



Telford & Wrekin  
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

## AUDIT COMMITTEE

Date **Tuesday, 28 September 2021** Time **6.00 pm**  
Venue **Telford Room, 3rd Floor Addenbrooke House, Ironmasters Way, Telford TF3 4NT**

### Enquiries Regarding this Agenda

Democratic Services	Jayne Clarke	01952 383205
Media Enquiries	Corporate Communications	01952 382406
Lead Officer	Anthea Lowe, Associate Director: Policy & Governance	01952 383200

**Committee Membership:** Councillors N A M England (Chair), V J Holt, J E Lavery, A Lawrence, K S Sahota, C F Smith (Vice-Chair) and W L Tomlinson

## AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** 3 - 8  
To confirm the minutes of the previous meeting.
4. **Annual Customer Feedback Report and assurance on lessons learnt 2020/2021** 9 - 80
5. **Report to those Charged with Governance 2020/2021** To Follow
6. **Annual Audited Statement of Accounts 2020/2021**
7. **Internal Audit Update Report & Public Sector Internal Audit Standards Self Assessment** 81 - 138
8. **Appointment of External Auditors or April 2023 Onwards** 139 - 144

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## AUDIT COMMITTEE

### Minutes of a meeting of the Audit Committee held on Tuesday, 20 July 2021 at 6.00 pm in Telford Room, Addenbrooke House, Ironmasters Way, Telford TF3 4NT

**Present:** Councillors K S Sahota, C F Smith (Vice-Chair) and W L Tomlinson

**In Attendance:** K Clarke (Director: Finance & Human Resources), P Harris (Finance Manager), E Rushton (Group Accountant), A Lowe (Associate Director: Policy & Governance), R Phillips (Service Delivery Manager: Legal & Democracy), R Montgomery (Audit and Governance Lead Manager), T Drummond (Principal Auditor) and J Clarke (Democracy Officer)

**Apologies:** Councillors N A M England and A Lawrence

#### **AU1      Declarations of Interest**

None.

#### **AU2      Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meeting held on 27 May 2021 be confirmed and signed by the Chair.

#### **AU3      Treasury Management Outturn 2020/2021 and Update 2021/22**

The Finance Manager presented the outcome of the Treasury Management activity during 2021 and the updated position for 2021/22 for the end of May. At year end there was a net indebtedness of £260.4m due to the covid 19 pandemic which had dominated 2020/2021. The bank rate had been cut to 0.1% in 2020 and that rate has continued to date but with the relaxation of the lockdown restrictions, growth was expected to recover later in the year. The borrowing strategy for 2020/21 was to take out temporary borrowing to take advantage of the low interest rates but reviewing opportunities for new longer term borrowing where appropriate. The temporary borrowing strategy had contributed to surplus treasury management returns of more than £26m since 2015/16 which had reduced the impact of cuts and help protect services. The 2021/22 strategy remained consistent and no long term investments were undertaken in order to reduce counterparty risks and long term borrowing costs. Regular advice was sought from Arlingclose and PWLB borrowing was in line with the programme.

The Group Accountant provided some background with regards to the regulations and the CIPFA codes to which the Council had fully complied. The 2020/21 outturn set out the portfolio with a comparator of a net increase on indebtedness due to increased borrowing and a reduction in investments

which was a reflection of a position in time and cash flow dependent. Some additional investment had taken place into NuPlace. The economic climate focussed on the markets and credit review, the impact of the covid 19 pandemic and the brexit trade del which came into force at the end of December 2020. Borrowing remained constant and assumptions for the budget and the interest rate of 0.75% which was in line with the requirements. With the impact of covid the bank rate fell in March 2020 and remained there for a year. No PWLB loans had matured during the year. The borrowing strategy remained constant with prior years with all short term borrowing managed in house and predominantly focussed on the impacts of the financial market. Shropshire Council debt repayments had an overall surplus of £5.7m and were in a good position. The treasury limits were compliant against the indicators. Two consultations have taken places in relation to CIPFA code and the prudential indicators and there will be changes that have come out of the consultation. Accounting standards for leases had been deferred until 2022/23.

During the debate some Members asked why Shropshire Council rates were at such a high level and how long was left to pay off the debt.

The Finance Manager explained that the rate formed part of the Unitary agreement and at that time the rate was low and it was up to Shropshire Council how they managed their strategy. Information would be circulated to Audit Committee Members.

The Director: Finance & Human Resources confirmed that the debt was a reducing balance and that the conditions were drawn up at the time of the agreement. With PWLB loans there was significant premium to pay this loan off early and it was more cost effective to pay a reducing amount each year.

Upon being put to the vote it was, unanimously:-

**RESOLVED – that the contents of the report and the performance against the Prudential indicators were noted.**

#### **AU4      External Auditor Update Report**

D Rowley, External Auditors, gave a brief verbal update on progress and to give the Committee some assurance on the Audit. By-weekly meetings took place with the Finance Team and so far there was a clean outcome and a handful of minor disclosure charges in the set out accounts. There were no headlines or misstatements but some small adjustments to items no longer needed on the balance sheet relating to schools and the consolidation of the group accounts which required a different account treatment. The performance in relation to materiality required one adjustment and a large change to the PFI disclosure was also required but the net value remained the same. In relation to the classification change there was one additional disclosure on the CIES income and expenditure statement and a change in the reporting lines and headings in order to comply with the CIPFA code. Some further narrative was required in the narrative in the financial statement

and a number of discussions were on going as to whether this added value but it was necessary to comply with the framework.

Good progress had been made in the final week of the Audit and the annual financial report would be brought to the September meeting with a summary of the field work which were not significantly progressed, these being LGPS liability and awaiting IS19 assurance letter from the Shropshire Pension Fund as their audit was still ongoing. They were not expecting any significant issues and not anticipating any delay in getting the reports and these were expected in August. It was envisaged that the External Audit could be closed and an opinion would come forward at the end of September prior to the statutory deadline.

**AU5 Publication of Information on Councillors who Traded with the Council during 2020/2021**

The Committee received the report on information that was due to be published on Councillors who traded with the Council during 2020/2021. The information had been collected as part of the final accounts process to provide better transparency, and was in addition to the declarations of interest.

The information provided details of the 2020/2021 year's value and a description of any payments made by the Council to any businesses/companies where that Member had an interest. This information would be readily accessible by the public and was published on the Council's website. It demonstrated the Council's co-operative commitment to openness.

**AU6 Strategic Risk Register Update**

The Audit and Governance Lead Manager presented the Strategic Risk Register which was updated in January 2021. A review of the register took place in June but no changes were made to the document that came before Members in January 2021. There was nothing of note to bring before Members.

Upon being put to the vote it was, unanimously:-

**RESOVLED – that the contents of the report to be published on the Council's website be noted.**

**AU7 Internal Audit Update Report**

The Audit & Governance Lead Manager presented the report on the progress of work undertaken by Internal Audit against the 2021/22 Internal Audit Plan between 1 April 2021 and 30 June 2021. During this time two audits had been completed and seven audits were in progress. Five reports had been issued with three being green rating and two having a yellow rating. An update on the cyber security work had now been completed and was now a

green rating. In relation to unplanned work, the team had been successful in securing new commercial contracts for two Town Councils and four Academy Trusts.

During the discussion some Members asked what was the difference between a good rating and a reasonable rating.

The Legal Advisor explained that reasonable rating had a sound system of control but a minor non-compliance.

Upon being put to the vote it was, unanimously:-

**RESOLVED** – that the planned work of Internal Audit undertaken between 1 April 2021 to 30 June 2021 and the unplanned work to date be noted.

#### **AU8      Review of the effectiveness of the Audit Committee 2021/22**

The Audit and Governance Lead Manager presented the report on the effectiveness of the Audit Committee. It was good practice for the Council and the Audit Committee to review its effectiveness and identify areas of improvement. The Committee was considered to be well run and fully functioning and had been praised during the last external assessment. It was proposed that an internal assessment would take place and that this had previously been deferred due to the covid pandemic and would be undertaken via a survey. Responses would then be compiled to highlight good practice and any further development required. It was proposed to send out the survey to stakeholders for completion by September 2021 with the results of the findings and the benchmarking exercise reported to the Audit Committee meeting in January 2022.

During the discussion some Members asked if the survey would be confidential.

The Audit and Governance Lead Manager confirmed that surveys could be returned anonymously if required but that the names would not be presented within the findings.

Upon being put to the vote it was, unanimously:-

**RESOLVED** – that

- a) the survey to measure the effectiveness of the Audit Committee be agreed; and
- b) the results of the effectiveness survey be presented to the January 2022 Audit Committee be agreed.

#### **AU9      Exclusion of the Press and Public**

The Chair announced the exclusion of the Press and Public from the meeting for the next item of business on the grounds that it may involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

**AU10      Capital receipts update**

The Committee received a verbal update on capital receipts; including progress on the programme of disposals and projected disposals. It was noted that every effort had been made and continued to be made to ensure the timing was right for each disposal.

The meeting ended at 6.42 pm

**Chairman:** .....

**Date:**            Tuesday, 28 September 2021

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## TELFORD & WREKIN COUNCIL

AUDIT COMMITTEE: 28 SEPTEMBER 2021

Customer Feedback Report 2020-21

Adult Statutory Complaint Report 2020-21

Children's Statutory Complaint Report 2020-21

Local Government Ombudsman Annual Review Letter 2021.

### REPORT OF THE DELIVERY MANAGER FOR CUSTOMER RELATIONSHIP AND FINANCIAL WELFARE SERVICES

#### 1 PURPOSE

- 1.1 To update members on the Council's response to complaints between 1 April 2020 and 31 March 2021.
- 1.2 To provide assurance that the Council's response to complaints is effective and continuously improving.

#### 2 RECOMMENDATIONS

- 2.1 It is recommended that the Audit Committee review the Annual complaint and feedback reports for 2020/21 in respect of Adult Statutory Complaints, Child Statutory Complaints and Corporate Customer Feedback and also the Local Government and Social Care Ombudsman Review Letter 2021.

#### 3 SUMMARY

- 3.1 The terms of reference of the Audit Committee include: '*Recognising that Complaints/Compliments are a Cabinet function, the Committee should Review the Annual Complaints Report and seek assurances that the Council is improving in response to complaints raised.*'
- 3.2 To demonstrate effective complaint handling the Council produces an annual report on complaint handling for Children's Statutory Complaints, Adult Statutory Complaints and Corporate Feedback and complaints. These reports can be found at appendices A, B and C.
- 3.3 In total there were just 491 complaints received across the Council in 2020/21 from a total of 473 complainants. There has been an overall reduction in the number of complaints received by 16%. This is against a backdrop of the many millions of service transactions that take place every week including 10.2 million refuse collections and 229,000 calls to our call centre each year including new services provided to support our residents during the most challenging of years due to the Covid Pandemic. The total number of complaints therefore remains an incredibly small proportion of our transactions at less than 0.005%.

### 3.4 Corporate Feedback Report (Appendix A)

- 3.4.1 In the year 2020/21 there were 424 corporate stage one complaints received a 11% reduction on the number of complaints received in 2019/20. This is also the lowest number of complaints received in the previous 7 years.
- 3.4.2 Of the 424 complaints received, 29 were escalated to Stage two of the procedure. This is a 43% decrease on the number received in 2019/20.
- 3.4.3 Of the 424 Stage One complaints that have been completed, 42% (180) were partly or fully upheld, this is where services have acknowledged that we could have done better, this is an improvement on the 43% (201) in 2019/20.
- 3.4.4 The Council's Corporate Complaints Policy states that Stage 1 Corporate complaints should be responded to within 15 working days. This may be extended in exceptional circumstances by a further 5 days. Overall, the Council is managing to respond to corporate complaints within an average of 12 days, which is well within the 15 working day timescale.
- 3.4.5 82% of corporate complaints were responded to within the 15 working day timescale, an improvement on 81% achieved in 2019/20, there has been a sustained improvement since 2017/18.
- 3.4.6 Of the 29 Stage Two complaints 20 resulted in full investigations, this is a 43% decrease in the full Stage Two Investigations (35) completed in 2019/20. 40% of full investigations were upheld. The average number of days to complete a full investigation was 29 working days. This is an increase on the 24 days taken in 2019/20. The impact of the COVID-19 pandemic did affect these timescales, however this figure is still within the extended timescale of 65 working days outlined in the complaint policy for stage two investigations.
- 3.4.7 All of the 180 complaints, where fault has been found, have been reviewed by the Customer Relationship Team to ascertain what action the relevant department has taken, both in remedying the fault, and any wider learning to avoid such issues occurring in the future.

Of the remedies recorded against Corporate Complaints in 2020/21;

- 25% were to provide an explanation and an apology.
  - 31% was to provide an explanation and no remedy was required.
  - 14% was to provide an explanation and service was provided
  - 5% was to provide an apology and service was provided.
- 3.4.8 Some positive improvements resulting in learning from complaints include;
- The Financial Case Management client charging process has been updated, which will improve timescales
  - Procedures reviewed so there is better preparation and communication between social workers prior to meetings

- All officers who complete financial agreements now undertake a one year online course and also have to complete an induction programme, including training to the required competency
- Contactors have been reminded of the standards expected in relation to sightlines at junctions to ensure that, when signs are installed, they do not obstruct them
- New proof of residency procedures for Revenues Enforcement agents have been implemented

3.4.9 In 2020/21 there was a 35% increase in the Positive Feedback received. Receiving a total of 392 instances of positive feedback in 2020/21, when compared to 290 in 2019/20.

### 3.5 **Adult Statutory Complaint Report** (Appendix B)

3.5.1 We received 38 Adult Statutory complaints between 1 April 2020 and 31 March 2021, a 34% decrease on the 58 received in 2019/20. The lowest number received in 5 years.

3.5.2 Of the 38 complaints completed, 69% (26) were upheld.

3.5.3 We aim to respond to all Adult Statutory complaints within 25 working days, because of the nature and complexity of some issues it may take longer, and complainants will be informed if this is the case. The time scales may be extended to a maximum of 65 working days. In 2020/21 the average number of days to respond to an Adult Statutory complaint across all portfolios was 53 days and increase on 51 working days achieved in 2019/20. There has been a significant improvement in timescales since October 2020, which has seen the average number of days reduce to 32 during the last two quarters of 2020/21.

3.5.4 Of the remedies recorded against Adult Statutory Complaints in 2020/21;

- 37% were to provide an explanation and an apology.
- 16% was to provide an explanation and no remedy was required.
- 16% was to improved service provision.

3.5.5 Some positive improvements that have resulted from learning from complaints include;

- There is now a specialist commissioning framework for providers to autistic people, Mental Health services and Learning Disability services
- Hospital discharges are now supported at weekends
- A Specialist Housing Strategy for accessible housing for people with disabilities has been developed
- The development of accessible information for Mental Health services

### 3.6 Children's Statutory Complaint Report (Appendix C)

3.6.1 We received 29 Children's statutory complaints in 2020/21 a 42% decrease on the 50 received in 2019/20. All were dealt with at Stage One, with only four progressing to an independent Stage Two investigation. No Stage 3 panels were completed in 2020/21.

3.6.2 Of the 29 complaints completed in the year, 52% (15) of the complaints were upheld.

3.6.3 The Children's Act 1989 Representations Procedure (England) Regulations 2006, outlines, how Child Statutory Complaints should be handled and the three stages for Child Statutory Complaints.

Stage One should be an opportunity to resolve the complaint at service level, this should be done within 10 working days, which may be extended to 20 working days in exceptional circumstances and with prior agreement with the customer.

Stage Two is an Independent Investigation which should be completed within 25 working days and this can be extended to 65 working days in more complex cases.

Stage Three is a panel where the investigation at Stage One and Two is reviewed.

3.6.4 The average time scale for all Children's Statutory Stage One Complaints was 23 working days, which exceeds the timescales outlined in the regulations. A review of procedure has taken place and as a result there is a clear improvement since November 2020, where complaints were responded to in an average of 17 working days.

3.6.5 During 2020/21, 4 (14%) Statutory Stage One complaints progressed to Stage Two of the process. All were investigated and Independent persons commissioned. The average number of days to complete a Stage Two Investigation was 66 working days which is an increase on the 37 days in 2019/20. Time scales were impacted by the COVID-19 pandemic and the availability of complaints to meeting investigators.

3.6.6 Of the remedies recorded against Children's Statutory Complaints in 2020/21;

- 45% were to provide an explanation and apology
- 14% were to provide an explanation and no remedy was required
- 14% were to provide information
- 10% were to provide an explanation and a service was provided

3.6.8 Some positive improvements that have resulted from learning from complaints include;

- Individual remedies have been completed regarding support plans and working agreements, assessments and contact.
- Officers have been reminded regarding the expectation that minutes are provided from meetings.
- We are now using Parent and Baby placements more consistently with high levels of wrap around support to parents during the Mental Health assessment process.
- High levels of training and development has been given to social workers around the impact of domestic violence so that the appropriate support can be offered to survivors.

### 3.7 **Local Government and Social Care Ombudsman Annual Review Letter 2021** (Appendix D)

- 3.7.1 During 2020/21 a total of 22 complaints were escalated to the Local Government and Social Care Ombudsman, in addition to this 12 detailed investigations remained open on 31 March 2020.
- 3.7.2 During the year the Local Government and Social Care Ombudsman made the decision that 2 complaints were premature and decided not to further investigate 15 complaints. 6 complaints were referred for a detail investigation and a decision has yet to be made on these cases. There were 9 detailed investigations completed in 2020/21, and the Local Government and Social Care Ombudsman has confirm that there was fault in 8 of these cases.
- 3.7.3 In all cases where fault was found the Local Government and Social Care Ombudsman was satisfied that we had successfully implemented their recommendations. In two cases the Local Government and Social Care Ombudsman was satisfied that the Council has provided a satisfactory remedy before the complaint reached them.
- 3.7.4 In each upheld case the Council has taken learning forward to improve practices in relation to the faults identified, apologies have also been given to customers in these cases.

## 4 **BACKGROUND PAPERS**

- Appendix A- Customer Feedback Report (Corporate) 2020-21
- Appendix B- Adult Statutory Complaints Annual Report 2020-21
- Appendix C- Children's Statutory Complaints Annual Report 2020-21
- Appendix D- LGSCO Annual Review Letter 2021

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# Telford & Wrekin Council Customer Feedback Report

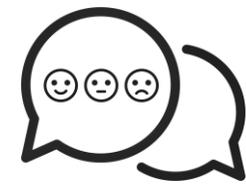
Improving our Customer Experience  
Annual Report 2020/21





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## Report summary

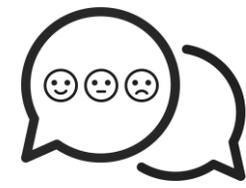
This Annual Feedback Report shows that, this year, the Council has seen a 35% increase in the positive feedback received across the organisation. In addition to this, the number of corporate complaints received has decreased by 11%. This is a trend that has continued for the last seven years. When considering the total number of transactions and interactions undertaken by the Council during the year, the data in this report clearly shows that the number of complaints received continues to be well within accepted customer service industry standards and appreciably under 0.05% of all transactions. When considering that over 10.2 million refuse bins were emptied and our corporate contact centre alone handled 228,251 calls during the year. The Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

This year has been challenging due to the COVID-19 pandemic, as many managers were reassigned from their day-to-day roles in order to respond to the emergency, and yet all still managed to continue responding to customer complaints. It is therefore a remarkable achievement that response timescales only increased by one day during this period. It is also fantastic to see that the number of residents and customers who have taken the opportunity to provide positive feedback has increased significantly.

Without a doubt though, there are areas of opportunity for continued improvement, and the Customer Relationship team will continue to work with senior Leadership teams to effectively utilise complaints intelligence and customer feedback to support positive improvements in service delivery.

Due to the pandemic, the Customer Insight Programme was regrettably put on hold for a period as the scheduled work involved face-to-face assignments that it was not possible to progress. Work did, however, recommence in July 2020 when Website Reviews were introduced. This was a perfect opportunity to utilise our Mystery Customers to undertake virtual remote reviews of our digital services. We also introduced usability testing, and our Mystery Customers were also able to test our new chatbot, ASK TOM, before it went live. The chatbot was launched in April 2021, allowing customers to get answers to their questions on our website 24/7. Our Customer Insight Programme continues to proactively identify and remedy concerns. It also continues to deliver organisational intelligence to drive transformation and continuous improvement by identifying trends and enhancements that could be made to customers' experience of our services. For more information about the Customer Insight Programme, please go to page 10.

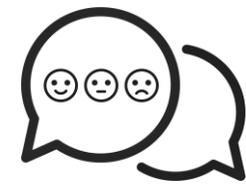
In January 2021, we launched our new Customer Strategy and Customer Contract documents, during the development of which we took the opportunity to consult our Mystery Customers and other groups in the community. Feedback received during the consultation shaped an action plan, as well as the final Strategy and Contract themselves. These documents seek to outline our ambitions for the next four years, during which we want to work with our customers to develop quality services that are accessible to all, while making every contact count. Furthermore, we want to make sure that the experience our customers have is outstanding. We also recognise that to achieve this we need to get the basics right, pay attention to detail and make sure that we uphold high standards of customer service across the Council. To view our Customer Strategy and Customer Contract, please visit [www.telford.gov.uk/customerstrategyandcustomercontract](http://www.telford.gov.uk/customerstrategyandcustomercontract)



## Highlights of 2020/21

\* Local Government & Social Care Ombudsman





## Purpose of the report

- To give Members and Officers an overview of Telford and Wrekin Council's corporate customer feedback, including complaints and compliments, from 1 April 2020 to 31 March 2021. This includes highlighting areas of positive performance and those for development.
- To outline the key developments and planned improvements to customer feedback processes operated by the Council.
- To consider how learning from customer feedback can be used to gain a better understanding of the experience customers are having while accessing council services, drive improvement by acting on the feedback received, prioritise quick wins and ensure that longer-term actions feed into the Customer Strategy, and continue to develop and improve the services we provide.

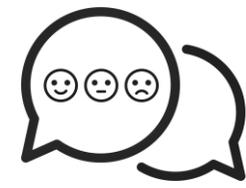
## Background

The Customer Relationship team co-ordinates complaints relating to three separate complaints processes. These are:

1. The Adult Social Care Statutory Process, reported separately in the Adult Statutory Complaints Annual Report 2020/21
2. The Children's Social Care Statutory Process, reported separately in the Children's Statutory Complaints Annual Report 2020/21
3. The Corporate Complaints Process. These are complaints relating to other services provided by the Council where there is no statutory complaints procedure

In addition, the team deals with a wide range of interactions with customers that do not go on to become formal complaints. These include general enquiries, MP Enquiries, Leader and Cabinet Member Enquiries, comments and suggestions, as well as any matters that are exempt from consideration under our complaints policies.

We recognise that our customers have a range of experiences when contacting us, working with us and using our services. Some of these experiences are positive, and we want to recognise and celebrate where good practice is evident, while others fall short of our standards, where it is essential that we learn from them. As an organisation, we provide customers with a mechanism to feedback to us both positive and negative experiences, and encourage a culture of learning, where the focus is on resolution and continual improvement. Whenever possible, we take immediate action to put things right at the first point of contact, and if this can't be done, we operate a robust complaints procedure.



Above all, the way we deal with complaints is based on our co-operative values, as published on the Council website [www.telford.gov.uk/info/20268/co-operative\\_council/779/our\\_co-operative\\_values](http://www.telford.gov.uk/info/20268/co-operative_council/779/our_co-operative_values) and the following key principles:

- Customer focus – listening to what people tell us and seeing things from the customer’s perspective
- Responsiveness – acting on what people say to us
- Promptness – making sure people get answers in good time
- Transparency – dealing openly and honestly with problems
- Proportionality – making sure that the resolution fits the complaint
- Learning – making sure complaints result in changes and improvement

Our policies are also published on the website [www.telford.gov.uk/complaints](http://www.telford.gov.uk/complaints)

A complaint is defined within the Council’s Corporate Complaints Procedure as:

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**an expression of dissatisfaction, however made, about the standards of service, action or lack of action or decisions taken by the Council, or the way in which council employees carry out their duties’**

Telford and Wrekin Council operates a two-stage process for all corporate complaints.

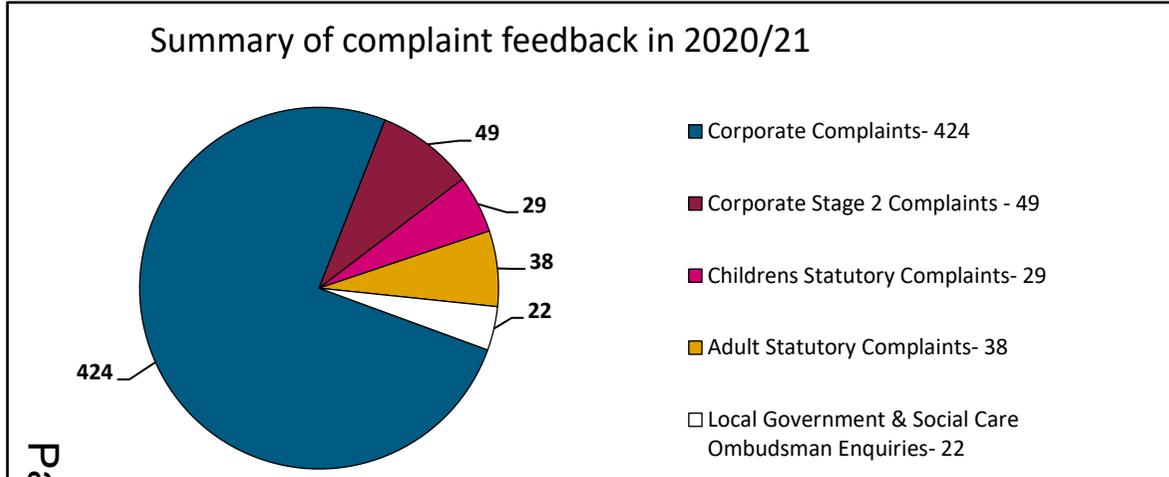
Complaints recorded under the formal procedure (and dealt with in this summary report) do not include those ‘first time’ representations that were effectively requests for a service and so dealt with as such. Accordingly, a new report of a missed bin collection or a broken swing, for example, would not be registered and dealt with as a complaint but instead as a service request. Of course, in the event that the Council failed to respond to this request appropriately, this may then generate a complaint. Appeals against decisions that have separate appeal routes are not dealt with as complaints.

For more information regarding corporate complaints in 2020/21, please go to page 12 of this report.



The charts below show the feedback received by the Customer Relationship team in 2020/21:

**Chart 1: Summary of complaint feedback in 2020/21**

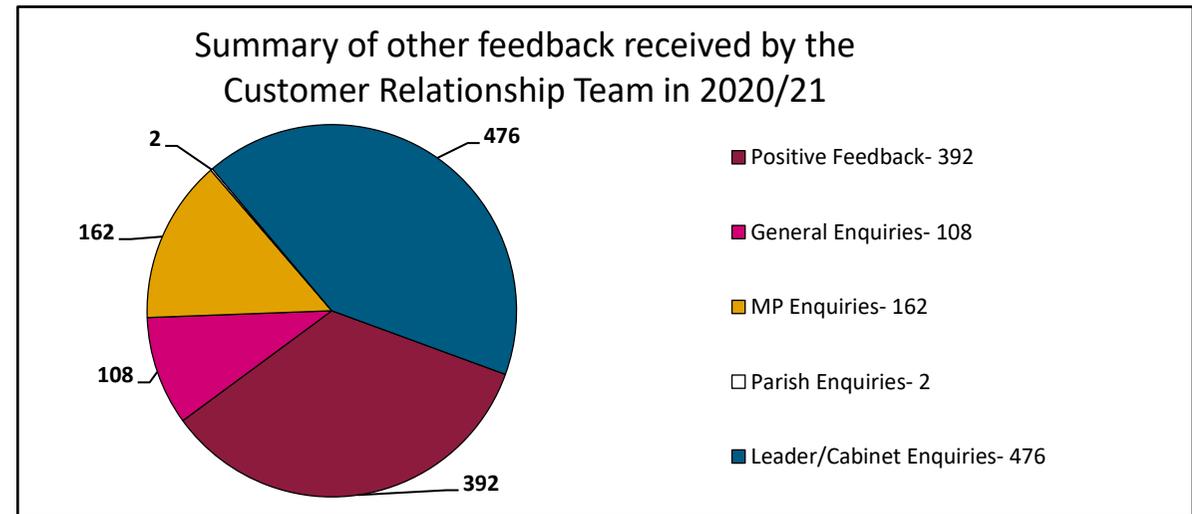


The volume of contacts received by the team totalled 1,702 in 2020/21. This is a 13% increase from the 1,504 in 2019/20. The team also took a total of 1,179 telephone calls over this period.

The number of calls received have dropped again in 2020/21 to 1,179, a 44% reduction on the 2,118 received in 2019/20 and 3,345 received in 2018/19. This is a reflection of the team proactively chasing responses and keeping customers updated.

Our customers' behaviour is changing, with more of them now contacting the team via digital methods such as emails and webforms, with 948 of the latter being completed in 2020/21 compared to 702 in 2019/20.

**Chart 2: Summary of other feedback in 2020/21**





# Positive feedback

In 2020/21, there was a 35% increase in the number of positive feedbacks received, which is excellent. This amounts to a total of 392 instances in 2020/21, amounting to a significant increase on the 290 received in 2019/20.

This year, Neighbourhood & Enforcement Services (138) and Communities, Customer & Commercial Services (56) received the the most positive feedback due to the frontline nature of these directorates.

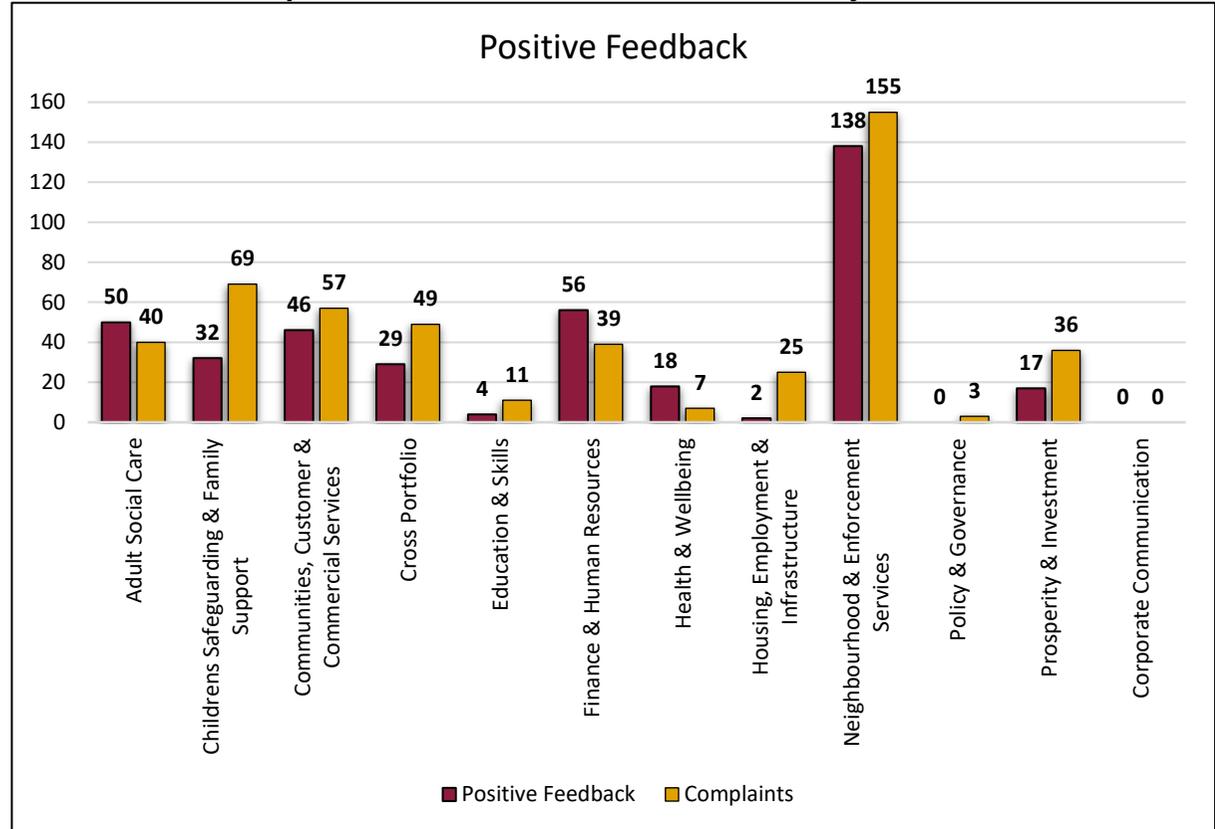
In 2020/21, the definitions of compliments and positive feedback were reviewed and the decision made to combine all positive feedback to recognise that it should be celebrated.

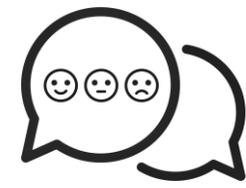
Positive feedback is logged and copied to Directors and Line Managers. This is recognised at service level through team briefs/ meetings and individual 'one-to-one's. The Chief Executive also makes regular 'shout-outs' about staff who have gone above and beyond in his weekly emails to staff.

The chart to the right highlights the positive feedback against the number of complaints received for each directorate.

It is positive to see that Adult Social Care, Finance & Human Resources and Health & Wellbeing each had more positive feedback than the total number of complaints they received.

**Chart 3: Number of positive feedbacks received in 2020/21 by directorate**





Here are some examples of positive feedback received during the year:

*"I write this with shaking fingers. I cannot put into words the sense of relief and gratitude I feel at being awarded this grant after 10 months without any government support at all. I cannot thank you and your colleagues enough for processing this for me. I will be forever in your debt not just for saving my business but for saving my dream."* Revenues Services

*"I think all of the staff in the Council deserve praise, as you are at the sharp end and we wouldn't be going very far without you all, you are all so wonderful for what you do."*

Occupational Therapy

*"...thank you so much- You have gone above and beyond what I expected and been exceptional. I was thinking I would have to wait in a long queue- but you have really helped and do so much more!"* Benefits Service

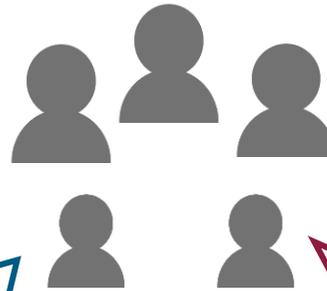
*"I want to say how pleased I was with the wonderful library service. I had six books delivered to my door by Amy who is also going to collect them and hopefully bring me some more. Well done Telford and Wrekin library services. Thank you"*

Librarv Services

*"I just want to relay my thanks to all of you at Telford & Wrekin Council for all your help and support. There is no fuss when it comes to contacting you. You have also sent me lots of information and contacts for your disability team which is very helpful. I just wanted to say I appreciate you and that I have never experienced any problems. It has been an absolute pleasure dealing with you all, you've been absolutely fantastic. What a wonderful service."* Concessionary Awards

*"I spoke to a lovely professional lady called Yvonne it was a delight to speak to this lady who sorted my collection out so efficiently and with such a friendly manner I came off the phone thinking there are, lovely people at the end of a phone despite what everyone is going through it's made my day... You are very lucky to have these wonderful people working for you."*

Customer Contact Centre





## Customer Insight Programme

Our Customer Insight Programme was launched in October 2019 with the aim of helping us review our services from customers' perspective. The programme is designed to deliver organisational intelligence to drive transformation and continuous development by identifying trends and improvements that could be made to enhance customers' experience of our services.

Following the outbreak of the pandemic in March 2020, all active Customer Insight assignments were put on hold. This includes snapshot reviews, which had commenced in February 2020, through which we were reviewing 22 of our front-facing buildings - including our First Point locations, libraries, leisure centres and receptions. At the same time, our Customer Insight Officers were redeployed to other services to support the Council's response to the pandemic.

The Snapshot Reviews will be refreshed and relaunched in July 2021, at which time we also hope to obtain feedback from customers about our COVID-secure measures, in accordance with government guidelines.

The Customer Insight Programme now has 127 volunteers who have registered with us as Mystery Customers in order to undertake assignments. When COVID guidelines allow, we aim to recruit more Mystery Customers to ensure that, collectively, they are as representative of our borough as possible.

In July 2020, we recommenced the Customer Insight Programme with a new digital agenda. In keeping with the importance of the 'Stay Home, Keep Safe' message, assignments included website reviews that could be completed by customers remotely. Website reviews were completed for webpages related to Planning, Jobs, Schools, Housing and Bins & Recycling. There were also some 'Treasure Hunt' assignments to test our website's search tool. Following these reviews, improvements have been made to the website, including an update of information on certain pages and the removal of some 'pop-ups'. Following customer feedback, a new Webchat facility has also been developed for a wide range of services, including Waste, Council Tax and Housing. The Webchat service can now be found on the Council's homepage.



*"I thought the website was very well laid out and the information was detailed for this task. Not too busy and well branded."*

Continuing with the 'Stay Home, Keep Safe' guidelines, Mystery Customers continued to feedback on our digital developments by completing assignments around our redesigned Homepage and a proposed My Telford Bookmark, as these could all be carried out at home. This enabled us to continue to successfully gather valuable insights to better deliver our promises to our residents.

In October 2020, Mystery Customers were invited to a virtual focus group to provide feedback and help shape the Council's new Customer Contract and Customer Strategy documents.



## Usability Testing

In March 2021, Mystery Customers carried out usability testing of the Council’s new chatbot before it went live. This is an artificial intelligence system that assists customers with their enquiries 24/7 on the Council’s website. By customers typing in direct questions, it navigates them to the appropriate area of the website. The feedback we received was reviewed, with one key contribution stating that the initially-proposed name of the chatbot (Telfbot) would not be advisable. Based on the comprehensive feedback provided by this Mystery Customer, the chatbot has now been relaunched with the name...

### ASK TOM.



Mystery Customers will shortly undertake usability testing on our new My Telford app, which is currently in development. This will be launched in the next few months.

**76** assignments have been completed across Mystery Customer digital assignments since July 2020

**91%** of customers were satisfied with their experience with the Council’s website

**90%** of customers were satisfied with the quality of information on the website

**92%** of customers were satisfied with the effort involved in navigating around the website

*“I scored 10. Fab. The size, layout and colours used are all great.”*

*“I like the fact that you can tell you are on the council’s website and it is attractive but doesn’t look too busy or make it harder for visually impaired customers to see the pages”*



Some improvements have already been implemented, including the redesign of logos. Downloadable documents are now accessible with our Browsealoud tool on our Schools webpages. The quality of information has also been improved within the Jobs, Housing and Bins & Recycling webpages. Recommendations are now being monitored in an action plan to be completed over the next 12 to 18 months. Once actions have been completed, they will be reported through our ‘you said, we did’ social media articles.

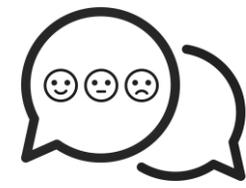
Some headline figures from ASK TOM testing included:

**83%** of customers were satisfied with the usability of ASK TOM

**91%** of customers were satisfied with the overall look and feel of the functionality

*“It was actually quite reassuring that so much information was available at my fingertips”*

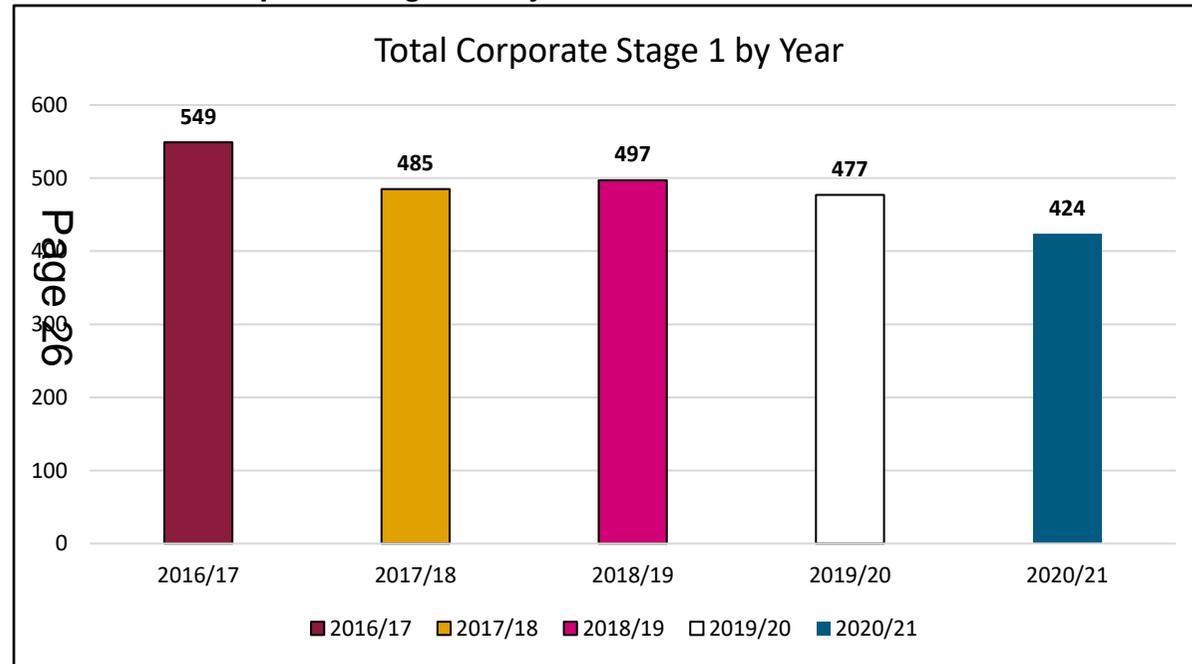




## Corporate Stage One complaints

In the year 2020/21 a total 491 complaints were received, this figure includes both corporate and statutory complaints. The complaints were received from 473 complainants. There were 424 corporate Stage One complaints (those dealt with by more than one service simultaneously are counted as a single complaint). In 2019/20 we received 477, while in 2018/19 this figure was 497. The number of complaints received in 2020/21 decreased to their lowest value of the last seven years. However, the number of complaints received during the last year will have been directly impacted by the COVID-19 pandemic. The chart below shows comparisons of the number of complaints over the last five years only.

**Chart 4: Total Corporate Stage One by Year**



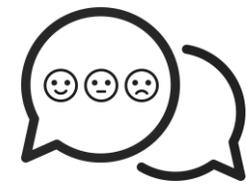
For further information regarding Stage Two complaints, please see page 18.

For further information regarding Local Government & Social Care Ombudsman enquiries, please see page 22.

The number of complaints continue to remain at a reduced level compared to those received in 2014/15, which saw the figure rise to over 750, although the numbers have remained reasonably static for the last four years.

Of these 424 complaints, 29 were escalated to Stage Two of our procedure and 22 were the subject of Local Government & Social Care Ombudsman enquiries (please note that some of these may have been for Stage One complaints prior to 2020/21). There has been a decrease in Stage Two complaints this year from the 49 seen in 2019/20 and 47 in 2018/19. There has also been a decrease in complaints progressing to the Local Government & Social Care Ombudsman which, in 2020/21, saw 19 corporate complaints referred.

Stage	Number of complaints
One	424
Two	29
LGSCO	19



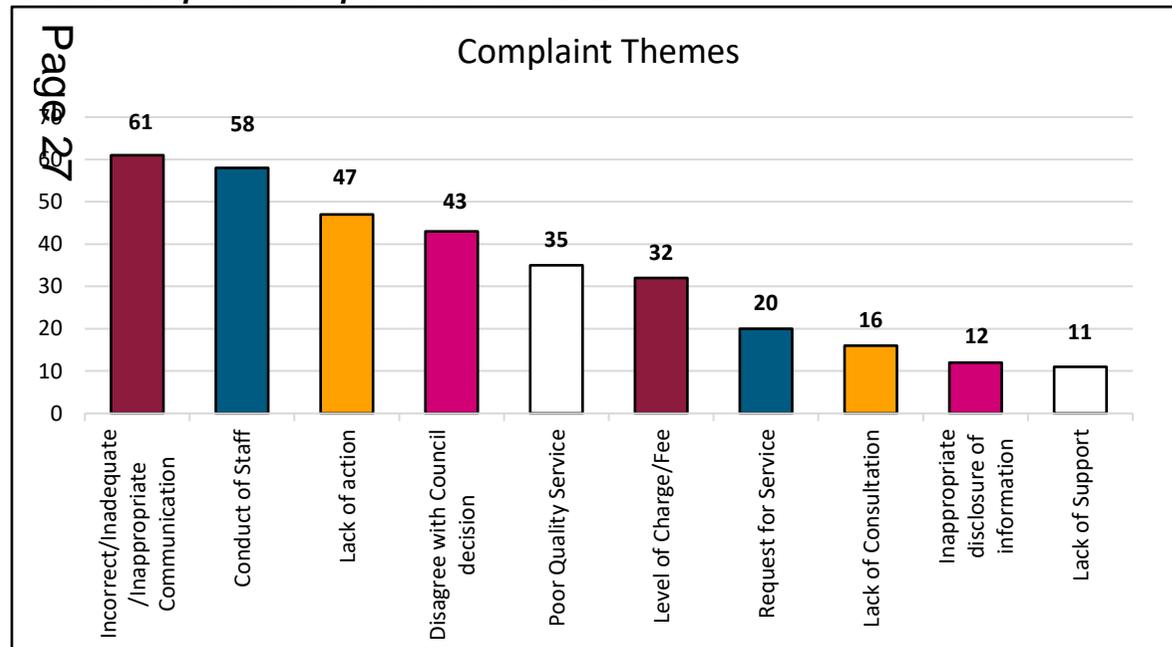
Customer access channels and digital contact (Stage One corporate complaints):

Complaint channel	Number of complaints
Email / webform	322
Telephone	91
Letter	11
<b>Total</b>	<b>424</b>

In 2020/21, 76% of corporate complaints were received via a digital access channel, which includes via our online complaints form and emails directly to the Customer Relationship team.

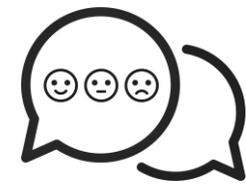
**Complaint Themes:**

**Chart 5: Corporate complaint themes 2020/21**

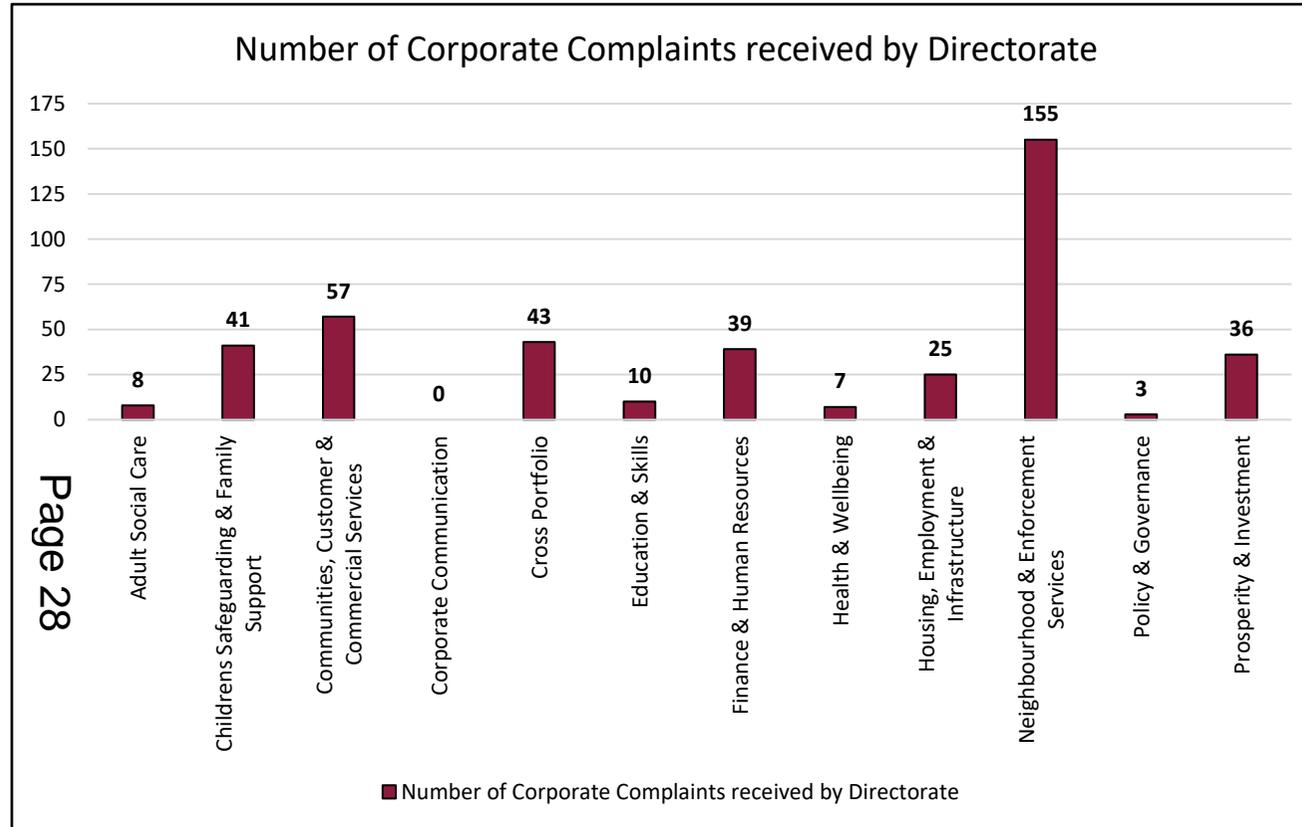


This chart shows the top 10 complaint themes for 2020/21. This is compiled from all complaints received prior to investigation. Further analysis of upheld themes can be found later in this report.

Communication and staff conduct accounted for the majority of complaints received, representing 28% of the total.



**Chart 6: Number of Corporate Complaints received by directorate**



Page 28

The Directorate that received the highest number of complaints was Neighbourhood & Enforcement Services (155). This is a slight increase on the 142 received in 2019/20. However, given the number of customer interactions that take place through Waste, Highways, Grounds Maintenance, Public Protection, Community Safety and Enforcement, this remains a low number.

The second highest number of complaints was received about Communities, Customer & Commercial Services (57). However, this is a significant decrease on the 98 received in 2019/20. This decrease can, in part, be linked to the decrease in interactions at our leisure facilities, theatres and cafés due to the various COVID lockdowns and restrictions.

For further analysis, see the Corporate Service Performance 2020/21 appendix on page 25.



## Stage One complaint outcomes

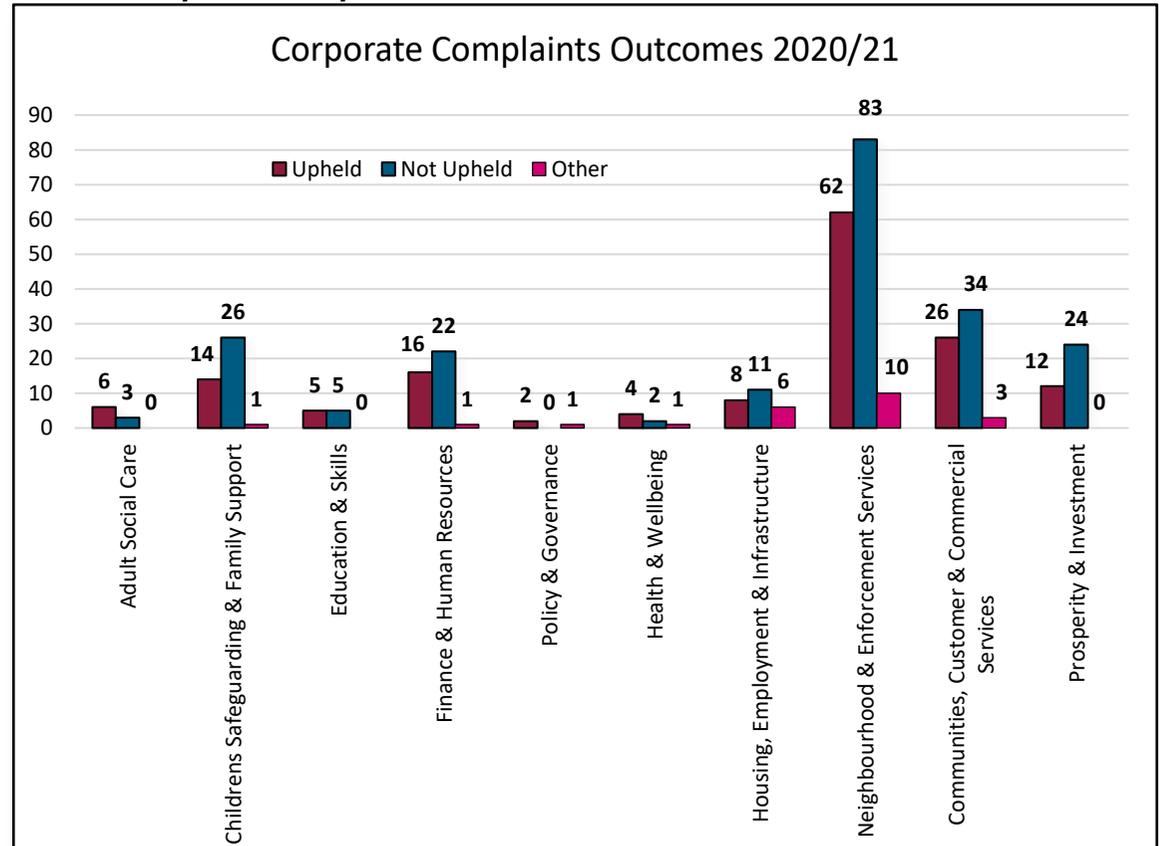
Of the 431 Stage One complaints that have been completed, 42% (180) were upheld. This is where services acknowledged that they could have done better, and represents an improvement on the 43% (201) in 2019/20 and 48% (239) in 2018/19. This indicates that there has been a reduction in cases where we could have done better. 53% (227) of Stage One complaints were not upheld and 6% (24) were either withdrawn, out of jurisdiction or resolved by the service.

**Chart 7: Percentage of complaints upheld by directorate**

Directorate	Percentage of complaints upheld
Adult Social Care	67%
Policy & Governance	67%
Cross-portfolio (Directorate)	58%
Health & Wellbeing	57%
Education & Skills	50%
Communities, Customer & Commercial Services	41%
Finance & Human Resources	41%
Neighbourhood & Enforcement Services	40%
Children's Safeguarding & Family Support	34%
Prosperity & Investment	33%
Housing, Employment & Infrastructure	32%
Corporate Communication	0%

The most upheld complaints were within Adult Social Care (62) and Communities, Customer & Commercial Services (26). However, this is very much based on the numbers received for these directorates. The directorates with the highest proportion of upheld complaints were Policy & Governance and Adult Social Care, both at 67%. However, these received very few corporate complaints, which has impacted on their percentages.

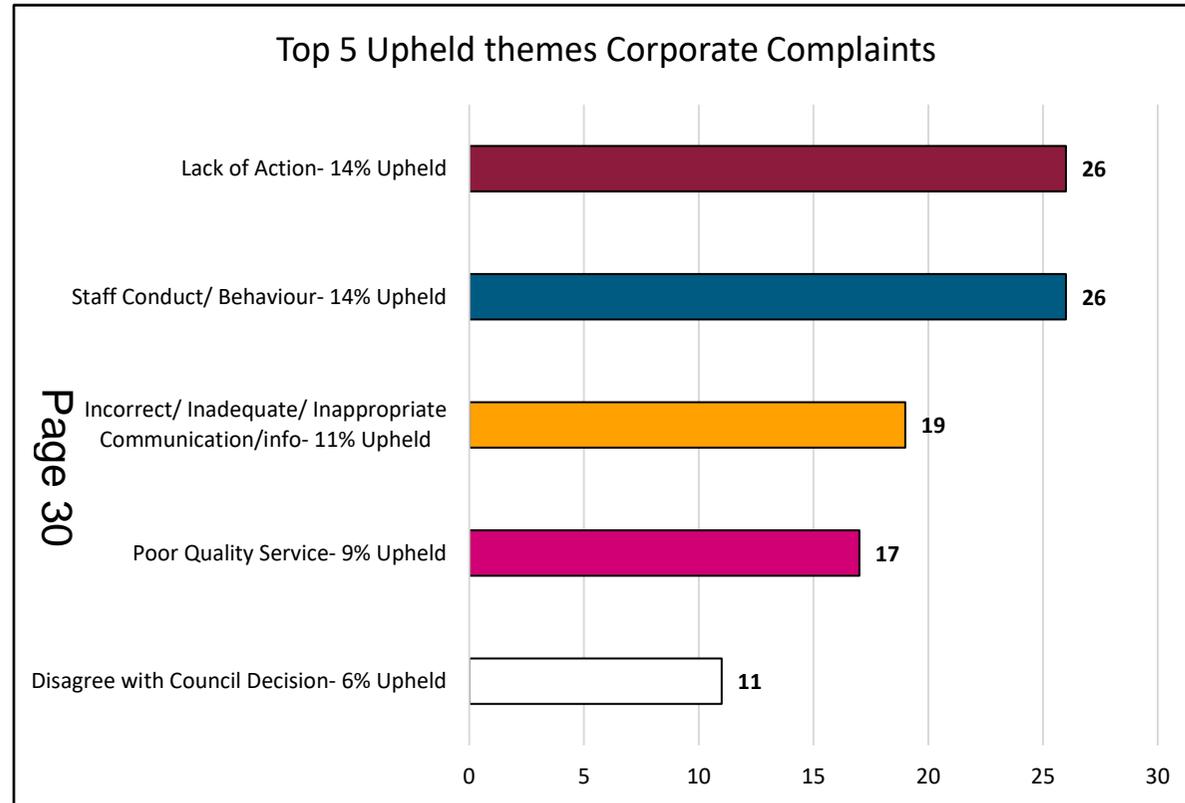
**Chart 8: Corporate complaint outcomes 2020/21**





The top five upheld themes identified corporately at Stage One were:

**Chart 9: Top five upheld themes for corporate complaints**



Page 30

180 complaints were upheld, the top five themes being:

**Lack of Action** accounted for 14% of the upheld complaints. This is where the customer complained because they had received no response. There were no trends in Service Areas for this concern and it was seen to cut across all Directorates. In the cases upheld, an explanation, apology and service were provided.

**Staff Conduct / Behaviour** accounted for 14% of the upheld complaints. Staff conduct and behaviour covers a variety of concerns, including a lack of support from individual officers, no identification shown when attending a property, how a member of staff spoke to a customer and the general behaviour of staff, whether face-to-face or over the phone. In the cases upheld, an apology was given, the officers were spoken to by their Line Managers and additional training given.

**Incorrect / Inadequate / Inappropriate Communication / Information** accounted for 11% of the upheld complaints, with the issue crossing many different services. Generally, the concerns raised involved records not been updated correctly (resulting in notices being issued), services not making contact with customers to provide an update, or them not returning calls. The majority of these complaints received an explanation and apology.

**Poor Quality Service** accounted for 9% of the upheld complaints. Again, this issue crossed many different services; however, a number were related to waste services and refuse collections. These upheld complaints were raised via Contract Management with our contactors. In the cases upheld, an explanation, apology and service were provided.

**Disagree with Council Decision** accounted for 6% of the upheld complaints. This included complaints raised against waste, enforcement, traffic calming and licencing. The remedies for these complaints were to offer an explanation, apology and provide the service.

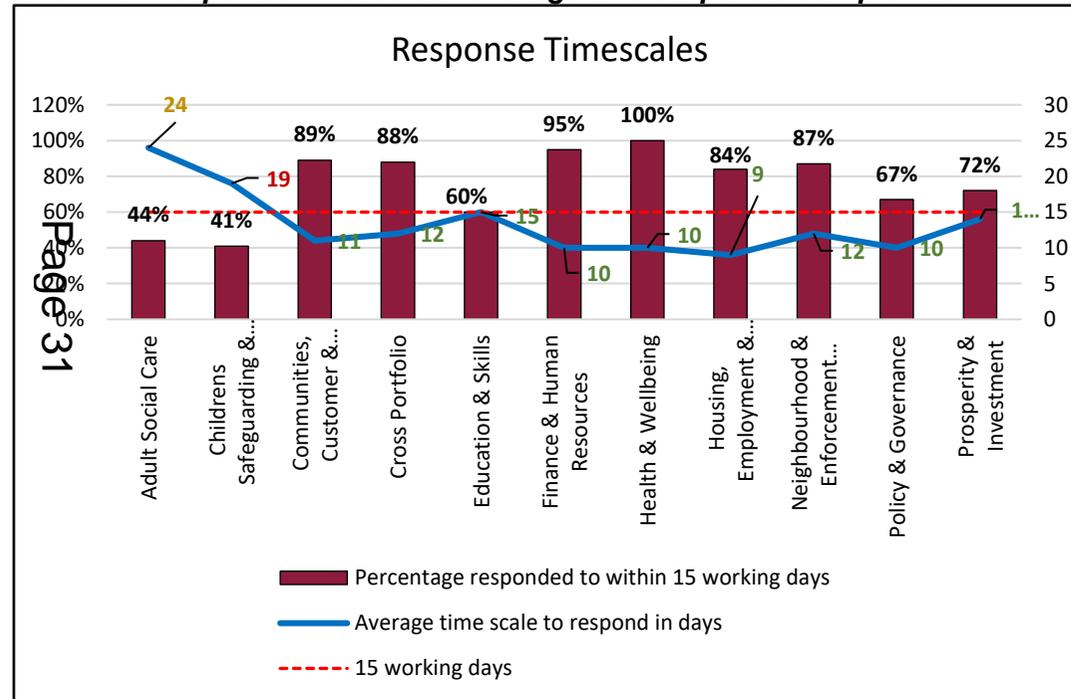


# Timescales for responses at Stage One

The Council's Corporate Complaints Policy states that Stage One corporate complaints should be responded to within 15 working days. This may be extended in exceptional circumstances by a further five days. The following chart shows the percentage of complaints responded to within 15 working days by directorate and also the average number of days for each to respond to corporate complaints at Stage One.

The data indicates that, in the main, directorates are meeting the corporate timescale of 15 working days, which is excellent.

**Chart 10: Response timescales for Stage One corporate complaints**

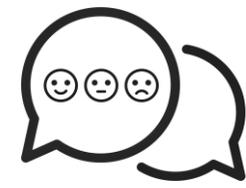


**Please note:** 2020/21 has been an unprecedented year, during which the Council has and continued to respond to the COVID-19 pandemic. The pandemic has had an impact on the Council's ability to respond to complaints within timescales, as officers have sometimes been assigned to alternative roles and duties. During this time, complainants were constantly updated regarding the progress of their complaints and when a response would be available.

However, the Council has managed to respond to corporate complaints in an average of 12 days, which is well within the 15 working day timescale.

82% of complaints were responded to within the 15 working day timescale, an increase on the 81% achieved in 2019/20. Our local target is to respond to 90% of corporate complaints within 15 working days. Finance & Human Resources and Health & Wellbeing exceeded this target during the year. Other directorates also saw an improvement in their percentage response e.g. Communities, Customer and Commercial Services, which saw an improvement from 83% in 2019/20 to 89% in 2020/21.

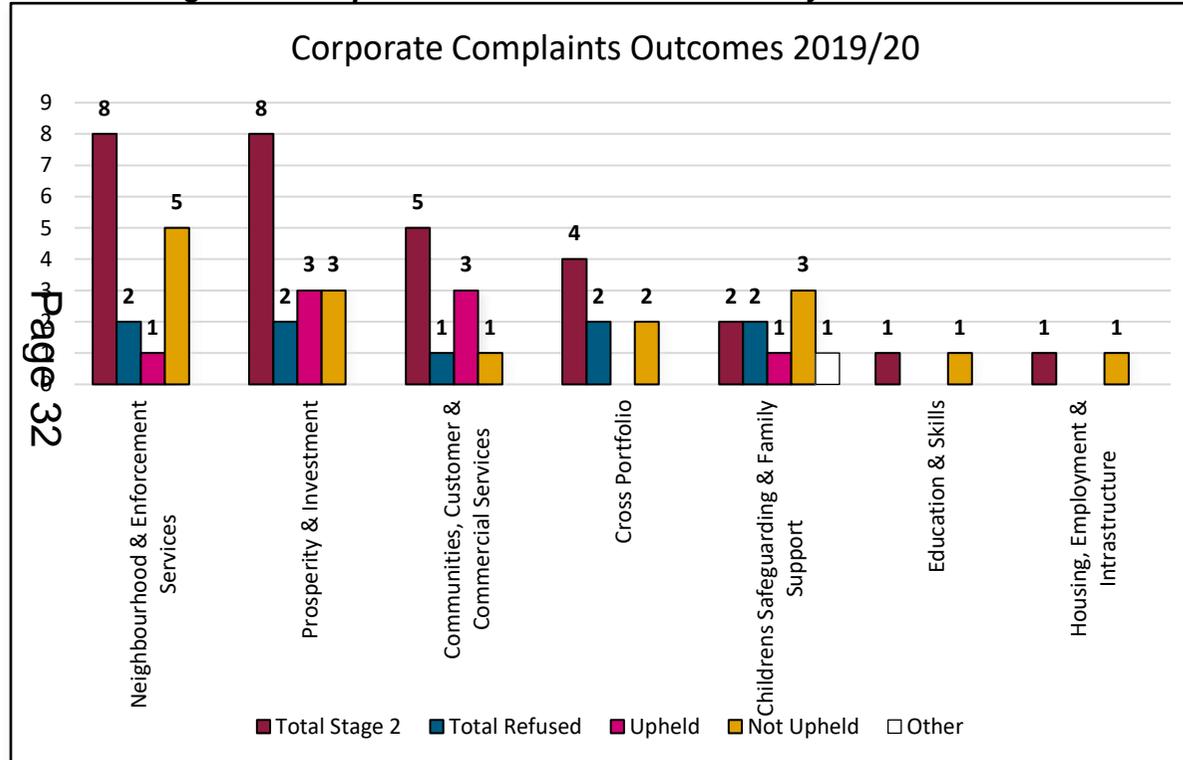
For further information and analysis regarding the five directorates that received the most complaints, please refer to Appendix A. This also includes dashboard data for the remaining five directorates, Corporate Communications and cross-portfolio complaints.



# Corporate Stage Two complaints

During 2020/21, 29 corporate Stage One complaints (7%) progressed to Stage Two of the process. This represents a 3% decrease on the percentage that progressed in 2019/20, 49 (10%). All investigations have now been completed.

**Chart 11: Stage Two complaints received and outcomes by directorate**



A higher volume of Stage Two complaints were seen in Neighbourhood & Enforcement Services (8) and Prosperity & Investment (8).

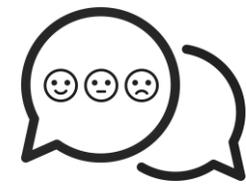
Health, Wellbeing & Commissioning, Adult Social Care, Financial & Human Resources and Policy & Governance had no complaints escalated to Stage Two in 2020/21, meaning that they are not detailed in Chart 11.

Out of the 29 complaints, it was considered that nine had already been addressed at Stage One or the desired outcome that the complainant was seeking was not achievable by progressing their complaint further, i.e. there would have been no added value in taking the complaint through to a full Stage Two investigation.

These complaints were responded to in an average of nine working days. The aim is to respond to Stage Two escalation requests within 10 working days.

Of the 29 Stage Two complaints, 20 resulted in full investigations. This is a 43% decrease on the number completed in 2019/20 (35). 40% of full investigations were upheld.

The average number of working days taken to complete a full investigation was 29. This is an increase on the 24 days taken in 2019/20. The impact of the COVID-19 pandemic did affect these timescales; however, this figure is still within the extended timescale of 65 working days outlined in the complaints policy.



# Learning from Corporate Complaints

Although they provide an overall picture of our services, we should not, however, be looking purely at the numbers. We should also be focusing on the learning we have undertaken from these complaints.

Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found but the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they see the “bigger picture” so that that residents receive the best possible service from the Council.

## Remedial actions taken from resolved complaints at Stage One in 2020/21

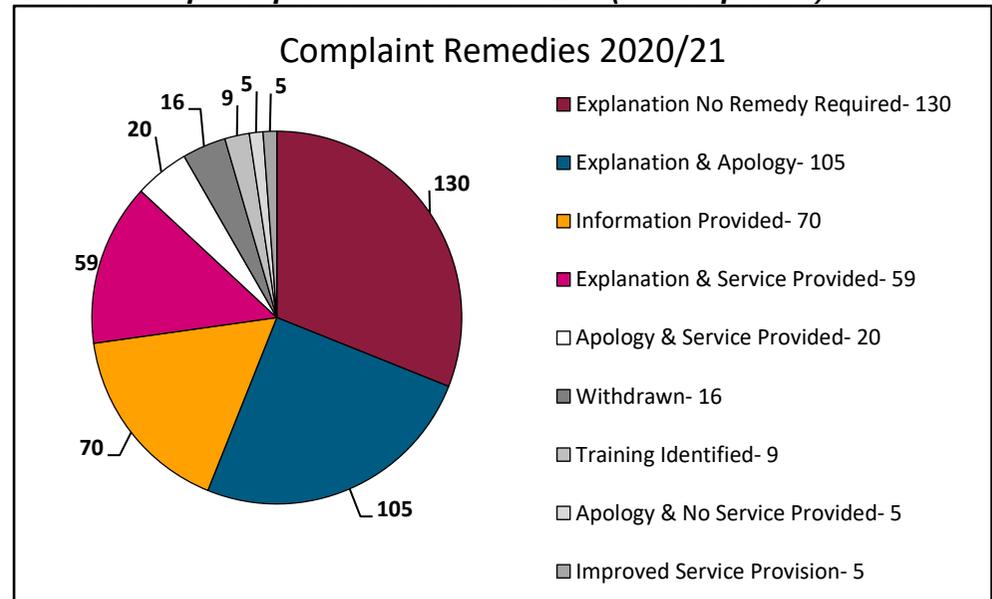
All 180 complaints where fault was found have been reviewed by the Customer Relationship team to ascertain what action the relevant department has taken, both in remedying the fault and identifying any wider learning to avoid such issues recurring in the future.

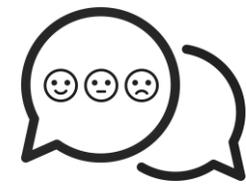
Remedial action typically consists of both individual redress (e.g. an apology or carrying out overdue work) and wider actions that may affect many other customers. On some occasions, the fault has already been remedied - so the complaints process is used to ensure that the appropriate action has been taken.

Of the remedies recorded against corporate complaints in 2020/21:

- 25% were to provide an explanation and an apology
- 31% were to provide an explanation and no remedy was required
- 14% were to provide an explanation and the service was provided
- 5% were to provide an apology and the service was provided

**Chart 12: Top complaint remedies 2020/21 (all complaints)**





## Positive improvements

Below are some examples of positive changes that have resulted from learning following Stage One complaints:

- The Financial Case Management client charging process has been updated, which will improve timescales
- Procedures reviewed so there is better preparation and communication between social workers prior to meetings
- The omission of an external staircase from a description at the validation stage of a planning application has been corrected
- All officers who complete financial agreements now undertake a one year online course and also have to complete an induction programme, including training to the required competency
- Contactors have been reminded of the fulfilment standards expected in relation to sightlines at junctions to ensure that, when signs are installed, they do not obstruct them
- New proof of residency procedures for Revenues Enforcement agents have been implemented
- Procedures have been reviewed in our Highways team to improve response times to enquiries
- The telephone calls for the Financial Case Management team are now recorded
- The Enforcement team have reviewed the policy regarding images of those under 16 years old appearing in posts linked to ongoing criminal investigations
- The procedure regarding letters from the Planning department has been reviewed and validation officers now check all printing
- We've implemented a revised monitoring process in relation to complaints against the Council's grounds & cleansing contractor around timescales for responses

Page 34

**YOU SAID...**

Planning letters had not been issued in accordance with procedure.

**WE DID...**

The process was reviewed to ensure this doesn't happen in future. All printing is now checked by validation officers.

[www.telford.gov.uk/yourviewsmatter](http://www.telford.gov.uk/yourviewsmatter)

Protect  
Care and invest  
to create a  
better borough

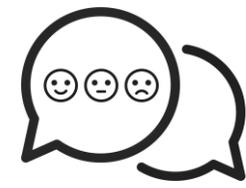
Telford & Wrekin  
COUNCIL



- Worked with the contactors at our Household Recycling Centres on solutions to increase information for site users on waiting times and restrictions
- Where incorrect information had been provided to a customer, this has been fed back to officers and training given
- Additional training has been given to officers regarding communication over the telephone and how to manage calls effectively

Below are examples of positive changes that have resulted from learning following Stage Two complaints:

- The Enforcement team have reviewed the process for Penalty Charge Notice challenges and will now accept verbal representations in specific circumstances
- The Anti-social Behaviour team will make sure that Community Trigger-related correspondence provides details of any agreed actions from multi-agency meetings
- The Waste team have added details to their webpages advising that last entry to our Household Recycling Centres might be earlier than advertised due to COVID-19 compliance
- The Commissioning & Procurement team have introduced a new escalation process to ensure that delayed payments are progressed sooner
- Customer Contact Centre and Switchboard advisors have been reminded of call escalation and termination processes
- Family Connect have been reminded that calls should be handled in a professional and sensitive manner

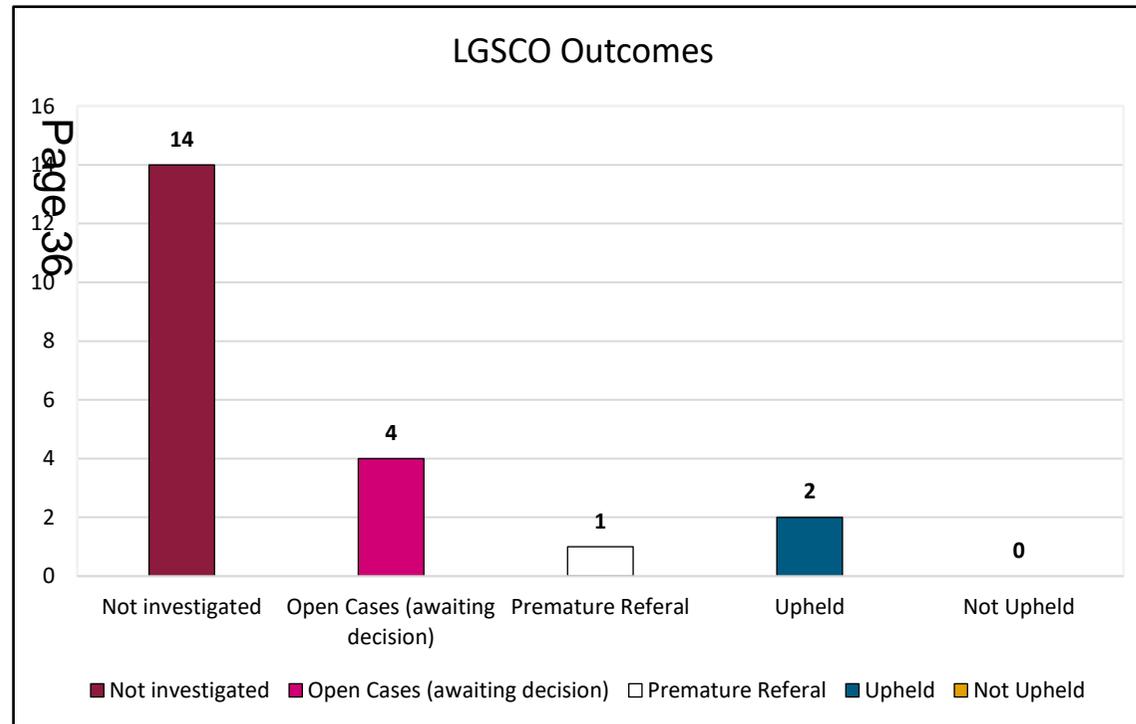


## Local Government & Social Care Ombudsman enquiries

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

During this period, 19 complaints were forwarded to the LGSCO.

**Chart 13: Corporate LGSCO outcomes**



Of the 19 corporate complaints, four remain open awaiting a decision. Two decisions were also received in 2020/21 in respect of complaints escalated in 2019/20.

There were two upheld corporate complaints in 2020/21, both of which followed complaints that were escalated in 2019/20.

Telford & Wrekin Council has taken learning from the upheld decisions, and 100% of recommendations made by the LGSCO have been completed by us.

More information regarding the Council's performance and LGSCO decisions can be found at: [www.lgo.org.uk/information-centre](http://www.lgo.org.uk/information-centre).



## Concluding comments

The data held in this report highlights that there has been a 6% increase in the formal customer feedback received in 2020/21. Although there has been an 11% reduction in the number of complaints received, the number of positive feedbacks has increased by 35%.

Whilst the number of complaints received is small in comparison to the number of transactions, each service has used the complaints they have received to inform ongoing service improvements.

The outcomes for this year are positive when considered against the backdrop of the national response to COVID-19 and the fact that officers were also undertaking other duties as a result. Our overall response timescales have increased slightly from 11 to 12 working days during the year. However, this remains within the timescales outlined in our Corporate Complaint Policy and was expected given the challenges faced.

In 2021/22, we must remain focussed on continuous learning from complaints, even in cases where the complaint is not upheld and no fault is found. In these instances, we need to consider if there is a point in the customer journey that could be improved in order to prevent repeat complaints in the future, for example via improved communication or access channels.

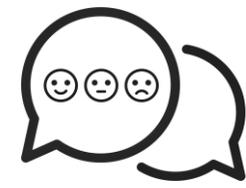
All complaints are an opportunity to learn and improve the service we provide.

Actions will be monitored going forward and services challenged to follow-up on learning opportunities from all complaints, including those that are not upheld. This is to ensure that positive changes continue to be made to customers' experience when they do business with the Council.

Feedback from our Customer Insight Programme has also added to the customer feedback received in 2020/21, and the programme will continue in 2021/22 to ensure that we are proactive in trying to prevent complaints and improve our customers' experience.

Real time instant insights will also be gathered via new QR code surveys located in many of our buildings, including our libraries, leisure centres, receptions, cafés and Register Office, and also from our Contact Centre satisfaction survey.

We will also continue to ask our customers to user-test new technologies and processes so that they remain involved in the development of our services.



## Oversight and support provided by Customer Relationship team

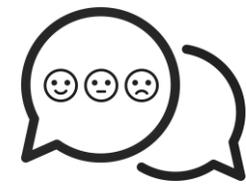
The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. To manage and support the Council's approach to customer intelligence, ensuring we effectively manage and learn from our interactions with customers
2. Provide support to services concerning all aspects of customer insight and obtaining feedback
3. Perform in-depth and snapshot reviews of our services, our key physical front doors and digital front door
4. Provide services with complaints advice and support, including support with persistent and unreasonable complainants
5. Provide reports on the quality of complaint responses and make recommendations for improvement
6. Act as a critical friend to challenge service practice
7. Provide advice on drafting comprehensive responses to complaint investigations
8. Continue to escalate overdue complaints to Directors

## Customer Relationship team priorities for 2021/22

During 2021/22, the Customer Relationship team will focus on a number of key priorities:

- Continue to roll out the Customer Insight Programme, Mystery Customer Snapshot Reviews and Mystery Customer Website Reviews, with the view to proactively reduce complaints further
- Perform a review of how we obtain customer feedback across the Council, mapping what feedback different services gather and ensuring that we obtain feedback from all demographics
- Drive an improvement in the percentage of complaints responded to within timescales from 82% to 90%
- Obtain approval for our reviewed and updated complaint policies
- Continue to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year
- Continue to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Work to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Develop a new customer service training package
- Organise Local Government & Social Care Ombudsman complaint training for managers



# Appendix A: Corporate Service Performance 2020/21

Greater detail has been provided for those services that received over 50 complaints during the year. A breakdown of the headline figures is available for all directorates on page 29.

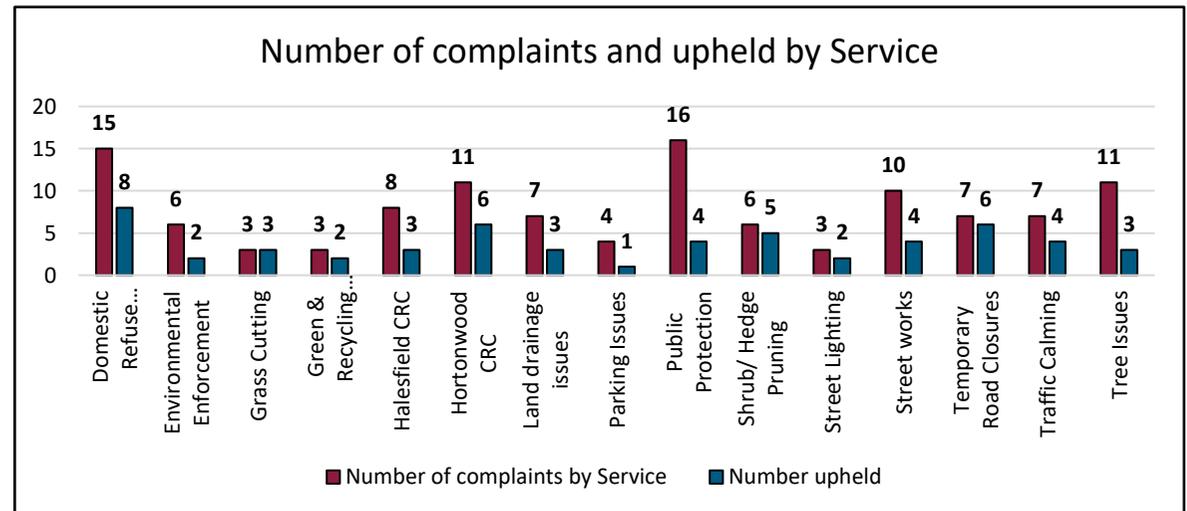
## Neighbourhood & Enforcement Services



The majority of Neighbourhood & Enforcement services are customer-focused frontline services that have millions of interactions with customers during the year. Our Waste Services team emptied approximately 10.2 million refuse bins across the borough in 2020/21. Furthermore, 99.94% of bin collections were completed on time. Our Neighbourhood Services team facilitated the emptying of 2,414 public litter bins in 2020/21, and over 10,600,000 square metres of ground was cleansed and maintained during the year.

The majority of complaints were received by Public Protection and Domestic Refuse Collections. The chart shows the number of complaints per service where three or more complaints were received.

**Chart 14: Number of complaints for Neighbourhood & Enforcement Services**





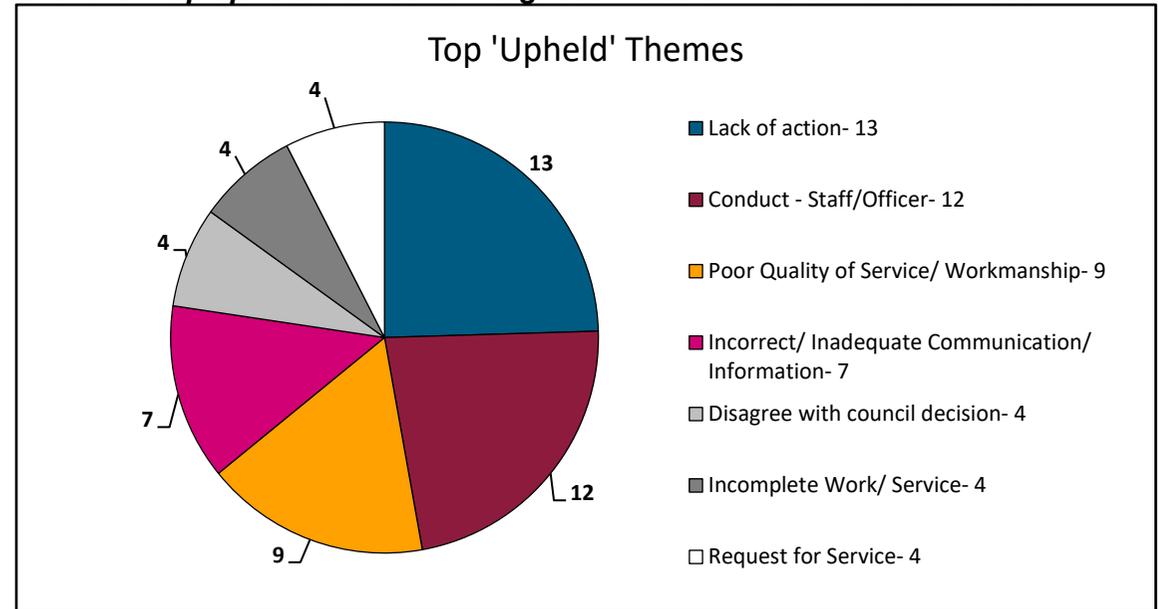
Public Protection received 16 complaints, four of which were upheld. Domestic Refuse Collections received 15 complaints, eight of which were upheld - this being due to a variety of issues, including whole-street and individually-missed collections. The number of complaints in this area has significantly decreased from the 31 complaints received in 2019/20, of which 25 were upheld.

Tree issues resulted in 11 complaints, three of which were upheld. Issues included no notification of works, disagreement with hedge removal and timescale to action not meeting customers' expectations.

Whilst 40% (62) of complaints were upheld, this is extremely low compared to the number of interactions that took place across this directorate.

It should be noted that 12 upheld complaints related to staff conduct or behaviour. 13 complaints that were upheld related to a lack of action. These complaints were against a number of services, including Public Protection, Street Lighting and land drainage. In situations where there is a delay in carrying out actions, customers should be updated and their expectations managed.

**Chart 15: Top upheld themes for Neighbourhood & Enforcement Services**

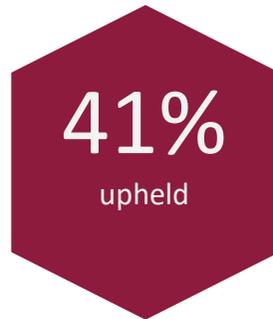


Below are details of the number of complaints and positive feedbacks received in respect of the main contractors for Neighbourhood & Enforcement Services. In 2020/21, the amount of positive feedback exceeded the number of complaints received for each contractor. All complaints are monitored as part of contract management.

Contractor	Complaints	Positive feedbacks
Veolia	35	75
Idverde	13	32
Balfour Beatty	3	5
Prysmian	0	3



## Communities, Customer & Commercial Services



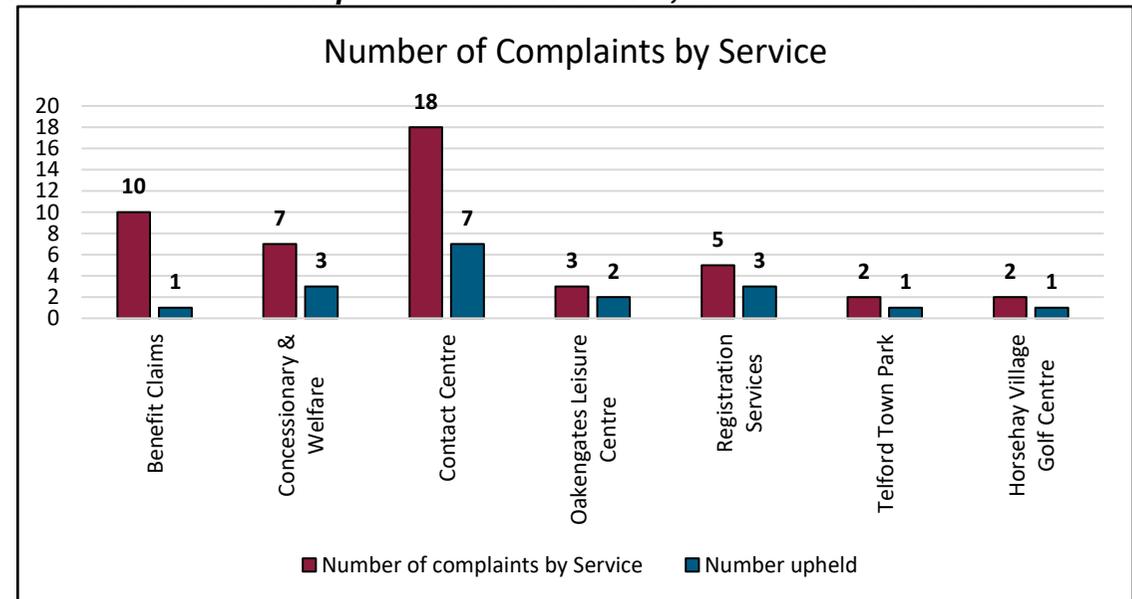
The chart to the right shows the number of complaints received by services where three or more complaints were lodged. The majority of complaints related to the Customer Contact Centre.

Visitors to our leisure centres decreased significantly during the year due to COVID restrictions and lockdowns. Many officers from Leisure Services were redeployed in response to the pandemic, while The Place@Oakengates Theatre became a testing centre.

The total number of customer contacts received and dealt with by our Contact Centre in 2020/21 was 228,251, which is fewer than the 278,194 handled in 2019/20 due to a reduction in enquiries about services caused by the pandemic.

Additional phone lines were also provided during the year, including a Community Support line to assist shielding residents access food parcels, prescriptions and other support.

**Chart 16: Number of complaints for Communities, Customer & Commercial Services**





Of the upheld complaints, the main service was the Customer Contact Centre (18), who had seven complaints upheld. This is a 4% reduction in upheld complaints compared to 2019/20 and also represents a 36% reduction in the number of complaints received since 2019/20. The seven upheld complaints related to staff conduct, quality of service, lack of action and disagreement with council decisions.

The Benefits Service received ten complaints, one of which was upheld, due to access to the service by phone and issues with automation on the line. The Concessionary & Welfare team received seven complaints, three of which were upheld. Two of these related to staff conduct and the other related to a delay in notifying a change. Training was identified for staff, and an explanation and apology provided.

The top 'upheld' themes for the directorate were as follows:

There were 26 upheld complaints, representing 41% of the total.

Six upheld complaints related to staff conduct/behaviour. In each case, Team Leaders have been working closely with the officers involved to prevent recurrences in the future.

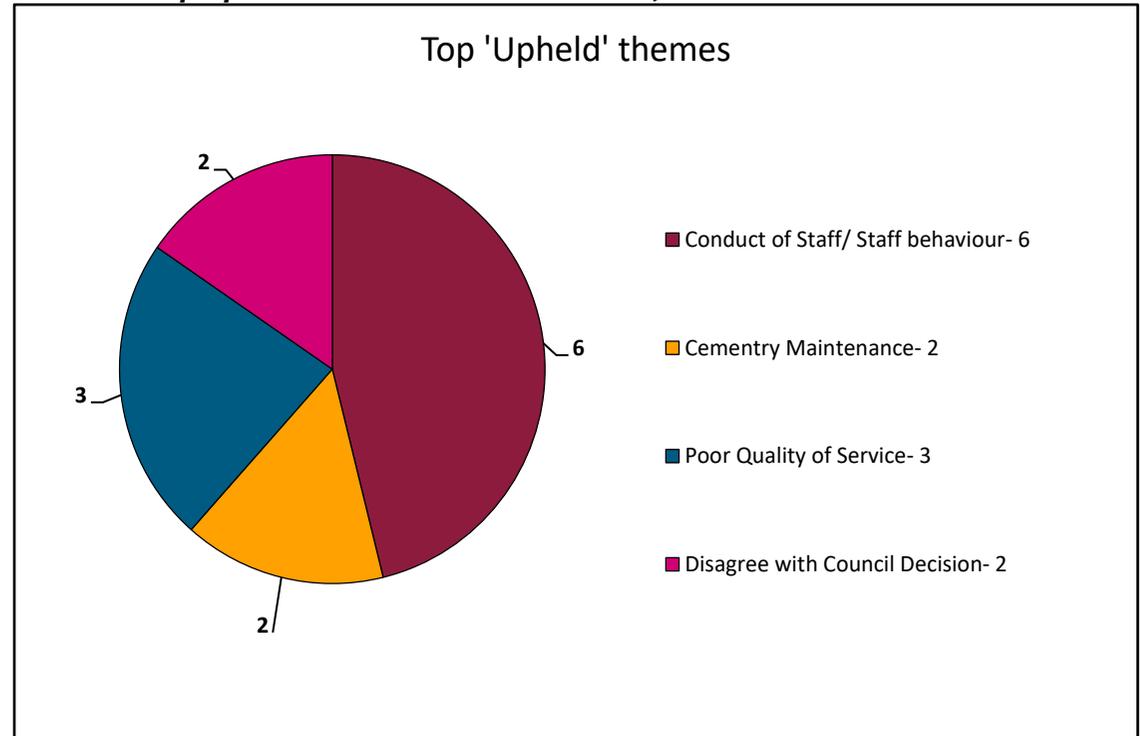
Two complaints related to cemetery maintenance where concerns were raised regarding flooding and the general condition of a cemetery. Action was taken to remedy these concerns.

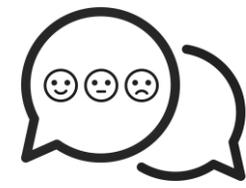
The instances recorded for poor quality of service vary, but this area included issues with a phone line connection, the level of information requested by an advisor and an overall experience of Horsehay Village Golf Centre.

Two upheld complaints related to a disagreement with a council decision, which included the choice of music for an event and a payment schedule not updated for a customer following a phone call.

Other themes that accounted for one upheld complaint each included COVID-19 Test & Trace sites, a delay in notifying a change, a lack of action, a lack of consultation and a webpage not working.

**Chart 17: Top upheld themes for Communities, Customer & Commercial Services**





**Chart 18: Headline figures for all directorates**

Directorate	Complaints	Percentage upheld	Average number of working days to respond	Percentage of responses within 15 working days	Positive feedbacks
Neighbourhood & Enforcement Services	155	40%	12	87%	138
Communities, Customer & Commercial Services	57	41%	11	89%	46
Cross-portfolio	43	58%	12	88%	29
Children Safeguarding & Family Support	41	34%	19	41%	32
Finance & Human Resources	39	41%	10	95%	56
Prosperity & Investment	36	33%	14	72%	17
Housing, Employment & Infrastructure	25	32%	9	84%	2
Education & Skills	10	50%	15	60%	4
Adult Social Care	8	67%	24	44%	50
Health & Wellbeing	7	57%	10	100%	18
Policy & Governance	3	67%	10	67%	0
Corporate Communications	0	N/A	N/A	N/A	0

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# Telford & Wrekin Council Adult Statutory Complaints Report

Improving our Customer Experience  
Annual Report 2020/21

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# Purpose of the report

To report statistical information to Members and Officers detailing Telford and Wrekin Council's Adult Social Care complaints and compliments activities from 1 April 2020 to 31 March 2021

To provide an open resource to anyone who wishes to scrutinise local services

To outline the key developments and planned improvements to the complaints processes operated by the Council

To consider how the learning from complaints and compliments can be used to improve the overall customer experience

## Introduction

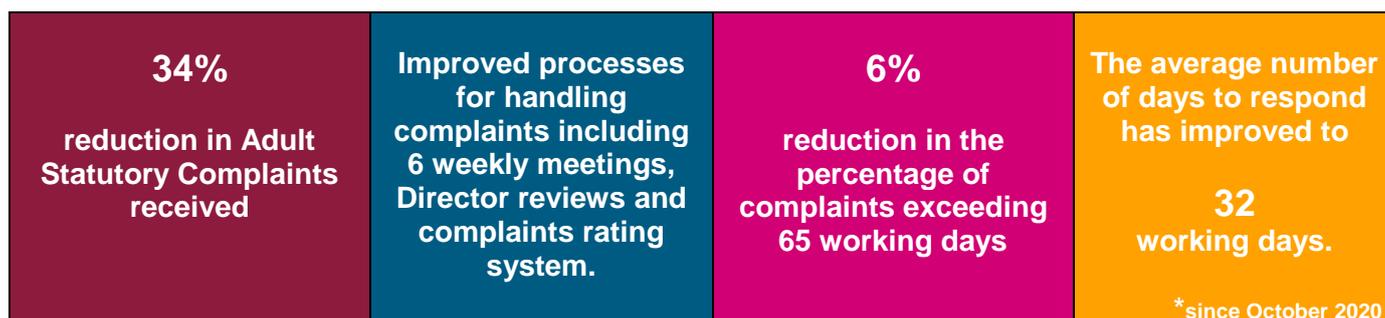
This is the Complaints Manager's Annual Report for Adult Social Care. It is a statutory requirement to prepare an Annual Report each year concerning the complaints activity within Adult Social Care that can be made available to anyone on request. This must:

1. Specify the number of complaints received
2. Specify the number of complaints upheld
3. Specify the number of complaints that we have been informed have been referred to the Local Government & Social Care Ombudsman
4. Summarise:
  - a. The subject matter of the complaints received
  - b. Any matters of general importance arising out of these complaints, or the way in which these complaints were handled
  - c. Any matter where action has been, or is to be, taken to improve services as a consequence of these complaints

This report provides information about complaints made between 1 April 2020 and 31 March 2021 under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

### Highlights for 2020/21

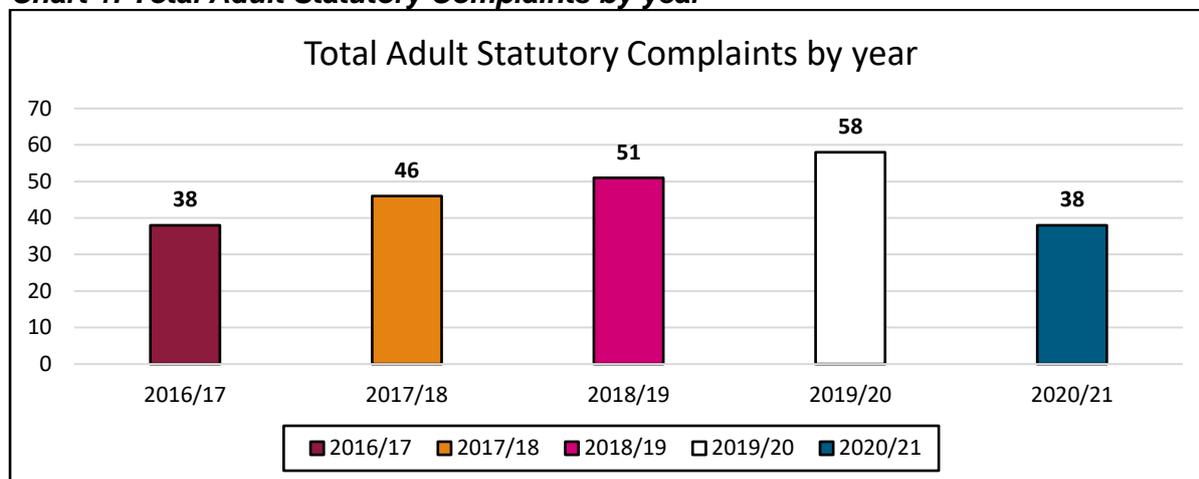
In 2020/21, there were 5,446 adults supported by the Council. Out of those, 2,360 received a Long Term service (a service that was expected to continue and not be time-limited or low level). There were 7,094 new contacts in 2020/21 for 4,362 different people. This includes 1,614 contacts for people being discharged from hospital. As well as this, there were a further 143 reviews for people leaving hospital who were already being supported by the Council before going into hospital, and were then discharged back to council services.



# Adult Statutory Complaints received in 2020/21

We received 38 Adult Statutory Complaints between 1 April 2020 and 31 March 2021. The chart below compares the number of statutory complaints we've received over the past five years.

**Chart 1: Total Adult Statutory Complaints by year**



There has been a significant decrease in the number of complaints received in 2020/21.

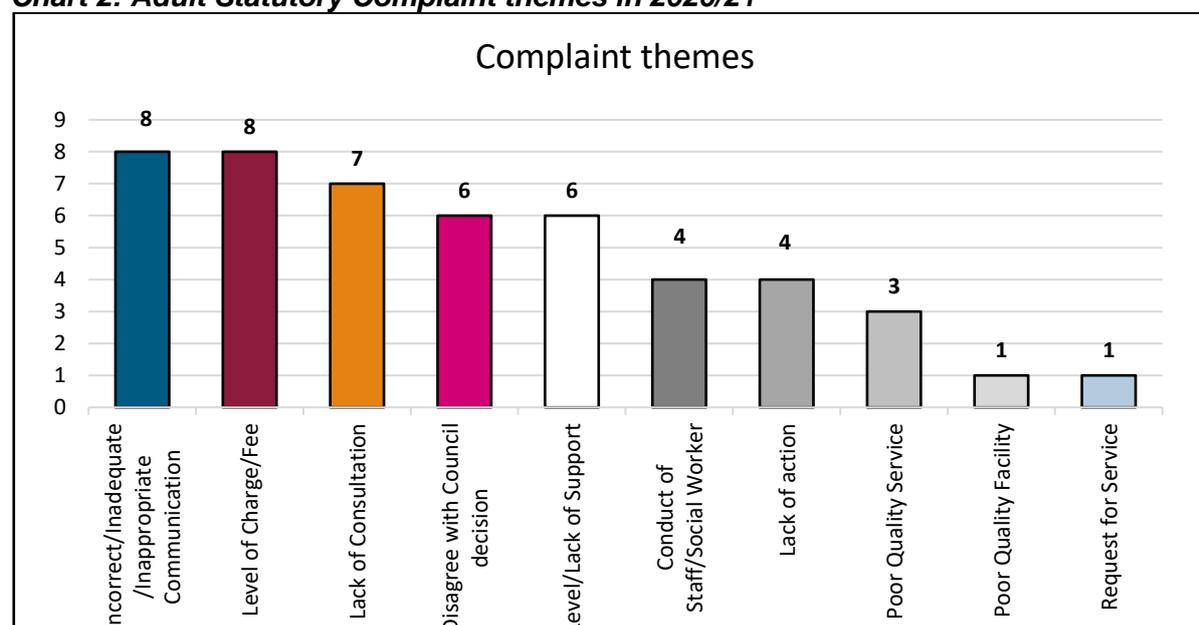
## Customer access channels and digital contact

Complaint channel	Number of complaints
Email / webform	22
Telephone	10
Letter	6
<b>Total</b>	<b>38</b>

In 2020/21, 58% of Adult Statutory Complaints were received via a digital access channel, including via our online complaints webform and by email.

## Complaint themes

**Chart 2: Adult Statutory Complaint themes in 2020/21**

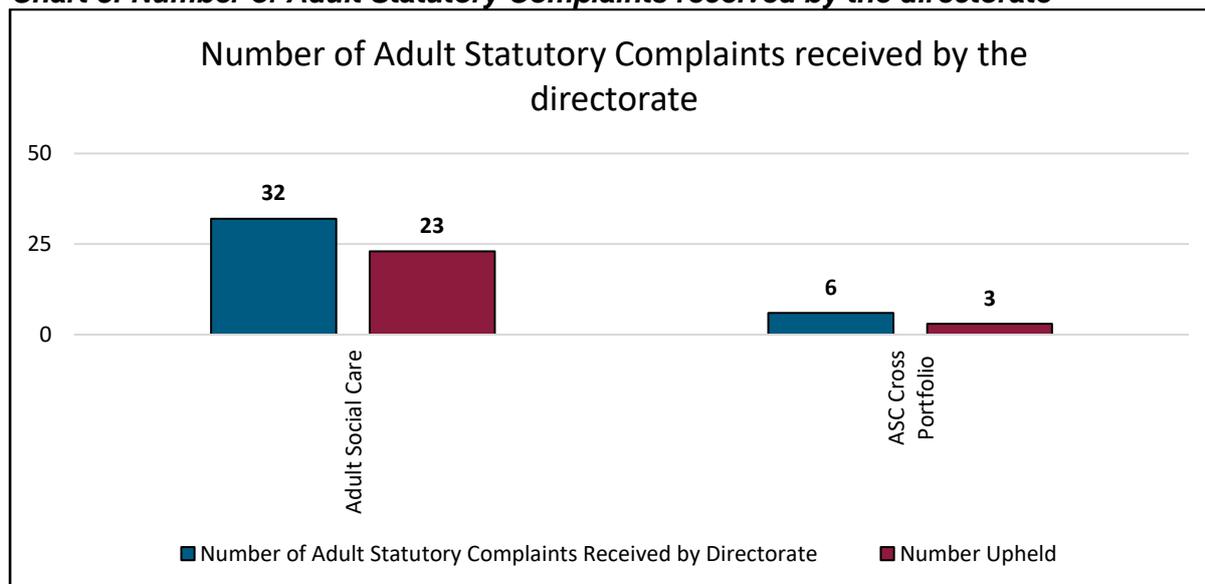


Most of these themes are self-explanatory and give a clear idea about the aspects of our work that received complaints.

### Complaints received by the directorate

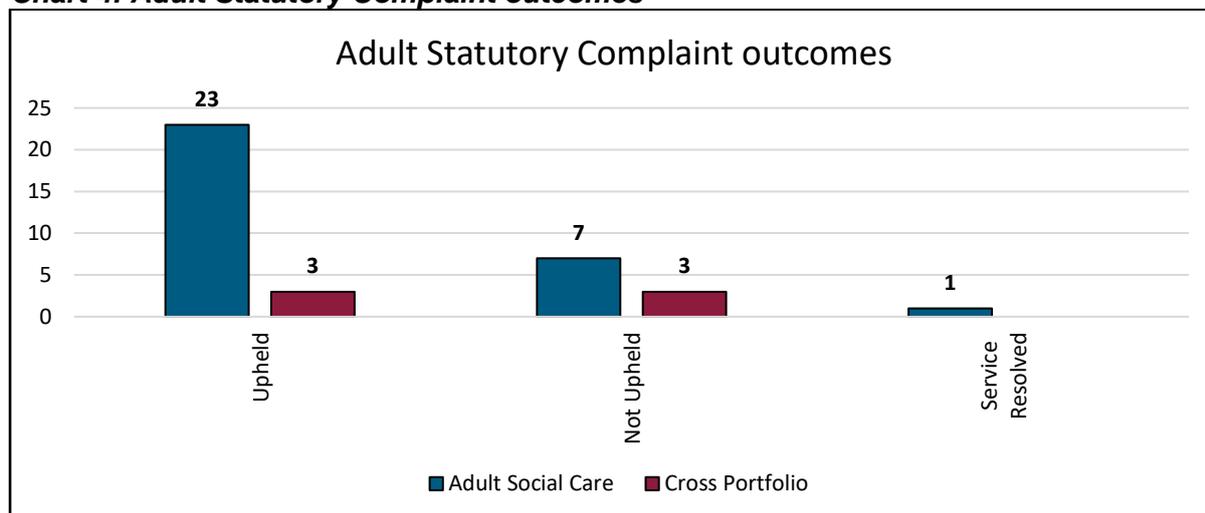
Of the 38 complaints received, all have been responded to. Below is a chart of the statutory complaints received by each portfolio against the number upheld. Some of the complaints were cross-cutting and it was felt appropriate for these to follow the Adult Statutory Complaints procedure. One complaint required a multi-agency investigation with the Clinical Commissioning Group (CCG).

**Chart 3: Number of Adult Statutory Complaints received by the directorate**



The chart below shows the outcomes of all of these complaints.

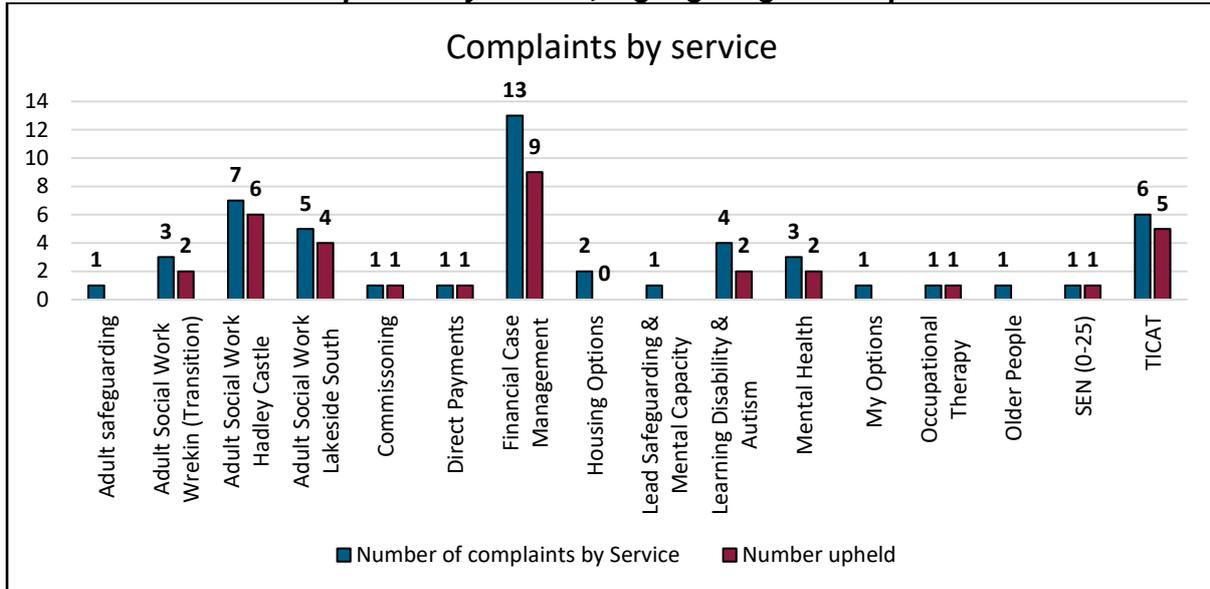
**Chart 4: Adult Statutory Complaint outcomes**



Of the 38 complaints, 69% (26) were upheld, 34% (11) were not upheld and 3% (1) were dealt with via another method.

The chart below includes the number of complaints received by each service. Please note that the number of complaints detailed below is higher than the overall total because certain complaints had multiple issues raised against different teams. This chart seeks to show all the services against which issues were raised.

**Chart 5: Number of complaints by service, highlighting those upheld**



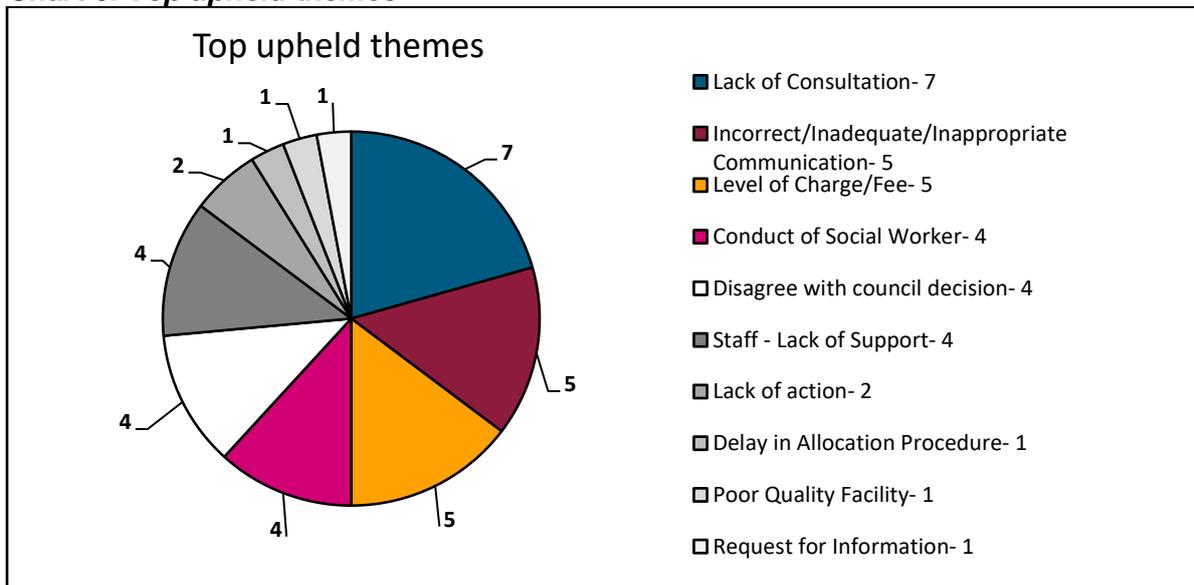
There were 15 complaints that included issues regarding the three social work locality teams, and 12 of these were upheld (80%). There were 13 complaints that included issues raised regarding the Financial Case Management team, and nine of these were upheld (69%). These complaints were due to various issues, including delays in assessment, invoicing, errors in calculations, delays in responding and the provision of funding.

Six complaints involved issues related to Telford Integrated Community Assessment Team (TICAT), five of which were upheld (83%). Issues included lack of consultation, inadequate communication and the poor quality of a nursing home.

## Themes of upheld complaints

Of the 26 upheld complaints, the top themes raised were as detailed in the chart below.

**Chart 6: Top upheld themes**



The above categories are self-explanatory and give a clear indication of the overall areas of our service or aspects of our work that had the most upheld complaints. This indicates that 27% of upheld complaints related to a lack of consultation. These concerns were linked to a lack of notification of care charges, care required, care planning and a lack of respite.

13% of the upheld complaints related to communication, including not keeping customers updated and customers not being able to make contact with social workers.

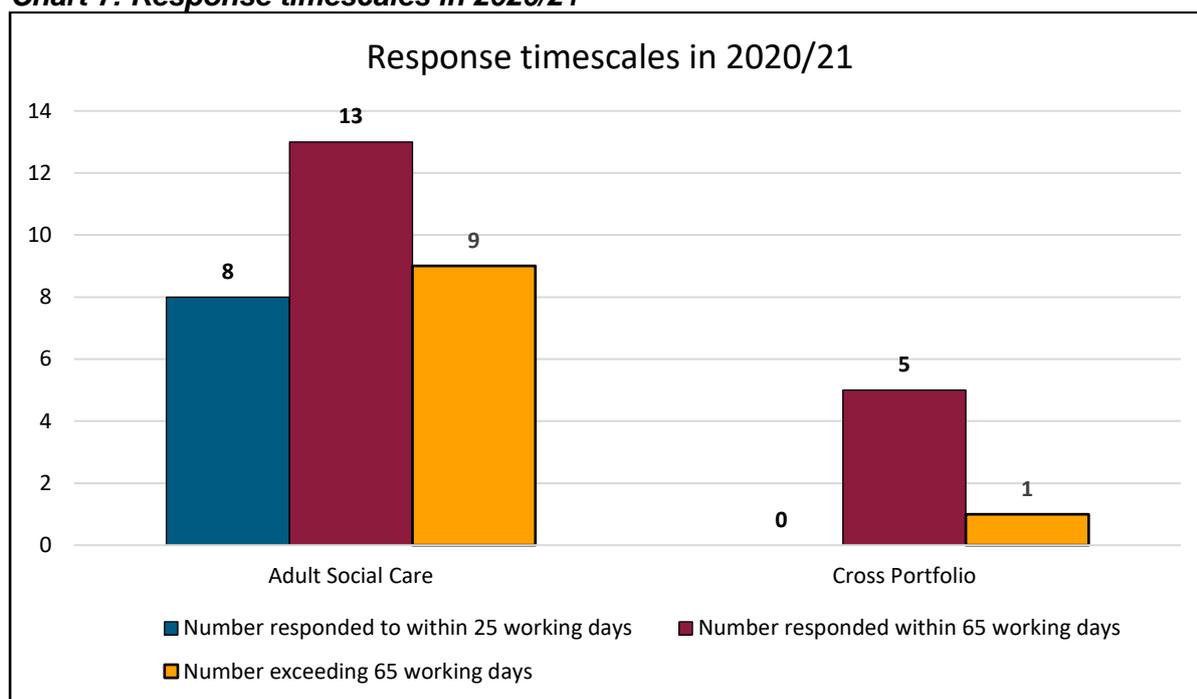
13% of the upheld complaints related to the level of fees and charges associated with Financial Case Management invoicing, and errors in calculations.

Individual management reports are shared with service managers on a regular basis, which allows for greater analysis and interpretation of the data.

## Timescales for responses

In 2020/21, the average number of working days to respond to an Adult Statutory Complaint across all portfolios was 53. This is an increase in the average response time from 51 days in 2019/20 but still an improvement on the 56 days achieved in 2018/19. For a breakdown, see the chart below.

**Chart 7: Response timescales in 2020/21**



Of the 38 complaints received, all have been responded to. Eight of the 38 responses were sent within the initial 25 working day timescale, 20 were sent within the extended timescale of 65 working days and ten exceeded the 65 working day timescale. This represents 26% of responses and indicates an improvement on the 32% achieved in 2019/20.

Two complaints (5%) received in 2020/21 exceeded the six month timescale. Both cases were formally reviewed and escalated to the relevant Service Delivery Manager and Director. Whilst the number of days to respond to Adult Statutory Complaints has increased and some complaints have exceeded 6 months (5%), the Council is pleased that the average number of days to respond to complaints has remained below our local target of 65 working days.

**Please note:** As an authority, we should be ensuring that we meet the statutory requirements and timescales set out in our policy. However, it must be noted that 2020 was an unprecedented year, during which the Council had, and continues today, to respond to the COVID-19 pandemic. This has had an impact on our ability to respond to complaints within timescales, as officers have sometimes been assigned to alternative roles and duties. The pandemic also presented challenges which completing investigations with other organisations such as the CCG. During this time, complainants were constantly updated regarding the progress of their complaints and when a response would be available.

Since November 2020 new procedures have been put in place to improve timescales for Adult Statutory Complaints. Complaints are now rated based on timescales and copied to the Director, the Director is also copied into progress chases. 6 weekly meetings are now also taking place with Directors to review all outstanding cases and learning.

Timescales have improved significantly since 1 October 2020, and from this date, the average number of working days to respond reduced to 32 for the remainder of the year.

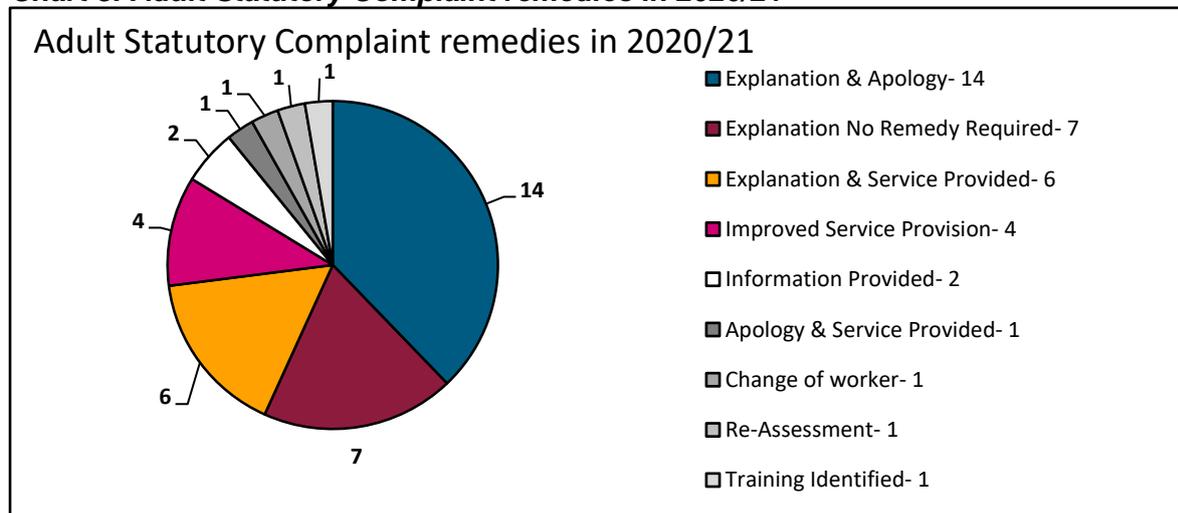
## Learning from Adult Statutory Complaints

Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found but the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they see the “bigger picture” so that that residents receive the best possible service from the Council. The Customer Relationship team will continue to provide daily advice and support to managers around complaints management and resolution, and with responding to representations. Learning is also shared and progressed as part of the Adult Social Care Quality Assurance Framework.

**Chart 8: Adult Statutory Complaint remedies in 2020/21**



Of the remedies recorded against Adult Statutory Complaints in 2020/21:

- 37% were to provide an explanation and apology
- 16% were to provide an explanation and no remedy was required
- 16% were to improve service provision

### **Positive improvements**

Below are examples of positive changes within Adult Social Care, some of which have resulted from learning from complaints and customer feedback:

- The Financial Case Management team has been moved into Adult Social Care, including improved processes and timescales for financial assessments
- A reduction in transferals between teams
- Dedicated brokers for care and support
- There is now a specialist commissioning framework for providers to autistic people, Mental Health services and Learning Disability services
- Recognised the positive impact of the Specialist Autism and Learning Disability team on practice
- There is now a named worker who supports the individual, family/ carer throughout an intervention.
- Hospital discharges are now supported at weekends
- Family Connect requests for unscheduled reviews are more robust
- A Specialist Housing Strategy for accessible housing for people with disabilities has been developed
- Family Connect are now ensuring that callers are updating their requests for support when there is a change in circumstances
- The development of accessible information for Mental Health services
- Direct Payment Officers have been appointed

Learning was also shared with our Making It Real Board in October 2020 and is a regular agenda item for them, as co-production has a key contribution to make to the continual development of Adult Social Care delivery.

During 2021/22, we will continue to learn from complaints to ensure that continuous service improvement takes place.

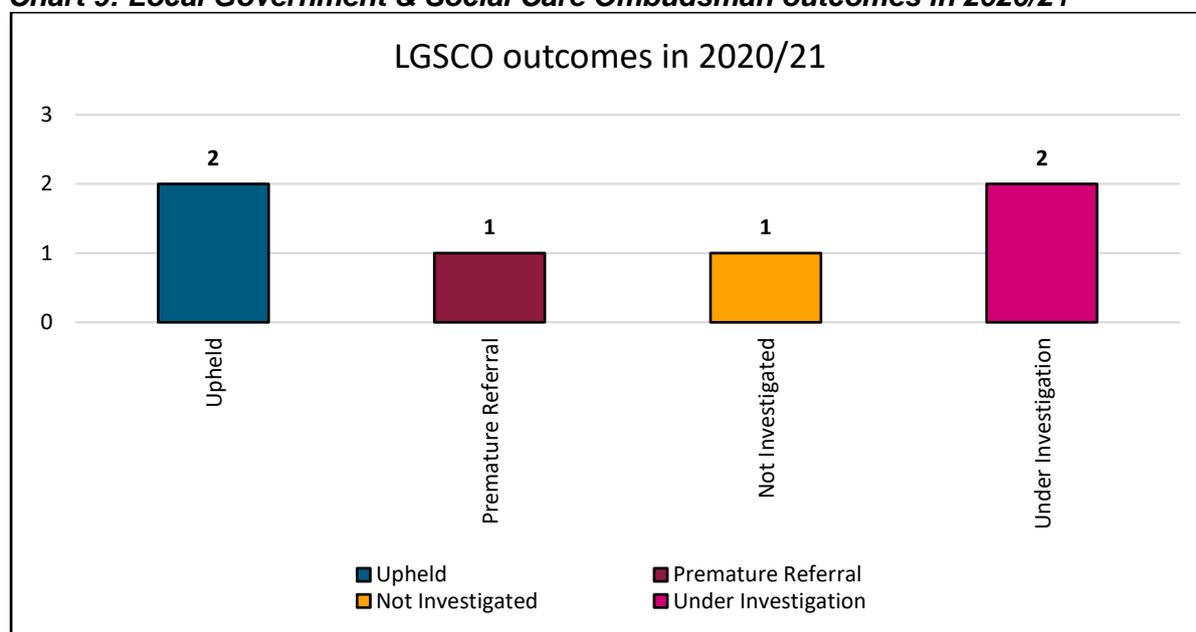
# Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

Three Adult Statutory Complaint cases remained outstanding with the LGSCO on 31 March 2020. Decisions on these cases were received in 2020/21.

Three complaints were escalated to the LGSCO in 2020/21. Two were still under investigation on 31 March 2021.

**Chart 9: Local Government & Social Care Ombudsman outcomes in 2020/21**



The Council fully complied with the recommendations made by the LGSCO, and learning was taken forward to improve practices in relation to the complaint process, policy documentation, delays and communication.

## Concluding comments

This Annual Report shows that the number of Adult Statutory Complaints we received in 2020/21 decreased from the previous year. Our services continue to result in a low number of complaints at a time when there have been major reductions in government funding for local authority service provision. Despite this financial backdrop, the Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

Response times have inevitably been affected by the pandemic in 2020/21, when many councils moved staff to other duties in order to respond to it. Whilst timescales did increase during the period, despite this backdrop, there has not been a significant impact - with complaints only taking, on average, two days longer to respond to.

The number of statutory complaints upheld was high in comparison to the total number received (at 68.57%). However, the Council acknowledges that the services it provides must continually evolve by us acknowledging and learning from our customers' experiences of them and actively identifying improvements.

### **Complaint handling recommendations**

- When completing a complaint investigation and response, services should assess whether any element of the customer journey could have been improved, even if this does not form part of the complaint. i.e. Could improved communication have prevented the customer's concerns being escalated to a formal complaint?
- Services should continue to respond in accordance with both statutory policy and our local policy so that customers get a resolution as swiftly as possible and are contacted at an early stage to discuss their concerns. When an amended response date has been provided, this must be honoured and not further extended.
- Services should continue to ensure that they are prioritising complaints and responding within the stated timescales. If there are unforeseen delays, the Customer Relationship team should be notified immediately so that we can notify the customer and advise them of the date they should expect their response and the reason for the delay.
- The legislation allows for a complaint not to be registered as such if it is resolved within 24 hours of receipt. This should be used as an opportunity to resolve the concerns of customers as swiftly as possible and involve them in the resolution of the matter – so as to reduce the number of complaints needing to be filed going forward.
- When responding to a complaint, all of its points should be addressed so that the customer receives a full response and, as a council, we get it right first time. Resources are available to assist officers when investigating and responding to complaints. The Customer Relationship team quality checks responses, and often makes comments and suggested amendments. The role of the Customer Relationship team is to ensure that complaints progress and complaint standards are adhered to. This is reflected in the advice they provide.
- The Customer Relationship team will also continue to escalate complaints that have exceeded timescales to their appropriate Director.
- Meetings every six weeks with Directors will continue to ensure that complaints are being handled appropriately and learning identified.
- The list of complaints outstanding which can be accessed by Directors and their Service Delivery Managers, should continue - as this is having a positive impact on timescales.
- The Council's Adult Statutory Complaint Policy has been reviewed and will be approved in 2021/22. The Customer Relationship team will continue to work with senior leadership teams to effectively utilise complaints intelligence to support positive improvements in service delivery.

# Oversight and support provided by the Customer Relationship team

The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. Complaints advice and support
2. Quality assurance of statutory complaint responses
3. Act as a critical friend to challenge service practice
4. Support with persistent and unreasonable complainants
5. Assistance in drafting comprehensive responses to complaint investigations
6. Continue to escalate overdue complaints to Directors

## Customer Relationship team priorities for 2021/22

During 2020/21, the Customer Relationship team will focus on a number of key priorities:

- Obtaining approval for the updated Adult Statutory Complaint Policy
- Helping to improve the Council's record of timely complaint responses
- Continuing to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Providing complaint data to senior management on a monthly basis, as part of corporate monitoring
- Working to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Continuing to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year

# Appendix

## Legislation

Section 5 of the Regulations (2009) requires local authorities to consider complaints made by anyone who:

- Is receiving, or has received, services from the Council
- Is affected, or is likely to be affected, by the action, omission or decision of the Council

A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for someone.

The 2009 regulations set a benchmark for all complaints to be investigated within six months. If the investigation is going to exceed this timescale, the local authority should write to the complainant to advise them of this and explain the reasons why.

The Corporate complaints process is used for anyone else who makes a complaint.

## What is a complaint?

A complaint is generally defined as an expression of dissatisfaction or disquiet about actions, decisions or apparent failings of a local authority's Adult Social Care provision that requires a response. We will always try to resolve problems or concerns before they escalate into complaints. If it is possible to resolve a matter immediately (or within 24 hours), there may be no need to engage in the formal complaints process.

The purpose of a complaints process is to resolve concerns raised by service users and their representatives, to deliver outcomes that are appropriate and proportionate to the seriousness of the issues, and to ensure that changes are made in response to any failings that are identified.

To achieve this, the approach to handling complaints must incorporate the following elements:

- Engagement with the complainant or representative throughout the process
- Agreement with them about how the complaint will be handled
- A planned, risk-based and transparent approach
- Commitment to prompt and focussed action to achieve the desired outcome
- Commitment to improvement and the incorporation of learning from all complaints

A complaint must be made no later than 12 months after:

- The date on which the matter that is the subject of the complaint occurred, or
- If later, the date on which the matter that is the subject of the complaint came to the notice of the complainant

The time limit will not apply if the Complaints Manager is satisfied that:

- The complainant had good reasons for not making the complaint within the time limit, and
- Notwithstanding the delay, it is possible to investigate the complaint effectively and fairly

## Who can make a complaint?

A complaint may be made by a relative, carer or someone who is acting on behalf of a person who has died, or is unable to make the complaint themselves because of:

- Physical incapacity, or
- Lack of capacity within the meaning of the Mental Capacity Act 2005, or
- Has requested that the representative act on their behalf

Complaints may be received through a variety of media (phone, letter, email, feedback form, personal visit, etc.) and at various points within the Council (to staff members, via respective web addresses, direct to the Customer Relationship team, etc.).

## The Adult Statutory Complaints procedure of Telford and Wrekin Council

When a complaint is first received, the Customer Relationship team will carry out an initial assessment of it to determine its issues, severity and potential impact, and to identify any other organisations that maybe involved.

When someone contacts the Customer Relationship team to make a complaint, they will acknowledge it within three working days. They will also offer a meeting to the complainant to discuss the matter and establish their desired outcome. Agreement is sought on the following points:

- The detailed account of the complaint
- The complainant's view of the impact it has had on them
- Specific reference to any aspect that requires immediate action within the adult safeguarding/protection procedures
- Details of the outcome(s) that will resolve the matter from the complainant's perspective
- Whether the subject of the complaint could relate, entirely or partly, to another body (e.g. an NHS body or an independent care provider) and therefore a joint approach may be needed
- How the complaint will be investigated and by whom
- How long it should reasonably take to investigate the matter and provide the complainant with the Council's formal response
- How often, and by what means, the complainant will be updated on the progress of the investigation
- Whether an advocacy, translation or other support service is required
- Whether the involvement of an impartial mediator might contribute to a satisfactory resolution of the complaint

We aim to respond to all Adult Statutory Complaints within 25 working days. However, because of the nature and complexity of some issues, it may take longer, and complainants will be informed if this is the case. Timescales may be extended to a maximum of 65 working days in such cases.

When the investigation is complete, the appropriate manager will write a letter explaining what they have found and what they will do to put things right.

If the complainant is not happy with the final decision or how we have dealt with their complaint, they can refer the matter to the Local Government & Social Care Ombudsman (LGSCO).

# Telford & Wrekin Council Children's Statutory Complaints Report

Improving our Customer Experience  
Annual Report 2020/21

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# Purpose of the report

To report statistical information to Members and Officers detailing Telford and Wrekin Council's Children's Social Care complaints and compliments activities from 1 April 2020 to 31 March 2021

To provide an open resource to anyone who wishes to scrutinise local services

To outline the key developments and planned improvements to the complaints processes operated by the Council

To consider how the learning from complaints and compliments can be used to improve the overall customer experience

## Introduction

This Annual Report covers all complaints made about Children's Social Care that were received by the Customer Relationship team and dealt with under the statutory complaints procedure during the period 1 April 2020 to 31 March 2021.

The 2006 Social Care complaints guidance 'Getting the Best from Complaints' (Department for Education and Skills (DFES), 2006) requires that an Annual Report be arranged by a local authority's Complaints Manager to provide a mechanism by which it can be kept informed about the operation of its complaints procedure. The report should be presented to staff, the relevant local authority committee, and be made available to both the regulator and general public. It should provide details about:

1. Representations made to the Council
2. The number of complaints at each stage
3. The types of complaints made
4. The outcome of the complaints
5. Compliance with timescales, and detail complaints resolved within extended, agreed timescales
6. Complaints that were considered by the Local Government & Social Care Ombudsman
7. A review of the effectiveness of the complaints procedure
8. Learning and service improvements, including changes to services that have been implemented and details of any that have not

Please see the Appendix for details of the legislation and procedure.

### Highlights for 2020/21

Children's Social Services recorded 11,044 contacts in 2020/21, with approximately 5,688 children and young people being the subject of contacts (multiple contacts were received for some children and young people). Family Connect recorded 9,621 completed contacts in 2020/21.

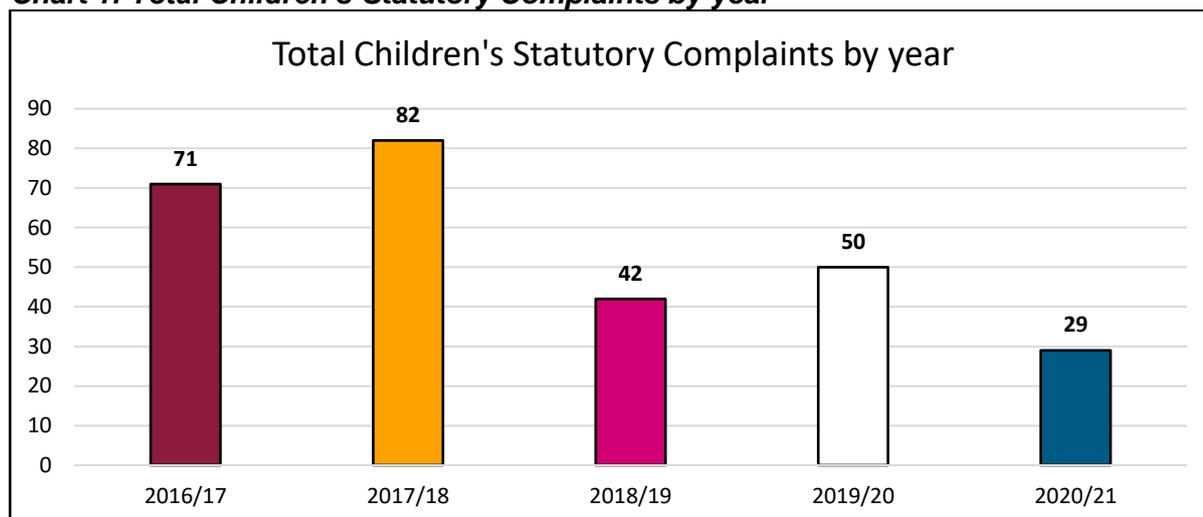
<b>The lowest number of Children's Statutory Complaints received for the last <b>SIX</b> years</b>	<b>Improved processes for handling complaints, including six-weekly meetings, Director reviews and complaint training for all managers</b>	<b>100% of responses issued within <b>20</b> working days*</b> <small>*since November 2020</small>	<b>The average number of days to respond to complaints has improved to <b>17</b>*</b> <small>*since November 2020</small>
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# Children's Statutory Complaints received in 2020/21

We received 29 Children's Statutory Complaints between 1 April 2020 and 31 March 2021. The number of complaints received in 2020/21 decreased by 42% compared to 2019/20.

The period saw the lowest number of Children's Statutory Complaints received over the past five years. The chart below shows a comparison of the number of statutory complaints over the past five years.

**Chart 1: Total Children's Statutory Complaints by year**



The 29 complaints were all dealt with at Stage One, with only seven progressing to an independent Stage Two investigation. Three complaints remain outstanding.

Stage	Number of complaints
One	29
Two	4
Three	0
<b>Total</b>	<b>33</b>

Of the 29 Stage One complaints received, 28 were completed during the period. Four Stage Two complaints were received and independently investigated, one of which is still in progress. No Stage Three Panels were completed in 2020/21.

## Contact types

Children's Statutory Complaints were received from the following in 2020/21:

Complainant	Number of complaints
Parent/carer	17
Child/young person	7
Foster carer	1
Other family member	2
Advocate/representative	2
<b>Total</b>	<b>29</b>

Seven complaints were received directly from children and young people in 2020/21. This represents 24% of the total complaints and an increase on the 10% achieved in 2019/20.

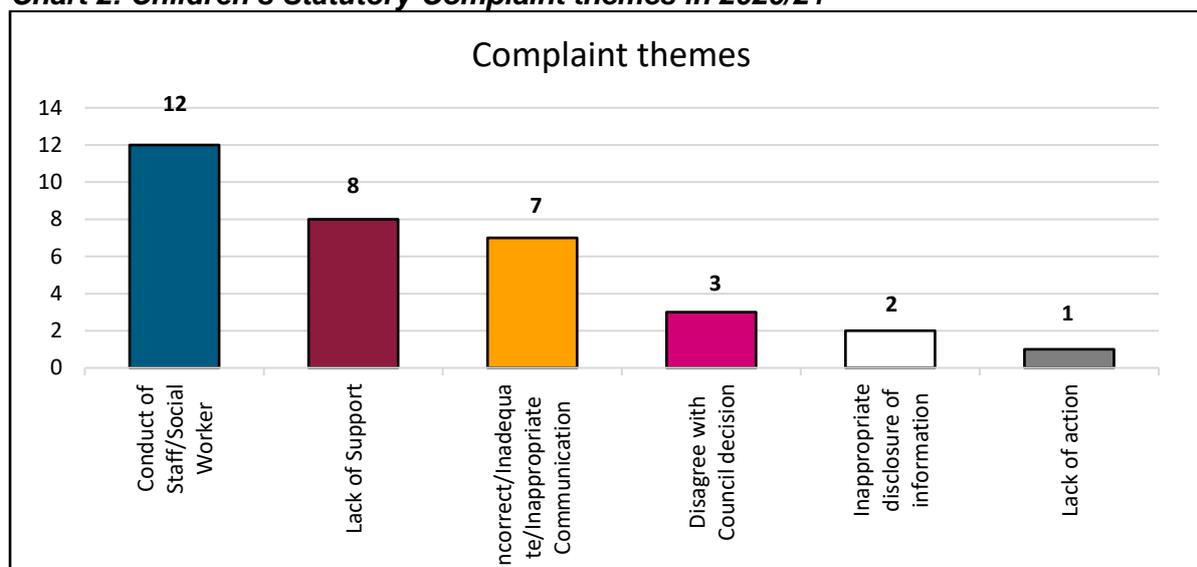
## Customer access channels and digital contact

Complainant channel	Number of complaints
Email	14
Webform	7
Telephone	5
Letter	3
<b>Total</b>	<b>29</b>

In 2020/21, 72% of Children's Statutory Complaints were received via a digital access channel, including via our online complaints webform and by email directly to the Customer Relationship team.

## Complaint themes

**Chart 2: Children's Statutory Complaint themes in 2020/21**

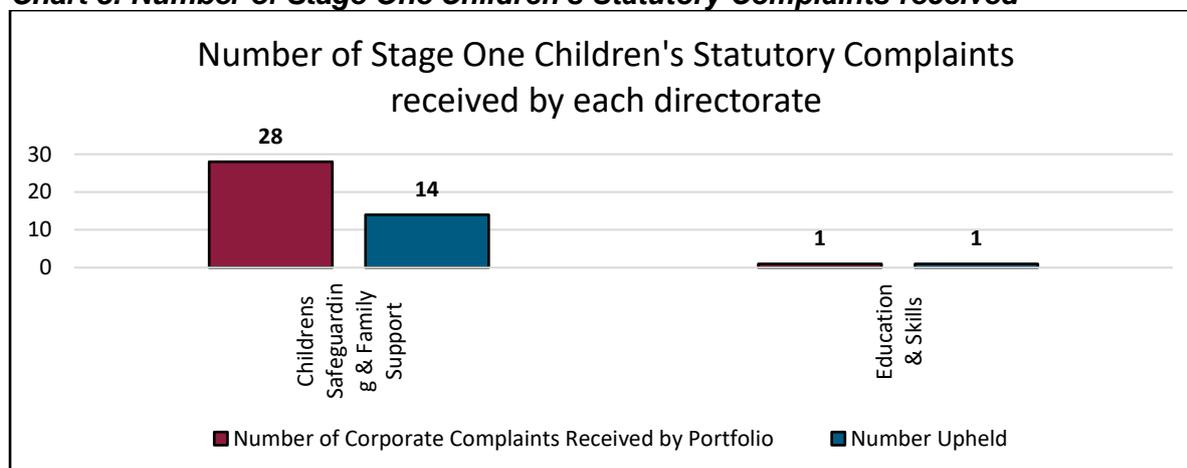


Most of the themes are self-explanatory and give a clear idea about the aspects of our work that received complaints.

## Complaints received by directorate

The chart below details the statutory complaints received by each directorate against the number subsequently upheld.

**Chart 3: Number of Stage One Children's Statutory Complaints received**

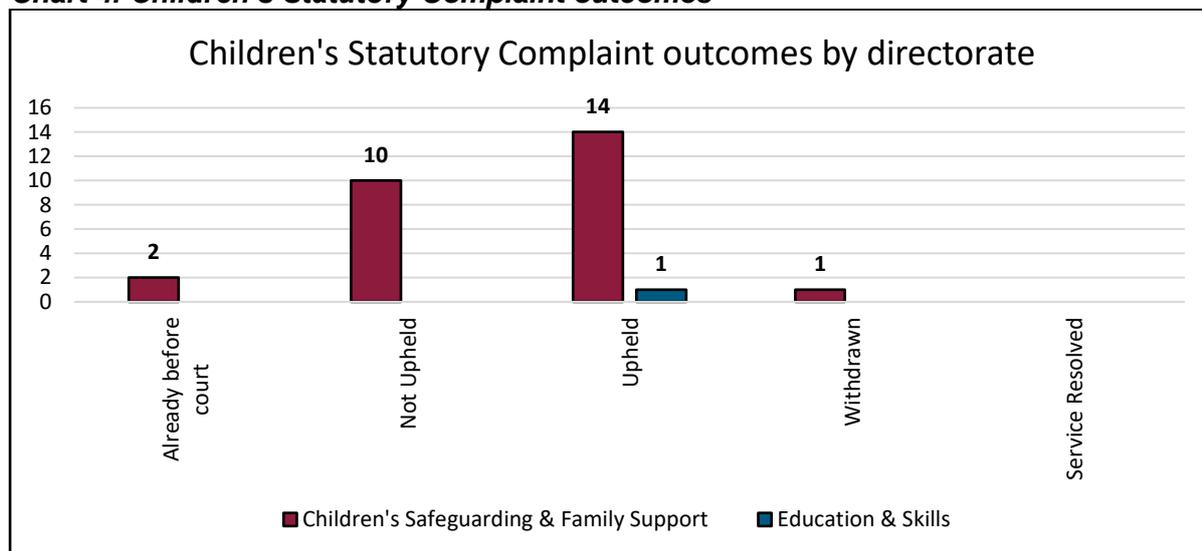


The number of upheld complaints against number received for Children’s Safeguarding & Family Support was 50%. Education & Skills saw 100% upheld; however, this directorate only received one complaint in 2020/21.

Of the Children’s Statutory Complaints received, 15 were upheld, ten were not upheld, one was withdrawn and two were not dealt with as complaints as they were already before the court. One was referred to the Joint Adoption Service.

The chart below shows the outcomes and a breakdown by directorate of all complaints for Children’s Social Care.

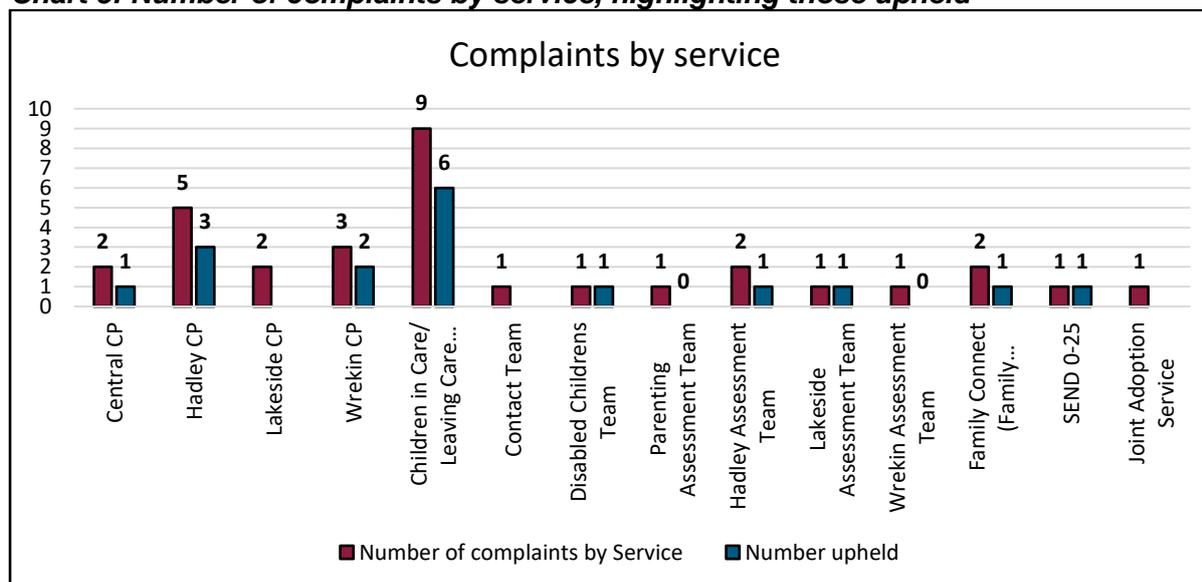
**Chart 4: Children’s Statutory Complaint outcomes**



Of the 29 complaints completed, 51% (15) were upheld, 34% (24) were not upheld and 10% (3) were dealt with via another method.

The chart below includes the number of complaints received by each service. Please note that the number of complaints detailed below is higher than the overall total because certain complaints had multiple issues raised with different teams. This chart seeks to show all the services against which issues were raised, meaning that an individual complaint may be counted multiple times within it.

**Chart 5: Number of complaints by service, highlighting those upheld**



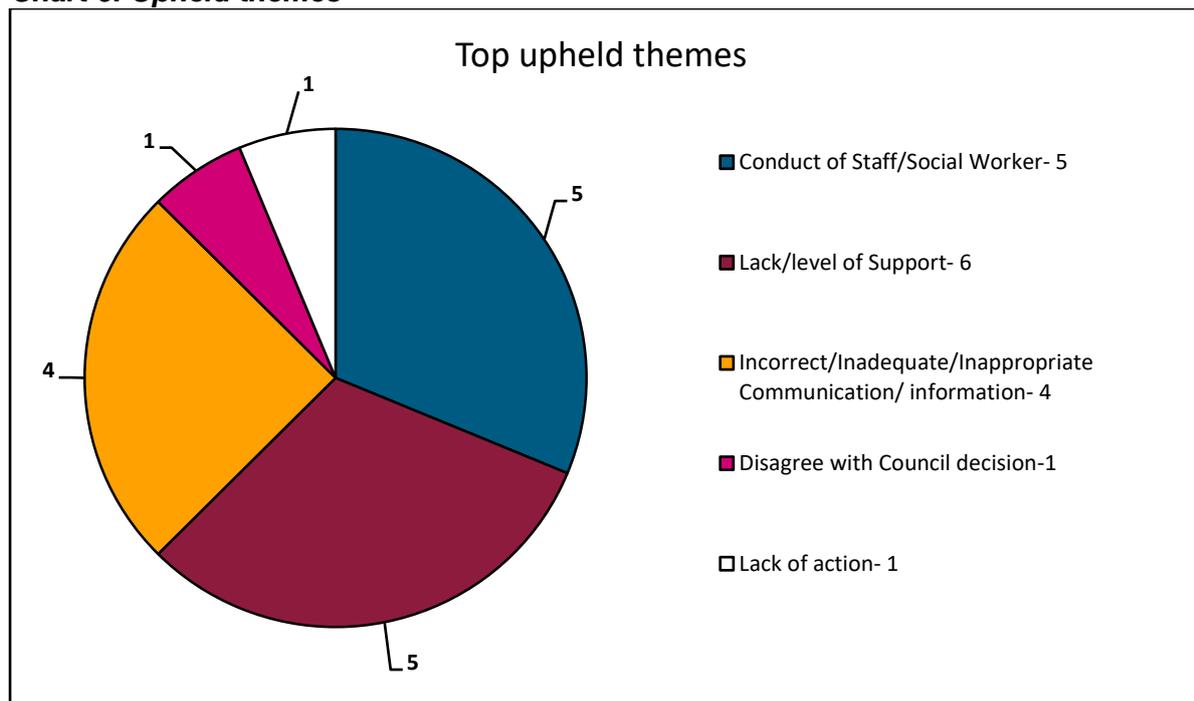
The most upheld complaints were in the Children in Care/Leaving Care service, where nine complaints were received and six of them upheld.

12 complaints in total were received for our Child Protection (CP) and Family Support Child Protection teams, six of which were upheld.

## Themes of upheld complaints

Of the upheld statutory complaints, the top themes raised were as detailed in the chart below.

**Chart 6: Upheld themes**



The above categories are self-explanatory and give a clear indication of the overall areas of our service or aspects of our work that had the most upheld complaints. This indicates that 65% of upheld complaints related to either the conduct of staff/social workers or the lack/level of support received from them. This covers a variety of concerns, including staff behaviour and attitude. These concerns related to the disclosure of information, a lack of social worker contact or support provided by a staff member, a lack of signposting, the lack of a stable social worker and a lack of understanding from staff regarding a complainants situation.

Individual management reports are shared with service managers on a regular basis, which allows for greater analysis and interpretation of the data.

# Timescales for responses

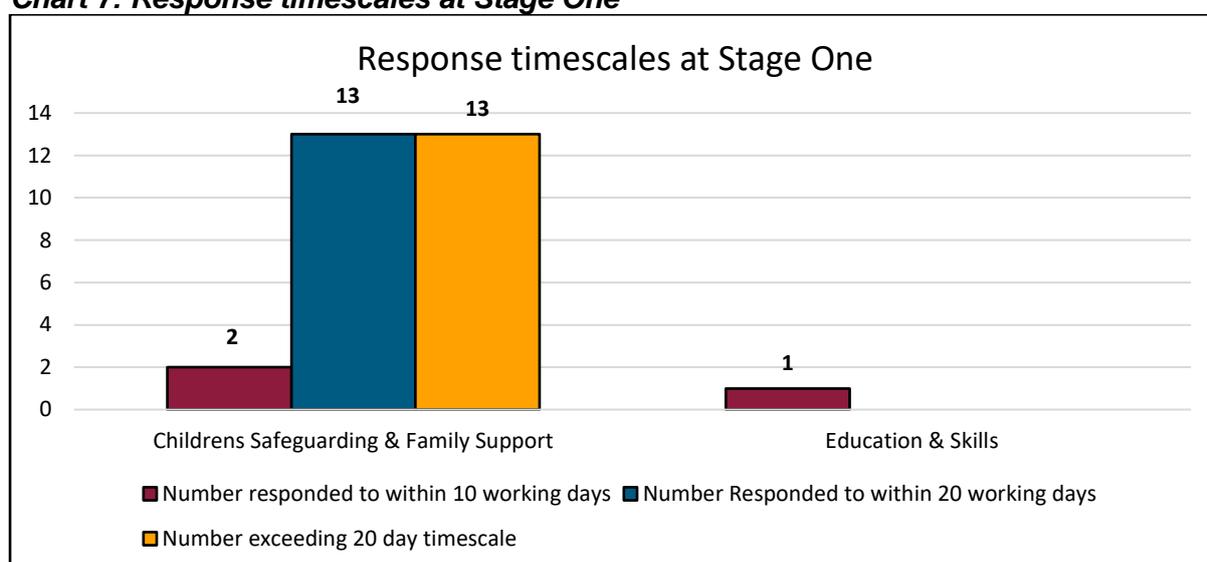
Our Children’s Statutory Complaints Policy has been written in line with The Children Act 1989 Representations Procedure (England) Regulations 2006, which outline how Children’s Statutory Complaints should be handled and the three stages involved.

Stage One should be an opportunity to resolve the complaint at service level and be done within ten working days. This may be extended to 20 working days in exceptional circumstances and with the prior agreement of the complainant.

Stage Two is an independent investigation that should be completed within 25 working days. This may be extended to 65 working days in more complex cases.

Stage Three is a Panel where the investigations at Stage One and Stage Two are reviewed.

**Chart 7: Response timescales at Stage One**



Of the 28 complaints that were completed in the Children’s Safeguarding & Family Support portfolio, two were responded to within the ten working day timescale and 13 were completed within the 20 day extended timescale. 13 complaints exceeded the extended 20 working day timescale, which equates to 55% of the 29 total complaints being responded to in accordance with the regulations.

The average number of days to respond in Children’s Safeguarding & Family Support was 24, which is an improvement on the 25 days achieved in 2019/20 and 26 days in 2020/21.

Children’s Social Care complaints are complex and this can impact on timescales. Information may also need to be sought from partner agencies, which can also add to the timescales ultimately achieved. Furthermore, the COVID-19 pandemic has impacted on the ability of complainants to meet with investigators.

**Please note:** Since November 2020, new procedures have been put in place to improve timescales within Children’s Safeguarding & Family Support. Complaints are now RAG (red, amber, green) rated and copied to the Director. The Director is also copied into progress chases. Six-weekly meetings now also take place with Directors to review all outstanding cases and learning. Complaint training was also given to managers and team leaders in the last quarter of 2020.

As a result of the improvements since 1 November 2020, the average number of days to respond to complaints has reduced significantly to 17 for Children’s Safeguarding & Family Support, with 100% of complaints during this period being responded to within the 20 working day extended timescale. The full impact of these positive changes will not be seen until our report for 2021/22.

The complaint for the Education & Skills Portfolio was responded to within ten working days, in accordance with the statutory timescales.

The average timescale for all Stage One Children’s Statutory Complaints was 23 working days, which exceeded the timescales outlined in the regulations. This was an increase on the 22 days achieved in 2019/20. However, it was an improvement on the 25 days achieved in 2018/19.

**Please note:** As an authority, we should be ensuring that we meet the statutory requirements when responding to complaints. However, it must be noted that 2020 was an unprecedented year, during which the Council had, and continues to respond to the COVID-19 pandemic. This has had an impact on our ability to respond to complaints within timescales, as officers have sometimes been assigned to alternative roles and duties. During this time, complainants were constantly updated regarding the progress of their complaints and when a response would be available.

Whilst the number of days to respond to Children’s Statutory Complaints increased, the Council is pleased that this increase was not significant.

As mentioned above, procedures have been put in place since November 2020 to ensure that complaints are now responded to in a timelier manner.

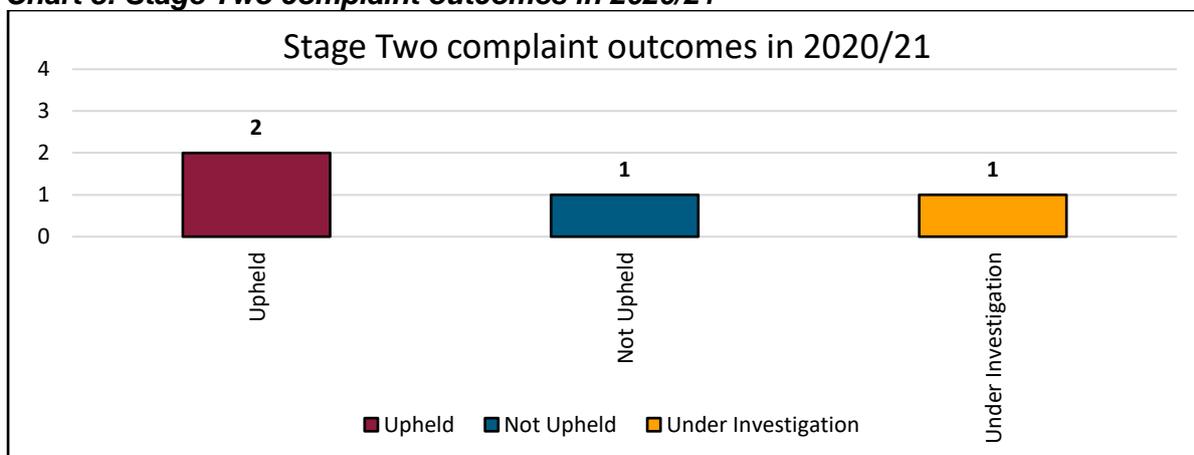
Overall in 2020/21, 55% of complaints were responded to within the statutory timescale of 20 working days and 10% were responded to within ten working days.

Improvements since November 2020 have since seen 100% of responses issued within 20 working days.

# Statutory Stage Two complaints in 2020/21

During 2020/21, four (14%) statutory Stage One complaints progressed to Stage Two of the process.

**Chart 8: Stage Two complaint outcomes in 2020/21**



All Stage Two complaints were for the Children's Safeguarding & Family Support portfolio. There is one Stage Two complaint currently being investigated.

The upheld complaints related to a disagreement with a council decision concerning the actions taken following an allegation about a foster carer, and also the level of support provided by social workers when an application was made for disability-related benefits.

Both upheld complaints were resolved at Stage Two of the procedure.

There was a decrease in the number statutory Stage Two investigations in 2020/21, these being investigated by the use of Independent Persons.

The average number of days to complete a Stage Two investigation was 66, which was an increase on the 37 day average achieved in 2019/20.

**Please note:** The timescales for Stage 2 investigations were directly impacted by the COVID-19 pandemic and the availability of complainants to meet with investigators. One particular complaint was extremely complex and involved reviewing documentation spanning a number of years.

There were no Stage Three panels in 2020/21.

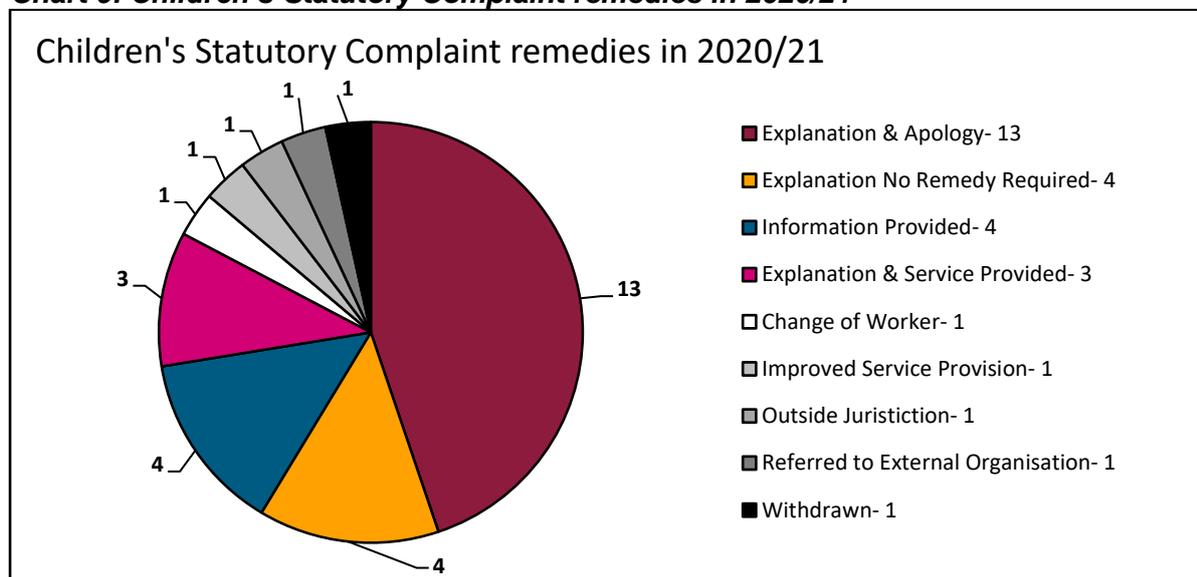
## Learning and outcomes from Children's Statutory Complaints

Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found but the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they see the “bigger picture” so that that residents receive the best possible service from the Council. The Customer Relationship team will continue to provide daily advice and support to managers around complaints management and resolution, and with responding to representations.

**Chart 9: Children’s Statutory Complaint remedies in 2020/21**



Of the remedies recorded against Children’s Statutory Complaints in 2020/21:

- 45% were to provide an explanation and apology
- 14% were to provide an explanation and no remedy was required
- 14% were to provide information
- 10% were to provide an explanation and a service was provided

### Positive improvements

Throughout the year, we record the learning identified from each complaint in order to build up a picture of common themes or trends. Learning from corporate complaints is considered alongside that from statutory complaints as part of our quality assurance activities.

Below are examples of positive changes that have resulted from learning from complaints:

- Individual remedies have been completed concerning support plans and working agreements, assessments and contact
- Additional training has been given to ensure high standards of record management
- Changes in management and team structure have allowed a change of focus, particularly regarding placement experiences
- Improved life story work
- The working relationship between fostering and social work teams has been improved. Lines of responsibility are clearer and communication has also been improved with the Local Authority Designated Officer . Associated strategy meetings are now held more routinely

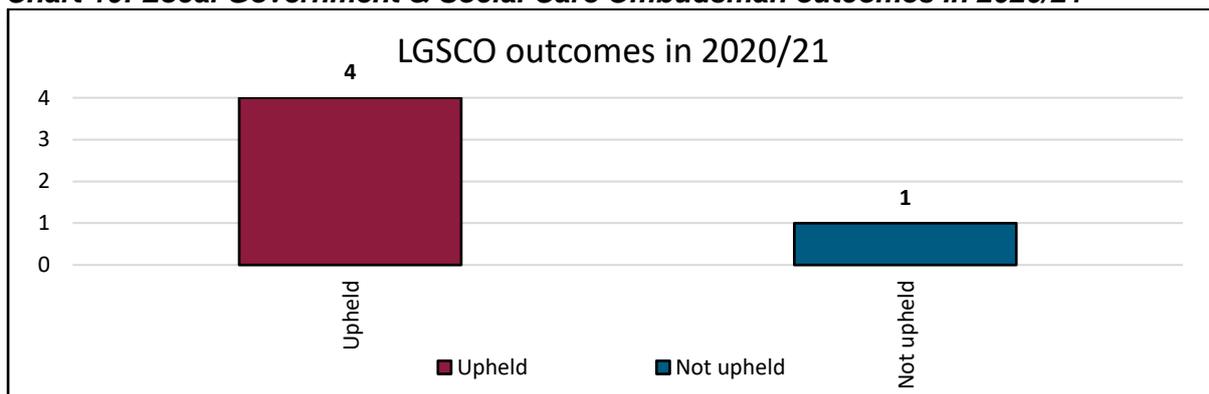
- Officers have been reminded of the expectation that minutes of meetings are provided
- We are now using Parent & Baby placements more consistently, with high levels of wraparound support given to parents during the mental health assessment process
- We have specific support workers that deal with victims of domestic violence. High levels of training and development have been given to social workers around the impact of domestic violence so that the appropriate support can be offered to survivors
- We have reviewed our Allegations Policy for foster carers and resolved inconsistencies with other procedures in respect of actions to be taken by the Council following allegations about people in a position of trust
- Our review processes have been updated to ensure that questions around a child's entitlement to disability benefits are included in Child in Care reviews. In Long Term Matching meetings, this will also be considered if a child has additional needs

## Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

Five Children's Statutory Complaint cases remained open with the LGSCO on 31 March 2020. Decisions on these cases were received in 2020/21. No further cases were escalated to the LGSCO in 2020/21.

**Chart 10: Local Government & Social Care Ombudsman outcomes in 2020/21**



The Council fully complied with the recommendations made by the LGSCO, and learning was taken forward to improve practices in relation to review meetings, administration for child protection conferences, complaint handling, and adoption procedures and reports.

## Concluding comments

This Annual Report shows that the number of Children's Statutory Complaints we received in 2020/21 decreased from the previous year. Our services continue to result in a low number of complaints at a time when there have been major reductions in government funding for local authority service provision. Despite this financial backdrop, the Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

Response times were inevitably affected by the pandemic in 2020/21, when many councils moved staff to other duties in order to respond to it. Whilst timescales did increase during the period, despite this context, there was not a significant impact - with Children's Statutory Complaints only taking, on average, one day longer to respond to.

We also took the opportunity to review our handling of complaints, with training being provided to staff and processes amended in an effort to improve performance going forward. This resulted in a significant improvement in the last two quarters of 2020/21.

The Customer Relationship team continued to update complainants concerning any delays or extended response timescales. They also continued to work with services to further improve on the timescales achieved.

In 2021/22, the Customer Relationship team will carry on working with services to ensure that the percentage of responses sent within statutory timescales improves from the 55% achieved in 2020/21.

### Recommendations

Our recommendations for this financial year are:

- When completing a complaint investigation and response, services should assess whether any element of the customer journey could have been improved, even if this does not form part of the complaint. i.e. Could improved communication have prevented the customer's concerns being escalated to a formal complaint?
- It is recognised that delays maybe occurring due to social worker availability. Ideally however, case notes should be sufficiently detailed to allow others to respond in their absence.
- Services should continue to ensure that they are prioritising complaints and responding within the stated timescales. If there are unforeseen delays, the Customer Relationship team should be notified immediately so that we can notify the customer and advise them of the date they should expect their response.
- Officers were delayed in provided comments when reviewing interview notes from a Stage Two investigation. Comments were only provided once the draft report was submitted, causing a delay and additional work for the investigator. Stage Two investigations are completed by Independent Investigators, often from outside the Council, therefore responding to this information should be prioritised.

Children's Safeguarding & Family Support and Education & Skills are developing a service level complaints guide, which will cover guidance and expectations for communication with complainants, and also timescales and extension arrangements. There is now also an expectation that all complainants to Children's Social Care are either met face-to-face or spoken with by phone before their response is sent. This is so that its full details can be discussed with them.

# Oversight and support provided by the Customer Relationship team

The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. Complaints advice and support
2. Quality assurance of statutory complaint responses
3. Act as a critical friend to challenge service practice
4. Support with persistent and unreasonable complainants
5. Assistance in drafting comprehensive responses to complaint investigations
6. Continue to escalate overdue complaints to Directors

## Customer Relationship team priorities for 2021/22

During 2021/22, the Customer Relationship team will focus on a number of key priorities:

- Obtaining Cabinet approval for the updated Children's Statutory Complaint Policy and Child Friendly Policy
- Helping to improve the Council's record of timely complaint responses
- Continuing to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Working with services to develop an investigation template, and providing a complaint workshop covering complaint procedures and how to both investigate and respond to complaints
- Providing complaint data to senior management on a monthly basis, as part of corporate monitoring
- Working to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Continuing to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year

# Appendix

## Legislation

The Children Act 1989 Representations Procedure (England) Regulations 2006 underpin all representations received from children and young people, their parents, foster carers or other qualifying adults about social care services provided or commissioned by Children's Social Care. The act and regulations set down procedures that councils with social care responsibility must follow when a complaint is made.

The Children's Statutory Complaints Procedure is a three stage process. Stage One is where complaints are investigated at service level, Stage Two is where an independent investigation takes place and Stage Three is where a Panel of Independent Persons will review the investigations undertaken at Stage One and Stage Two.

The Corporate complaints process is used for anyone else who makes a complaint.

## What is a complaint?

We define a complaint as:

'A statement, written or verbal, which expresses dissatisfaction about any aspect of the social services provided by or on behalf of the Service Delivery Units responsible for services to children.'

The purpose of a complaints process is to resolve concerns raised by service users and their representatives, to deliver outcomes that are appropriate and proportionate to the seriousness of the issues, and to ensure that changes are made in response to any failings that are identified.

To achieve this, the approach to handling complaints must incorporate the following elements:

- Engagement with the complainant or representative throughout the process
- Agreement with them about how the complaint will be handled
- A planned, risk-based and transparent approach
- Commitment to prompt and focussed action to achieve the desired outcome
- Commitment to improvement and the incorporation of learning from all complaints

A complaint must be made within 12 months of the event complained about, or when the customer became aware of the matter/ event. Nevertheless, the Council has the discretion to waive this time limit if:

- It would not be reasonable to expect the complainant to have made the complaint sooner, and
- It is still possible to deal with the complaint effectively and fairly

## Who can make a complaint?

A complaint may be made by:

- Children or young people who are receiving, or have received, services provided by the Council, or are entitled to receive such a service because they are looked after by the Borough, or because they are deemed to be 'in need', as defined by the Children Act 1989
- People who have parental responsibility for these children and young people
- Advocates and representatives of any of the above children and young people (providing that it has been established, as far as possible, that the advocate or representative is reflecting the child's or young person's own wishes)
- Foster carers who want to comment or complain about the service being provided to a child or young person for whom they are caring
- Any other person, providing that they are deemed to have sufficient interest in the child's or young person's welfare to justify the Council considering the complaint

Complaints may be received through a variety of media (phone, letter, email, feedback form, personal visit, etc.) and at various points within the Council (to staff members, via respective web addresses, direct to the Customer Relationship team, etc.).

## The Children's Statutory Complaints procedure of Telford and Wrekin Council

When a complaint is first received, the Customer Relationship team will carry out an initial assessment of it to determine its issues, severity and potential impact, and to identify any other organisations that maybe involved.

Whenever a complaint is received from a child or young person, the Customer Relationship team will notify the Rights & Representations Service of the need to offer the complainant an advocacy service within the remit of the 2004 Advocacy (Services & Representations) Regulations. A child or young person whose complaint is being considered within this procedure is entitled to advocacy services throughout the process. Subject to the approval of the child or young person, all correspondence with regard to the complaint will be copied to the advocate, who will be entitled to accompany the complainant at any meeting or interview about the complaint they attend.

When someone contacts the Customer Relationship team to make a complaint, they will acknowledge their complaint within two working days. The Customer Relationship team will then pass details of the complaint to the appropriate Service Delivery Manager.

We aim to respond to all Stage One Children's Statutory Complaints within ten working days. However, due to the nature and complexity of some issues, it may take longer, and - in agreement with complainants - the timescale may be longer (subject to a maximum of 20 working days).

When the investigation is complete, the manager concerned will write a letter explaining what they have found and will do to put things right.

If the complainant is not happy with the response or how we have dealt with their complaint, they can request that it is considered at Stage Two of the procedure, where it will be investigated by an independent investigator.

Following this investigation, the findings will be sent to the complainant, at which point they may request that the investigations undertaken at Stage One and Stage Two are reviewed at Stage Three by a Panel.

Following the Panel meeting, if the customer is not happy with the final decision or how we have dealt with their complaint, they can refer the matter to the Local Government & Social Care Ombudsman (LGSCO).

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21 July 2021

*By email*

Mr Sidaway  
Chief Executive  
Telford & Wrekin Council

Dear Mr Sidaway

### **Annual Review letter 2021**

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2021. At the end of a challenging year, we maintain that good public administration is more important than ever and I hope this feedback provides you with both the opportunity to reflect on your Council's performance and plan for the future.

You will be aware that, at the end of March 2020 we took the unprecedented step of temporarily stopping our casework, in the wider public interest, to allow authorities to concentrate efforts on vital frontline services during the first wave of the Covid-19 outbreak. We restarted casework in late June 2020, after a three month pause.

We listened to your feedback and decided it was unnecessary to pause our casework again during further waves of the pandemic. Instead, we have encouraged authorities to talk to us on an individual basis about difficulties responding to any stage of an investigation, including implementing our recommendations. We continue this approach and urge you to maintain clear communication with us.

### **Complaint statistics**

This year, we continue to focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have focused statistics on three key areas:

**Complaints upheld** - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated.

**Compliance with recommendations** - We recommend ways for authorities to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

**Satisfactory remedy provided by the authority** - In these cases, the authority upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit authorities that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 28 July 2021. This useful tool places all our data and information about councils in one place. You can find the decisions we have made about your Council, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the resource with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

As you would expect, data has been impacted by the pause to casework in the first quarter of the year. This should be considered when making comparisons with previous year's data.

### **Supporting complaint and service improvement**

I am increasingly concerned about the evidence I see of the erosion of effective complaint functions in local authorities. While no doubt the result of considerable and prolonged budget and demand pressures, the Covid-19 pandemic appears to have amplified the problems and my concerns. With much greater frequency, we find poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.

With this context in mind, we are developing a new programme of work that will utilise complaints to drive improvements in both local complaint systems and services. We want to use the rich evidence of our casework to better identify authorities that need support to improve their complaint handling and target specific support to them. We are at the start of this ambitious work and there will be opportunities for local authorities to shape it over the coming months and years.

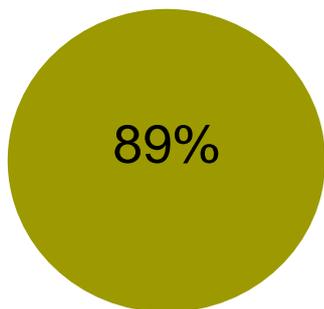
An already established tool we have for supporting improvements in local complaint handling is our successful training programme. During the year, we successfully adapted our face-to-face courses for online delivery. We provided 79 online workshops during the year, reaching more than 1,100 people. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

Yours sincerely,



Michael King  
Local Government and Social Care Ombudsman  
Chair, Commission for Local Administration in England

### Complaints upheld



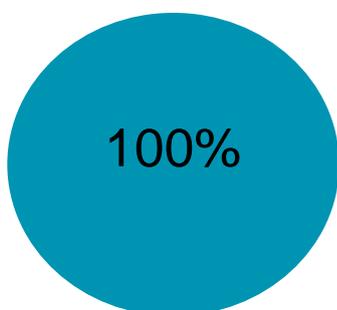
**89%** of complaints we investigated were upheld.

This compares to an average of **63%** in similar authorities.

**8**  
upheld decisions

Statistics are based on a total of 9 detailed investigations for the period between 1 April 2020 to 31 March 2021

### Compliance with Ombudsman recommendations



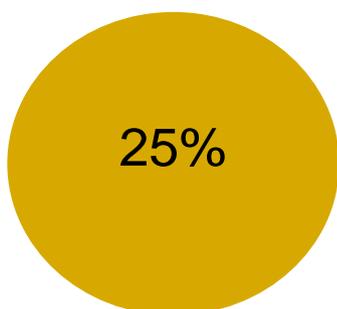
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **99%** in similar authorities.

Statistics are based on a total of 6 compliance outcomes for the period between 1 April 2020 to 31 March 2021

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

### Satisfactory remedy provided by the authority



In **25%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **10%** in similar authorities.

**2**  
satisfactory remedy decisions

Statistics are based on a total of 9 detailed investigations for the period between 1 April 2020 to 31 March 2021

**NOTE:** To allow authorities to respond to the Covid-19 pandemic, we did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints we received and decided in the 20-21 year. Please consider this when comparing data from previous years.

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## TELFORD & WREKIN COUNCIL

AUDIT COMMITTEE: 28 SEPTEMBER 2021

### INTERNAL AUDIT UPDATE REPORT & PUBLIC SECTOR INTERNAL AUDIT STANDARDS SELF ASSESSMENT

#### REPORT OF THE AUDIT & GOVERNANCE LEAD MANAGER

## 1 Purpose

- To update members on the progress made against the 2021/22 Internal Audit Plan and to provide information on the recent work of Internal Audit.
- To update members on the outcome of the annual Public Sector Internal Audit Standards Self-Assessment.

## 2 Recommendations

- 2.1 Members of the Audit Committee to note the information contained in this report in respect to Internal Audit planned work undertaken between 1 July 2021 - 31 August 2021 and unplanned work to date.

## 3 Progress on completion of the 2021/22 Annual Audit Plan

- 3.1 Audit Committee members approved the 2021/22 Internal Audit Plan at the May 2021 committee meeting. Appendix 1 of this report shows the progress made against the 21/22 plan, 3 audits have been completed and 11 are in progress. Amendments to the audit plan have been made due to long term sickness of an auditor. As a result 5 audits have been deferred to 2022/23.

The Principal Auditor/Audit & Governance Lead Manager continue to attend service area management meetings in order to keep the audit plan relevant and focus resources on key areas.

## 4 Summary

- 4.1 This report provides information on the work of Internal Audit from 1 July 2021 to 31 August 2021 and provides an update on the progress of previous audit reports issued.
- 4.2 The key focus for the team during this period was the completion of audits on the annual audit plan and fulling commercial contracts.
- 4.3 The information included in this progress report will feed into and inform our overall opinion in our Internal Audit Annual Report. All audit reports issued during the year are given an overall audit opinion based on the following criteria:

Level of Assurance/Audit Opinion & Definition	
<p style="text-align: center;"><b>Good (Green)</b></p> <p>There is a sound system of control designed to address relevant risks with controls being consistently applied.</p>	<p style="text-align: center;"><b>Reasonable (Yellow)</b></p> <p>There is a sound system of control but there is evidence of non-compliance with some of the controls.</p>
<p style="text-align: center;"><b>Limited (Amber)</b></p> <p>Whilst there is a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls.</p>	<p style="text-align: center;"><b>Poor (Red)</b></p> <p>The system of control is weak and there is evidence of non-compliance with the controls that do exist.</p>

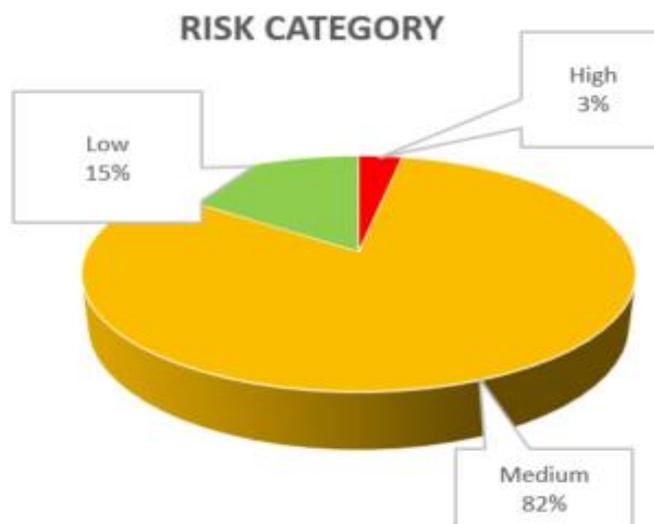
4.4 To determine the overall grading of the Internal Audit report each recommendation is risk rated (high, medium or low). The recommendation risk rating is based on the following criteria:

**High risk =** A fundamental weakness which presents material risk to the system objectives and requires immediate attention by management.

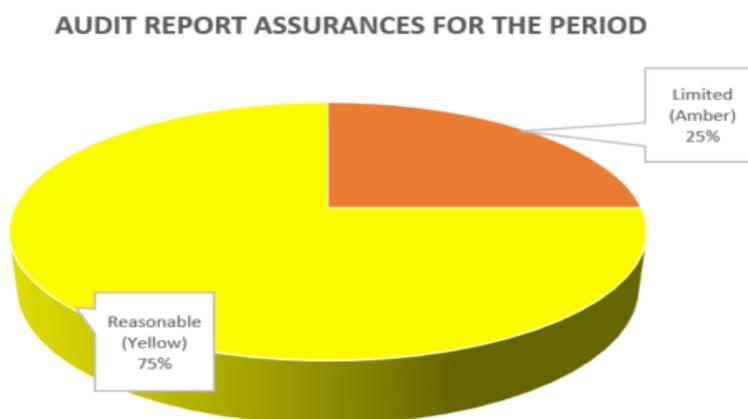
**Medium risk =** A recommendation to address a control weakness where there are some controls in place but there are issues with parts of the control that could have a significant impact.

**Low risk =** A recommendation aimed at improving the existing control environment or improving efficiency, these are normally best practice recommendations.

4.5 The chart below shows the percentage of high (red segment), medium (yellow segment) and low (green segment) risk recommendations made for the reports issued during this period.



4.6 The level of assurance (based on table 4.3 above) for audit reports issued in this period is detailed below.



4.7 The information in the above pie charts is broken down in the summary table below.

<b>AUDIT REPORTS ISSUED BETWEEN 30/6/2021 – 31/8/2021 AND CURRENT STATUS</b>						
<b>Area</b>	<b>Date of Report</b>	<b>Level of risk on plan</b>	<b>Original Audit Grade</b>	<b>Follow up Due</b>	<b>Revised Grade</b>	<b>Comments</b>
Lightmoor Primary School	19/7/21	Medium	Limited	October 2021		
Corporate Complaints	23/7/21	Medium	Reasonable	January 2022		
The Linden Centre	26/7/21	Medium	Reasonable	January 2022		
Additional Home to School & College Transport Grant (2020-21)	18/8/21	Medium	Reasonable	October 2021		

4.8 Detailed below is the status of any reports previously issued and reported to Audit Committee. Members should note that once reports have reached a green status and have been reported to members they are excluded from future Audit Committee reports.

**PREVIOUSLY ISSUED REPORTS & CURRENT STATUS**

<b>Area</b>	<b>Date of Report</b>	<b>Original Audit Grade</b>	<b>Status previously reported to Audit Committee</b>	<b>Current Grade</b>	<b>Current status / Comments</b>
Cyber Security Follow Up	23/07/2020	Reasonable	3 <sup>rd</sup> follow up sent awaiting return	Good	Follow up completed. Revised audit opinion means no further follow up required.
Section 17 Payments	16/03/2020	Limited	3 <sup>rd</sup> follow up in progress	Reasonable	3 <sup>rd</sup> follow up undertaken. Grading changed to yellow. Further follow up to be arranged.
The Place	10/08/2020	Poor	2 <sup>nd</sup> Follow up due once the theatre has re-opened and there are transactions to test	Reasonable	Although the theatre has now reopened we need to wait for transactions / processes to be carried out to allow for further sample testing.  2 <sup>nd</sup> follow up due November 2021.
Fleet Management	17/09/2020	Poor	2 <sup>nd</sup> follow-up to be carried out following the completion and implementation of the ongoing transport review. It is anticipated that this will be towards the end of FY 21/22	Reasonable	As previous status – no change.
Setting up Home Grant	11/12/2020	Poor	2 <sup>nd</sup> follow up sent awaiting return.	Reasonable	Current follow up completed. Further follow to be arranged.
Sales Ledger	29/09/2020	Limited	2 <sup>nd</sup> follow up in progress	Good	2 <sup>nd</sup> follow up completed. Grading changed

					to green therefore no further follow up to be undertaken.
ICT Patch Management	03/02/2021	Reasonable	Follow up in progress.	Reasonable	2 <sup>nd</sup> follow up due January 2022.
Building Capacity Grants in the Voluntary Sector	21/01/2021	Reasonable	Due July 2021.	Good	Follow up undertaken, grading changed to green
HR & Payroll (2020-21)	06/05/2021	Reasonable	During 21/22 annual audit	n/a	n/a
Business Continuity	28/06/2021	Reasonable	September 2021	n/a	n/a

Internal Audit is confident and has been assured by management that controls have and will continue to improve in all areas where recommendations have been made. There are no other issues to bring to the attention of the Committee at this time.

## 5 Unplanned work

5.1 The team are undertaking an unplanned piece of work on the Council's arrangements for managing conflicts of interest. This work is currently in progress and the outcome will be reported at the next Audit Committee meeting.

Work continues on the commercial contracts with Academies and Town Councils. An additional Multi-Academy Trust has recently bought into the internal audit/scrutiny function, resulting in a total of 6 Academy Trusts using our service. Internal Audit continue to look for opportunities to expand their commercial offering.

## 6 Quality Assurance and Improvement Programme

6.1 Internal Audit maintains a Quality Assurance and Improvement Programme that complies with the Public Sector Internal Audit Standards (PSIAS) alongside the normal quality review process applied to all audit assignments. The Audit & Governance Lead Manager undertakes an independent monthly check of randomly selected (number dependent on number of completed audits that month) completed audit files to ensure they comply with:-

- Requirements of the PSIAS
- Rules of the Code of Ethics
- Agreed Internal Audit process and procedures
- Approved Internal Audit Charter

Only minor Internal Audit procedural issues have been found from these checks and they have been fed back to the Internal Auditors during this time to aid continuous improvement in the service.

## 7 Public Sector Internal Audit Standards Self-Assessment

7.1 Internal Audit have completed their annual self-assessment of their operations against the Public Sector Internal Audit Standards (PSIAS). The results of the self-assessment show that Internal Audit out of 134 requirements:

- Complies with 129 of the PSIAS requirements
- Partially complies with 5 of the PSIAS requirements

The Audit Team have devised an action plan to ensure those requirements that are currently partially complied with are fully complied with in future. See Appendix 2

## 8 OTHER CONSIDERATIONS

AREA	COMMENTS
Equal Opportunities	All members of the Audit Team have attended equal opportunities/ diversity training. If any such issues arose during any work the appropriate manager would be notified.
Environmental Impact	All members of the Audit Team are environmentally aware and if any issues were identified they would be notified to the appropriate manager.
Legal Implications	<p>The Accounts and Audit Regulations 2015 (Part 2, paragraph 5) state that the Council 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. The information set out in this report illustrates the work that has been undertaken to meet the appropriate statutory requirements.</p> <p>In the event that an audit reveals a legal issue or concern this is referred to the Council's Legal Services Team and/or the Council's Monitoring Officer as appropriate for further advice and assistance.</p> <p>RP 09/09/21</p>
Links with Corporate Priorities	All aspects of the Audit teams work support good governance which underpins the achievement of the Council's objectives and priorities.
Risks and Opportunities	All aspects of the Audit teams work supports managers and the Council to identify and manage their risks and opportunities.
Financial Implications	<p>Where Audit findings result in changes to service delivery or controls etc. the financial consequences are managed as part of the implementation of such changes. Therefore, there are no financial implications of accepting the recommendations of this report.</p> <p>TAS 9.9.21</p>
Ward Implications	The work of the Audit team encompasses all the Council's activities across the Borough and therefore it operates within all Council Wards.

### Previous minutes:

14 July 2020  
1 October 2020  
28 January 2021  
27 May 2021  
20 July 2021

**Background Papers:**

Annual Audit Plan 2021/22

Public Sector Internal Audit Standards – Applying the IIA International Standards to the UK Public Sector 2013 and updated January 2017

CIPFA Local Government Application Note – April 2013

Accounts and Audit Regulations – 2015

**Report by:** Tracey Drummond Principal Auditor. Telephone 383105

Rob Montgomery, Audit & Governance Lead Manager. Telephone 383103

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Audit Area	Service Area
General ledger, assets & capital accounting - fixed asset module (21/22)	Finance & Human Resources
Payroll/HR (21/22)	Finance & Human Resources
Council Tax/NNDR - Debt Recovery only	Finance & Human Resources
Purchase Ledger	Finance & Human Resources
Making Tax digital	Finance & Human Resources
Local Transport Capital block funding	Finance & Human Resources
additional dedicated Covid home to school & college transport funding grant	Finance & Human Resources
Special Guardian ship	Children's Safeguarding and Family Support
Direct Payments	Children's Safeguarding and Family Support
controc	Children's Safeguarding and Family Support
Together4children	Children's Safeguarding and Family Support
Preparing disabled children for adulthood	Children's Safeguarding and Family Support
Appointeeship and Deputyship	Adult social care
Quality assurance framework	Adult social care
Direct payments	Adult social care
Financial Case Management	Adult social care
Controc	Adult social care
Preparing for adulthood	Adult social care
Money Laundering	Policy & Governance
Single status	Policy & Governance
Risk Management	Policy & Governance
Troubled families grant	Policy & Governance
Workforce strategy	Policy & Governance
Emergency Planning	Health & Wellbeing
Schools (36 schools).reduced to 35 schools	Education & Skills
Leisure Centres (ab Dab / OLC)/Ski centre)	Community Customer & Commercial Serv
IT audits (4)	Community Customer & Commercial Serv
Quality standards within the voluntary sector	Community Customer & Commercial Serv
Customer services	Community Customer & Commercial Serv
Homlessness reduction act	Housing & Communities
Bus subsidy grant	Neighbourhood & Enforcement
Ideverde contract	Neighbourhood & Enforcement
T&W 'Other Assets'	Neighbourhood & Enforcement
Transport Review (Children & Adult Transport)	Neighbourhood & Enforcement
additional dedicated covid home to school & College transport funding	Neighbourhood & Enforcement
Parking Enforcement	Neighbourhood & Enforcement

Disposal of land	Property & Investment
BIT	Property & Investment
Impact of Covid 19	Corporate
Climate change / reduction in carbon emissions	Corporate

Original plan	Reduced plan
77 audits on the plan	72 audits on the plan
	3 complete
	11 in progress

Days	Priority	Update
20	ALL	
25	ALL	
10	ALL	
25	ALL	
12	2 & 5	in progress
3	2 & 5	complete
3	1,2 & 5	complete
12	1 & 5	in progress
20	1,2,5	
20	1 & 5	
10	1,2,5	in progress
12	1 & 5	
12	1 & 5	Deferred due to restructure / audit resources
10	1 & 5	
See above	1,2,5	
15	1,2,5	
10	1 & 5	
See above	1 & 5	
10	2	
5	2	Defer due to audit resources
10	all	
12	all	in progress
25	all	
8	all	
175	1,3,5	5 in progress 2 complete
39	4, 6all	
47	ALL	
8	all	Defer due to audit resources
8	all	
25	1,3,5	
5	all	complete
4	all	
8	all	
20	all	
see above	1,2 & 5	complete - as above
25	2,3,5	in progress

10	2,3,4,5	Defer due to audit resources
10	2,3,4,5	
25	all	
25	all	in progress

## Public Sector Internal Audit Standards – Self Assessment 21/22

Ref	Standard	Y/N/P	Findings	Action Required/Evidence
<b>Purpose, Authority and Responsibility</b>				
1000(1)	IA Charter must contain purpose, authority and responsibility	Y	The IA Charter clearly details the purpose, authority and responsibility of IA.	See copy of charter on file. No action required.
1000(2)	The Chief IA must periodically review the IA charter and present it to senior management and board for approval	Y	CIA reviews the charter annually to take into account changes of standards, ethics and good practice. The revised charter is presented to SMT and obtains approval at first Audit Committee meeting of each municipal year.	See copy of minutes of Audit Committee No action required.
1000(3)	Charter includes IA position in authority, relationship with board and authorises access to records	Y	Charter does state IA position in authority, relationship with board and authorises access to all records of the Council.	See copy of charter on file. No action required.
1000 (4)	Charter defines what it means by 'board' and 'senior management'	Y	Charter defines 'board' as the Audit Committee and SMT as 'senior management'.	See copy of charter on file. No action required.
1000 (5)	Charter should include information on appropriate resourcing.	Y	Charter details information on appropriate resourcing.	See copy of charter on file. No action required.

1000 (6)	Charter details role of audit in fraud related work	Y	Charter includes information on the role of IA in respect to fraud related work.	See copy of charter on file. No action required.
1000 (7)	Charter includes safeguards to limit impairment of independence or objectivity if IA or CIA undertakes non-audit activities	Y	Charter includes measures implemented to limit impairment of independence or objectivity if IA or CIA undertakes non-audit activities.  Charter states CIA responsibilities for other non-audit services and how these are managed to maintain audit objectivity.	See copy of charter on file. No action required.
1000.A1	Nature of assurance services provided to the organisation must be defined in the IA charter. If assurances are to be provided to parties outside the organisation, the nature of these assurances must also be defined in the IA charter	Y	Nature of assurance provided by IA is detailed in the charter.  IA does not provide assurance related activities to external organisations.	See copy of charter on file No Action required.
1000.C1	Nature of consulting services must be defined in the IA charter	Y	IA do not provide consulting services.	No action needed.
1010	IA Charter must make reference to Core principles for the Professional Practice of Internal Auditing, the Code of Ethics and the Standards and Definition of Internal Auditing	Y	All of these elements are included in the IA charter.	See copy of charter on file. No action required.
<b>Independence and Objectivity</b>				
1100	IA activity must be independent and internal auditors must be objective in performing their work	Y	CIA has direct and unrestricted access to senior management and board as reflected in charter. CIA meets with MD, Section 151 Officer	<ul style="list-style-type: none"> <li>• See notes from MD meetings</li> <li>• See copies of conflict forms</li> <li>• See individual audit and QAIP checks</li> </ul>

			<p>and Monitoring Officer at least 4 times a year.</p> <p>A number of measure are in place to ensure IA independence and objectivity including:</p> <ul style="list-style-type: none"> <li>• Auditors sign annual conflict of interest forms</li> <li>• Audit scopes are signed off by a Senior Officer</li> <li>• Audit working papers and reports are reviewed by a Senior Officer not involved in the audit itself</li> </ul>	No further action needed
<b>Organisational Independence</b>				
1110(1)	CIA must report to level within organisation that allows IA to fulfil its responsibilities. The CIA must confirm to board at least annually the organisational independence of the IA activity	Y	<p>Charter details CIA reporting arrangements.</p> <p>CIA reports to MD and statutory officers 4 times a year</p> <p>CIA reports to Audit Committee 4 times a year</p>	<p>See copy of reports to SMT and AC</p> <p>No action needed.</p>
1110(2)	<p>CIA reporting to board includes:</p> <ul style="list-style-type: none"> <li>• Approving IA Charter</li> <li>• Approving risk based IA plan</li> <li>• Approving IA budget and resources</li> <li>• Receives reports on IA performance relative to plan</li> <li>• Approves decisions regarding appointment / removal of CIA</li> </ul>	Y	<p>AC approve charter in first meeting of year</p> <p>AC approve plan in first meeting of year</p> <p>AC does not approve budget but does consider resource detailed in charter</p> <p>Audit report to each AD quarterly on status of current reports / follow</p>	<ul style="list-style-type: none"> <li>• See copy of charter and AC minutes</li> <li>• See copy of plan and AC minutes</li> <li>• See reports to AC on IA activity.</li> <li>• Example of quarterly report to AD</li> </ul>

	<ul style="list-style-type: none"> <li>Makes enquiries of management and CIA to determine if there is inappropriate scope or resource limitations</li> </ul>		<p>ups and what audits are coming soon</p> <p>AC receive 4 reports a year on IA performance relevant to plan</p> <p>AC is informed of appointment or removal of CIA rather than decides.</p>	
1110(3)	Chief Exec (or equivalent) undertakes, countersigns, contributes feedback to or reviews the performance appraisal of the CIA and feedback is also sought from the chair of the audit committee	Y	MD meets with CIA 4 times a year so has opportunity here to provide feedback.	<p>Notes of meeting with MD and CIA</p> <p>See email from CIA on comments from Chief Exec</p>
1110.A1	The internal audit activity must be free from interference in determining the scope of internal auditing, performing work and communicating results. The chief audit executive must disclose such interference to the board and discuss the implications	Y	<p>Scope, performance and communicating is free from interference and therefore no requirement to date to report matters of this nature to MD.</p> <p>Scope is drawn up by auditor, agreed with management and signed off by senior auditor.</p> <p>Audit work is signed off by senior auditor.</p> <p>Audit report signed off by senior auditor and published in the name of the CIA</p>	<p>See individual audit folders and QAIP checks.</p> <p>No action needed</p>
<b>Direct Interaction with the Board</b>				
1111	The chief audit executive must communicate and interact directly with the board	Y	CIA meets with Audit Committee 4 times a year.	<ul style="list-style-type: none"> <li>See minutes of AC meetings</li> <li>See notes taken of chair briefings</li> <li>See copy of charter</li> </ul>

			CIA meets with chair of audit committee on a 121 basis 4 times a year. Charter details right of CIA to report directly to audit committee if and when required.	No action needed
1112(1)	Where the chief audit executive has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards must be in place to limit impairments to independence or objectivity.	Y	Roles are detailed in IA charter annually which is approved by the audit committee. Where audits are performed on non-audit functions managed by the CIA the findings of the report are QA'd by the Monitoring Officer to ensure independence.	<ul style="list-style-type: none"> <li>• See copy of audit charter.</li> <li>• For an example of audit undertaken on non-audit area managed by CIA – see GDPR audit.</li> </ul> No action needed
1112(2)	When asked to undertake any additional roles/responsibilities outside of internal auditing, the chief audit executive must highlight to the board any potential or perceived impairment to independence and objectivity having regard to the principles contained within the Code of Ethics as well as any relevant requirements set out by other professional bodies to which the CAE may belong	Y	See above	See above  No action needed
1112(3)	The board must approve and periodically review any safeguards put in place to limit impairments to independence and objectivity (see also Standard 1000 Purpose, Authority and Responsibility)	Y	See above	See above  No action needed
<b>Individual Objectivity</b>				
1120	IA must have an impartial, unbiased attitude and avoid any conflict of interest	Y	The team complete an annual declaration of interest which identifies area where they used	See completed annual conflict forms  No action needed

			to work or family members work. When allocating work the Principal Auditor will avoid allocating work to the auditor in these areas.	
<b>Impairment to Independence or Objectivity</b>				
1130	<p>If independence or objectivity is impaired in fact or appearance, the details of the impairment must be disclosed to appropriate parties. The nature of the disclosure will depend upon the impairment.</p> <p>Impairment includes personal conflict of interest, scope limitations, restriction on access to records and resource limitations such as funding.</p>	Y	<p>The conflict of interest form is taken into account when allocating work, however Auditors will point out to the Principal Auditor or CIA where they believe to be any conflicts prior to undertaking audit reviews.</p> <p>Where Auditors are refused access to records this will be escalated to the CIA.</p> <p>Scope agreed by reviewing Auditor and auditee so scope limitation issues would be identified then.</p>	<ul style="list-style-type: none"> <li>• See conflict of interest forms.</li> <li>• See separate audits for copies of scope agreement check and agreement.</li> </ul> <p>No action needed</p>
1130(1)	The determination of appropriate parties to which the details of an impairment to independence or objectivity must be disclosed is dependent upon the expectations of the internal audit activity's and the chief audit executive's responsibilities to senior management and the board as described in the internal audit charter, as well as the nature of the impairment.	Y	<p>See above</p> <p>Each case will be reviewed by CIA and will be dependent on the audit activity.</p>	See above
1130(2)	The determination of appropriate parties to which the details of an impairment to independence or	Y	Potential impairments to independence are managed by:	<ul style="list-style-type: none"> <li>• See example conflict form</li> <li>• See example scope</li> </ul>

	objectivity must be disclosed is dependent upon the expectations of the internal audit activity's and the chief audit executive's responsibilities to senior management and the board as described in the internal audit charter, as well as the nature of the impairment.		Annual conflict forms completed by auditors Audit scope details that there are no auditor conflicts	No action needed
1130.A1	IA must refrain from assessing operations for which they were previously responsible within the previous year.	Y	See response to 1120 – Auditors will not work in areas recorded on the conflict form for 2 years.	See above. No action needed
1130.A2	Assurance engagements for functions over which the chief audit executive has responsibility must be overseen by a party outside the internal audit activity.	Y	Where audits fall within the remit of the CIA, this will be overseen by the Service Delivery Manager or Assistant Director for Governance Procurement & Commissioning	An example of this is the GDPR audit. No action needed
1130.A3	The internal audit activity may provide assurance services where it had previously performed consulting services, provided the nature of the consulting did not impair objectivity and provided individual objectivity is managed when assigning resources to the engagement.	Y	Internal Audit do not provide any consulting services.	See audit charter No action needed
1130.C1	Internal auditors may provide consulting services relating to operations for which they had previous responsibilities.	Y	Internal Audit do not provide any consulting services.	See audit charter No action needed
1130.C2	If internal auditors have potential impairments to independence or objectivity relating to proposed consulting services, disclosure must be made to the engagement client prior to accepting the engagement	Y	See above  Auditors will record any conflicts on their conflicts of interest form and also inform the CIA & Principal	See above

			<p>Auditor before each individual assignment.</p> <p>If the audit team feel their objectivity &amp; independence is impaired they will inform the service area as to the reason for this.</p>	
1130.C2(1)	Approval must be sought from the board for any significant additional consulting services not already included in the audit plan, prior to accepting the engagement.	Y	<p>See above.</p> <p>The Assistant Director &amp; CIA will approve any additional consultancy work which will affect the audit team meeting the audit plan. Audit committee will be aware of this when we report audit activities on a quarterly basis, but they would not necessarily approve the work in the first instance.</p>	<p>See audit charter</p> <p>No action needed</p>
<b>Proficiency and Due Professional Care</b>				
1200	Engagements must be performed with proficiency and due professional care.	Y	<p>The auditors are all qualified and experienced which enables them to perform engagements with professional conduct</p> <p>In addition the CIA undertakes QAIP checks to ensure conformance. Any issues arising from this are reported to the Audit Committee</p>	<ul style="list-style-type: none"> <li>• See auditor qualifications.</li> <li>• See examples of QIAP checks</li> </ul> <p>No action needed</p>
<b>Proficiency</b>				
1210	IA must possess the knowledge, skills and other competencies needed to perform their individual	P	Knowledge and working practices are shared across Internal Audit as	<p>See example of CCAN shared practices</p> <p>See IT audit agreement</p>

	responsibilities. The IA activity collectively must possess or obtain the knowledge, skills and other competencies needed to perform its responsibilities.		<p>there are no individual responsibilities this ensures contingency arrangements are maintained.</p> <p>Specialist IT auditing skills are a possible weak area. This is addressed by having an external contractor via the Staffordshire framework.</p> <p>Evident through various emails sent around team to update on working practices / service areas across the council.</p>	<p>See example email of sharing practice Training record in place for each auditor, recording training courses attended and additional research/reading. Auditor skills matrix completed.</p> <p>Action needed: More work required on CPD</p>
1210(1)	The CIA must hold a professional qualification and be suitably experienced	Y	Both the CIA/ Principal Auditor hold CMIIA.	<p>Evident through <a href="I:\Internal Audit\Standards\Qualifications 201516">I:\Internal Audit\Standards\Qualifications 201516</a></p> <p>No action needed</p>
1210.A1	The CIA must obtain competent advice and assistance if the internal auditors lack the knowledge, skills or other competencies needed to perform all of part of the engagement	Y	<p>Advice is sought where appropriate both internally and externally. Internally we consult with Legal, Procurement and People services.</p> <p>Externally CIA / Principal Auditor attend West Midlands CCAN meetings.</p>	<p>Evidence of CCAN meetings</p> <p>No action needed</p>
1210.A2	IA must have sufficient knowledge to evaluate the risk of fraud and the manner in which it is managed by the organisation, but are not expected to have	Y	Internal Audit and Investigation Team work under same manager and collaborate on investigations and training.	<ul style="list-style-type: none"> <li>• Examples of collaborative work</li> <li>• Examples of collaborative training</li> <li>• Internal audit charter</li> </ul>

	the expertise of a person whose primary responsibility is detecting and investigating fraud		All assignments are conducted by auditors who are always aware of looking for possibility of fraud. Internal Audit have knowledge of the strategic risk register which is reviewed and updated annually. This is considered when drafting scopes for audits (completing pro-forma).	No action needed.
1210.A3	IA must have sufficient knowledge of key information technology risks and controls and available technology-based audit techniques to perform their assigned work. However, not all internal auditors are expected to have the expertise of an internal auditor whose primary responsibility is information technology auditing	Y	<p>Auditors have had previous experience of basic IT audits. Also audit work closely with the ICT Security Manager.</p> <p>Audit also agree an annual contract with an external specialist provider of ICT audit.</p> <p>When audits require the knowledge of information technology systems bespoke training will be undertaken by the auditor.</p> <p>Audit are aware of applications such as IDEA but do not use it as not convinced of cost/benefits.</p>	<ul style="list-style-type: none"> <li>• See previous IT audits.</li> <li>• See contract with ICT specialist audit provider</li> </ul> <p>No action needed</p>
1210.C1	The CIA must decline the consulting engagement or obtain competent advice and assistance if the IA lack the knowledge, skills or other competencies needed to perform all or part of the engagement	Y	<p>As stated Internal Audit do not engage in consulting activity</p> <p>Where Internal Audit lack knowledge, skills or other</p>	No action needed

			competencies this would be addressed by undertaking research, mentoring, job shadowing or completion of on-line ollie modules where applicable.	
<b>Due Professional Care</b>				
1220	IA must apply the care and skill expected of a reasonably prudent and competent internal auditor. Due professional care does not imply infallibility	Y	<p>The Internal Audit team is experienced and knowledgeable both on a professional and personable basis. They have proven to be discreet and trustworthy.</p> <p>Any conflict would also be recorded on the individual annual forms / time of audit.</p> <p>All working papers and reports are subject to quality review. The CIA also undertakes a further QAIP review on a sample of audits.</p>	<ul style="list-style-type: none"> <li>• See CPD</li> <li>• See customer feedback surveys</li> <li>• See annual conflict forms</li> <li>• See QAIP reviews</li> </ul> <p>No action needed</p>
1220.A1	<p>IA must exercise due professional care by considering the:</p> <ul style="list-style-type: none"> <li>• Extent of work needed to achieve the engagements objectives</li> <li>• Relative complexity, materiality or significance of matters to which assurance procedures are applied</li> <li>• Adequacy and effectiveness of governance, risk management and control processes</li> <li>• Probability of significant errors, fraud or non-compliance</li> </ul>	y	<p>Experienced team of internal auditors who have the skills and knowledge to;</p> <ul style="list-style-type: none"> <li>• Consider the level of testing required to meet the audit objectives.</li> <li>• To objectively evaluate current processes and procedures to determine if they are effective in managing risks</li> </ul>	<p>Audit scopes of work. Supervision by senior officer in team Audit Charter</p> <p>No action needed.</p>

	<ul style="list-style-type: none"> <li>• Cost of assurance in relation to potential benefits</li> </ul>		<ul style="list-style-type: none"> <li>• To evaluate the work undertaken throughout the audit process to add value to the service area.</li> </ul> <p>All of the Audit team are professionally qualified and work to professional standards, any concerns or issues identified as part of the audit work would be raised with the Principal Auditor &amp; CIA . Then referred to the Investigation team if necessary.</p>	
1220.A2	In exercising due professional care IA must consider the use of technology-based audit and other data analysis techniques	Y	<p>This is addressed by having an external contractor via the Staffordshire framework who undertakes specific technology based audits.</p> <p>However the use of various technology systems / data analysis are included within audits where applicable.</p> <p>An example of this would be the various fundamental audits the reconciliation of data between systems.</p>	<ul style="list-style-type: none"> <li>• See provider contract</li> <li>• See example of fundamental audit</li> </ul> <p>No action needed</p>
1220.A3	IA must be alert to the significant risks that might affect objectives, operations or resources. However, assurance procedures alone, even when	Y	As part of drafting the annual audit plan the CIA / Principal Auditor will consult with SDM / AD's to identify significant risks.	<ul style="list-style-type: none"> <li>• See meeting minutes of CIA/PA meeting with management</li> <li>• See risks reviewed in service plans</li> </ul>

	performed with due professional care, do not guarantee that all significant risks will be identified.		Whilst scoping the audit, the auditor will review the risks of the service area and discuss the objectives with the auditee, the SDM and AD. However there is also a caveat within the standard audit report template to advise that not all significant risks will be identified.	<ul style="list-style-type: none"> <li>• See example scope and auditee and QA auditor sign off</li> <li>• See audit report template</li> </ul> <p>No more action needed</p>
1220.C1	<p>IA must exercise due professional care during a consulting engagement by considering the:</p> <ul style="list-style-type: none"> <li>• Needs and expectations of clients, including the nature, timing and communication of engagement results</li> <li>• Relative complexity and extent of work needed to achieve the engagements objectives</li> <li>• Cost of the consulting engagement in relation to potential benefits</li> </ul>	Y	<p>Internal Audit do not undertake consulting engagements.</p> <p>For other work - Internal Audit achieve this through consulting with the service areas to discuss expectations and objectives.</p>	<p>See examples of audit scopes and auditee agreement.</p> <p>No more action needed</p>
<b>Continuing Professional Development</b>				
1230	IA must enhance their knowledge, skills and other competencies through continuing professional development.	p	<p>Auditors do not follow their professional body's requirements for CPD hours. Other training is identified through 1:2:1's and APPD discussions. Internal training is also undertaken on 'Ollie' the Council's Learning Platform.</p> <p>(40 hours CPD required as per CIIA requirements)</p>	<p>Action needed:</p> <p>Training record in place for each auditor, recording training courses attended and additional research/reading. Auditor skills matrix completed.</p> <p>Action needed:</p>

				IIA/CIPFA CPD requirements to be assessed and followed.
Quality Assurance and Improvement Programme				
1300	The CIA must develop and maintain a QAIP that covers all aspects of the internal audit activity.	Y	The CIA has developed/maintains a QAIP process that covers all aspects of audit activity. Results from QAIP are reported to the audit committee. QAIP checks are completed monthly and recorded on a template.	<ul style="list-style-type: none"> <li>See copy of AC reports</li> <li>See examples of QAIP checks</li> </ul> <p>No action needed</p>
Requirements of the Quality Assurance and Improvement Programme				
1310	The quality assurance and improvement programme must include both internal and external assessments.	Y	QAIP covers all assignments and activities covered by internal audit.	<p>See example QAIP</p> <p>No action needed</p>
Internal Assessments				
1311	<p>Internal assessments must include:</p> <ul style="list-style-type: none"> <li>Ongoing monitoring of the performance of the internal audit activity</li> <li>Periodic self-assessments or assessments by other persons within the organisation with sufficient knowledge of internal audit practices</li> </ul>	Y	<p>The QAIP includes monthly checks on the performance activity of IA against the PSIAS.</p> <p>Annual self-assessment undertaken against the standards – the results of this are reported to the audit committee. The self-assessment is reviewed by the Governance &amp; Legal Manager and AD: Governance, Procurement &amp; Commissioning</p>	<ul style="list-style-type: none"> <li>See examples of QAIP checks completed.</li> <li>See copy of self-assessment.</li> <li>See audit improvement plan</li> </ul> <p>No action needed</p>

			Regular team meetings are held to discuss and improve audit processes.	
<b>External Assessments</b>				
1312	<p>External assessments must be conducted at least once every 5 years by a qualified, independent assessor or assessment team from outside the organisation. The CIA must discuss with the board:</p> <ul style="list-style-type: none"> <li>• The form of external assessments</li> <li>• The qualifications and independence of the external assessor or assessment team including any potential conflict of interest</li> </ul>	Y	<p>External assessment last completed in January 2017. Assessment completed by CIPFA who were appointed through a framework.</p> <p>External assessment procurement, appointment, process and outcome reported to audit committee in a number of reports</p> <p>PSIAS assessment undertaken 2017 by CIPFA.</p>	<p>See copy of completed external assessment.</p> <p>No action needed.</p>
1312(1)	The CIA must agree the scope of the external assessments with an appropriate sponsor, e.g. S151 officer or chair of audit committee as well as with the external assessor or assessment team.	Y	<p>See above.</p> <p>The scope of the assessment was derived by the standards and interpreted by CIPFA. This was discussed with CIA and the Audit Committee. The Audit Committee and SMT were involved in the assessment process.</p>	<ul style="list-style-type: none"> <li>• See copy of scope</li> <li>• See minutes from relevant AC meetings</li> <li>• See minutes from relevant SMT meetings</li> </ul> <p>No action needed</p>
<b>Reporting on the Quality Assurance and Improvement Programme</b>				
1320	The CIA must communicate the results of the QAIP to senior management and the board. Disclosure should include:	Y	Results of QAIP are reported to SMT and audit committee.	See IA activity report to AC.

	<ul style="list-style-type: none"> <li>• Scope and frequency of both internal and external assessments</li> <li>• Qualifications and independence of the assessor(s) or assessment team including potential conflicts of interest</li> <li>• Conclusion of assessors</li> <li>• Corrective action plans</li> </ul>		<p>However reporting does not include all of these bullet points.</p> <p>The CIA undertakes monthly quality monitoring checks on internal audit work. The results are reported to audit committee on a quarterly basis.</p>	
<b>Use of 'Conforming with the International Standards for the Professional Practice of Internal Auditing'</b>				
1321	IA activity conforms with the Code of Ethics and the Standards	Y	All IA work performed conforms with the Public Sector Internal Audit Standards which is confirmed in Annual Audit Reports (See 3.2 of 2017-18 Audit Report May 2018)	<ul style="list-style-type: none"> <li>• See IA Annual Report to AC</li> <li>• See QAIP checks</li> <li>• See IA Charter</li> <li>• See scope for each audit assignment.</li> </ul>
<b>Disclosure of Non-conformance</b>				
1322	Where non-conformance with Code of Ethics or Standards impacts the overall scope or operation of the IA activity this should be reported to senior management and the board. It should also be included in the governance statement.	Y	This would mainly be picked up when QA'ing audit working papers and draft reports, customer feedback and QAIP checks. If this were to occur then it would be reported to Senior Managers through CIA, then to the Audit Committee	<ul style="list-style-type: none"> <li>• See audit charter</li> <li>• See AGS</li> <li>• See QAIP checks</li> </ul> <p>No action needed</p>
<b>Managing the Internal Audit Activity</b>				
2000	<p>The CIA must effectively manage the IA activity to ensure it adds value to the organisation. This is when:</p> <ul style="list-style-type: none"> <li>• It achieves the purpose and responsibility included in the charter</li> <li>• It conforms with the Standards</li> </ul>	Y	<p>CIA manages IA either directly or through delegation of tasks to the Principal Auditor.</p> <p>Charter reviewed and reported on to SMT and audit committee annually.</p>	<ul style="list-style-type: none"> <li>• See audit charter and SMT and AC minutes agreeing charter.</li> <li>• See QAIP checks</li> <li>• Standards self-assessment</li> <li>• See notes/agenda for CCAN meetings</li> </ul> <p>No action needed.</p>

	<ul style="list-style-type: none"> <li>• Its individual members conform to Code of Ethics and Standards</li> <li>• It considers trends and emerging issues that could impact the organisation</li> </ul>		<p>QAIP checks to ensure standards conformity Confirmation of compliance with Code of Ethics and standards tested through this self-assessment and monthly QAIP checks. Trends and emerging issues considered via attendance at CCAN to obtain wider issues and attendance at management meetings and meetings with MD and statutory officers.</p> <p>The CIA ensures Auditors adhere to the audit charter and also PSIAS.</p> <p>Management meetings are attended when developing the annual plan to discuss emerging issues. Regular meetings are also held with Managing Director, S151 &amp; the monitoring officer</p>	
2000(1)	<p>IA activity adds value to the organisation and stakeholders when it considers strategies, objectives and risks, strives to offer ways to enhance governance, risk management, control processes and objectivity provides relevant assurance</p>	Y	<p>All audit work is risk based and links to strategic risks, service plans, cooperative objectives and Being the Change</p> <p>The audit plan is risk based, looking at both strategic &amp; service area risk. IA work closely with other teams such as IG, Investigations,</p>	<ul style="list-style-type: none"> <li>• Copy of internal audit plan</li> <li>• Example copy of service plan</li> <li>• Example audit scope</li> <li>• Reports to AC detailing specific value added actions</li> </ul> <p>No action needed</p>

			Procurement & Legal to work together to provide assurance.	
<b>Planning</b>				
2010	CIA must establish risk-based plans to determine the priorities of the IA activity, consistent with organisations goals	Y	The audit plan is risk based, looking at both strategic & service area risk. Managers meetings are attended and their risks are discussed, at the time of developing the annual plan.  Individual audit jobs shown on the annual plan are split into High, medium & low risk.	<ul style="list-style-type: none"> <li>• Copy of audit plan</li> <li>• Copy of strategic risk register</li> <li>• Example copy of service plan</li> </ul> <p>No action needed</p>
2010(1)	CIA must consult with senior management and the board and obtains an understanding of the organisations strategies, key business objectives, associated risks and risk management processes. The CIA must review and adjust plan in response to changes in the organisations business, risk, operations, programmes, systems and controls	Y	When developing the audit plan the CIA and PA with attend management meetings to discuss their risks and jobs to include in the plan. The corporate risk register and individual service plans are used which shows risks at all levels of the organisations. Jobs are added/removed throughout the year but this is not a formal process.  Both the AC and SMT approve the Audit Plan.	<ul style="list-style-type: none"> <li>• Copy of plan</li> <li>• Plan updates to AC</li> <li>• Copy of AC minutes agreeing plan</li> <li>• Copy of SMT minutes agreeing plan</li> </ul> <p>No action needed</p>
2010(2)	Risk based plan must take into account the requirement to produce an annual internal audit opinion and the assurance framework. It should be linked to the strategic statement of how IA will be delivered and developed in accordance with the IA	Y	Internal audit work feeds into the annual governance statement.  The audit plan is structured with risk underpinning this. This	<ul style="list-style-type: none"> <li>• As above</li> <li>• Copy of AGS</li> <li>• Copy of audit report template</li> </ul> <p>No action needed</p>

	charter and how it links to organisational objectives and priorities.		<p>therefore allows audit to provide an overall assurance opinion based on this plan and the completion of audit assignments.</p> <p>As plan and audit assignment scopes are based on risks to the council and service areas not realising their objectives. Therefore audit opinion at assignment level and through the AGS will be based on organisational objectives and priorities.</p>	
2010.A1	IA activity's plan of engagement must be based on a document risk assessment, undertaken at least annually. The input of senior management and the board must be considered in this process	Y	<p>The annual audit plan is derived from the strategic risk register, individual areas service plans (which detail their risks). The CIA and the Principal Auditor will attend managers meetings to discuss the audit plan and the risks each service area is facing.</p> <p>The plan is a working document, jobs are removed throughout the year but unplanned work is also undertaken</p>	See above
2010.A2	The CIA must identify and consider expectations of senior management, the board and other stakeholders for IA opinions and other conclusions	Y	<p>The annual plan is developed with management consultation and approved by SMT and AC.</p> <p>Consideration is also given to the strategic risk register and service plans.</p>	<ul style="list-style-type: none"> <li>• Copy of annual plan</li> <li>• Copy of notes from management meetings</li> <li>• Minutes from AC on plan approval</li> <li>• Minutes from SMT on plan approval</li> <li>• Copy of strategic risk register</li> </ul>

			The CIA meets with the MD and statutory officers 4 times a year to discuss emerging risks.	<ul style="list-style-type: none"> <li>Notes of meetings with MD and statutory officers</li> </ul>
2010.C1	CIA should consider accepting proposed consulting engagements based on the engagements potential to improve management of risks, add value and improve the organisations operations. Accepted engagements must be included in the plan.	Y	Audit do not undertake consulting activity.	No action needed
<b>Communication and Approval</b>				
2020	CIA must communicate the IA activity's plan and resource requirements, including significant interim changes, to senior management and the board for review and approval. The CIA must communicate the impact of resource limitations.	Y	<p>Once drafted the annual plan is presented to Senior Managers then to Audit committee for final approval.</p> <p>The annual resources is shown on the annual plan</p>	<ul style="list-style-type: none"> <li>See audit plan</li> <li>See IA activity reports to AC</li> <li>See minutes for SMT and AC meetings</li> </ul> <p>No action needed</p>
<b>Resource Management</b>				
2030	CIA must ensure IA resources are appropriate, sufficient and effectively deployed to achieve plan.	Y	<p>The annual resources is calculated at the beginning of the year. The high/medium risk areas are audited first with the lower risk areas audited should resources allow.</p> <p>The audit committee are kept up to date with any resource issues within the team</p>	<ul style="list-style-type: none"> <li>Minutes from chair briefing</li> <li>Copy of audit plan</li> </ul> <p>No action needed</p>
2030(1)	IA teams should have a good mix of knowledge, skills and other competencies needed to perform the plan.	P	All Auditors are professionally qualified and have a number of years' experience	<p>See copy of qualifications Auditor skills matrix completed. Action needed:</p>

				IIA/CIPFA CPD requirements to be assessed and followed.
2030(2)	Risk based plan must explain how internal audit resource requirements have been assessed.	Y	The audit plan is based on strategic & service level risk and also audit intelligence. It is split into high, medium, low risks and audit resources concentrate on high/medium risks	See copy of audit plan No action needed
2030(3)	Where CIA believes that level of agreed resource will impact adversely on the provision of the annual internal audit opinion, the consequences must be brought to the attention of the board.	Y	The CIA will bring this to the attention of the Assistant Director for Governance & Procurement, who is also the monitoring officer. He will also raise it with the S151 officer and also the Audit Committee.	See minutes from chair briefing No action needed
<b>Policies and Procedures</b>				
2040	CIA must establish policies and procedures to guide the internal audit activity.	P	IA have documented procedure notes, flow charts and standard templates which are updated when changes occur There is an audit manual dated 2008	See copies of procedures, flow charts and standard templates. Audit manual in place, dated 2019 Action needed: Update audit manual and include KPIs
<b>Coordination</b>				
2050	The CIA should share information, coordinate activities and consider relying upon the work of the other internal and external assurance and consulting service provider to ensure proper coverage and minimise duplication of efforts.	Y	When developing the annual plan the work of other services / assurance bodies is taken into account, i.e. Procurement, H&S, Legal, Ofsted etc in order to provide assurance and this is also	<ul style="list-style-type: none"> <li>• Copy of plan</li> <li>• Copy of notes from management meetings</li> <li>• Copy of AGS</li> </ul> No action needed

			reflected in the annual governance statement.	
<b>Reporting to Senior Management and the Board</b>				
2060	The CIA must report periodically to senior management and the board on the IA activity's purpose, authority, responsibility and performance relative to its plan and on its conformance with the Code of Ethics and the Standards. Reporting must include significant risk and control issues, including fraud risk, governance issues and other matters that require the attention of senior management and/or the board.	Y	<p>CIA formally reports to SMT and audit committee at least 4 times a year. Reports include:</p> <ul style="list-style-type: none"> <li>Refresh of audit charter (once a year)</li> <li>Activity of IA</li> <li>Outcome of QAIP</li> <li>Outcome of standards self assessment (once a year)</li> <li>Fraud activity (once a year)</li> <li>Other governance issues such as finance, treasury management and information governance.</li> </ul> <p>On a quarterly basis all Assistant Directors are provided with a list of ongoing audits in their areas and a list due for follow up, with their current grading.</p> <p>SMT will also receive a monthly report detailing red and amber reports.</p> <p>Audits have a code of Ethics questionnaire, results are sent to the appropriate SDM &amp; AD. Results are compiled at the end of</p>	<ul style="list-style-type: none"> <li>• Copy of SMT/AC activity report</li> <li>• Copy of quarterly reports to AD's</li> <li>• Copy of fraud reports to SMT/AC</li> <li>• Copy of reports on other governance matters to SMT/AC including treasury management and information governance</li> <li>• Copy of AC terms of reference</li> <li>• Copy of code of ethics questionnaires</li> <li>• Copy of corporate recommendations</li> </ul> <p>No action needed</p>

			year and taken to SMT as part of reporting corporate recommendations	
2060(1)	<p>CIA reporting and communication to senior management and the board must include information about:</p> <ul style="list-style-type: none"> <li>• The audit charter</li> <li>• Independence of internal audit activity</li> <li>• Audit plan and progress against it</li> <li>• Resource requirements</li> <li>• Results of audit activities</li> <li>• Conformance with Code of Ethics and the Standards and actions plans to address non-conformance</li> <li>• Managements response to risk that, in CIA judgement, may be unacceptable to the Council</li> </ul>	Y	<p>See above:</p> <p>Charter – yes chartered approved annually by SMT/AC</p> <p>Independence – yes reported via charter</p> <p>Audit plan and progress – yes but improvement needed</p> <p>Resource requirements – yes reported in charter</p> <p>Audit activities – yes</p> <p>Ethics and standards – yes via self assessment and QAIP</p> <p>Management response – yes, this would be in audit activity reports.</p> <p>SMT &amp; The Audit Committee will receive updates about:</p> <ul style="list-style-type: none"> <li>- The audit charter (annually)</li> <li>- The audit plan &amp; progress against the plan (Annually)</li> <li>- Resource requirements (annually and to audit committee quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of charter</li> <li>• Copy of minutes from SMT/AC showing approval</li> <li>• Copy of plan</li> <li>• Copy of minutes for SMT/AC where plan is discussed</li> <li>• See copies of QAIP</li> <li>• See examples of completed audit reports</li> </ul> <p>No action needed.</p>

			Audit reports are sent to ADs and Directors and will clearly show management responses.	
<b>External Service Provider and Organisational responsibility for Internal Auditing</b>				
2070	When an external service provider serves as the IA activity, the provider must make the organisation aware that the organisation has the responsibility for maintaining an effective internal audit activity.	Y	<p>An external company is used for the provision of IT audit under the Staffordshire Framework. The Audit Committee and SMT are aware of this.</p> <p>The external company follow the same process as internal audit and use T&amp;W report format. All reports go out in the name of the CIA.</p> <p>Regular updates are provided to the Principal Auditor as to the progress of each audit assignment. Regular contract monitoring meetings are also held between the external provider, ICT, the Principal Auditor &amp; the CIA.</p>	<ul style="list-style-type: none"> <li>• Copy of framework</li> <li>• Copy of agreement with provider</li> <li>• Copy of example report</li> <li>• Notes from contract monitoring meeting</li> <li>• Minutes where agreement communicated to AC/SMT</li> </ul> <p>No action needed.</p>
<b>Nature of Work</b>				
2100	IA activity must evaluate and contribute to the improvement of the organisations governance, risk management and control processes using a systematic, disciplined and risk based approach. IA credibility and value are enhanced when auditors are proactive and the evaluation offer new insights and consider future impact.	Y	<p>IA activity directly linked to corporate/service level objectives and the associated risk of not achieving these objectives.</p> <p>A risk based approach is used both at the audit planning level and the audit assignment level.</p>	<ul style="list-style-type: none"> <li>• Copy of audit plan</li> <li>• Copy of example audit scope</li> <li>• Copy of example audit report</li> <li>• Examples of changes to schools programme and fundamental systems audit</li> </ul> <p>No action needed.</p>

			IA have a set process for all audits which starts with a scoping meeting and the completion of the proforma which identifies strategic risks and the links to the corporate priorities the objectives of the audit and the risk of not achieving the objectives.	
<b>Governance</b>				
2110	<p>IA activity must assess and make appropriate recommendations to improve the organisations governance processes for:</p> <ul style="list-style-type: none"> <li>• Making strategic and operational decisions</li> <li>• Overseeing risk management and control</li> <li>• Promoting appropriate ethics and values within the organisation</li> <li>• Ensuring effective organisational performance management and accountability</li> <li>• Communication risk and control information to appropriate areas of the organisation</li> <li>• Co-ordinating the activities of and communication information among the board, external and internal auditors, other assurance providers and management</li> </ul>	Y	<p>Audit activity complies with this by:</p> <ul style="list-style-type: none"> <li>• Strategic/operational decisions – audit plan and audit scopes based on risks to both strategic risk and operational risk as detailed in service plans.</li> <li>• Overseeing risk management / control – this includes specific audits of risk management function and risk management as applied by SDM's.</li> <li>• Promoting ethics – all audits include an ethics element. This is categorised into themes and shared with Organisational Development &amp; Delivery Team.</li> <li>• Effective organisational performance – all audits look</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of audit plan</li> <li>• Copy of example scope</li> <li>• Copy of ethics questionnaire</li> <li>• Ethics themes</li> </ul>

			<p>at how services are meeting their objectives through effective, efficient and economical use of resources.</p> <ul style="list-style-type: none"> <li>• Communication risk – See above comments on risk.</li> <li>• Co-ordinating activity – CIA and Principal Auditor co-ordinate Audit Committee activity</li> </ul>	
2110.A1	IA activity must evaluate the design, implementation and effectiveness of the organisations ethics-related objectives, programmes and activities.	Y	<p>IA have introduced an ethics questionnaire that is included on all audits. IT was felt this is a better approach than completing a separate ethics audit and it makes the ethical approach more embedded into the services culture and operations.</p> <p>Themes from the completed questionnaire are then provided to the Councils Organisational Development and Delivery Team to enable them to implement targeted actions where improvement is required.</p>	<ul style="list-style-type: none"> <li>• Copy of ethics questionnaire</li> <li>• Copy of ethics summary sheet</li> <li>• Example liaison with Organisational Development and Delivery</li> </ul> <p>No action needed</p>
2100.A2	IA activity must assess whether the information technology governance of the organisation supports the organisations strategies and objectives	Y	IA contract IT audit specialists to undertake annual reviews of IT and surrounding governance. This has	<ul style="list-style-type: none"> <li>• Copy of contract</li> <li>• Copy of ICT audit plan</li> </ul>

			included direct reviews of the ICT strategy and governance.	<ul style="list-style-type: none"> <li>• Copy of example report on governance and strategy</li> </ul> <p>No action needed</p>
<b>Risk Management</b>				
2120	<p>IA activity must evaluate the effectiveness and contribute to the improvement of risk management processes. This includes an assessment of:</p> <ul style="list-style-type: none"> <li>• Organisational objectives support and align with the organisations mission</li> <li>• Significant risks are identified and assessed</li> <li>• Appropriate risk responses are selected that align risks with the organisations risk appetite</li> <li>• Relevant risk information is captured and communicated in a timely manner across the organisation, enabling staff, management and the board to carry out their responsibilities</li> </ul>	Y	<p>See above.</p> <p>Organisational objectives – audit plans based on service plans which detail objectives and risk</p> <p>Significant risk – this is covered by looking at strategic risk register and ranking audit recommendations by risk</p> <p>Risk responses – responses to recommendations detailed by SDM and are agreed with Audit and aligned to risk appetite and risk treatment</p> <p>Risk information – this is captured in many forms including as part of service plans, the audit plan and categorisation/assessment of risk in the audit reports reported to management, SMT and AC</p>	<ul style="list-style-type: none"> <li>• See audit plan</li> <li>• See strategic risk register</li> <li>• Example audit report</li> <li>• Reports to SMT/AC</li> <li>• Corporate recommendations report</li> <li>• Example service plan</li> </ul> <p>No action needed</p>
2120.A1	<p>IA activity must evaluate risk exposures relating to the organisations governance, operations and information systems regarding the:</p> <ul style="list-style-type: none"> <li>• Achievement of the organisations strategic objectives</li> </ul>	Y	See 2120	See above

	<ul style="list-style-type: none"> <li>• Reliability and integrity of financial and operational information</li> <li>• Effectiveness and efficiency of operations and programmes</li> <li>• Safeguarding of assets</li> <li>• Compliance with laws, regulations, polices, procedures and contracts</li> </ul>			
2120.A2	IA activity must evaluate the potential for the occurrence of fraud and how the organisation manages fraud risk	Y	See 2120 – Any fraud identified would be reported to the Principal Auditors/CIA and referred to the fraud team if necessary	See above
2120.C1	During consulting engagements, IA must address risk consistent with the engagements objectives and be alert to the existence of other significant risks	Y	Internal Audit do not undertake consulting engagements.	N/A
2120.C2	IA must incorporate knowledge of risks gained from consulting engagements into their evaluation of the organisations risk management processes	Y	Internal Audit do not undertake consulting engagements.	N/A
2120.C3	When assisting management in establishing or improving risk management processes, IA's must refrain from assuming any management responsibility by actually managing risks.	Y	Managers are all required to address recommendations made in the audit report through the completion of the action plan outlining how they plan to address the recommendation made. There is a caveat in appendix 4 of the audit report which emphasises that managers are responsible for the implementation of a sound system of control and that any audit work	See example audit report

			should not be taken as substitute for this.	
<b>Control</b>				
2130	The IA activity must assist the organisation in maintaining effective controls by evaluating their effectiveness and efficiency and by promoting continues improvement	Y	Audit programmes of work have objectives which link to the Strategic risks and corporate priorities, which Through undertaking the audit review, we evaluate the effectiveness of the controls and work with service areas to promote continuous improvement.	See example audit scope See example audit report
2130.A1	<p>IA activity must evaluate the adequacy and effectiveness of controls in responding to risks within the organisations governance operations and information systems regarding the:</p> <ul style="list-style-type: none"> <li>• Achievement of organisations strategic objectives</li> <li>• Reliability and integrity of financial and operational information</li> <li>• Effectiveness and efficiency of operations and programmes</li> <li>• Safeguarding of assets</li> <li>• Compliance with laws, regulations, policies, procedures and contracts</li> </ul>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>	<p>The audit activity will assess the effectiveness of controls in place to manage risks by evaluating;</p> <ul style="list-style-type: none"> <li>• The service areas objectives align with the Council priorities</li> <li>• The accuracy of information held and produced</li> <li>• The effectiveness of current working procedures and processes</li> <li>• The arrangements in place to ensure all Council assets are safely maintained and protected</li> <li>• That the service areas adheres with laws, regulations, policies, procedures and contracts</li> </ul> <p>This is further demonstrated in the audit reports by evaluating the agreed expected controls and both</p>	<p>Copy of Audit Plan</p> <p>Copy of audit report template</p>

			categorising them and giving them a risk rating.	
2130.C1	IA's must incorporate knowledge of controls gained from consulting engagements into evaluation of the organisations control processes	Y	Internal Audit do not undertake consulting engagements.	N/A
<b>Engagement Planning</b>				
2200	IA's must develop and document a plan for each engagement, including the engagements objectives, scope, timings and resource allocations. The plan must consider the organisations strategies, objectives and risks relevant to the engagement	Y	<p>The plan is directed by the audit charter agreed by Audit Committee. The plan is informed and influenced by previous Internal Audit work, areas highlighted during previous audits, areas identified by management teams, , the strategic and ICT risk registers, external assessments and local, regional and national networking intelligence</p> <p>Following discussions with all Service Management Teams an initial plan is drawn up based on the audit resources available for that year.</p> <p>Each audit has its own individual scope, which includes; objectives for undertaking the audit. The risks to be considered whilst undertaking the review, the timings and resource allocated. The scope is shared with the SDM / AD prior to audit commencing.</p>	<ul style="list-style-type: none"> <li>• See audit charter</li> <li>• See service plans</li> <li>• See risk registers</li> <li>• See example audit scope</li> </ul>

2201	<p>In planning the engagement, IA's must consider:</p> <ul style="list-style-type: none"> <li>• Strategies and objectives of the activity being reviewed and the means by which the activity controls its performance</li> <li>• The significant risks to the activities objectives, resources and operations and the means by which the potential impact of risk is kept to an acceptable level</li> <li>• The adequacy and effectiveness of the activity's governance, risk management and control processes compared to a relevant framework or model</li> <li>• The opportunity for making for making significant improvements to the activities governance, risk management and control processes</li> </ul>	Y	<p>This is evident on the scope / pro-forma drafted for each audit</p> <p>Risks and expected controls of the activities being reviewed are detailed on individual working papers. The management of the risk is documented as part of the testing results and this determines the service areas effectiveness and the opportunity for making for making significant improvements to the activities governance, risk management and control processes.</p>	See example scope and audit report
2201.A1	<p>When planning an engagement for parties outside the organisation, IA must establish a written understanding with them about objectives, scope, respective responsibilities and other expectations including restrictions on distribution of the results of the engagement and access to engagement records</p>	Y	<p>There are individual agreements in place which establish the terms and conditions subject to which Internal Audit will deliver the Services for the duration of this agreement to the external Customer.</p>	<p>See external agreements</p> <p>See example scope</p> <p>See example audit report</p>
2201.C1	<p>Internal auditors must establish an understanding with consulting engagement clients about objectives, scope, respective responsibilities and other client expectations. For significant engagements, this understanding must be documented</p>	Y	Refer to 2200 - 2201.A1	N/A

Engagement objectives				
2210	Objectives must be established for each engagement	Y	Refer to 2201	N/A
2210.A1	IA must conduct a preliminary assessment of the risks relevant to the activity under review. Engagement objectives must reflect the results of this assessment	Y	Whilst scoping the audit, the auditor will review the risks of the service area and discuss the objectives with the auditee, the SDM and AD.	See example audit scope See evidence of scope sign off
2210.A2	IA must consider the probability of significant errors, fraud, non-compliance and other exposures when developing the engagement objectives	Y	As noted above these will be considered as part of reviewing the audit scope (if an existing audit programme) or as part of having a pre-scoping meeting to draft the scope	See above
2210.A3	<p>Adequate criteria are needed to evaluate governance, risk management and controls. IA must ascertain the extent to which management and/or the board has established adequate criteria to determine whether objectives and goals have been accomplished. If adequate, IA must use criteria in their evaluation. If inadequate, IA must identify appropriate evaluation criteria through discussion with management and/or board.</p> <p>Types of criteria may include:</p> <ul style="list-style-type: none"> <li>• Internal (policies and procedures of organisation)</li> <li>• External (law and regulations imposed by statutory bodies)</li> </ul>	Y	<p>Audit programmes are drafted to evaluate governance, risk management and controls.</p> <p>Testing and discussions determine whether objectives and priorities have been accomplished in the service area.</p> <p>At report and recommendation level the IA will use criteria to assess report assurance and category/level of risk associated with the recommendation. Risks are low, medium or high and categories include best practice,</p>	<ul style="list-style-type: none"> <li>• See example audit scope</li> <li>• See example audit report</li> </ul>

	<ul style="list-style-type: none"> <li>Leading practices (industry and professional guidance)</li> <li>Value for money</li> </ul>		policy and procedure, legal and financial regulations.	
2210.C1	Consulting engagement objectives must address governance, risk management and control processes to the extent agreed upon with the client	Y	IA do not undertake consulting engagements.	N/A
2210.C2	Consulting engagement objectives must be consistent with the organisations values, strategies and objectives	Y	IA do not undertake consulting engagements.	N/A
<b>Engagement Scope</b>				
2220	The established scope must be sufficient to satisfy the objectives of the engagement	Y	Whilst scoping the audit, the auditor will review the risks of the service area and discuss the objectives with the auditee, the SDM and AD.	See example scope
2220.A1	The scope of the engagement must include consideration of relevant systems, records, personnel and physical properties, including those under the control of third parties	Y	See above	See above
2220.A2	If significant consulting opportunities arise during an assurance engagement, a specific written understanding as to the objectives, scope, respective responsibilities and other expectations should be reached and the results of the consulting engagement communicated in accordance with consulting standards.	Y	IA do not undertake consulting activities.	N/A
2220.C1	In performing consulting engagements, IA must ensure that the scope of the engagement is	Y	IA do not undertake consulting activities.	N/A

	sufficient to address the agreed-upon objectives. If the IA develop reservations about the scope during the engagement, these reservations must be discussed with the client to determine whether to continue with the engagement.			
2220.C2	During consulting engagements, IA must address controls consistent with the engagements objectives and be alert to significant control issues	Y	IA do not undertake consulting activities.	N/A
<b>Engagement Resource Allocation</b>				
2230	IA must determine appropriate (mix of knowledge, skills and other competencies) and sufficient resources to achieve engagement objectives based on an evaluation of the nature and complexity of each engagement, time constraints and available resources	Y	In compiling the audit plan lots of factors are taken into account when deciding on audit assignment resources, e.g, has area being audited before, have their been process/legal changes in that area, etc.  All internal auditors are professionally qualified and have a number of years' experience. Where appropriate work may be allocated to auditors with previous experience in the area being audited.	N/A
<b>Engagement Work Programme</b>				
2240	IA must develop and document work programmes that achieve the engagement objectives	Y	Audit programmes are developed to test whether the objectives identified in the scope are achieved by the service area	<ul style="list-style-type: none"> <li>• See example scope</li> <li>• See related example wps</li> </ul> <p>No action needed</p>
2240.A1	Work programmes must include the procedures for identifying, analysing, evaluating and documenting	Y	Audit programmes (working papers) include a brief of what is to	<ul style="list-style-type: none"> <li>• See example scope</li> <li>• See related example wps</li> </ul>

	information during the engagement. The work programme must be approved to its implementation and any adjustments approved promptly.		be evaluated. Working papers for new audit areas are approved by the Principal Auditor prior to commencing testing  This can be evidenced by the email trails retained on file confirming the Principal Auditor has reviewed the tests.	No action needed
2240.C1	Work programmes for consulting engagements may vary in form and content depending upon the nature of the engagement	Y	IA do not undertake consultancy engagements	N/A
<b>Performing the Engagement</b>				
2300	IA must identify, analyse, evaluate and document sufficient information to achieve the engagements objectives	Y	Following the scoping meeting to identify risks and document information, working papers are set up which are reviewed by the Principal Auditor/CIA.	<ul style="list-style-type: none"> <li>• See example scope</li> <li>• See related example wps</li> </ul> <p>No action needed</p>
<b>Identifying Information</b>				
2310	IA must identify sufficient, reliable, relevant and useful information to achieve the engagements objectives	Y	Information is obtained which supports the audit findings and recommendations made. Also taking into account any recent external reviews that have taken place.	<ul style="list-style-type: none"> <li>• See example scope</li> <li>• See related example wps</li> </ul> <p>No action needed</p>
2310(1)	Sufficient information is factual, adequate and convincing so that a prudent, informed person would reach the same conclusions as the auditor. Reliable information is the best attainable information through the use of appropriate engagement techniques. Relevant information	Y	Working papers are completed following meetings with relevant staff and testing undertaken within the service area. Evidence of non compliance with processes and procedures is obtained and	<ul style="list-style-type: none"> <li>• See example scope</li> <li>• See related example wps</li> </ul> <p>No action needed.</p>

	supports engagement observations and recommendations and is consistent with the objectives for the engagement. Useful information helps the organisation meet its goals.		<p>reported on with recommendations made to improve the service and reduce the risk. Working papers are reviewed by the Principal Auditor.</p> <p>The CIA also reviews a sample of audit engagements to check adherence to the PSIAS and relevant internal audit procedures in terms of maintaining adequate evidence to back up findings.</p>	
<b>Analysis and Evaluation</b>				
2320	IA must base conclusions and engagement results on appropriate analyses and evaluations	Y	<p>Conclusions are based on the audit work carried out and evidence is obtained to support this.</p> <p>Also grading of reports and risk levels of recommendations are evaluated using agreed criteria.</p>	<ul style="list-style-type: none"> <li>• See example scope</li> <li>• See example report</li> <li>• See example working papers</li> </ul> <p>No action needed.</p>
<b>Documenting Information</b>				
2330	IA must document sufficient, reliable, relevant and useful information to support the engagement results and conclusions	Y	Documented in working papers which are reviewed by the Principal Auditor/CIA, findings and recommendations are then used to produce the draft report.	
2330.A1	The CIA must control access to engagements records. The CIA must obtain the approval of senior	Y	Engagements are held on a shared network drive with limited access to those on a need to know basis.	<p>See example scope</p> <p>No action needed.</p>

	management and/or legal counsel prior to releasing such records to external parties, as appropriate.		Distribution of the audit report is agreed as part of the scoping of the audit.	
2330.A2	The CIA must develop retention requirements for engagement records, regardless of the medium in which each record is stored. These retention requirements must be consistent with the organisations guidelines and any pertinent regulatory or other requirements.	P	The Council has a Corporate Information Retention Schedule that details how long audit documentation should be kept for regardless of medium.  However, this is inconsistently applied and further work required.	See CIRS  Action Needed: Audit manual to be updated to include the process for document retention.  Document storage at Stafford Park to be sorted out.
2330.C1	The CIA must develop policies governing the custody and retention of consulting engagement records, as well as their release to internal and external parties. These policies must be consistent with the organisations guidelines and any pertinent regulatory or other requirements	N/A	IA do not undertake consulting activity.	N/A
<b>Engagement Supervision</b>				
2340	Engagements must be properly supervised to ensure objectives are achieved, quality is assured and staff is developed	Y	All audit assignments are supervised by the PA and escalated to the CIA if appropriate.  If the PA is part of the audit then the CIA will supervise and QA. The CIA also will undertake checks as part of the QAIP checks.	<ul style="list-style-type: none"> <li>• Evidence of CIA review</li> <li>• Evidence of PA review</li> <li>• QAIP checks</li> </ul> No action needed
2340(1)	The extent of supervision required will depend on the proficiency and experience of IA and the	Y	The scope of the audit assignment is agreed with the PA and service	<ul style="list-style-type: none"> <li>• See evidence scope agreed by PA/CIA</li> <li>• Evidence of QA checks undertaken</li> </ul>

	complexity of the engagement. The CIA has overall responsibility for supervising the engagement, whether performed by or for the IA activity, but may designate appropriately experienced members of the internal audit activity to perform the review. Appropriate evidence of supervision is documented and retained.		area prior to any work being undertaken. Regular updates are provided by the auditor to the PA. The PA will electronically review working papers and audit reports and this will be evidence on these documents.  All audit reports go out in the name of the CIA.	<ul style="list-style-type: none"> <li>• Example copy of audit report</li> <li>• QAIP checks completed</li> </ul> <p>No action needed</p>
<b>Communicating Results</b>				
2400	IA must communicate the results of engagements	Y	Results of all IA are reported through the issue of Draft, Final Draft and Final Reports. Results are also reported to the Audit Committee with any that are Amber or Red being highlighted	<ul style="list-style-type: none"> <li>• See copy of scope where report distribution agreed</li> <li>• See copy of example audit report</li> <li>• See copy of papers to audit committee</li> </ul> <p>No action needed</p>
<b>Criteria for Communicating</b>				
2410	Communications must include the engagements objectives, scope and results	Y	Scope and objectives are agreed with the service area at the start of the IA activity these are then communicated with the scope to be agreed and also included in audit reports issued at the end of the audit process. All Service Delivery Managers, Assistant Directors and Directors are copied in when scopes and reports are issued to enable them to have input/make comment	<ul style="list-style-type: none"> <li>• See copy of example scope</li> <li>• See example where PA/CIA agrees scope</li> <li>• See auditee agreement of scope</li> <li>• See copy of audit report for results</li> </ul> <p>No action needed</p>
2410.A1	Final communication of engagement results must include applicable conclusions, as well as applicable	Y	Communication with auditees takes place throughout the audit	See example of audit report

	<p>recommendations and/or action plans. Where appropriate, the internal auditor's opinion should be provided. An opinion must take into account the expectations of senior management, the board and other stakeholders and must be supported by sufficient, reliable, relevant and useful information.</p>		<p>engagement both verbally and through the use of email. Engagement results are communicated through the Draft, Final Draft and Final reports, these reports are produced using a standard template and include the audit opinion and give a summary of how that opinion was arrived at (these opinions are supported by working papers which contain testing results and more detailed work that has been used to arrive at the overall opinion. Where relevant if there is an area of particular concern or an area where there is particularly good practice this is highlighted in the management summary. Senior Managers are asked to add their comments and actions to address the implementation of the recommendation on the report which is communicated widely within the service area.</p>	<p>No action needed</p>
2410.A1(1)	<p>Opinion at the engagement level may be ratings, conclusions or other descriptions of the results. Such an engagement may be in relation to controls around a specific process, risk or business unit. The formulation of such opinions requires consideration of the engagement results and their significance.</p>	Y	<p>A table at the back of the audit report shows where an area is considered to be satisfactory and there have been no recommendations made. All recommendations made in audit reports are categorised as</p>	<p>See copy of report.  No action needed.</p>

			Policy & Performance, Financial Regulations, Legal or Regulatory Requirement, they are also categorised as high, medium or low risk	
2410.A2	IA are encouraged to acknowledge satisfactory performance in engagement communications	Y	A table at the back of the audit report shows where an area is considered to be satisfactory and there have been no recommendations made.	See example audit report.  No action needed.
2410.A3	When releasing engagement results to parties outside the organisation, the communication must include limitations on distribution and use of the results	Y	Engagement results are not communicated outside the organisation. If such as request occurred IA would discuss with the relevant auditee and caveats would be given to the external body.  Results of audit work performed are reported to the audit committee, the results only provide limited information which includes name of audit area, opinion (Green, yellow, amber or red) when follow up is due, days allocated/taken and % variance. These results are included in the Audit Report to the committee which is available on the councils website.	N/A

			Grant Thornton external auditors appointed by the council receive copies of all final reports in full from the Principal Auditor.	
2410.C1	Communication of the progress and results of consulting engagements will vary in form and content depending upon the nature of the engagement and the needs of the client	Y	IA do not conduct consulting engagements.	N/A
<b>Quality of Communications</b>				
2420	Communications must be accurate, objective, clear, concise, constructive, complete and timely.	Y	All scopes and reports are checked prior to issue to ensure that they are accurate, objective, clear, concise, constructive, complete and timely.  The CIA also performs checks on this during QAIP checks in compliance with PSIAS.	<ul style="list-style-type: none"> <li>• See example audit report.</li> <li>• See QAIP checks</li> </ul> <p>No action needed.</p>
2420(1)	Accurate communications are free from errors and distortions and are faithful to the underlying facts. Objective communications are fair, impartial and unbiased and are the result of a fair minded and balanced assessment of all relevant facts and circumstances. Clear communications are easily understood and logical, avoiding unnecessary technical language and providing all significant and relevant information. Concise communications are to the point and avoid unnecessary elaboration, superfluous detail, redundancy and wordiness. Constructive communications are helpful to the engagement client and the organisation and lead to	Y	Working papers and reports are subject to quality review prior to the issue of reports. Communication is ongoing throughout the course of the audit engagement both verbally and through the use of e mails, if a significant concern/risk is identified as part of the audit work then this is brought to the attention of the appropriate manger immediately to enable corrective action to be taken in a timely manner	<ul style="list-style-type: none"> <li>• See example audit report.</li> <li>• See QAIP checks</li> </ul> <p>No action needed.</p>

	improvements where needed. Complete communications lack nothing that is essential to the target audience and include all significant and relevant information and observations to support recommendations and conclusions. Timely communications are opportune and expedient, depending on the significance of the issue, allowing management to take appropriate corrective action.			
<b>Errors and Omissions</b>				
2421	If a final communication contains a significant error or omission, the CIA must communicate corrected information to all parties who received the original communication.	Y	Where errors are found the correction will be sent to all parties involved.	N/A
<b>Use of 'Conducted in Conformance with the International Standards'</b>				
2430	Indicating that engagements are conducted in conformance with the International Standards for the Professional Practice of Internal Auditing is appropriate only if supported by the results of the quality assurance and improvement programme.	Y	Results of QIAP are reported to SMT and audit committee at least 4 times a year.	<ul style="list-style-type: none"> <li>• QAIP examples</li> <li>• See SMT/AC reports</li> <li>• Audit scoping document</li> </ul> <p>No action needed.</p>
<b>Engagement Disclosure and Non-conformance</b>				
2431	<p>When non-conformance with the Code of Ethics or the Standards impacts a specific engagement, communications of the results must disclose the:</p> <ul style="list-style-type: none"> <li>• Principle(s) or rule(s) of conduct of the Code of Ethics or the Standards with which full conformance was not achieved</li> <li>• Reason(s) for non-conformance</li> <li>• Impact of non-conformance on the engagement and the communicated engagement results</li> </ul>	Y	<p>This is not really applicable but IA would follow standard requirements in such cases.</p> <p>Standard ways of working, templates and professional QA by PA and/or CIA hopefully result in no instances of code of ethics/standards being not being complied with.</p>	N/A

<b>Disseminating Results</b>				
2440	The CIA is responsible for reviewing and approving the final engagement communication before issuance and deciding to whom and how it will be disseminated. When the CIA delegates these duties, he or she retains overall responsibility.	Y	There is a standard audit process as to who receives draft, final draft and final reports. Audit reports clearly state they are being sent on behalf of the CIA.	<ul style="list-style-type: none"> <li>• See report template</li> <li>• See example of reviews of audit assignments</li> </ul> No action needed.
2440.A1	The CIA is responsible for communication the final results to parties who can ensure that the results are given due consideration	Y	The CIA has delegated this to the PA, however he maintains overall responsibility.	See example audit report  No action needed.
2440.A2	If not otherwise mandated by legal, statutory or regulatory requirements, prior to releasing results to parties outside the organisation the CIA must: <ul style="list-style-type: none"> <li>• Assess the potential risk to the organisation</li> <li>• Consult with senior management and/or legal counsel as appropriate, and</li> <li>• Control dissemination by restricting the use of the results</li> </ul>	Y	Very little IA information is sent outside of the organisation however there may be occasions where information is shared with other Authorities/ network groups. In these instances the CIA will assess the risk and approve prior to sending.	N/A
2440.C1	The CIA is responsible for communicating the final results of consulting engagements to clients.	Y	IA do not undertake consulting engagements	N/A
2440.C2	During consulting engagements, governance, risk management and control issues may be identified. Whenever these issues are significant to the organisation, they must be communicated to senior management and the board.	Y	IA do not undertake consulting engagements	N/A
<b>Overall opinion</b>				
2450	When an overall opinion is issued, it must take into account the strategies, objectives and risks of the	Y	Evidenced in all Final audit reports.	See example audit report

	<p>organisation and the expectations of senior management, the board and other stakeholders. The overall opinion must be supported by sufficient, reliable, relevant and useful information.</p> <p>The communication will include:</p> <ul style="list-style-type: none"> <li>• Scope including the time period to which the opinion pertains</li> <li>• Scope limitations</li> <li>• Consideration of all related projects including the reliance on other assurance providers</li> <li>• Summary of the information that supports the opinion</li> <li>• Risk or control framework or other criteria used as a basis for the overall opinion</li> <li>• Overall opinion, judgement or conclusion reached</li> </ul> <p>Reasons for an unfavourable overall opinion must be stated</p>			No action needed
2450(1)	<p>CIA must deliver an annual internal audit opinion and report that can be used by organisation to inform its governance statement.</p> <p>The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisations framework of governance, risk management and control.</p>	Y	<p>Annual report produced to inform the AGS.</p> <p>QAIP was introduced in February 2015</p>	<p>See last AGS</p> <p>No action needed:</p>

	The annual report must also include a statement on conformance with the PSIAS and the results of the QAIP			
<b>Monitoring Progress</b>				
2500	CIA must establish and maintain a system to monitor the disposition of results communicated to management	Y	Disposition of results communicated are QA'd by PA or the CIA. Also QAIP are completed by CIA	<ul style="list-style-type: none"> <li>Evidence of QA of audit reports</li> <li>See example of QAIP</li> </ul> No action needed.
2500.A1	CIA must establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action	Y	There is a follow up process in place	See process maps.  No action needed.
2500.C1	IA activity must monitor the disposition of results of consulting engagements to the extent agreed upon with the client	N/A	IA do not undertake consulting engagements	N/A
<b>Communicating the Acceptance of Risks</b>				
2600	When CIA concludes that management has accepted a level of risk that may be unacceptable to the organisation, the CIA must discuss the matter with senior management. If the CIA determines that the matter has not been resolved, the CIA must communicate the matter to the board.	Y	The CIA meets regularly with the S151, monitoring officer and Managing director, he will share his concerns at these meeting.  The AD / Director or the service area will be informed of the CIA concerns with regard to the level of risk acceptable.	Notes of meetings with MD and statutory officers.  No action needed.
2600(1)	Identification of risk accepted by management may be observed through an assurance or consulting engagement, monitoring progress on actions taken by management as a result of prior engagements,	Y	All recommendations made in audit reports are risk rated, ie medium/high. These will be discussed with managers and	<ul style="list-style-type: none"> <li>See process flow</li> <li>See example audit reports</li> </ul>

	or other means. It is not the responsibility of the CIA to resolve the risk		relevant actions put in place to manage this risk.  All audits are followed up to monitor progress against each risk. Management will be expected to determine the level of risk they are willing to accept	No action needed
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## TELFORD & WREKIN COUNCIL

AUDIT COMMITTEE 28 SEPTEMBER 2021

APPOINTMENT OF EXTERNAL AUDITORS FOR APRIL 2023 ONWARDS

REPORT OF THE CHIEF FINANCIAL OFFICER

### 1. Purpose of Report

- 1.1. This report summarises the requirements for the Council to appoint external auditors for the appointing period commencing the audit of the financial year 2023/24.
- 1.2. The Audit Committees terms of reference state that the “Committee recommend the appointment of the external auditors to the Council”.
- 1.3. This report:
  - a) sets out the options available for the future appointment of external auditors under the relevant legislation
  - b) seeks the agreement of the Audit Committee for the Council to opt into the Sector Led Body (Public Sector Audit Appointment Ltd - PSAA) procurement route and recommends that the Council approves opting into the PSAA for the procurement of the external auditors

### 2. Recommendations

#### 2.1 It is recommended that the Audit Committee:

- a) **Notes the information and options available as set out in section 4 of the report;**
- b) **Agrees that the Council uses option 3, the national Sector Led Body (SLB) appointed by the Government – Public Sector Audit Appointments Ltd to undertake the procurement;**
- c) **Recommends to full Council the approval of the proposal to opt into the PSAA for the purpose of appointing External Auditors for the audit of the financial years 2023/24 onwards;**
- d) **Recommends to full Council that delegated authority should be granted to the Chief Finance Officer (or their delegated officer) to take all appropriate actions to opt into the PSAA procurement process and engages with the PSAA to inform their specifications and proposed supplier.**
- e) **Recommends to full Council that delegated authority should be granted to the Associate Director: Policy & Governance (or their delegated officer) to take all actions needed to enter into all necessary legal documentation required to give effect to this decision.**

### Background

- 2.1. The Local Audit and Accountability Act 2014 (“the Act”) brought to a close the Audit Commission and established transitional arrangements for the appointment of external auditors and the setting of external audit fees for all local government and NHS bodies in England.

- 2.2 The Council's current external auditor is Grant Thornton, this appointment having been made through the Public Sector Audit Appointment Ltd (PSAA) procurement route as previously agreed by the Audit Committee.
- 2.3 The current agreement with Grant Thornton ends after the audit of the financial year, 2022/23, has been completed. Therefore the Council will need to appoint new external auditors for the audit of the financial year 2023/24 accounts onwards.
- 2.4 There are three options by which this can be achieved, each with varying risks and opportunities.
- 2.5 In accordance with Regulation 19 of the Local Audit (Appointing Person) Regulations 2015, a principal authority will need to make the decision to opt in to the sector led body at full Council.

### **3. Options for local appointment of External Auditors**

- 3.1. There are three options open to the Council under the Act:

#### **Option 1 - To make a stand-alone appointment**

- 3.2. In order to make a stand-alone appointment the Council will need to set up an Auditor Panel. The members of the panel must be wholly or a majority of independent members as defined by the Act. Independent members for this purpose are independent appointees, this excludes current and former elected members (or officers) and their close families and friends. This option means that the current Audit Committee/elected members will not have a majority input to assessing bids and choosing which firm of suitably qualified accountants to award a contract for the Council's external audit to. A new independent auditor panel established by the Council would be responsible for selecting/recommending the auditor appointment to the Council. This is because we do not have an existing independent committee suitably constituted to do this.

#### *Advantages/benefit*

- 3.3. Setting up an auditor panel allows the Council to take maximum advantage of the new local appointment regime and have local input to the decision.

#### *Disadvantages/risks*

- 3.4. Recruitment and servicing of the Auditor Panel, running the bidding exercise and negotiating the contract is estimated by the LGA to cost at least £16,000 plus on going expenses and allowances
- 3.5. The Council will not be able to take advantage of reduced fees that may be available through joint or national procurement contracts and indeed may not attract many bids from the relatively small number of firms that are suitably experienced to provide a high quality specialist local authority audit.
- 3.6. The assessment of bids and decision on awarding contracts will be taken by independent appointees and not solely by elected members. It may be difficult for the Council to find suitably qualified people to perform this role.

## **Option 2 - Set up a Joint Auditor Panel/local joint procurement arrangements**

- 3.7. The Act enables the Council to join with other authorities to establish a joint auditor panel. Again this will need to be constituted of wholly or a majority of independent appointees (members). Further legal advice will be required on the exact constitution of such a panel having regard to the obligations of each Council under the Act and the Council need to liaise with other local authorities to assess the appetite for such an arrangement which may be unlikely given the very high proportion of authorities that have previously opted for the PSAA procurement route. Authorities contacted by the Council have indicated they will not be following this procurement route and will likely follow the route outlined in option 3 below.

### *Advantages/benefits*

- 3.8. The costs of setting up the panel, running the bidding exercise and negotiating the contract will be shared across a number of authorities.
- 3.9. There is an opportunity for negotiating some economies of scale by being able to offer a larger combined contract value to the firms.

### *Disadvantages/risks*

- 3.10. The decision making body will be further removed from local input, with potentially no input from elected members where a wholly independent auditor panel is used or possibly only one elected member representing each Council, depending on the constitution agreed with the other bodies involved.
- 3.11. The choice of auditor could be complicated where individual Councils have independence issues. An independence issue occurs where the auditor has recently or is currently carrying out work such as consultancy or advisory work for the Council. Where this occurs some auditors may be prevented from being appointed by the terms of their professional standards. There is a risk that if the joint auditor panel choose a firm that is conflicted for this Council then the Council may still need to make a separate appointment with all the attendant costs and loss of economies possible through joint procurement.

## **Option 3 - Opt-in to a sector led body**

- 3.12. The Council can decide to 'opt-in' to a Sector Led Body (SLB) which is the Public Sector Audit Appointments Ltd (PSAA) (an independent company limited by guarantee incorporated by the Local Government Association). This is how the Council's current external auditors, Grant Thornton, were appointed.
- 3.13. The PSAA will be able to negotiate contracts with the firms nationally, maximising the opportunities for the most economic and efficient approach to procurement of the specialist external audit service required on behalf of the whole sector. The benefits to members of joining the PSAA are listed in Appendix A.
- 3.14. In accordance with Regulation 19 of the Local Audit (Appointing Person) Regulations 2015, a principal authority will need to make the decision to opt into the PSAA at a full council meeting. The Audit Committee would therefore need to recommend this option for the decision to be made by full council.

### *Advantages/benefits*

- 3.15. The costs of setting up the appointment arrangements and negotiating fees would be shared across all opt-in authorities
- 3.16. By offering large contract values the firms would be able to offer better rates and lower fees than are likely to result from local packages and negotiation

- 3.17. Any conflicts at individual authorities would be managed by the PSAA who would have a number of contracted firms to call upon.
- 3.18. The Council will not need to set up an Auditor Panel and so the process of appointing local independent members would not be required. Instead the PSAA will act in the collective interests of the 'opt-in' authorities.

*Disadvantages/risks*

- 3.19. Individual elected members will have less opportunity for direct involvement in the appointment process other than through the PSAA and/or stakeholder representative groups.
- 3.20. In order for PSAA to be placed in the strongest possible negotiating position they may need Councils to indicate their intention to opt-in before final contract prices are known.
- 3.21. All options comply with the Councils Contract Procedure Rules.

**4. CONCLUSION**

- 4.1 Taking into account all of the information contained within this report, it is considered that option 3 above would provide better value for the Council and more certainty that a suitably qualified and experienced external auditor can be appointed within the required timescales.

**5. OTHER CONSIDERATIONS**

AREA	COMMENTS
Equal Opportunities	Any procurement and ensuing external audit work will comply with equalities and diversity legislation.
Environmental Impact	Any procurement and contracts established will encompass appropriate sustainability issues.
Legal Implications	Section 7 of the Local Audit and Accountability Act 2014 ("the Act") requires a relevant authority to appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding year. In the event that an authority fails to do so then the Secretary of State has the power to direct an authority to appoint a specified auditor or to make an appointment on behalf of the authority. The sector-led body, PSAA, was nominated to undertake the local auditor selection process on behalf of authorities pursuant to s.17 of the Act with associated Regulations requiring an authority to confirm its auditor appointment at a meeting of its full Council. AL 23/08/2021.
Links with Corporate Priorities	Independent External Auditors contribute to the good governance arrangements of the Council and serving the community in the most cost effective way.
Risks and Opportunities	There is no immediate risk to the Council; however, early consideration by the Council of its preferred approach will enable detailed planning to take place so as to manage the risks and achieve successful transition to the new arrangement in a timely and efficient manner.
Financial Implications	<p>External audit is a statutory requirement for local authorities.</p> <p>It is anticipated that the Sector Led Body option will result in a lower fee than could be negotiated by an individual authority locally, through economies of scale from the large scale contracts negotiated by PSAA Ltd. PSAA consults annually with key stakeholders on the audit fee scales and also agrees any fee variations where there is a change in circumstances and any additional work is required.</p> <p>The external audit fee for 2020/21 has been set at £144,182 which is an increase of £43,000 from the agreed 2019/20 fee and is due to additional work</p>

	<p>required by the auditors to comply with requirements of the new Code of Audit Practice and increased reporting requirements of the Financial Reporting Council.</p> <p>There have been a number of recent independent reviews of the role of external audit commissioned by Government, including the Redmond Review. These focus on improving audit quality and timeliness of the audit opinion and reform is already underway. Within this context, PSAA's intention is to evaluate tenders using an 80% weighting for quality and 20% for price. Actual audit fees will not be known until the procurement process is complete and any increase will be included in the Service &amp; Financial Planning Strategy.</p> <p>Following the findings of the Redmond Review the Government have announced £15m additional funding in 2021/22 to support local bodies meet anticipated rises in fees in 2021/22 (TWC's allocation of this is £0.046m). It is currently unclear whether any additional ongoing funding will be provided.</p> <p>PSAA operates on a not-for-profit basis and any surplus funds are returned to opted-in bodies. The council received re-distributed surpluses in 2017, 2019 and 2021.</p> <p>Following this option the Council will also avoid the costs of running a separate procurement process and the costs associated with having an independent Auditor Panel.</p> <p>PH 23/8/2021</p>
Ward Implications	The work of the external auditor encompasses all Council activities and all Council locations. Therefore all Council Wards could be affected by its operations.

## 6. BACKGROUND PAPERS

Local Audit and Accountability Act 2014

Local Audit (Appointing Person) Regulations 2015 (SI 192)

PSAA Ltd – Developing the option of a national scheme for local auditor appointments

### Report by:

**Rob Montgomery, Audit & Governance Lead Manager 383103**

**Richard Philips, Legal & Democracy SDM 383255**

**Pauline Harris, Finance SDM 383701**

**PSAA - Developing the National Scheme for Local Auditor Appointments**

Benefits for participating bodies include:

- assured appointment of a qualified, registered, independent auditor
- appointment, if possible, of the same auditors to bodies involved in significant collaboration/ joint working initiatives or combined authorities, if the parties believe that it will enhance efficiency and value for money
- on-going management of independence issues
- securing highly competitive prices from audit firms
- minimising scheme overhead costs
- savings from one major procurement as opposed to a multiplicity of small procurements
- distribution of surpluses to participating bodies
- a scale of fees which reflects size, complexity and audit risk
- a strong focus on audit quality to help develop and maintain the market for the sector
- avoiding the necessity for individual bodies to establish an auditor panel and to undertake an auditor procurement
- enabling time and resources to be deployed on other pressing priorities
- setting the benchmark standard for audit arrangements for the whole of the sector