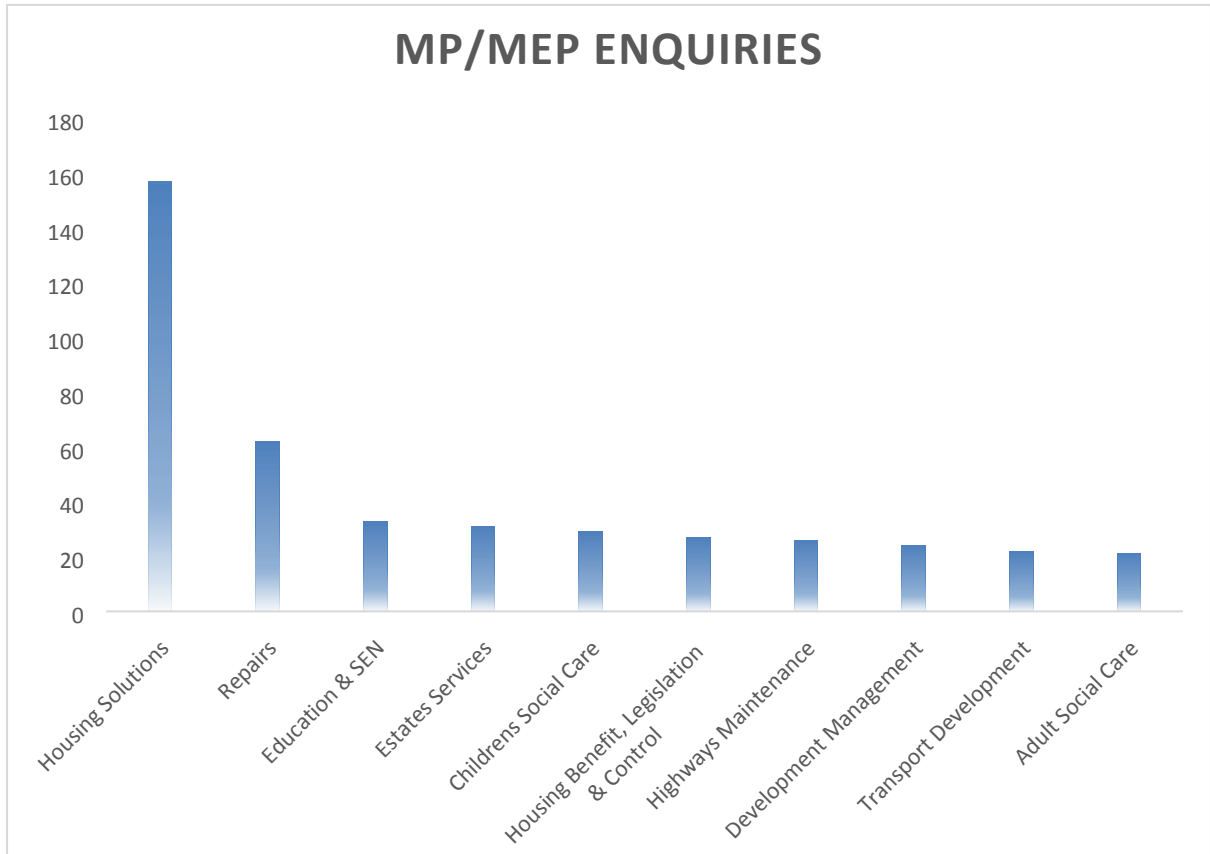
2.5.1 During the reporting period enquiries were received as follows:

- 3825 member enquiries were received, with 96% responded to within timeframe. The average time taken to respond to members enquiries across all Directorates was 6 days.

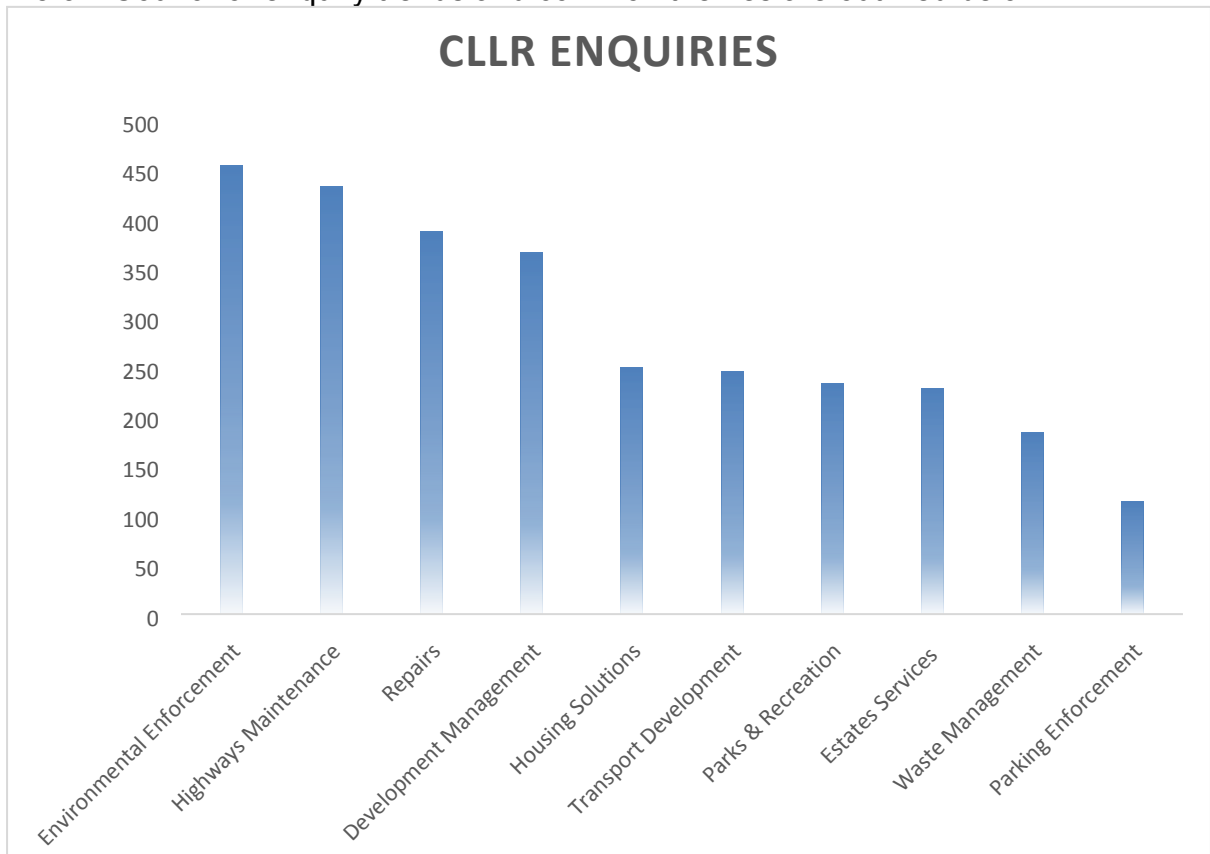


- A total of 589 MP/MEP enquiries were received, of which 89% were responded to within the timeframe.

2.5.2 MP/MEP enquiry trends and common themes are outlined below:



2.5.3 Councillor enquiry trends and common themes are outlined below:



2.6 Learning lessons from complaints

2.6.1 The most important aspect of any complaints management framework is the ability to demonstrate that the council can show evidence that it is learning from complaints received. Appendix 1 shows top 10 complaint themes and a summary of high level learning from upheld complaints which has been identified for each area.

2.7 Complaint investigation costs

Complaints which escalate through the complaints procedure can result in additional costs to the council in terms of officer time. Based on analysis it has been estimated that a stage 1 complaint costs £42, a stage 2 complaint costs £75 and a stage 3 complaint costs £120. As such complaint investigation costs for the reporting period are as follows:

Note – This is based on complaints closed (so will be different to the complaints received figure in the Executive Summary)

Complaint stage	No of complaints	Associated cost
Stage 1	950	£39,900
Stage 2	361	£27,075
Stage 3	34	£4080

2.8 Alternate Dispute Resolution

Alternate Dispute Resolution (ADR) has been embedded within the corporate complaints process for several years and is implemented as a mechanism to resolve complaints swiftly should the complainant request escalation. This involves assessment of the presenting issues by the Statutory & Corporate Complaints Manager and appropriate recommendations being made. It can also include mediation with the complainant, the service or advising of onward referral to the appropriate Ombudsman.

Complainants are seeking resolution and welcome the involvement of a neutral third person who will be able to assist both the complainant and the service in negotiating a settlement to their complaint.

Costs for independent investigations for both children and adult social care services differ depending upon complexity of the case, length of the investigation and in particular the need for independent persons in addition to an independent investigating officer for children's services. However, initial data analysis has shown that on average these costs are:

Adult Social Care	£3000 per complaint investigation
Children's Social Care	£1800 per stage 2
		...	£1000 per stage 3

Within the reporting period there were 4 ADR's undertaken all for Children's services. One saving £1800 by preventing a Stage 2 children's escalation and 3 which prevented complaints ever entering the system at Stage 1, which would save on the associated costs.

2.9 Compensation

2.9.1 Records confirm that within the reporting period financial compensation payments have been made by the council as outlined below:

Area	Complaint Stage	Financial Remedy
ASC - Social Care Field Work	LGSCO	£150
Children's Services - Education and Welfare	Stage 3	£2050
Environment - Waste Services	Stage 3	£100
Housing - ASB	Housing Ombudsman	£200
Children's Services - Education and Welfare	Stage 3	£2050
		Total £4,550

2.10 Social Care Annual Complaints & Representations

- Appendix 2 provides a summary dashboard for Adult Social Care.
- Appendix 3 provides a summary dashboard for Children's Social Care.

2.11 Complaint Channels

2.11.1 There are various means for complainants to register expressions of dissatisfaction. The top themes for the reporting period are shown below:

Digital channel (email, social media, website)	78%
Complaints Form	18%
Telephone	2%
Letter	2%
In Person	0%

2.12 Compliments

2.12.1 The council received a total of 983 external compliments within the reporting period from residents and visitors compared to 356 from last year. A breakdown is below, however the increase in the main is due to the team now capturing contact centre compliments.

Area	Volume
Housing	99
Environment & Highways	123
Finance & IT	3
Strategy, Communications & Customer Service	542
HR, OD & Transformation	7
Legal	0
Place	27
Children's	5
ASC	151
CSC	26
Total	983

3. Issues, Options and Analysis of Options

3.1 There are no options associated with this paper.

4. Reasons for Recommendations

4.1 This report is for noting purposes. There are no recommendations requiring approval.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This report was sent to Customer and Demand Board and Director's Board.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Complaints impact on the council's priority of delivering excellence and achieving value for money.

6.2 The complaints process seeks to create a culture of corporate learning from best practice from listening to our customers and by acting on complaints. All complaints received must have learning applied if the complaint outcome is upheld.

6.3 The complaints process aims to improve customers' and users' experience of accessing council services. This will support our customer services strategy.

7. Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**
Assistant Director Finance

The financial implications are set out in the body of the report.

7.2 Legal

Implications verified by: **Tim Hallam**
Acting Head of Law and Monitoring Officer

- Both the Courts and the Local Government Ombudsman expect complainants to show that they have exhausted local complaints / appeal procedures before commencing external action.
- The implementation of our learning from complaints and listening to our residents should lead to a reduction of complaints received and a reduction in those going to the Ombudsman or the Courts.
- Social Care for Adult and Children are required to follow a separate procedure stipulated by the Department of Health (DOH) and Department for Education & Skills (DFES).

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
**Strategic Lead Community
Development and Equalities**

The Information Management Team will ensure that the Community Development and Equalities Manager are aware of all complaints that have an equality related expression of dissatisfaction.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Information has been obtained from the council's complaints system.

9. Appendices to the report

- Appendix 1 – Top 10 complaint themes
- Appendix 2 – ASC complaint dashboard
- Appendix 3 – CSC complaint dashboard

Report Author:

Lee Henley

Strategic Lead Information Management

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Appendix 1

High level summary:

2018/19 ANNUAL COMPLAINTS REPORT

Top Ten Complaints Areas

The areas receiving the highest number of complaints are outlined below together with the individual learning for each area grouped by Directorate. Figures in brackets below represent 2017/18 data.

Directorate & Area	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
Housing – Repairs	218 (186)	44% (38%)	23 (17)	36 (48)	33% (43%)	6% (24%)	4 (8)	4 (8)	0% (25%)	0% (50%)
Environment – Missed Collections	163 (200)	77% (74%)	20 (26)	21 (27)	57% (80%)	10% (20%)	2 (4)	2 (5)	50% (75%)	0% (0%)
Housing – Housing Solutions	61 (68)	36% (26%)	9 (17)	40 (51)	44% (36%)	1% (14%)	1 (9)	1 (10)	0% (20%)	0% (50%)
Housing – Estates Services	48 (92)	35% (33%)	12 (13)	43 (50)	19% (27%)	5% (14%)	1 (8)	1 (9)	0% (22%)	0% (100%)
Finance – Council Tax	54 (79)	17% (33%)	6 (12)	11 (27)	9% (25%)	0% (29%)	2 (6)	2 (6)	50% (0%)	50% (0%)
Place – Development Management	24 (59)	21% (17%)	10 (18)	16 (23)	19% (22%)	0% (9%)	3 (7)	3 (7)	66% (0%)	33% (0%)

Environment – Non Return of Bins	33 (45)	73% (54%)	6 (12)	6 (13)	83% (45%)	33% (20%)	1 (3)	1 (3)	100% (75%)	0% (0%)
Housing – Transforming Homes	22 (41)	41% (36%)	11 (2)	14 (11)	29% (63%)	7% (0%)	2 (1)	2 (1)	0% (0%)	0% (0%)
Communications – Contact Centre	20 (12)	60% (33%)	2 (1)	11 (11)	64% (64%)	0% (14%)	1 (1)	1 (1)	0% (0%)	0% (0%)
Children’s – SEN	22 (14)	45% (50%)	4 (4)	8 (13)	50% (73%)	13% (13%)	2 (2)	2 (3)	50% (33%)	50% (0%)

- Complaints for this area cover both the internal Quality Assurance team & Contractors.

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	Mears Communication with Residents – regular review and implementation of call scripts to assist call handlers in dealing with calls and providing up to date and correct information to residents. In addition to this, sample monitoring of calls received is undertaken, to identify any further training needs, which will assist in continuing to improve the customer experience.	Call scripts and a process manual have been implemented. Quarterly reviews are undertaken, allowing for updated processes to be routinely shared with staff and Mears. Monitoring of calls is undertaken, to assist in identifying any further training needs.
2	Mears Follow on Works – where a common trend has been identified in regards to follow on works not being progressed in line with internal processes by staff, this will be monitored in line with Mears internal HR processes.	With effect from January 2019, a new status has been implemented within the Mears repair system (Awaiting Supervisor Action). This will allow for Mears to actively monitor where there are follow on works required, as these jobs would now sit within this status, as opposed to sitting within the completed status. This will be monitored by Mears and any repeat issues relating to follow on works not being raised will be addressed as part of staff performance, in line with Mears internal HR processes.
3	Regular customer care and governance meetings are held with Mears, to review customer feedback and monitoring contractor performance.	This remains ongoing as part of contract management.
4	Liberty Gas Communication with Residents - Liberty Gas have implemented a new upgraded phone system and in addition to this, Liberty Gas now have additional staff dedicated to the Thurrock contract, with a view to improving the service and reducing missed appointments.	With effect from April 2019, Liberty Gas are no longer working with Thurrock Council. A new contract has been set up.

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	218	44%	23	36	33%	6%	4	4	0%	0%
2017-2018	186	38%	17	48	43%	24%	8	8	25%	50%
Difference	+32	+6%	+6	-12	-10%	-18%	-4	-4	-25%	-50%

Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
44% of Stage 1 complaints were upheld (based on 218 received) These relate to delays in the completion of works, missed appointments & lack of contact from staff.	<p>Learning action plans are produced on a monthly basis and monitored as part of operational and governance meetings, to ensure identified learning is embedded accordingly.</p> <p>More upheld complaints appear to be case specific with contractors including technical or equipment failures, or issues with duplicate call slips being created.</p> <p>The gas contractor has also changed recently which should lower the overall number of complaints in this area.</p>	Continued monitoring is required due to the slight increase in complaint volumes and 6% increase in overall upheld rates on last year.
Stage 2 Complaints met the expected KPI with only 33% upheld (from 36 received).	<p>Continuing application of learning actions from previous years complaints have lowered the overall number of direct staff complaints. This included ensuring residents are contacted regularly with updates on repair timelines or reasons for any delays and any follow on works are progressed correctly.</p> <p>As above, the change in gas contractor should also help reduce complaints.</p>	Positive improvement on this measure

Service commitments submitted by the service for the year 2019/2020	
1	Regular customer care and governance meetings are held with Mears, to review customer feedback and monitoring contractor performance.
2	Mears - Follow on Works - a new status has been implemented within the Mears repair system (Awaiting Supervisor Action). This will allow for Mears to actively monitor where there are follow on works required, as these jobs would now sit within this status, as opposed to sitting within the completed status.

3	Gas servicing and repairs – Aaron Services are the new contractor delivering gas repairs and gas servicing. As part of contract management, regular meetings will be held with the contractor, in order to monitor performance against set performance indicators. It is anticipated that the implementation of this new contract will result in a reduced number of complaints relating to missed appointments, delays and communication issues.
4	Oakray (Door entry contractor) - An improvement plan in relation to poor communication and delayed works has been implemented as part of contract management. It is anticipated this will assist in a reduced number of complaints being received relating to these issues.

- Complaints for this area encompass all issues regarding Registrations, Allocations & Homelessness and Prevention Teams

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	The service will hold regular meetings with service team managers to capture lessons learned from complaints, and embed learning in the business process and practices	Awaiting update from the service
2	Involve staff in service improvement review. Develop and undertake customer satisfaction surveys and complete customer care standards for each area.	Awaiting update from the service
3	Continue bespoke customer care training for staff. Include customer care in all team processes.	Awaiting update from the service

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Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	61	36%	9	40	44%	1%	1	1	0%	0%

2017-2018	68	26%	17	51	36%	14%	9	10	20%	50%
Difference	-7	+10%	-8	-11	+8%	-13%	-8	-9	-20%	-50%

Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
36% of Stage 1 complaints upheld (61 received). Complaints received relate to administrative errors, delays in processing applications, changes to priority banding and lack of communication with residents	<p>Additional training has been provided to officers in cases of administrative errors to prevent a recurrence of the same issues.</p> <p>Automated responses have been added to the team inbox to provide residents with a timescale expected for a formal response.</p> <p>Managers are now monitoring calls to ensure follow up works are complete when agreed by a caseworker.</p> <p>Staff have been directed to communicate with residents through group inboxes to ensure responses are received and processed accordingly.</p>	Whilst overall complaints volumes have dropped, the upheld level has increased by 10%
44% of Stage 2's were upheld (40 received) and related to lack of communication by staff or	Complaints volumes in the first 6 months were largely due to staffing pressures within the Homeless team. Additional staff are now in post.	Complaint volumes have dropped which is a positive, however the

<p>incorrect actions or advice from caseworkers.</p>	<p>Existing staff have been retrained on customer service skills relating to the handling of calls and the quality of written correspondence.</p> <p>Steps have also been taken to ensure work is covered during periods of absence.</p>	<p>upheld % has increased on last year.</p>
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	Service commitments submitted by the service for the year 2019/2020
1	Awaiting update from the service
2	
3	
4	

- Complaints for this area encompass all issues raised against the ASB, Caretaking & Tenancy Management teams.

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	Resident Engagement – Re-launched resident groups across the borough to work with residents to identify what the issues are at regular meetings in order to resolve them before complaints are escalated.	There are number of residents groups up and running, details can be found on the website. Many local issues have and are being addressed. The relationship between the council and residents has improved significantly.
2	Tenants Excellence Panel – To provide a panel that represents a wide diversity of tenants represented throughout all parts of the borough	New residents have joined the Excellence panel and this has strengthened the diversity of the group. This includes residents living in a range of accommodation, from different backgrounds and different geographical areas.
3	Focus on Fire Safety and Estate Improvement within areas of the 15 Tower blocks.	Awaiting update from the service

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	48	35%	12	43	19%	5%	1	1	0%	0%
2017-2018	92	33%	13	50	27%	14%	8	9	22%	100%
Difference	-44	+2%	-1	-7	-8%	-9%	-7	-8	-22%	-100%

Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> Provide suggested progress going forward or Provide a summary of positive impact 	Additional commentary from the Complaints Team
35% of Stage 1 complaints upheld (48 received). Complaints received related to lack of communication from staff, lack of clarity in information provided and lack of action regarding reports of ASB.	All Estates Officers, including team leaders have been provided with additional customer care training covering the appropriateness of advice issued and ensuring that feedback is provided to residents in a timely manner. This should help prevent service requests/contact slips becoming complaints. Other issues relate to errors in letters sent to residents which were corrected and reissued as soon as they were identified.	Significant reduction in complaints volumes which is a positive
19% of Stage 2's (43 received) were upheld. These relate to direct staff complaints regarding	Of those complaints upheld, it has been identified that there were staffing pressures in the ASB team. Steps	Complaints volumes & upheld volumes have both seen a

<p>lack of contact or missed appointments. This is below the KPI.</p>	<p>have been taken to address this which has resulted in a reduction of complaints in the second half of the year.</p> <p>The Tenancy Management team also reviewed their internal processes to ensure individual errors do not reoccur.</p>	<p>reduction on last year. This is positive.</p>
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	<p>Service commitments submitted by the service for the year 2019/2020</p>
<p>1</p>	<p>Resident Engagement to continue with current plans to intervene and resolve issues locally.</p>
<p>2</p>	<p>Tenants Excellence Panels to continue to meet and identify any further issues</p>

- Complaints for this area encompass both Transforming homes and Adaptation works to properties.

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	New contracts starting for 2018/19 with embedded learning. The delivery contracts have been re-procured and will mobilise this financial year, this includes the appointment of a new delivery contractor. All processes are being reviewed and updated in readiness for these new contracts incorporating learning from customer feedback to date.	New contracts mobilised in June 2018. Learning from customer feedback on the previous contracts has been incorporated into the reviewed processes now followed for the new contracts.
2	Monitoring of contractors performance through a new suite of KPIs. KPIs are monitored monthly by the Council with the applicable contractor. Resident Satisfaction remains a key priority and has an enhanced target under the new arrangements.	New suite of KPI's introduced with the required resident satisfaction level moving from 80% to 85% for 2018-19. The year-end performance for satisfaction with the contractor and the programme was 87.5%.

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	22	41%	11	14	29%	7%	2	2	0%	0%
2017-2018	41	36%	2	11	63%	0%	1	1	0%	0%
Difference	-19	+5%	+9	+3	-34%	+7%	+1	+1	N/A	N/A

Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
41% of Stage 1 complaints upheld (22 received). Complaints received relate to quality of work by contractors and delays in commencing or completion of works.	<p>Each upheld case had specific issues to do with works at individual properties and as such no direct themes can be taken from these (e.g. contractors leaving windows open in a property whilst working without asking the residents permission, or failing to sign off works when completed). These were all addressed with the contractor's management teams and staff and none of these specific issues have reoccurred.</p> <p>Staff are also closely monitoring works through to completion where delays are occurring with contractors, to ensure the resident is fully aware of any issues which may occur and prevent further complaints occurring.</p>	Overall complaints volumes at Stage 1 have dropped significantly which is a positive.

<p>29% of Stage 2's were upheld (14 received) and related to poor quality of work and customer service levels. The majority of complaints were escalated after the initial stage 1 was not upheld.</p>	<p>Percentage of upheld complaints compared to last year has reduced significantly showing the new contractors taken on for this year have performed better.</p> <p>Where complaints are upheld, these are discussed with contractor to prevent them from happening again (e.g. snagging left unfixed, appropriate signage not being used etc).</p>	<p>Whilst the number of Stage 2's has slightly increased, the number of upheld complaints has dropped significantly.</p>
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Service commitments submitted by the service for the year 2019/2020	
1	<p>Provide quality assurance (QA) of all QA TH programme documentation and written processes, to ensure these are robust, consistent, and support effective programme delivery. To review the quality and relevance of documentation and seek standardization where applicable. Undertake periodic spot checks of processes and documentation to ensure files are complete.</p>
2	<p>Lead on customer information and analysis from the customer feedback transforming homes programme. To provide quarterly review of trends with suggested improvements. Work collaboratively with housing colleagues to deliver agreed improvements</p>

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	<p>Review of local procedures including missed bins and update the website accordingly.</p> <p>All local procedures to be reviewed and website updated accordingly.</p> <p>Re-testing of rounds to ensure they are balanced and crew's deployed carry out collections as scheduled.</p>	<p>Toolbox Talks have now been given to all operatives outlining the expected standards required by the council and this has also been specified within the Supervisors' Crew Inspection records for checking & monitoring.</p> <p>Collection Rounds will be reviewed pending the implementation of the Bartec In-Cab technology, to ensure accurate round/route information is available across the service.</p> <p>It is expected at this time that local policies will be further reviewed as part of the overall review of the councils Waste Strategy document over the coming months.</p>
2	<p>Training - Further training to be carried out this year to continue to ensure all employees are regularly refreshed on expectations of customer care and service standards. Local induction, including new and agency staff, to be refreshed and to include importance of collections carried out as scheduled. Regular supervisor monitoring of crews in the field to ensure compliance with standards expected. Supervisors to undertake complaints training including investigations and responses.</p>	<p>The Induction Pack and process is still under review to ensure the process continues to meet Health & Safety and Service Quality needs, in preparation of an expected influx of new starters due throughout the summer period.</p> <p>Supervisors are now carrying out increased levels of monitoring visits and checks, to ensure the service standards are being maintained.</p>
3	<p>Reduce the number of complaints upheld and escalated. There has been an increase in S1, S2 and S3 complaints last year. The service will endeavour to reduce the number of complaints in 2018/19 via close monitoring of all complaints, performance management of crews and review</p>	<p>This is an ongoing process and deadlines for addressing complaints are now being met.</p>

	of lessons learned. More robust action will be taken with crews who repeatedly perform below standard.	Appropriate management action is now being used to address the repeat complaints and the levels are slowly reducing. The Bartec In-Cab system will further aide this reduction.
4	Consistent monitoring by supervisors - More consistent monitoring of S2 and S3 complaints where site visits are required	This is an ongoing process and improvement is being made.

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	163	77%	20	21	57%	10%	2	2	50%	0%
2017-2018	200	74%	26	27	80%	20%	4	5	75%	0%
Difference	-37	+3%	-6	-6	-23%	-10%	-2	-2	-25%	N/A

Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
77% of Stage 1 complaints were upheld (of 163 received).	<p>Multiple methods are being employed across all crews including issuing written instructions for teams, additional training for supervisors and crews and monitoring periods.</p> <p>However the percentage of complaints upheld is higher than last year's figures and is due to factors such as high staff turnover, use of agency staff or other operational difficulties. It should be noted that complaints have reduced compared to last year.</p>	<p>The suggested Bartec system for logging contaminated or non-presented bins, along with instantly flagging any other issues, would help in responding to missed collections before they escalate to a formal complaint.</p> <p>Recommendations were made by the complaints team in September for earlier intervention from Supervisors to prevent initial missed collections escalating into formal complaints.</p>
57% of Stage 2 Complaints were upheld (21 received). These relate to a reoccurrence of issues causing the initial complaint.	Similar methods are employed at stage 2. Longer monitoring periods and providing supervisors contact numbers to complainants, will assist the reduction of complaints.	Overall volumes at Stage 2 have dropped, as has the percentage upheld.

Service commitments submitted by the service for the year 2019/2020	
1	Ongoing efforts to further improve on reducing 'missed bins' and 'non-returned bins' figures, with the 'Bartec In Cab' system being rolled out to all collection vehicles.
2	Ongoing training & monitoring for all collection crews to ensure collection service standards are being maintained across the service. Ensure Service standards are monitored by Supervisors during crew visits.
3	Ongoing efforts to further improve on response & resolution of all levels of customer complaints. Closer monitoring of supervisor compliance to ensure timely and appropriate levels of response and measured via PDR process.

- 4 Aim to increase recycling levels across the borough by ensuring collection crews are carrying out contamination checks and recording issues via the Bartec In-Cab System, to ensure residents are then made aware of issues that result in bins not being emptied due to unacceptable materials being placed in their bins.

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	<p>Further non return of bin training has been carried out this year and this programme will continue to ensure all employees and agency staff are regularly refreshed on expectations and standards of bin placement.</p> <p>Local induction to be refreshed to include standards of bin placement to all new permanent and agency staff.</p> <p>Regular supervisor monitoring of crews in the field will include observations of bin placements to ensure compliance with standards expected.</p>	<p>Toolbox Talks have now been given to all operatives outlining the expected standards required by the council and this has also been specified within the Supervisors' Crew Inspection records for checking & monitoring.</p> <p>The Induction Pack and process is still under review to ensure the process continues to meet Health & Safety needs, in preparation of an expected influx of new starters due throughout the summer period.</p>
2	<p>Review of local procedures including bin returns and website updated accordingly.</p>	<p>It is expected at this time that local policies will be further reviewed as part of the overall review of the councils Waste Strategy document over the coming months.</p>
3	<p>Reduce the number of complaints upheld and escalated. There has been a decrease in S1 complaints last year, though an increase in S2 complaints. The service will endeavour to reduce the number of complaints in 2018/19 via close monitoring of all complaints, performance management of crews and review of lessons learned. More robust action will be taken with crews who repeatedly poorly perform.</p>	<p>This is an ongoing process and improvement is being made.</p>

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	33	73%	6	6	83%	33%	1	1	100%	0%
2017-2018	45	54%	12	13	45%	20%	3	3	75%	0%
Difference	-12	+19%	-6	-7	+38%	+12%	-2	-2	+25%	N/A

Analysis – key themes / concerns	Comments to explain:	Additional commentary from the Complaints Team
73% of Stage 1 complaints were upheld (of 33 received)	<ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact <p>The same methods have been adopted to that of missed bin collections.</p>	Overall volumes of complaints have dropped due to earlier interventions by staff, however the upheld % has increased.
83% of Stage 2 complaints were upheld. However this is based on 6 closed complaints with 5 being upheld.	As with missed collections, supervisors are contacting residents directly and engaging with them to prevent further reoccurrence of issues.	Volumes of Stage 2 complaints have reduced compared to previous year.

	Service commitments submitted by the service for the year 2019/2020
1	Commitments are the same for missed collections above
2	
3	
4	

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	Response times for responding to Council Tax service requests/queries are now at an all-time low. Improved tracking will enable this to be maintained within the current year.	Response times are being maintained.
2	8 Complaints were upheld due to staff conduct. Whilst complaints regarding the debt team have significantly reduced, calls will continue to be recorded and reviewed in this area to continue the improvement.	Complaints in this area continue to reduce as does the ratio of upheld.

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Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	54	17%	6	11	9%	0%	2	2	50%	50%
2017-2018	79	33%	12	27	25%	29%	6	6	0%	0%
Difference	-25	-16%	-6	-16	-16%	-29%	-4	-4	+50%	+50%

Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
17% of Stage 1 complaints were upheld (54 received). This is below the KPI. Complaints received covered issues relating to the application of discounts, disagreements with amounts owed and disputes of the legality of Council Tax.	<p>Where complaints have been upheld these have largely been due to administrative errors. Staff have been provided with further training or advice to prevent individual errors occurring.</p> <p>Training has also been provided in relation to effective communication between the Council Tax and other teams where enforcement and debt collection issues are concerned.</p>	The number of overall complaints along with the % held have dropped significantly. This is positive
9% of Stage 2 complaints were upheld (11 received)	Service Commitments from last year have helped reduced the number of complaints significantly, including those escalated from Stage 1.	

Service commitments submitted by the service for the year 2019/2020	
1	Continue to respond to all requests and queries within time to prevent complaints being received
2	Continue recording and review of telephone calls from staff to assist in further reduction of complaint volumes

- There were no service commitments submitted in 2017/18 report, as this service area did not feature in the top 10 complaint areas.

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	24	21%	10	16	19%	0%	3	3	66%	33%
2017-2018	59	17%	18	23	22%	9%	7	7	0%	0%
Difference	-35	+4%	-8	-6	-3%	-9%	-4	-4	+66%	+33%

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Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
21% of Stage 1 complaints were upheld (24 received). The complaints relate to a lack of actions taken by the	Of the low number of complaints upheld, staff were reminded of the timescales for responses or given retraining in the specific area where the error occurred (e.g. ensuring the email addresses we have for contacts	The significant reduction in overall complaints received is a positive.

Enforcement team, delays, lack of communication with applications and difficulty obtaining information	is correct to prevent responses failing to reach recipients).	
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	Service commitments submitted by the service for the year 2019/2020
1	In partnership with other services, improve customer access to Development Services

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	Complaints relating to the contact centre remain exceptionally low compared to number of contacts received, however the service will continue to undertake quality/monitoring checks as BAU activity, to ensure call advisors handle calls effectively. All contact centre calls are recorded	<p>During 2018/19, 356,016 contacts were received via the contact centre. With this in mind, complaints volumes continue to be exceptionally low and represent 0.01% of contacts received.</p> <p>Continuing with quality monitoring checks.</p> <p>All contact centre calls continue to be recorded.</p>
2	Individual feedback is given for staff performance related complaints to avoid reoccurrence	Feedback continues to be provided to advisors for any complaints received.
3	Advisors to continue to attend newly developed right first time customer care training	Continuing to send advisors to customer care training.

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	20	60%	2	11	64%	0%	1	1	0%	0%
2017-2018	12	33%	1	11	64%	14%	1	1	0%	0%

Difference	+8	+27%	+1	0	0	-14%	0	0	N/A	N/A
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Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
60% of Stage 1 complaints (20 received with 12 upheld) were upheld. These relate to mis-directed calls, incorrect information being provided and delays in answering calls	In all issues of upheld complaints where learning was applicable (some complaints were upheld due to technical issues with the telephony system), staff have been retrained on the specific areas in question to prevent a reoccurrence.	Overall complaints volumes and upheld % have increased, however there are no common trends to take from this as they are all individual one-off issues. Complaints are low based on the number of contacts
64% of Stage 2 complaints (11 received with 7 upheld) were upheld	As above in any upheld situations staff have been retrained on expected customer service levels and telephony manner as required.	Statistics are the same for the previous year. Complaints are low based on the number of contacts.

Service commitments submitted by the service for the year 2019/2020	
1	Complaints relating to the contact centre remain exceptionally low compared to number of contacts received, however the service will continue to undertake quality/monitoring checks as BAU activity to ensure call advisors handle calls effectively. All contact centre calls are recorded
2	Individual feedback is given for staff performance related complaints to avoid reoccurrence
3	Advisors to continue to attend newly developed right first time customer care training

	Service commitments submitted by the service for the year 2018/2019	Progress summary provided by the service
1	We will continue to monitor performance closely and take action to address any issues of underperformance.	<p>The SEN service have introduced a suite of reports on performance regarding timeliness of EHCP's, conversion of statements and % of plans issued each month; the number of EHCP's completed month on month continues to improve.</p> <p>The service continues its commitment to monitoring performance closely and taking appropriate and proportionate action where necessary.</p>

Comparative Data: 2018-2019 vs. 2017-2018	S1 rec'd	% upheld	S1 escalated	S2 rec'd	% upheld	% of S2 upheld, that were not upheld at S1	S2 escalated	S3 rec'd	% upheld	% of S3 upheld, that were not upheld at S2
2018-2019	22	45%	4	8	50%	13%	2	2	50%	50%
2017-2018	14	50%	4	13	73%	13%	2	3	33%	0%
Difference	+8	-5%	0	-5	-23%	0	0	-1	+17%	+50%

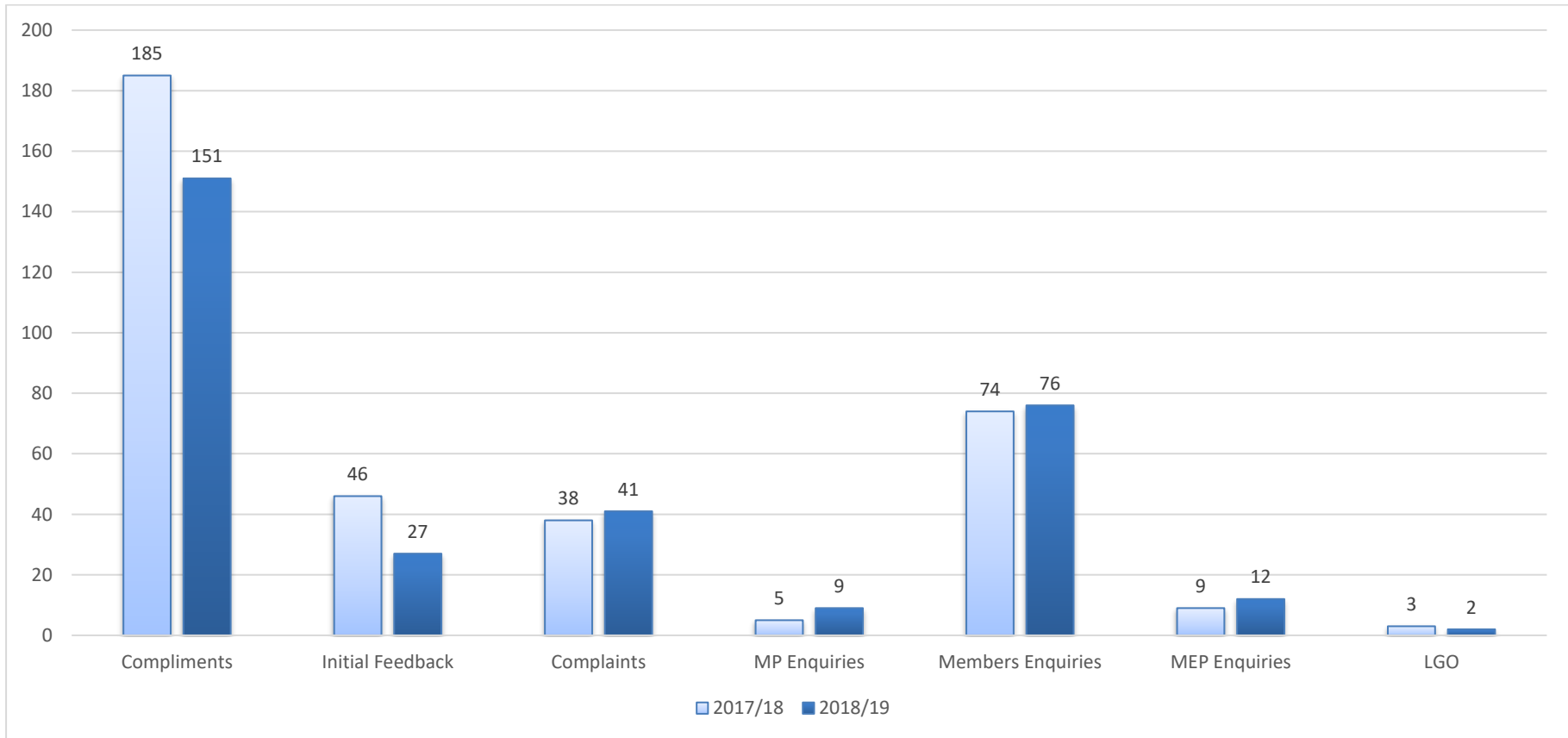
Analysis – key themes / concerns	Comments to explain: <ul style="list-style-type: none"> • Provide suggested progress going forward or • Provide a summary of positive impact 	Additional commentary from the Complaints Team
45% of Stage 1 complaints were upheld (22 received). These relate to lack of contact from staff, delays in providing an EHCP and difficulties in admissions to Special Schools	The SEN service have introduced a suite of reports on performance regarding timeliness of EHCP's, conversion of statements and % of plans issued each month; this has enabled the service to monitor progress and implement processes to aid service improvements. The number of EHCP's completed month on month continues to improve, further training and service expectations has also been delivered to staff.	Complaints volumes have increased, but percentage upheld overall has dropped slightly.
50% of Stage two complaints were upheld (of 8 received)	In-house training has been delivered to staff outlining service expectations, detailed analysis on feedback is taking place and this has seen a reduction in the volume of complaints being received.	Volume of complaints and % upheld have dropped from the previous year.

Service commitments submitted by the service for the year 2019/2020	
1	The service will continue to monitor performance closely and take appropriate action to address any issues. The service will implement smarter, improved ways of working including the use of digital platform, making more information readily available online.

Appendix 2 - Annual Adult Social Care Complaints & Representations Report

Volume of Representations – 2017/18 vs 2018/19

Below is a comparison of representations received for both years. During 2017/18, **360** representations were received, compared with **318** for 2018/19.



Complaints – 2017/18 vs 2018/19:

Below is a comparison broken down into specific detail. This includes complaints involving both internal and external providers.

Feedback:	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	No. withdrawn / Cancelled	Total to be investigated	Cases closed in period*	% of complaints upheld in period	% timeliness of response for those due in month
2018/19	27	37	3	1	2	39	38	56%	93%
2017/18	46	27	11	0	1	37	39	72%	95%
Difference	-19	+10	-8	+1	+1	-1	-1	-16%	-2%

*Number closed may differ due to length of time required to close a complaint (i.e. those from March will likely be closed in April)

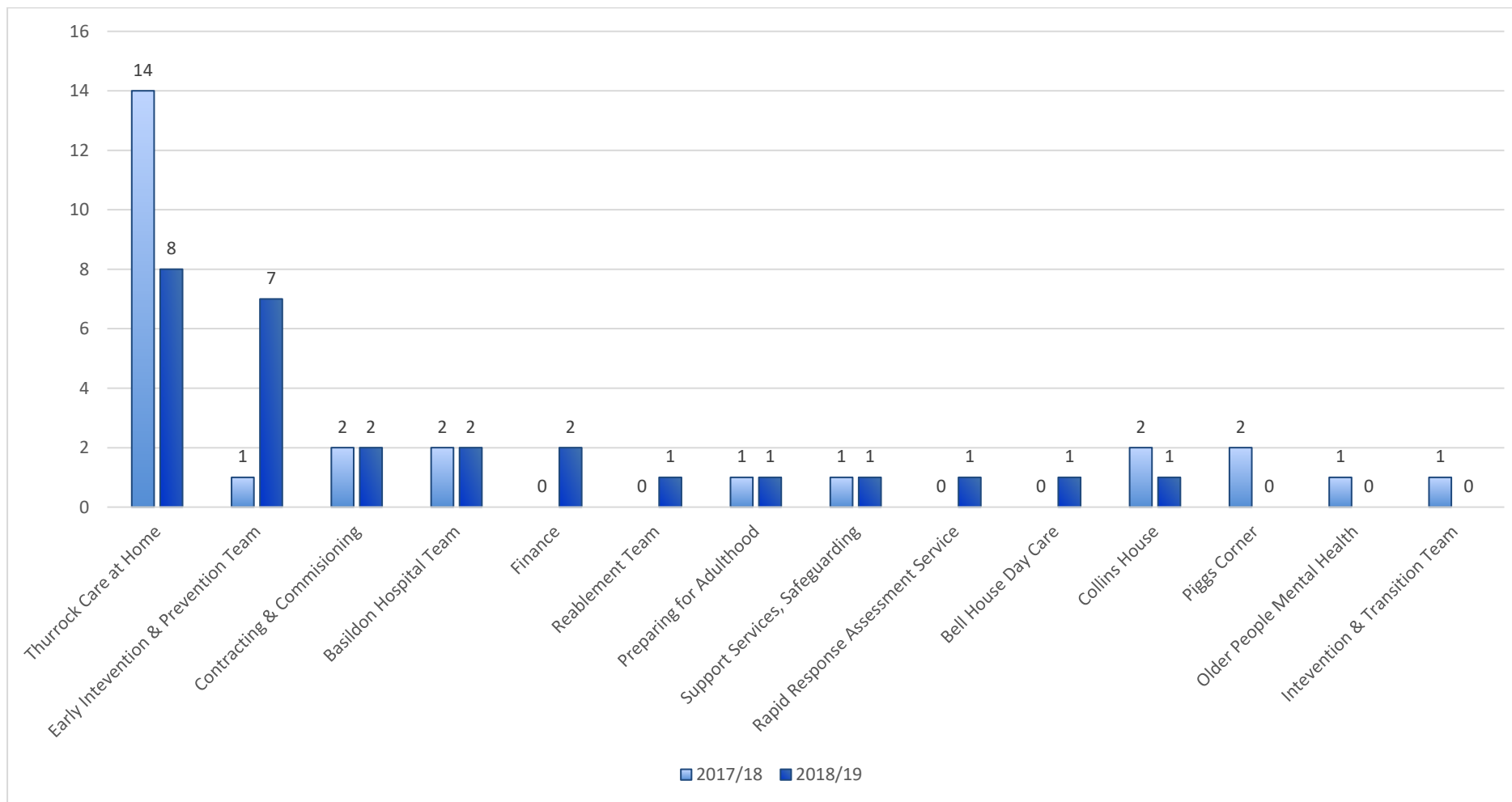
Root cause analysis and associated learning:

Complaints are analysed and the top three themes are identified below. Learning from upheld complaints is recognised by the service as part of complaint resolution. The Complaints Team will ensure the case studies are shaped as appropriate and that learning is embedded.

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
2018/19	Missed Appointments	Quality of Care	Finance
Learning	<ul style="list-style-type: none"> Providers to maintain consistency in carers call times Staff reminded that all care calls must be 	<ul style="list-style-type: none"> In-house system to be monitored to ensure quality & length of calls. Additional training for carers provided 	<ul style="list-style-type: none"> Direct payments provider to review internal processes for payments Funding decisions to make clear reasoning for

	provided and support plans followed at all times	<ul style="list-style-type: none"> • Staff to ensure that all available contacts for Clients are documented within ISP and are regularly checked and updated. • Medication policy updated 	outcomes (legal advice etc.)
2017/18	Quality of Care	Missed Appointments	Communication
Learning	<ul style="list-style-type: none"> • Staff reminded of the importance of complying with medication policy, reading of care & support plans & action plans 	<ul style="list-style-type: none"> • Calls to be added to rotas. • Staff reminded to contact residents Next of Kin if appointments cannot be met 	<ul style="list-style-type: none"> • Coordinators reminded of importance of advising service users of any changes, to ensure staff are able to comply with contact requirements

Complaints regarding internal teams and staff: Of the **38** complaints responded to within 2018/19, **27** related to internal teams/services, compared with **27** of **39** in 2017/18.



Commissioned Providers:

During 2018/19, **11** of the **38** complaints responded to related to external commissioned providers, compared with **12** out of **39** in 2017/18.

Commissioned Provider	2017 - 2018	2018 - 2019
Lodge Care Group	5	2
Guardian Homecare	0	1
Purple	0	6
Carolyn House	1	0
Triangle	4	0
Cedar House	0	1
Leatherland Lodge	1	0
Bluebell Court	0	1
Willows Lodge	1	0

Upheld Complaints:

Percentages for upheld complaints appear high as complaints are low in volume. Figures in brackets below represent the number of upheld complaints.

Complaint Area	Volume 2017-2018	% Upheld	Volume 2018-2019	% Upheld
Safeguarding	1	0%	1	100% (1)
Intervention & Transitions Team	1	0%	0	N/A
Piggs Corner	2	100% (2)	0	N/A
Preparing for Adulthood	1	0%	1	0%
Collins House	2	50% (1)	1	100% (1)
Re-ablement Team	0		1	0%
Basildon Hospital Team	3	67% (2)	2	0%
Early Intervention & Prevention	1	100% (1)	7	29% (2)
Thurrock Care at Home	13	100% (13)	8	100% (8)
Contracts & Commissioning	2	50% (1)	2	50% (1)
Finance	0	N/A	2	50% (1)
Lodge Care Group	5	80% (4)	2	50% (1)

Guardian Homecare	0	N/A	1	0%
Bell House Day Care	0	N/A	1	100% (1)
Willows Lodge	1	0%	0	N/A
Carolyn House	1	0%	0	N/A
Leatherland Lodge	1	100% (1)	0	N/A
Triangle	4	50% (2)	0	N/A
Bluebell Court	0	N/A	1	0%
Cedar House	0	N/A	1	100% (1)
Rapid Response Assessment Service	0	N/A	1	100% (1)
Older People Mental Health	1	100% (1)	0	N/A
Purple	0	N/A	6	67% (4)

Outcomes:

Of those **22** complaints upheld in 2018/19, these related to the following issues:

Decision Making
 Assessment
 Funding / Finance
 Communication
 Quality of Care
 Late Appointments
 Missing Medication
 Length of Care Calls

LGO Complaints:

2 complaints have been received in this period as per below:

Service Area	Outcome	Compensation	Decision Reasoning
Basildon Hospital Team	Local Settlement	£150	The Council contacted resident at incorrect former address to cancel care and issued court proceedings to the same former address whilst resident was in hospital
Support Services	Maladministration Causing Injustice	N/A	The Council made an error in believing the complainant had misused her son's funds and should not have transferred control of this to a 3 rd party.

ADR Cases

There have been no ADR cases in the reporting period.

Enquiries

In the reporting period the following was received:

- 9 MP Enquiries
- 12 MEP Enquiries
- 76 Member Enquiries

MP Enquiries	Total
Thurrock First	3
Contracting & Commissioning	2
Local Area Coordination	1
Early Intervention & Prevention Team	1
Mental Health Services	1
Rapid Response Assessment Service (RRAS))	1

MEP Enquiries	Total
Thurrock First	4
Customer Finance	2
Bluebadges	2
Early Intervention & Prevention Team	2
Basildon Hospital Team	1
Mental Health Services	1

Members Enquiries	Total
Thurrock First	42
Local Area Coordination	9
Early Intervention & Prevention Team	5
Customer Finance	3
Bluebadges	3
General ASC	3
Public Health	2
Contracting & Commissioning	2
Home Care - External	2
Mental Health Services	2
Long-Term Condition Team	1
Basildon Hospital Team	1
Thurrock Adult Community College	1

External Compliments:

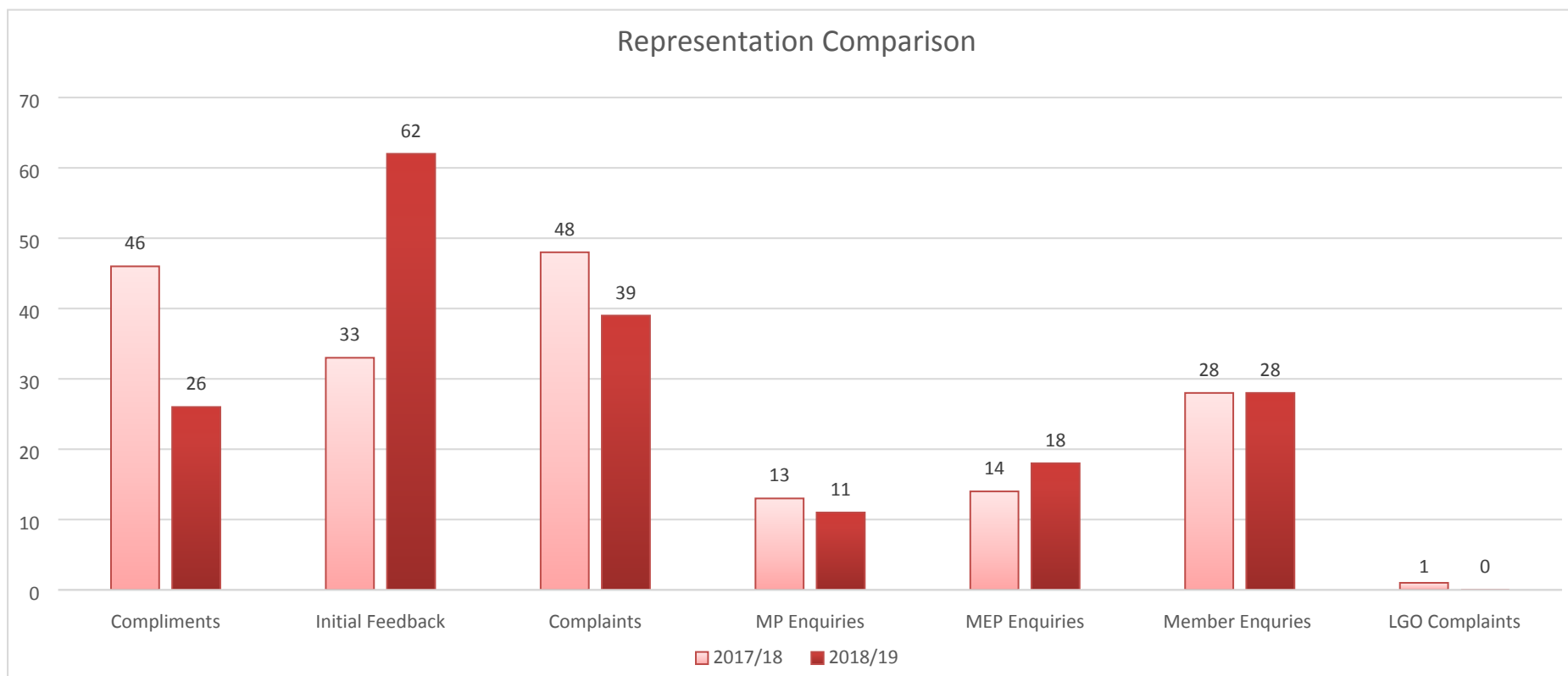
A total of **151** compliments have been received during this period

Service Area	Number of Compliments 2018/19
Reablement Team	46
Thurrock Care at Home	25
Collins House	15
Early Intervention & Prevention Team	13
Local Area Coordination	11
Older People Mental Health	6
Basildon Hospital Team	6
Early Intervention & Prevention Team - Internal	5
Safeguarding	4
Thurrock First - Internal	3
Community Development	3
Complex Care	3
Rapid Response Assessment Service (RRAS)	2
Alzheimers Society	2
Bluebadges	2
Mental Health Services	2
Home Care - External	1
Thurrock Care Partnership	1
Disabled Facilities Grant	1

Appendix 3 - 2018/19 - Children's Social Care – Complaints & Representations

Volume of Representations – 2017/18 vs 2018/19:

Below is a comparison of all representations received during both years, a total of **183** representations were received in 2017/18 compared to **184** in the same period of 2018/19.



Complaints – 2017/18 vs 2018/19:

Below is the comparison between the two years with additional details provided. There were no escalations beyond stage 1 for both periods.

Feedback:	Initial Feedback	Stage 1 complaints	Stage 2 complaints	Stage 3 complaints	Alternative Dispute Resolution Cases	Cases closed in period*	Cases Cancelled	% of complaints upheld in period	% timeliness of response for those due in period
2018/19	62	39	0	0	1	35	3	51%	87%
2017/18	33	48	0	0	6	48	2	40%	83%
Difference	+29	-9	N/A	N/A	-5	-13	+1	+11%	+4%

*This figure *may* be different from the total received

Root cause analysis and associated learning:

Top three themes are identified below for the reporting period. Learning from upheld complaints is recognised by the service as part of complaint resolution.

Root cause analysis and learning from upheld	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
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complaints:

Learning for 2018/19

Communication

Any changes in scheduled supervised contact will be communicated to relatives in a timely manner.

Staff given reflective practice sessions to attune themselves with how service changes impact users.

Better handling of Letterbox administration to ensure birth relatives and adoptive parents maintain proper contact.

Recruitment of staff to allow for resumption of life story book productions.

Decision Making

Both sides of families to be contacted where children only live with one parent to ensure equal sharing of information.

Staff retrained on LADO referrals and social workers to fully familiarise themselves with the case prior to initial meetings.

Savings / Assessment / Delays / Missed contact

Policy to be drafted to address the issue of savings for children in care.

Further training to be provided to staff to consider the impact that professional opinion and timekeeping has on cases.

Learning for 2017/18

Communication

Ensuring that telephone calls are returned swiftly - **These complaints related to a specific service, there is now a service standard in place to address this issue.**

Ensuring reports are quality checked to ensure they are grammatically correct - **Routine case audits are now in place to**

Assessment/Decision Making

Attention to detail with accuracy of reports - **Case supervision and case audits are addressing any issues arising from report writing.**

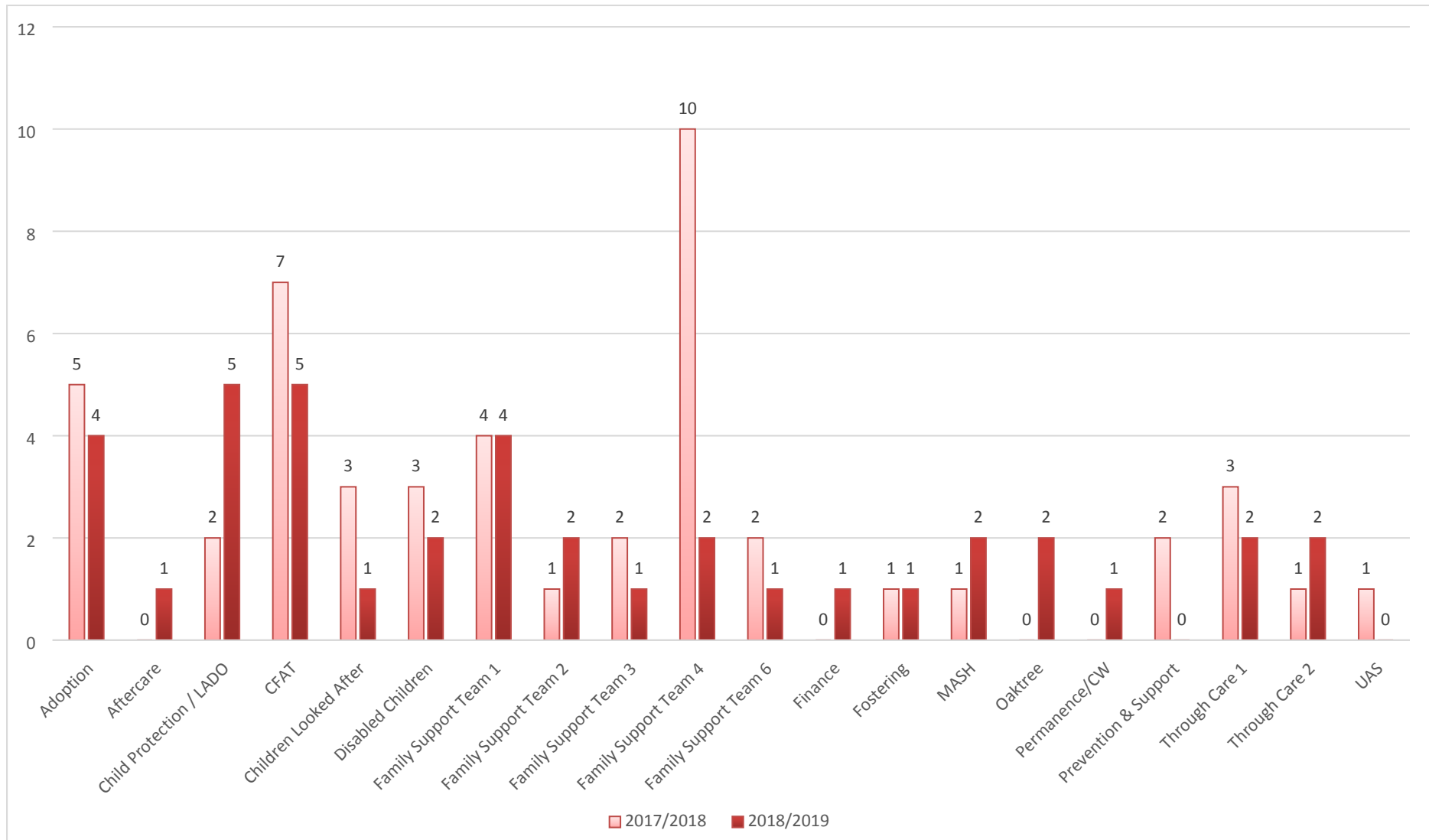
Staff Conduct

These have been dealt with in-line with process.

quality assess reports for a %
of cases.

Breakdown of complaints received:

This may be different to figures within the upheld complaints section as this based on closed complaints (not complaints received)



Upheld Complaints:

Percentages of upheld complaints (based on closed complaints in the period) are high as volumes are relatively low. Figures in brackets below represent the numbers of upheld complaints

Complaint Area	Volume 2017-2018	% Upheld	Volume 2018-2019	% Upheld
Adoption	6	83% (5)	3	67% (2)
Aftercare	0	N/A	1	100% (1)
Child Protection / LADO	4	0%	3	33% (1)
Children and Families Assessment Team CFAT	7	29% (2)	5	40% (2)
Children Looked After	4	50% (2)	0	N/A
Disabled Children	3	0%	2	50% (1)
Family Support Team 1	4	50% (2)	4	25% (1)
Family Support Team 2	1	0%	2	100% (2)

Family Support Team 3	2	0%	1	0%
Family Support Team 4	10	30% (3)	2	0%
Family Support Team 6	2	100% (2)	1	100% (1)
Fostering	1	0%	1	100% (1)
MASH	1	100% (1)	2	0%
Oaktree	0	N/A	2	100% (2)
Permanence/Court Work	0	N/A	1	100% (1)
Prevention & Support Services	2	50% (1)	0	N/A
Through Care 1	3	67% (2)	2	50% (1)
Through Care 2	1	0%	2	50% (1)
Unaccompanied Asylum Seekers	1	0%	0	N/A

LGO Complaints:

There were no Statutory LGO complaints during the reporting period.

Alternative Dispute Resolution Cases:

Complainants are seeking resolution and welcome the involvement of a neutral third person who will be able to assist both the complainant and the service in negotiating a settlement to their complaint.

Alternate Dispute Resolution (ADR) is implemented as a mechanism to resolve complaints swiftly should the complainant request escalation. This involves assessment of the presenting issues by the Statutory & Corporate Complaints Manager and appropriate recommendations being made. It can also include mediation with the complainant, the service or advising of onward referral to the Ombudsman.

The one case for this period was a Stage 1 which was prevented from escalating to a Stage 2, resulting in a saving of £1800.

Dispute Resolution:

Dispute resolution is a process that is followed when the Independent Reviewing Officer (IRO) has concerns regarding a child's case, however does not yet wish to make a formal complaint. Within the reporting period there were 13 cases recorded. This process did not exist in this form within 2017 so a comparison cannot be made.

Initial Feedback:

The Council receives feedback/concerns which, following assessment does not constitute a formal complaint but still requires addressing. Those within scope of an 'Initial Feedback' are sent to the service with a request that swift action takes place to resolve the issue. This should negate the need for a formal complaint taking place, the Complaints Team monitor progress of all cases.

Enquiries

During the reporting period the following enquiries were received:

- 11 MP
- 18 MEP
- 28 Members

MP Enquiries	Number by Team
Family Support Team 4	3
Fostering	1
Disabled Children	1
Finance	1
Through Care 3	1
Family Support Team 3	1
Permanence/Court Work	1
Adoption	1
Family Support Team 5	1

MEP Enquiries	Number by Team
CFAT	3
Family Support Team 3	3
Through Care 2	3
Family Support Team 4	2
Family Support Team 5	2
Disabled Children	1
Family Placement Service	1
Family Support Team 1	1
Family Support Team 2	1
Through Care 1	1

Members Enquiries	Number by Team
Child Protection/LADO	6
CFAT	5
Fostering	3
Family Support Team 3	2
Family Support Team 6	1
Aftercare	1
Commissioning	1
Family Placement Service	1
Family Support Team 4	1
Family Support Team 2	1
Family Support Team 5	1
Finance	1
Other	1
Permanence/Court Work	1
Through Care 2	1
Through Care 3	1

External Compliments:

26 Compliments have been received during this period, breakdown of teams is below.

Service Area	Total Received
Fostering	6
CFAT	4
Prevention & Support Service	4
Adoption	2
Safeguarding	2
Through Care 1	2
Family Support Team 4	2
Permanence	1
Children in Public Care	1
MASH	1
Aftercare	1

12 September 2019	ITEM: 6
Standards & Audit Committee	
Internal Audit Progress Report 2019/20	
Wards and communities affected: All	Key Decision: Non-Key
Report of: Gary Clifford – Chief Internal Auditor	
Accountable Assistant Director: N/A	
Accountable Director: Sean Clark – Director of Finance & IT	
This report is public	

Executive Summary

The Internal Audit Plan 2019/20 was discussed by the Standards & Audit Committee at their meeting of 14th March 2019. This progress report covers work undertaken since the start of the plan year.

1. Recommendation(s)

1.1 That the Standards & Audit Committee:

Consider reports issued and the work being carried out by Internal Audit in relation to the 2019/20 audit plan.

2. Introduction and Background

- 2.1 The Accounts and Audit Regulations 2015 require that a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes taking into account public sector internal auditing standards or guidance.
- 2.2 The Internal Audit Service carries out the work to satisfy this legislative requirement and part of this is reporting the outcome of its work to the Standards & Audit Committee.
- 2.3 The Standards & Audit Committee has a responsibility for reviewing the Council's corporate governance arrangements, including internal control and formally approving the Annual Governance Statement. The audit work carried out by the Internal Audit Service is a key source of assurance to the Standards & Audit Committee about the operation of the internal control environment.

2.4 The audits contained in the Internal Audit Plan 2019/20 are based on an assessment of risk for each system or operational area. The assessment of risk includes elements such as the level of corporate importance, materiality, service delivery/importance and sensitivity.

3. Issues, Options and Analysis of Options

3.1 The reports issued by Internal Audit provide 4 levels of assurance opinion. The 4 opinions use a Red/Amber/Green (RAG) assurance level and reports are now categorised as:

- Green; Amber/Green (positive assurance opinions);
- Amber/Red (negative assurance opinion that provides some assurance but a number of weaknesses were identified); and
- Red (negative assurance opinion).

3.2 The purpose of this progress report is not only to highlight reports issued as final but to provide members with an update on work which has reached the draft report stage and work currently in progress. The status of work currently being undertaken is shown at Appendix 1.

3.3 During the period being reported on, we have finalised 9 reports. 5 of these were assurance reports and all received a Green (positive) assurance opinion. These were Children's Centres, Schools Catering, Grays Convent, Financial Top Ups and Environmental Health – Local Air Quality Management.

3.4 Three of the remaining four reports were advisory reports. These were Car Parking Income, Fleet Management and Stores Management. We do not provide an assurance opinion for advisory reports, although we do make recommendations which are followed up. The final report was a consultancy report to check and confirm Environmental Services' compliance against the requirements to continue to receive the British Standards Institution (BSI) ISO 9001 accreditation which demonstrates an organisations ability to consistently provide products and services that meet customer and regulatory requirements.

4. Reasons for Recommendation

4.1 To assist the Standards & Audit Committee in satisfying itself that progress against the Internal Audit Plan is sufficient as one of the means of assuring itself of the effective operation of internal controls.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The audit risk assessment and the plan are periodically discussed with the Chief Executive, Corporate Directors, Directors and Heads of Service before being reported to Directors Board and the Standards & Audit Committee.

5.2 All terms of reference and draft reports are discussed and agreed with the relevant Corporate Directors, Directors, Heads of Service and/or management before being finalised.

5.3 The Internal Audit Service also consults with the council's External Auditors to ensure that respective audit plans provide full coverage whilst avoiding duplication.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The council's corporate priorities were used to inform the annual audit plan 2019-20. Recommendations made are designed to further the implementation of these corporate priorities.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Finance Manager

Whilst there are no direct financial implications arising from this report, it is important that the authority maintains adequate internal controls to safeguard the authority's assets. If there is a cost to any audit recommendation, this is to be met from existing budgets.

7.2 Legal

Implications verified by: **Tim Hallam**
Acting Head of Law and Monitoring Officer

The contents of this report and appendixes form part of the council's responsibility to comply with the Local Audit and Accountability Act 2014 and the Accounts and Audit Regulations 2015, including to at least annually undertake an effective internal audit to, amongst other things, evaluate the effectiveness of its risk management, control and governance processes taking into account public sector internal auditing standards or guidance. The council has delegated responsibility for ensuring this is taking place to the Standards & Audit Committee. There are no legal implications directly arising from this report.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Strategic Lead – Community Development & Equalities

There are no direct diversity or equality implications arising from this report.

7.4 Other implications (where significant) i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children

In terms of risk and opportunity management, the Internal Audit Plan and its outcomes are a key part of the council's risk management and assurance frameworks. The Internal Audit Plan is based on risk assessments that include a review of the council's risk and opportunity register.

8. Background papers used in preparing the report:

- Strategy for Internal Audit 2017/18 to 2019/20 and Internal Audit Plan 2019/20
- Internal Audit Reports issued in 2019/20.

9. Appendices to the report

Appendix 1 – Internal Audit Progress Report.

Report Author:

Gary Clifford
Chief Internal Auditor
Thurrock Council Internal Audit Service, Corporate Finance

Thurrock Council

Standards & Audit Committee

Internal Audit Progress Report 2019/20

Date of Committee: 12th September 2019

Introduction

The internal audit plan for 2019/20 was presented to the Standards & Audit Committee on 14th March 2019. This report provides an update on progress against that plan.

Table showing reports issued as Final, in Draft and Work in Progress (WIP)

Assignment	Status	Opinion	Actions Agreed (by priority)		
			High	Medium	Low
Audits to address specific risks					
Children's Centres	Final	Green	0	0	2
Schools Catering	Final	Green	0	0	1
Grays Convent	Final	Green	0	3	1
Financial Top Ups	Final	Green	0	0	2
Environmental Health - Local Air Quality Management	Final	Green	0	0	5
Car Parking Income	Final	Advisory	1	8	1
Fleet Management	Final	Advisory	0	6	1
Stores Management	Final	Advisory	3	6	3
BSI ISO 9001 - Cemeteries	Final	Consultancy	N/A	N/A	N/A
Business Continuity Management	Draft	N/A	N/A	N/A	N/A
Mileage	Draft	N/A	N/A	N/A	N/A
Housing Rents	Draft	N/A	N/A	N/A	N/A
Payroll (including HR)	Draft	N/A	N/A	N/A	N/A
Corporate Health and Safety	WIP	N/A	N/A	N/A	N/A
Trading Standards	WIP	N/A	N/A	N/A	N/A
Purchase Cards	WIP	N/A	N/A	N/A	N/A

Work and other issues for which no reports are generated

The work around the payment by results funding provided as part of the troubled families programme continues.

The Chief Internal Auditor is currently involved in investigating a grievance as the investigation officer.

The Chief Internal Auditor is also undertaking a review around a specific procurement to determine that correct procedures were followed around the tender and awarding of contracts.

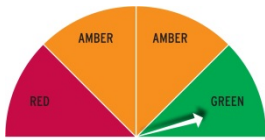
An audit of the grant return to the National Trading Standards Board has been carried out to determine that the grant was spent in accordance with the requirements of the grant. This related to work being undertaken by the Trading Standards team at the London Gateway and Tilbury Port. The grant was for £133,500 and had been spent and accounted for correctly.

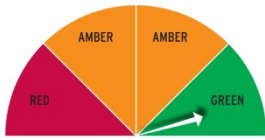
Changes to the Annual Plan

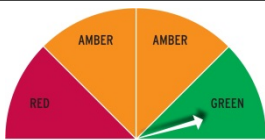
It is anticipated there will continue to be a significant impact on resources due to the additional work being undertaken on the troubled family's programme which may result in other audits being deferred or taken out of the plan. However, increased confidence in the process could mean we reduce our sample size. This will be discussed with the Director of Finance & IT and the service lead officer.

Internal Audit were approached to undertake a series of audits for Environmental Health to enable them to retain their British Standards Institution (BSI) ISO 9001 accreditation. In the past, the service had paid an external consultant (£500 per day for at least 6 days per year) to undertake this work. Unfortunately, the contractor could no longer continue providing the service. The reviews involve testing the policies, procedures, processes, risk management and quality management arrangements in each of the service areas. Initially, whilst the staff are familiarising themselves with these services, the process is likely to be fairly resource intensive but this will reduce as they gain more knowledge and skills.

Key Findings from Internal Audit Work

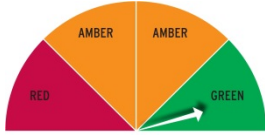
Assignment: Children's Centres	Opinion: Green	
<p>Headline Findings: Our review of the Children's Centres identified 2 low recommendations around the adequacy of the control framework. The objective was to review the revised strategy with children's centres, and ensure there are processes in place to monitor service provision and ensure the council is concentrating on the most vulnerable families, in addition to obtaining Best Value. The review concluded that there had been a considerable amount of work carried out across the borough to reach families with young children and encourage them to develop skills and improve life chances. There were no significant concerns and the 2 medium recommendations from the previous review had been implemented.</p>		

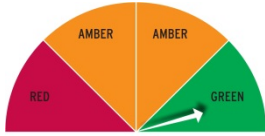
Assignment: School's Catering	Opinion: Green	
<p>Headline Findings: Our review of the Schools Catering identified 1 low recommendation around the adequacy of the control framework. The objective was to ensure the service provided by Thurrock School Catering is providing good Value for Money. Good practice was identified in that the Catering Team have taken advantage of the London Contracts Supply Group (LCSG) to give Thurrock access to better discounts. There were no significant concerns and there has been no recent review in this area so no recommendations to follow up.</p>		

Assignment: Grays Convent	Opinion: Green	
<p>Headline Findings: Our review of the Grays Convent identified 3 medium and 1 low recommendations around the adequacy of the control framework. The main issues identified were around the raising of invoices, payment of goods and signing of overtime forms. The 1 medium and 2 low recommendations from the previous audit had been implemented.</p>		

Action and Response	Responsible Officer	Date
<p>Action – It is recommended that all orders are raised before receipt of the invoice to ensure that only goods that are required by the school are received, authorised and management information reports are up to date and accurate.</p> <p>Response - Procedures will be put in place</p>	Personnel/Finance Manager	ASAP
<p>Action – It is recommended that invoices are paid within the agreed time limits. This reduces the likelihood that the school will incur additional costs through non-compliance with the Late Commercial Payments Act.</p> <p>Response - Procedures will be put in place</p>	Personnel/Finance Manager	ASAP
<p>Action – An overtime claim form must be completed and signed by all staff carrying out additional hours before it is handed to the Finance & Personnel Manager for checking and forwarded to the Headteacher for authorisation. This ensures there is a proper audit trail and payments are transparent and properly authorised.</p> <p>Details on the form should include: Name; Date; Start time; Finish time; Hours worked; Reason for overtime; Claimant signature; Approval (e.g. Headteacher or other senior delegated officer) signature.</p>	Headteacher Personnel/Finance Manager	ASAP

Response - Recruitment team do chase managers, however suggest new process implemented where onboarding does not commence unless interview notes provided by the manager and interview panel members.		
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Assignment: Financial Top Ups	Opinion: Green	
Headline Findings: Our review of the Financial Top Ups identified 2 low recommendations around the adequacy of the control framework. The objective was to ensure that third party tops ups are paid appropriately and a debt is not incurred to the Authority. This audit looked at the out of borough residential and respite placements to evaluate the impact any potential debt incurred may have on the council. It was noted that the authority does not operate a Top-Up Service currently and any additional cost incurred over and above the authority's rates have to be paid by the service user or representative directly to the home. There were no significant concerns identified during this review. There has been no previous review in this area.		

Assignment: Environmental Health – Local Air Quality Management	Opinion: Green	
Headline Findings: Our review of Environmental Health – Local Air Quality Management identified 5 low recommendations around the adequacy of the control framework. The objective was to provide assurance that the council complies with its statutory obligation to monitor local air quality and report to the Department for Environment, Food and Rural Affairs (DEFRA) through the annual statutory report (ASR). Monitoring and reporting of the local air quality status is overseen by the Environmental Protection Team while development and implementation of air quality action plans is the responsibility of transport planning. Whilst there were no significant concerns, a number of low level recommendations were made. These mainly related to the need to revive the Air Quality Officers Task Group who could then relay information to senior management in a timely and relevant manner. There has been no previous review in this area.		

Assignment: Car Parking Income	Advisory	Opinion not provided
Headline Findings: At the request of management, Internal Audit undertook an advisory review of Car Parking Income . The objective of the review was to evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to provide recommendations for improvement. Whilst we do not issue an opinion for advisory reviews, we do make recommendations and this review identified 1 high, 8 medium and 1 low recommendations around the adequacy and application of the control framework. It was pleasing to note that all the recommendations have been, or are in the process of being actioned. The main issues have been addressed through a full review of the service which resulted in changes to the management structure, relocation of the team and the move to cashless ticket machines which reduces the likelihood of loss of income through fraud or theft.		

Assignment: Fleet Management	Advisory	Opinion not provided
Headline Findings: Due to a change in the senior management structure of the service, management requested that Internal Audit undertake an advisory review of Fleet Management . The objective of the review was to review the Fleet management system Fleetmaster and evaluate the efficiency of the management of vehicles supplied for Environment, as well as vehicles supplied to other Services. Whilst we do not issue an opinion for advisory reviews, we do make recommendations and this review identified 6 medium and 1 low recommendations around the adequacy and application of the control framework. The main issues were around the contract with the software provider which needed to be reviewed as it had been in operation since 2010, the need to distribute monthly reports to senior management and the need to introduce key performance indicators to measure and improve the efficiency of operations. All recommendations were accepted by management and are, or will be implemented. This will be checked through a follow up review as part of the BSI ISO 9001 work.		

Assignment: Stores Management	Advisory	Opinion not provided
<p>Headline Findings: Due to a change in the senior management structure of the service, management requested that Internal Audit undertake an advisory review of Stores Management. The objective of the review was to evaluate the overall efficiency of stores management activities in particular; materials requisitions, stock ordering, pursuit of best value (market testing) and monitoring of operations. The review also looked at the risk management, control and governance processes in place to ensure the effectiveness of stores management activities. Whilst we do not issue an opinion for advisory reviews, we do make recommendations and this review identified 3 high, 6 medium and 3 low recommendations around the adequacy and application of the control framework. The main issues were around:</p> <ul style="list-style-type: none"> • the need to introduce a stores manual to provide guidance on stores operations; • improve segregation of duties; • introduce a business continuity plan to address potential service disruptions; • develop relevant KPI's to monitor performance; • undertake bi-annual stock checks; and • implement a process to capture any obsolete stock so they can be formally written off as part of the stock check process. <p>All recommendations were accepted by management and are, or will be implemented. This will be checked through a follow up review as part of the BSI ISO 9001 work.</p>		

Assignment: BSI ISO 9001 - Cemeteries	Consultancy	Opinion not provided
<p>Headline Findings: The British Standards Institution (BSI) ISO 9001 is defined as the international standard that specifies requirements for a quality management system (QMS). Organisations use the standard to demonstrate the ability to consistently provide products and services that meet customer and regulatory requirements. Within Environmental Services, the accreditation covers a broad spectrum of services including cemeteries, waste, street cleansing, highways, fleet and stores, play, arboriculture, parks & open spaces and parks/sports. Following the previous auditor withdrawing from the contract to undertake the work prior to regular inspections by the BSI, the internal Audit Service was approached to see if they would undertake the work. Following meetings with the relevant senior manager, this was agreed. This report is the first one issued and the control activities that were tested as part of the quality management system were as follows:</p> <ul style="list-style-type: none"> • Legislation and Policies; • Leadership; • Planning; • Risk Management; • Infrastructure and Support; • Operational Performance; • Customer Satisfaction and Review; and • Improvement and Corrective action. <p>The areas across the burials service that were checked across these control activities included:</p> <ul style="list-style-type: none"> • Administration of Burials; • Burial Site Management; • Equipment and Vehicle Management; • Performance; and • Safety Training. <p>Whilst the level of checking undertaken by the auditors was more comprehensive than that undertaken by the external contractor, the level of assurance it should provide to the inspectors is also increased. Overall, the service were compliant across all areas reviewed. However, a couple of recommendations were made to help strengthen controls further.</p>		

12 September 2019	ITEM: 7
Standards & Audit Committee	
Internal Audit Charter 2019	
Wards and communities affected: All	Key Decision: Non-Key
Report of: Gary Clifford – Chief Internal Auditor	
Accountable Assistant Director: N/A	
Accountable Director: Sean Clark – Director of Finance & IT	
This report is public	

Executive Summary

The Internal Audit Charter is a formal document that defines the internal audit services' purpose, authority and responsibility. The Internal Audit Charter establishes the internal audit's position within the council, including the nature of the Head of Internal Audit's functional reporting relationship with the Standards & Audit Committee; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities. Final approval of the Internal Audit Charter lays with the Standards & Audit Committee.

1. Recommendation(s)

1.1 That the Standards & Audit Committee approve the internal Audit Charter 2019 and the Chair of the Standards & Audit Committee signs the Charter on behalf of the Committee.

2. Introduction and Background

2.1 The foundation of an effective internal audit service is compliance with standards and proper practices.

2.2 A professional, independent and objective internal audit service is one of the key elements of good governance, as recognised throughout the UK public sector.

2.3 An effective internal audit service should:

- Understand the whole organisation, its needs and objectives;
- Understand its position with respect to the organisation's other sources of assurance and plan its work accordingly;

- Be seen as a catalyst for improvement at the heart of the organisation;
- Add value and assist the organisation in achieving its objectives; and
- Be forward looking – knowing where the organisation wishes to be and aware of the national agenda and its impact.

2.4 This Charter establishes the purpose, authority and responsibilities for the internal audit service for Thurrock Council.

3. Issues, Options and Analysis of Options

3.1 The Charter has been prepared in order to help to support the provision of an effective internal audit service and to meet the requirements of the Public Sector Internal Auditing Standards.

4. Reasons for Recommendation

4.1 To provide the Council with assurance that the internal audit service is working towards compliance with the requirements of the Public Sector Internal Auditing Standards.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The Internal Audit Charter has been presented to Directors Board and agreed with the Director of Finance & IT as the responsible officer.

6. Impact on corporate policies, priorities, performance and community impact

6.1 There is no direct impact on the policies, priorities, performance or on the Community although an effective internal audit service may impact indirectly on all areas of the Council's business.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Finance Manager

There are no direct financial implications arising from this report.

7.2 Legal

Implications verified by: **Tim Hallam**

Acting Head of Law and Monitoring Officer

The contents of this report and appendixes form part of the council's responsibility to comply with the Local Audit and Accountability Act 2014 and the Accounts and Audit Regulations 2015, including to at least annually undertake an effective internal audit to, amongst other things, evaluate the

effectiveness of its risk management, control and governance processes taking into account public sector internal auditing standards or guidance. The council has delegated responsibility for ensuring this is taking place to the Standards & Audit Committee. There are no legal implications directly arising from this report.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
Strategic Lead – Community Development & Equalities

There are no direct diversity implications arising from this report.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children

There are no significant other implications arising from this report.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Public Sector Internal Audit Standards (PSIAS).
- CIPFA – PSIAS Local Government Application Note (February 2019)
- Internal Audit Charter 2015

9. **Appendices to the report**

Appendix 1 – Internal Audit Charter 2019.

Report Author:

Gary Clifford

Chief Internal Auditor

Thurrock Council Internal Audit Service, Corporate Finance & IT

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Thurrock Council

Internal Audit Charter 2019

September 2019

To be presented to Standards and Audit Committee on the 12th
September 2019

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Consultation

This Audit Charter will be circulated to the members of Directors Board, the Standards & Audit Committee and Section 151 Officer as part of the consultation process.

Distribution

Copies of this Audit Charter will be provided to all members of the Standards & Audit Committee, Section 151 Officer and all staff by being made available on the council's internet site.

Who to contact to find out more:

Gary Clifford, Chief Internal Auditor

Email: gclifford@thurrock.gov.uk

Telephone: (01375) 652702

Version – 3 - Next review date September 2020 or as required by changes to working practices or legislation.

1 INTRODUCTION

- 1.1 Internal Auditing is an independent and objective assurance and consulting activity that is guided by a philosophy of adding value to improve the operations of the Thurrock Council. It assists the council in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organisation's governance, risk management, internal control.
- 1.2 This Charter establishes the purpose, authority and responsibilities for the internal audit service for Thurrock Council.
- 1.3 The internal audit service is provided by Thurrock Council's Internal Audit team. Your key internal audit contact is:

Chief Internal Auditor	
Name	Gary Clifford
Telephone	01375 652702
Email address	gclifford@thurrock.gov.uk

- 1.4 This Charter has been prepared in order to support the council in ensuring it has in place an effective Internal Audit service that meets the requirements of the Public Sector Internal Auditing Standards (PSIAS) which came into effect from 1st April 2013. This was updated in February 2019.
- 1.5 This Charter will be reviewed, updated as required and reported to the Standards & Audit Committee for consideration on a bi-annual basis.
- 1.6 For the purposes of this Charter, the Chief Internal Auditor fulfils the role of the council's Head of Internal Audit (HoIA) and is referred to as such throughout the document.
- 1.7 Within Thurrock Council, the HoIA does not have any responsibility for other operational areas within the council.

2 DEFINITION AND PURPOSE OF INTERNAL AUDIT

- 2.1 Internal Audit is defined in the Public Sector Internal Audit Standards as:

“An independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by introducing a systematic, disciplined approach in order to evaluate and improve the effectiveness of risk management, control, and governance processes.”

- 2.2 Internal Audit is a key part of the assurance cycle for the council and provides senior management with assurance on whether the organisation's risk

management, control and governance processes are adequate and operating effectively.

- 2.3 To clarify and align this Charter with the PSIAS, senior management are defined as Directors' Board, the Leadership Group and members of the Standards & Audit Committee.

3 PROFESSIONALISM

- 3.1 The internal audit activity will govern itself by adherence to The Institute of Internal Auditors' mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing (Standards)*. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.
- 3.2 The Institute of Internal Auditors' Practice Advisories, Practice Guides, and Position Papers will also be adhered to as applicable to guide operations. In addition, the internal audit activity will adhere to the council's relevant policies and procedures and the internal audit activity's standard operating procedures manual.

4 AUTHORITY

- 4.1 In accordance with Chapter 9, Part 3, Section 1, Paragraph 1.9 of the Council Constitution covering the Finance Procedure Rules, to enable the HoIA and internal audit staff to fulfil their responsibilities, they have the right to automatic and full access to all records (however held) relating to any transaction carried out or on behalf of the council and to any of the council's premises or land. They may seek and obtain any explanations they need to conduct their work, or require any employee to produce council assets under their control, wherever located.
- 4.2 The HoIA and internal audit staff are not authorised to perform any operational duties associated with the organisation which may conflict with their independence.

5 ORGANISATION

- 5.1 The HoIA will report functionally to the Standards & Audit Committee and administratively (i.e. day to day operations) to the Director of Finance & IT.
- 5.2 The Standards & Audit Committee will:
- Approve the internal audit charter.
 - Approve the risk based internal audit plan.
 - Receive communications from the HoIA on the internal audit activity's performance relative to its plan and other matters.

- Make appropriate inquiries of management and the HoIA to determine whether there is inappropriate scope or resource limitations.

6 INDEPENDENCE AND OBJECTIVITY

- 6.1 The internal audit activity will remain free from interference by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of a necessary independent and objective mental attitude.
- 6.2 Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, they will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment.
- 6.3 Internal auditors will exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal auditors will make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.
- 6.4 The HoIA will confirm to the Standards & Audit Committee, at least annually through the HoIA's Annual Report, the organisational independence of the internal audit activity.
- 6.5 To enhance the independence of Internal Audit, its personnel report direct to the HoIA. The HoIA has the right of independent access to the Chief Executive, as well as reporting lines and direct access to the Section 151 Officer and the Chair and members of the Standards & Audit Committee.
- 6.6 The HoIA holds one to one meetings with the Chair of the Standards & Audit Committee, to whom all significant concerns relating to the adequacy and effectiveness of risk management activities, internal control and governance are reported.
- 6.7 The HoIA and team of auditors are required to sign a declaration of interest form on an annual basis. Copies of the signed declarations will be retained by the HoIA.

7 RESPONSIBILITIES

- 7.1 One of the main responsibilities of Internal Audit is to support the Director of Finance & IT in the discharge of their duties as Section 151 Officer by providing an effective internal audit of the council's systems of internal control, risk management and corporate governance in accordance with the Accounts & Audit Regulations 2015. Internal Audit do this by providing a high quality, independent service to the council which evaluates and reports, through the Chief Internal Auditor's Annual Report, on the effectiveness of the risk management, internal control and governance processes. This is presented to

the Standards & Audit Committee at their first meeting of the municipal year and is used to inform the Annual Governance Statement.

7.2 The scope of internal auditing encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management, and internal controls as well as the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. This includes:

- Evaluating risk exposure relating to achievement of the organisation's strategic objectives.
- Evaluating the reliability and integrity of information and the means used to identify, measure, classify, and report such information.
- Evaluating the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on the organisation.
- Evaluating the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- Evaluating the effectiveness and efficiency with which resources are employed.
- Evaluating operations or programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned.
- Monitoring and evaluating governance processes.
- Monitoring and evaluating the effectiveness of the organisation's risk management processes.
- Performing consulting and advisory services related to governance, risk management and control as appropriate for the organisation. Where consulting or advisory activities are undertaken, the HoIA will not issue an assurance report. An advisory report will be issued.
- Reporting periodically on the internal audit activity's purpose, authority, responsibility, and performance relative to its plan.
- Reporting significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by the Standards & Audit Committee.
- Evaluating specific operations at the request of the Standards & Audit Committee or management, as appropriate.

7.3 The HoIA also has a responsibility to:

- Develop a flexible, risk based 3 year internal audit strategy and detailed annual audit plan. The plan will be submitted to the Standards & Audit Committee for review and approval each year at its March meeting, prior to work commencing to deliver the plan.
- Include any additional tasks requested by management and the Standards & Audit Committee following consultation with the Director of Finance & IT.

- Ensure the internal audit team consists of professional and suitably skilled audit staff with sufficient knowledge and experience.
- Establish a Quality Assurance and Improvement Program to ensure the quality and effective operation of internal audit activities and compliance with the PSIAS.
- As part of the audit planning cycle, evaluate and assess significant merging or consolidating functions and new or changing services, processes or operations within the organisation.
- Highlight risks and weaknesses in control and make recommendations for improvements to management based on an acceptable and practicable timeframe.
- Carry out follow up reviews to ensure management has implemented agreed internal control improvements within specified and agreed timeframes.
- Liaise with the external auditor to provide maximum audit coverage to the organisation whilst minimising duplication of work.

8 REPORTING

- 8.1 A written report will be prepared and issued by the HoIA or designee following the conclusion of each internal audit engagement and will be distributed as appropriate. Internal audit results will also be communicated to the Standards & Audit Committee.
- 8.2 The HoIA shall issue progress reports to the Standards & Audit Committee and management summarising outcomes of audit activities, including follow up reviews. These will be presented in line with the agreed work programme of the Standards & Audit Committee.
- 8.2 The HoIA is required to provide the Section 151 Officer with an opinion on the adequacy and effectiveness of the organisation's governance, risk management and control arrangements. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide to the Council is a reasonable assurance that there are no major weaknesses in the risk management, governance and control processes. This assurance is provided through the HoIA's Annual Report which is presented to the Standards & Audit Committee following the financial year end.

9 DATA PROTECTION

- 9.1 Internal audit files need to include sufficient, reliable, relevant and useful evidence in order to support our findings and conclusions.
- 9.2 Personal data is not shared outside of Thurrock Council. The only exception would be where there is information on an internal audit file that external auditors have access to as part of their review of internal audit work or where there is a legal or ethical obligation to do so (such as providing information to support a fraud investigation based on internal audit findings).

9.3 Thurrock Council has a Data Protection Policy in place that requires compliance by all of their employees. Non-compliance may result in disciplinary action.

10 FRAUD

10.1 The Standards & Audit Committee recognises that management is responsible for controls to reasonably prevent and detect fraud. Furthermore, the Standards & Audit Committee recognises that internal audit is not responsible for identifying fraud. However, it will assess the risk of fraud and be aware of the risk of fraud when planning and undertaking any internal audit work. Any instances of potential fraud or corruption identified during the course of an internal audit review will be immediately communicated in the first instance to the HoIA who will determine the short-term action to be taken. It will then be discussed with the Director of Finance & IT and the Assistant Director of Fraud & Investigation to determine any further action required.

Signature _____
Councillor Gerard Rice
Chair of the Standards & Audit Committee

Date: 12th Sept 2019

Signature _____
Gary Clifford
Chief Internal Auditor

Date: 12th Sept 2019

Signature _____
Sean Clark
Director of Finance & IT and Section 151 Officer

Date: 12th Sept 2019

12 September 2019	ITEM: 8
Standards & Audit Committee	
Counter Fraud & Investigation Quarterly Update (Q1)	
Wards and communities affected: All	Key Decision: N/A
Report of: David Kleinberg, Assistant Director for Fraud & Investigation	
Accountable Assistant Director: David Kleinberg, Assistant Director for Fraud & Investigation	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is Public	

Executive Summary

The Counter Fraud & Investigation Department (CFID) is responsible for the prevention, detection and deterrence of all instances of alleged economic crime affecting the authority including: allegations of fraud, theft, corruption, bribery and money laundering.

CFID has developed working arrangements with other agencies to share the Council's counter-fraud culture providing specialist support and capabilities to those public bodies where necessary.

This report outlines the performance of CFID over the last quarter for Thurrock Council as a whole as well as the work the team have delivered nationally for other public bodies.

1. Recommendation(s)

1.1 The Standard & Audit Committee comments on the performance of the Counter Fraud & Investigation Department.

1.2 The Standard & Audit Committee agrees to the edited Work Plan for 2019/20.

2. Introduction & Background

2.1 Thurrock Council changed its approach to tackling fraud and economic crime in 2014, receiving support from the government to restructure its service, implementing specialist disciplines including Digital Forensics, Cyber Crime Unit, advanced Intelligence Analytics and a proactive operational capability.

- 2.2 The function has not only helped Thurrock detect £11m in those 5-years but also supported another 44 public authorities deal with the most serious and organised crime. In 2018 the team was recognised by the Ministry of Housing Communities and Local Government for its success in the national 'Counter Fraud Fund Programme' with its work detecting £26.2m of the entire £100m detected by the other 58 local authorities in England & Wales.
- 2.3 Due to the success of the service in tackling serious and organised crime affecting local government across the country it received government support to launch the 'National Investigation Service.' Known as 'NATIS' this part of the council works hand-in-hand with the police regional organised crime units to tackle serious & organised economic crime including cyber-crime.

3. Performance

- 3.1 CFID has continued to be the resource dealing with referrals for fraud and economic crime affecting the council and its stance against fraud. The figures show the performance of the department for Quarter 1 of 2019/20:
- 38 reports of suspected fraud have been received.
 - 13 cases have been closed as 'no fraud'.
 - 2 sanctions have been delivered in cases of proven fraud.
 - 5 Social housing properties have been recovered.
 - 113 active investigations are currently being conducted.

It is of note that the reporting of the departments figures have been re-aligned with other reporting departments who report to this committee. Therefore some of the figures that have been mentioned within this report will have been also reported in the year-end report of 2018/19.

4. Work Plan for 2019/20

- 4.1 CFID has a programme of proactive work conducted to ensure the council's posture against fraud is robust and effective, which was presented and accepted by the Standards and Audit Committee in July 2019. **Appendix 1** sets out the progress made in delivering the Counter Fraud Strategy & Plan 2019/20.
- 4.2 The work programme is a working document and if during the year changes or additions to the plan are proposed between the CFID and the Section 151 Officer, these will be brought back to the Committee.
- 4.3 Due to the realignment of the reporting period for this department the work plan has been modified to ensure that the plan is delivered within the new reporting periods.

5. National Counter Fraud

- 5.1 CFID are working with a number of national bodies to champion and raise the profile of fraud, sharing knowledge and working best practice between partner agencies. The acknowledgment of fraud by the public sector remains a common challenge with continual work being done to publicise successful outcomes. CFID continues to support other local councils and government bodies providing specialist capabilities, particularly in the emerging cyber-crime and digital space.
- 5.2 CFID is an Executive Board member of NAFN.gov Data & Intelligence. NAFN is a national body funded in-part by the Home Office that develops and shares intelligence across local councils and central government. CFID developed a national paper to enhance the work of NAFN to increase its leadership role for the sector. CFID's strategy sought to increase the recognition and professionalisation by councils in the areas of Digital Forensics, Cyber-Crime, Criminal Finances and Fraud Awareness.
- 5.3 CFID continues to provide support to HM Government Cabinet Office in the development of the national Counter Fraud Profession for all law enforcement agencies. This programme of developing the 'profession' is in recognition that:
- fraud is the most prevalent crime in the UK
 - fraud in the public sector is under-reported
 - the historical approach to deal with fraud through disciplinary activity alone is no longer acceptable
 - the capabilities in cyber and digital have not developed quick enough
 - the public sector needs to share its practice and intelligence to protect the public purse.

6. Reasons for Recommendation

- 6.1 This report provides a detailed update to the Committee on the improved counter-fraud measures for the Council and how it is reducing fraud under the council's counter-fraud strategy.
- 6.2 The agreed work plan that was brought before the committee in July 2019 has been revised to ensure the work is completed within the new time periods.

7. Consultation (including Overview and Scrutiny, if applicable)

- 7.1 All Directors and Heads of Service were consulted with the current strategy to be taken by the Council in its counter-fraud approach.

8. Impact on corporate policies, priorities, performance and community impact

- 8.1 Work undertaken by to reduce fraud and enhance the Council's anti-fraud and corruption culture contributes to the delivery of all its aims and priorities supporting good corporate governance.

9. Implications

9.1 Financial

Implications verified by: **Dammy Adewole**
Senior Management Accountant

The report provides an update on current performance. There are no financial implications arising directly from the recommendation in this report.

9.2 Legal

Implications verified by: **Tim Hallam**
Acting Head of Law and Monitoring Officer

There does not appear to be any legal implications within this report

9.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Strategic Lead, Community Development and Equalities - Adults, Housing and Health Directorate

There are no specific equality and diversity implications arising from this update report.

9.4 Other implications (where significant) – Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children

None.

10. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Counter Fraud & Investigation Policy & Strategy – thurrock.gov.uk/fraud
Counter Money Laundering Policy & Strategy – thurrock.gov.uk/fraud
CroweClarkWhitehill Annual Fraud Indicator – crowe.co.uk

11. Appendices to the report

Appendix 1 – Counter Fraud Strategy & Plan 2019/20

Report Author:

Michael Dineen

Senior Manager

Counter Fraud & Investigation

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APPENDIX 1

Counter Fraud & Investigation



See it. Report it. Stop it.

Counter Fraud Plan & Strategy 2019/20

 thurrock.gov.uk

Foreword

“Last year we detected more fraud than previous years. The £3.4m detected represents annual social housing rents for 811 properties or 127 social care placements.

Increasing our resilience to the risk of fraud is our priority to ensure the most vulnerable of our society are not affected by the impact of fraud on our frontline services.

David Kleinberg,
Assistant Director for Counter Fraud & Investigations

The Counter Fraud & Investigation team began operating at an advanced level following government sponsorship in 2014. That grant investment in the service ensured that the best possible resources and capabilities could be leveraged at the issue of fraud and economic crime.

Having the best tools and resources still requires a continually refreshed understanding of the threats local government face and a focus of activity. The service has been part of the Government Counter Fraud Profession, with David Kleinberg the CF&I Assistant Director being seconded to write its standards from 2016.

In 2018 the new part of the department was launched – known as NATIS - the National Investigation Service, which has supported over 40 public authorities across the UK facing serious and organised crime.

Having the new NATIS function working side-by-side with Counter Fraud & Investigation provides access to an enhanced intelligence picture to protect the most vulnerable.

This new strategy & plan takes account of that additional resource and capability – the first of its kind anywhere in the UK, here in Thurrock.



Our Control Strategy

This year we install our control strategy which defines how we will be working over the next 12 months. This means that all the casework we adopt will be assessed and progressed in consideration of the 4 Questions below.

The Counter Fraud & Investigation team’s partnership with the National Investigation Service ensures that we are able to identify at an earlier stage intelligence relating to the key priorities below, particularly those affecting the most vulnerable of society.

Who are We?

A specialist function to protect public finance from fraud and serious crime, using our legal framework as a local authority service

What is Our Purpose?

- 1 Protect the public purse from crime
- 2 Support the wider-public sector with shared, advanced capabilities

What are Our Priorities?

Crimes affecting a vulnerable adult or child	Insider threats in local government
Organised crime targeting local government	Improving local government’s resilience to cyber crime

How do we Succeed?

Always acting Ethically in everything that we do, working to our values, attitudes and principles	Apply the 4 ‘P’ Strategy to Prevent, Protect and Prepare local government for economic crime, pursuing offenders where necessary
Consider opportunities to work collaboratively with others for the benefit of our purpose, sharing our knowledge, experience and expertise	Ensure our teams are fully equipped to respond to the threats faced from economic crime

Proactive Work Plan

Risk Area	Activity	When	Current Status	Responsible Officer	Date Complete
Council-wide	Launch a new e-Learning Package for Countering Fraud, Bribery, Corruption and Money Laundering.	July – Sep 2019	Package has been designed and acquired. User tests will be completed during August 2019, for full roll out in September.	Michael Dineen	
Council-wide	Develop an early intervention risk matrix for social housing tenants targeted by criminality.	July 2019 – March 2020	Raptor Teams, EP Head of Intel and Housing all to complete a 'risk matrix' regarding reporting between all parties.	Philip Butt	
Council-wide	Cybercrime risk assessment across the council.	Nov 2019	Data Asset registers have been received; identifying where data is stored. NATIS to complete analysis on High Risk areas.	David Nash	
Council-wide	Enhancing counter fraud and money laundering controls for Social Care Finance.	Nov 2019	Meetings with Head of Social Care Finance to be arranged.	Michael Dineen	
Council-wide	Renewed Education & Marketing Campaign for Countering Fraud, Bribery, Corruption and Money Laundering	January 2020	The new 'See it, Report it, Stop it' campaign has been developed and a further 2 posters have been designed (below) Snr Manager to meet with Comms. to agree strategy.	Nicholas Coker	



Revenues	Use of Data Matching Solution to compare NNDR data with law enforcement data.	July 2019	Meeting with Gary Malley has taken place, new team has taken responsibility for this and further meetings to be arranged this quarter.	Nicholas Coker	
Council-Wide	NFI results to be analysed and any criminal investigations to be raised and dealt with by NATIS.	June 2019-March 2020	NATIS to review results and ensure any required investigations are recorded.	David Kleinberg Tanya Furber	



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12 September 2019		ITEM: 9
Standards & Audit Committee		
Thurrock Annual Audit Letter 2018/19		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Sean Clark, Director of Finance and IT		
Accountable Assistant Director: Jonathan Wilson, Assistant Director - Finance		
Accountable Director: Sean Clark, Director of Finance and IT		
This report is Public		

Executive Summary

The external auditors are responsible for:

- Forming an opinion on the Financial Statements;
- Reviewing the Annual Governance Statement;
- Forming a conclusion on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources; and
- Undertaking any other work specified by the regulator.

The Annual Audit Letter summarises this work and is appended to this report. The content of this letter has been largely reported to this committee in July 2019 as part of the Audit Results Report which confirmed:

- The Council received an unmodified audit opinion on the 2018/19 Financial Statements
- The Council received an unmodified value for money conclusion.
- The Annual Governance Statement was consistent with external audit's knowledge of the Council

The Annual Audit Letter summarises these conclusions alongside the wider areas of work completed at the Council.

1. Recommendation(s)

- 1.1 That the Standards and Audit Committee consider the comments of our external auditors as set out in the attached report and note their findings.**

2. Introduction and Background

2.1 The main message is the auditors issued an unmodified audit opinion on the 2018/19 financial statements and an unmodified value for money conclusion.

2.2 The findings from the financial statement audit in relation to the significant risk areas identified in the audit plan are set out in the appendix. The Council positively addressed these risks as noted in the report and these were considered by the Committee in July 2019 as part of the Audit Results Report.

2.3 The financial statements produced were to a high standard and were supported by relevant supporting records. Officers worked hard to support the audit process and resolve queries quickly and effectively. External audit have identified some reclassification of balances between categories which have been amended where they are material. They have also taken a view on the categorisation and fair values of financial instruments which the Council has amended. There is no change to the useable reserves of the Council as a result of these amendments.

2.4 In arriving at their value for money conclusion the auditors confirmed the Council has arrangements in place to address the identified risk in relation to the achievement of savings over the medium term.

3. Issues, Options and Analysis of Options

3.1 The report continues the positive work from the previous year and officers continue to work to maintain the high standard of the financial accounts.

3.2 The completion of the financial statements audit took some additional time. This was largely to enable the external auditors to further consider the treatment of financial instruments and the prior year treatment of group housing assets.

3.3 The Council is working to meet the significant financial challenges caused by ongoing reductions in funding and continue to monitor the position through the Medium Term Financial Strategy.

4. Reasons for Recommendation

4.1 For the committee to note the findings of the external auditors.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The Annual Audit Letter summarises the reports that have previously been communicated to Members of the Standards and Audit Committee.

6. Impact on corporate policies, priorities, performance and community impact

6.1 There are no implications arising from the Annual Audit Letter.

7. Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**
Assistant Director - Finance

The financial implications are noted in the body of the report.

7.2 Legal

Implications verified by: **Tim Hallam**
Acting Head of Law, Assistant Director of Law and Governance

The Council is required to publish the Annual Audit Letter following consideration by members in accordance with regulation 20 of the Accounts and Audit Regulations 2015.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Strategic Lead, Community Development and Equalities

There are no specific diversity and equality implications arising from this report.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children

There are no specific implications from this report.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- There are various working papers within accountancy.

9. Appendices to the report

Appendix 1 – The Annual Audit Letter

Report Author:

Jonathan Wilson

Assistant Director - Finance

Corporate Finance

THURROCK COUNCIL

Annual Audit Letter

Year ended 31 March 2019

EXECUTIVE SUMMARY

Purpose of the Annual Audit Letter

This Annual Audit Letter summarises the key issues arising from the work that we have carried out in respect of the year ended 31 March 2019.

It is addressed to the Council but is also intended to communicate the key findings we have identified to key external stakeholders and members of the public.

Responsibilities of auditors and the Council

It is the responsibility of the Council to ensure that proper arrangements are in place for the conduct of its business and that public money is safeguarded and properly accounted for.

Our responsibility is to plan and carry out an audit that meets the requirements of the National Audit Office's (NAO's) Code of Audit Practice (the Code). Under the Code, we are required to report:

- Our opinion on the Council's financial statements; and
- Whether the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

BDO LLP

3 September 2019

Audit conclusions

Audit area	Conclusion
Financial statements	Unmodified opinion
Use of resources	Unmodified conclusion
Audit certificate	We are unable to issue our audit certificate until we have completed our review of the Whole of Government Accounts return and issued our opinion on the consistency of the return with the audited financial statements.

We recognise the value of your co-operation and support and would like to take this opportunity to express our appreciation for the assistance provided during the audit.

We issued our audit opinion on the financial statements and use of resources conclusion on 2 September 2019, which was after the national deadline of 31 July 2019 due to identification of a prior period adjustment on PPE affecting the group accounts and the consultations around the appropriate treatment and measurement of long term debtor financial instruments. The audit also identified a notable number of adjusted and unadjusted audit differences which increased the time required to complete the audit.

FINANCIAL STATEMENTS

Audit opinion on the financial statements

We issued an unmodified audit opinion on the financial statements. This means that we consider that the financial statements:

- Give a true and fair view of the financial position and its income and expenditure for the year; and
- Have been properly prepared in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting 2018/19.

Final materiality

Materiality was calculated at £6.3 million based on a benchmark of 1.5% of gross expenditure.

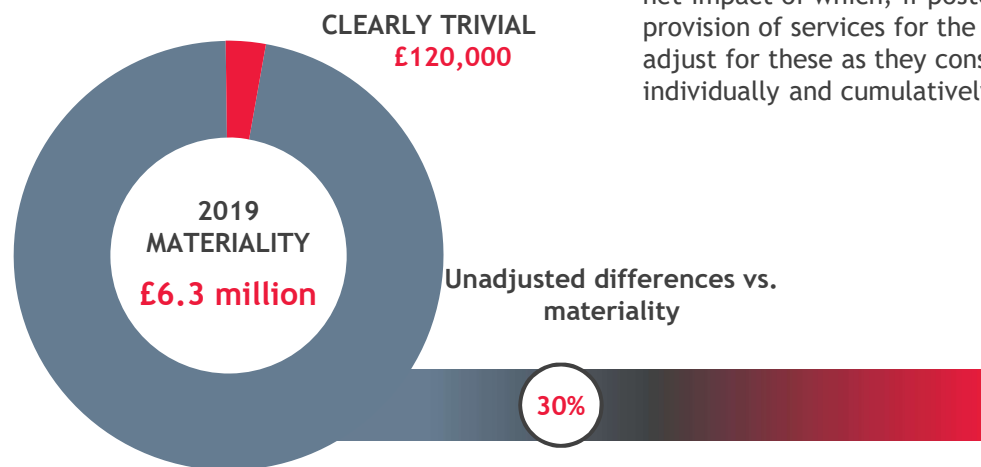
Material misstatements

We have identified four material misstatements:

- A classification change required in the group accounts to correct the consolidation adjustment for borrowing and long term creditors between the Council and Thurrock Regeneration Ltd (TRL), amounting to £31 million.
- A prior year adjustment to reclassify £30.1 million of assets in the group accounts from inventory to PPE. This had no overall impact on either the total value of the group balance sheet or on the value of the group reserves.
- Two misclassification between short term and long term for borrowings (£50 million) and investments (£10 million).

Unadjusted audit differences

We identified twelve unadjusted audit differences, the cumulative net impact of which, if posted, would increase the net surplus on provision of services for the year by £1.9 million. The Council did not adjust for these as they considered them to be immaterial both individually and cumulatively. We concurred with this view.



FINANCIAL STATEMENTS

We set out below the risks that had the greatest effect on our audit strategy, the allocation of resources in the audit, and the direction of the efforts of the audit team.

Risk description	How the risk was addressed by our audit	Results
Management override of controls	We carried out the following planned audit procedures: <ul style="list-style-type: none">• Reviewed and verified large and unusual journal entries made in the year and agreed the journals to supporting documentation• Reviewed estimates and judgements applied by management in the financial statements to assess their appropriateness and the existence of any systematic bias• Reviewed unadjusted audit differences for indications of bias or deliberate misstatement.	No issues were identified by our audit of journals and accounting estimates for management override of controls or management bias.
Revenue (and expenditure) recognition	We carried out the following planned audit procedures: <ul style="list-style-type: none">- Tested an increased sample of grants included in income to documentation from grant paying bodies and checked whether recognition criteria were met- Tested an increased sample of expenditure either side of year end, to confirm that expenditure has been recorded in the correct period and that all expenditure that should have been recorded at year end had been.	We identified one instance where expenditure relating to 2017/18 was recognised in the current year and another instance where expenditure relating to 2019/20 was recognised in the current year. We reported these as unadjusted audit differences in our report to those charged with governance.

FINANCIAL STATEMENTS

Risk description	How the risk was addressed by our audit	Results
Valuation of property, plant and equipment	<p>We carried out the following planned audit procedures:</p> <ul style="list-style-type: none"> Reviewed the instructions provided to the valuer and reviewed the valuer’s skills and expertise in order to determine if we can rely on the management expert Confirmed that the basis of valuation for assets valued in year is appropriate based on their usage; Reviewed accuracy and completeness of asset information provided to the valuer such as rental agreements and sizes Reviewed assumptions used by the valuer and movements against relevant indices for similar classes of assets and follow up valuation movements that appeared unusual Confirmed that assets not specifically valued in the year had been assessed to ensure their reported values remained materially correct. 	<p>The Council has a five year rolling programme on the valuation of its PPE, this is in line with the requirements of the financial reporting framework.</p> <p>Our review of instructions to the valuer including the valuer’s skills and expertise did not identify any issues. We also confirmed the basis of valuation for assets valued in year was appropriate and in line with Code.</p> <p>We identified two assets that were not revalued in 2017/18 or 2018/19 even though they fell within the rolling programme of revaluation every five years. These will be taken to the 2019/20 revaluation. We reported these as unadjusted audit differences in our report to those charged with governance.</p>

FINANCIAL STATEMENTS

Risk description	How the risk was addressed by our audit	Results
Pension liability valuation	<p>We carried out the following planned audit procedures:</p> <ul style="list-style-type: none"> • Agreed the disclosures to the information provided by the pension fund actuary • Reviewed the competence of the management expert (actuary) • Reviewed the reasonableness of the assumptions used in the calculation against other local government actuaries and other observable data • Reviewed the controls in place for providing accurate membership data to the actuary • Contacted the pension fund auditor and requested confirmation of the controls in place for providing accurate membership data to the actuary and testing of that data • Checked that any significant changes in membership data have been communicated to the actuary. <p>Since we issued our Audit Plan, the Government has been refused leave to appeal the age discrimination case brought in relation to the new Judicial Pension Scheme (known as McCloud judgement). We considered further information from the actuary on the impact of this judgement on the pension fund liability.</p>	<p>The Council obtained an updated valuation of the liability to take account of the impact of the McCloud judgement ruling. This suggested that the Council's liability could increase by £4.718 million.</p> <p>Management did not amend this as it is not material and there remains uncertainty on the specific application of the McCloud judgement to the Local Government Pension scheme and consequently the estimated financial impact. This is expected to be resolved and included fully within the pension valuations in 2019/20. In the 2018/19 financial statements Management included a disclosure to provide clarity on the current expected impact as noted above. We reported the £4.718 million as an uncorrected misstatement.</p> <p>The results of our testing of the pension liability valuation was satisfactory in all other respects.</p>

FINANCIAL STATEMENTS

Other key issues arising from audit

Two key issues arose during the course of the audit which had a significant impact on the audit strategy and resources.

Prior year adjustment

Audit inquiries in respect of £30.1 million of additions in the current resulted in management concluding that these assets should have been included in the group accounts as property plant and equipment in the prior year, rather than inventories, and in the property, plant and equipment opening balances for 2018/19. We concurred with this view. This adjustment had no overall impact on either the total value of the group balance sheet or on the value of the group reserves in either year.

Financial instruments

Long term debtors amounting to £708 million were not being classified as financial instruments as required by the Code. As a result, further amendments were required in order to ensure the statements complied with IFRS 9, IFRS 7 and IFRS 13. As there is a performance related element to the financial instrument (£268 million principal), they needed to be accounted for at fair value through profit and loss rather than amortised cost. The Council estimated the fair value gain for 2018/19 to be £5.517 million.

We consulted internally with our specialist valuations team and concluded this to be a reasonable estimate. The amount was included within the corrected audit differences.

USE OF RESOURCES

Audit conclusion on use of resources

We issued an unmodified conclusion on the Council's arrangements for securing economy, efficiency and effectiveness in its use of resources. This means that we consider that in all significant respects, the Council had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We set out below the risks that had the greatest effect on our audit strategy.

Risk description	How the risk was addressed by our audit	Results
Sustainable finances	<p>We carried out the following planned audit procedures:</p> <ul style="list-style-type: none"> Reviewed the reasonableness of the cost pressures and the amount of Government grant reductions applied Reviewed the monitoring of the delivery of the budgeted savings Reviewed the investment plans and the adequacy of those plans Sampled a number of savings scheme and plans for detailed review. 	<p>We are satisfied that the Council has sufficient arrangements in place over the sustainable deployment of their resources over the MTFS period.</p> <p>The assumptions over cost pressures, reductions in Government funding and income growth were concluded to be reasonable and we had no notable matters to report in respect of the other areas covered by our review of arrangements.</p>

REPORTS ISSUED AND FEES

Fees summary

	2018/19 Final £	2018/19 Planned £	2017/18 Final £
Audit fee - PSAA scale fee	102,967	102,967	133,723
Additional Audit fee - Group Consolidation	5,000	5,000	7,000
Additional Audit fee - Whistle-blower	0	0	3,120
Additional Audit fee - Work on Financial Instruments valuations and prior period error	9,000	0	0
Non-audit assurance services:			
Fees for reporting on government grants:			
• Housing benefits subsidy claim	(1) 12,650	(1) 12,650	15,664
• Pooling of housing capital receipts return	(1) 7,000	(1) 7,000	12,500
• Teachers' pensions return	(1) 3,500	(1) 3,500	7,000
Total fees	140,182	131,117	179,007

(1) This work is yet to commence and the fees may change.

Additional fees

Additional audit work was required in the current year as a result of misstatements identified in the classification and measurement of financial instruments relating to long term debtors and the identified prior period adjustment with respect to the Group assets. This included consultation with auditor experts from our technical standards team and our valuations specialists.

A fee variation of £9,000 is proposed and will be submitted to PSAA for approval.

REPORTS ISSUED AND FEES

Communication

Reports	Date	To whom
Audit plan	14 March 2019	Standards and Audit Committee
Audit completion report	18 July 2019	Standards and Audit Committee



FOR MORE INFORMATION:

Lisa Clampin
e: lisa.clampin@bdo.co.uk

The matters raised in our report prepared in connection with the audit are those we believe should be brought to your attention. They do not purport to be a complete record of all matters arising. This report is prepared solely for the use of the organisation and may not be quoted nor copied without our prior written consent. No responsibility to any third party is accepted.

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**Standards & Audit Committee
Work Programme
2019/20**

Dates of Meetings: 18 July 2019, 12 September 2019, 19 December 2019, 12 March 2020

Topic	Lead Officer
18 July 2019	
Regulation of Investigatory Powers Act (RIPA) 2000 - 2018/19 Activity Report	Lee Henley
Chief Internal Auditor's Annual Report – Year ended 31 March 2019	Gary Clifford
Refresh of the Strategic / Corporate Risk and Opportunity Register	Andy Owen
Audit Results Report for the Year Ended 31 March 2019	BDO / Sean Clark
Financial Statements and Annual Governance Statement 2018/19	BDO / Sean Clark
Counter Fraud & Investigation Annual Report & Strategy	David Kleinberg
Annual Information Governance Report	Lee Henley
Red Reports (as required)	
12 September 2019	

Annual Complaints & Enquiries Report 2018/19	Lee Henley
Internal Audit Progress Report 2019/20	Gary Clifford
Counter Fraud & Investigation - Q1 Update	David Kleinberg
Thurrock Annual Audit Letter 2018/19	BDO / Sean Clark
Internal Audit Charter 2019	Gary Clifford
Red Reports (as required)	
19 December 2019	
Regulation of Investigatory Powers Act (RIPA) 2000 – Activity Report April 2019 – Sept 2019	Lee Henley
Mid-Year Review of the Strategic/Corporate Risk and Opportunity Register	Andy Owen
Internal Audit Protocol	Gary Clifford
Internal Audit Progress Report 2019/20	Gary Clifford
Counter Fraud & Investigation Quarterly Status Report	David Kleinberg
Red Reports (as required)	
12 March 2020	
External Audit Plan 2019/20	Lisa Clampin (BDO)/Jonathan Wilson

Certification of Claims and Returns Report 2018/19	BDO/Jonathan Wilson
Complaints and Enquiries Report – April 2019 to September 2019	Lee Henley
Annual Review of Risk and Opportunity Management and the Policy, Strategy and Framework	Andy Owen
Internal Audit Strategy 2018/19 to 2020/21 and Annual Internal Audit Plan 2020/21	Gary Clifford
Internal Audit Progress Report 2019/20	Gary Clifford
Counter Fraud & Investigation Quarterly Update	David Kleinberg
Red Reports (as required)	

Reports for 2020/21:

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Clerk: Jenny Shade

Last Updated: May 2019

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