A meeting of the **CORPORATE GOVERNANCE COMMITTEE** will be held as a **REMOTE MEETING VIA ZOOM** on **WEDNESDAY, 24 MARCH 2021** at **6:00 PM** and you are requested to attend for the transaction of the following business:-

AGENDA

APOLOGIES

1. **MINUTES** (Pages 5 - 10)

   To approve as a correct record the Minutes of the meeting of the Committee held on 27th January 2021.

   Contact Officer: H Peacey - (01223) 752548

2. **MEMBERS' INTERESTS**

   To receive from Members declarations as to disclosable pecuniary and other interests in relation to any Agenda Item.

   Contact Officer: Democratic Services - (01223) 752548

3. **COMMUNITY GOVERNANCE REVIEW - ALCONBURY & ALCONBURY WESTON PARISH COUNCIL** (Pages 11 - 24)

   To receive a report from the Elections and Democratic Services Manager considering requests from Alconbury and Alconbury Weston Parish Councils to undertake a Community Governance Review.

   Contact Officer: L Jablonska - (01480) 388004

4. **ANNUAL COMPLAINTS REPORT 2019/20** (Pages 25 - 36)

   To provide Members with information on complaints referred to the Local Government & Social Care Ombudsman and those received by the Council during April 2019 – March 2020.

   Contact Officer: L Sboui - (01480) 388032

5. **DATA PROTECTION COMPLIANCE: UPDATE ON ACTION PLAN** (Pages 37 - 46)

To receive an update from the Information Governance Manager & Data Protection Officer on the actions identified as part of the Data Protection Compliance gap analysis (review).

Contact Officer: M Govier - Infogov@3csharedservices.org

6. **SINGLE TENDER AWARDS** (Pages 47 - 50)

To receive a report on the single tenders/quotes approved by Heads of Service/Assistant Directors.

Contact Officer: T Evans/R Sagar - (07729) 479446 / Roy.Sagar@3csharedservices.org

7. **INTERNAL AUDIT PLAN 2021/22 & INTERNAL AUDIT CHARTER** (Pages 51 - 80)

To receive a report from the Acting Internal Audit Manager outlining the Internal Audit Plan 2021/22 & Internal Audit Charter.

Contact Officer: D Moss - (01480) 388475

8. **IMPLEMENTATION OF INTERNAL AUDIT ACTIONS** (Pages 81 - 88)

To receive a report from the Acting Audit Manager providing an update on the implementation of audit actions since the last meeting.

Contact Officer: D Moss - (01480) 388475

9. **PROGRESS ON ANNUAL GOVERNANCE STATEMENT 2019/20 - SIGNIFICANT ISSUES** (Pages 89 - 96)

To receive a report outlining progress on issues arising from the 2019/20 Annual Governance Statement.

Contact Officer: D Moss - (01480) 388475

10. **CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT** (Pages 97 - 98)

To receive the Corporate Governance Committee Progress Report.

Contact Officer: H Peacey - (01223) 752548

17 day of March 2021

Head of Paid Service

Disclosable Pecuniary Interests and Non-Statutory Disclosable Interests

Further information on Disclosable Pecuniary Interests and Non - Statutory Disclosable Interests is available in the Council's Constitution

Filming, Photography and Recording at Council Meetings

The District Council permits filming, recording and the taking of photographs at its meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening at meetings.

Arrangements for these activities should operate in accordance with guidelines agreed by the Council.

Agenda and enclosures can be viewed on the District Council's website, together with a link to the Broadcast of the meeting.

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HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the CORPORATE GOVERNANCE COMMITTEE held as a Remote Meeting via Zoom on Wednesday, 27 January 2021

PRESENT: Councillor G J Bull – Chairman.

Councillors   E R Butler,   Dr P L R Gaskin,   D A Giles, K P Gulson,   P Kadewere,   H V Masson,   L W McGuire, J P Morris, R J West and Mrs S R Wilson.

APOLOGY: An Apology for absence from the meeting was submitted on behalf of Councillor S M Burton.

23   MINUTES

The Minutes of the meeting of the Committee held on 30th September 2020 were approved as a correct record.

24   MEMBERS' INTERESTS

No declarations were received.

25   APPROVAL FOR PUBLICATION OF THE 2019/20 ANNUAL GOVERNANCE STATEMENT AND THE ANNUAL FINANCIAL REPORT

With the aid of a report by the Chief Finance Officer (a copy of which is appended in the Minute Book) the Committee were informed of the progress for finalising and publishing the Council's Annual Governance Statement (AGS) and Annual Finance Report (AFR) for 2019/20.

Having welcomed Mr S Patel of Ernst & Young LLP to present the Audit Results Report which summarised the preliminary audit conclusions, Mr Patel extended his thanks and appreciation to Officers, Members and the Finance Team for assisting with the audit during these challenging times. He then went on to explain that the audit was originally due to be completed in July/August 2020 but that there had been delays owing to issues with the valuation report and outstanding queries. Attention was drawn to the areas where audit work was yet to be completed which included a final review of the updated Annual Governance Statement. Reference was also made to the three audit differences which would not have a material impact upon the accounts, together with the areas of audit focus and the findings and conclusions which had been reached. Having regard to the low level of returns from Members in relation to third party disclosures, the Chairman requested that in future, he should be alerted to low returns with a view to exerting some influence over generating a satisfactory response from Members.

The Chief Finance Officer then drew the Committee's attention to the updated Annual Governance Statement, Letter of Representation and the Annual

Financial Report drawing attention to historical accounting errors which had now been corrected within the accounts.

A number of questions had been raised and responded to at the meeting. Matters that were discussed included the use of third party professionals to carry out property valuations on behalf of the Council, confirmation that the Council would not be subject to financial penalties as a result of delays with approving and finalising the final accounts, whether the figure identified for sundry debt arrears were a cause for concern and clarity on the Collection Fund and General Fund Balance.

Having extended their thanks and appreciation to Officers and the Finance Team for their hard work in preparing the final accounts, it was

RESOLVED

    (a)   that the Auditor's Results Report as attached as Annex A of the report now submitted be received and noted;

    (b)   that the Annual Governance Statement as attached as Annex B of the report now submitted be approved and the Executive Leader and Managing Director be authorised to sign the Statement on behalf of the Council;

    (c)   that the Letter of Representation as attached as Annex C of the report now submitted be approved and the Chief Finance Officer (as Section 151 Officer) be authorised to sign it on behalf of the Council; and

    (d)   that, subject to the auditors confirming an unqualified opinion on the Annual Financial Report 2019/20, delegated powers be given to the Chairman of the Committee and Chief Finance Officer (as Section 151 Officer) to authorise and sign the Annual Financial Report, as attached as Annex D of the report now submitted, on behalf of the Council.

26   CODE OF CONDUCT COMPLAINTS - UPDATE

By means of a report by the Elections and Democratic Services Manager & Deputy Monitoring Officer (a copy of which is appended in the Minute Book), the Committee were provided with a summary and update of completed and ongoing complaints received regarding alleged breaches of the Code of Conduct under the Localism Act 2011 since the start of the year.

Of the three cases, it was reported that the complaint against Ellington Parish Council remained under investigation but that the other two cases in respect of Huntingdonshire District Councillors had been investigated and dismissed.

RESOLVED

    that the progress of outstanding complaints and the conclusion of cases resolved since the meeting in September 2020 be noted.

27 UPDATE ON CODE OF CONDUCT AND REGISTER OF DISCLOSABLE PECUNIARY INTERESTS

With the aid of a report prepared by the Elections and Democratic Services Manager (a copy of which is appended in the Minute Book) the Committee were updated on the adoption of Codes of Conduct by Town and Parish Councils and the receipt and publication of register of interests forms on behalf of District, Town and Parish Councillors.

In noting the position with Woodwalton, it was reported that three interim Councillors had been appointed on to the Parish Council until the vacancies have been filled. At present, membership comprised District Councillors S Bywater and D Tuplin and County Councillor T Rogers. Options of joining with a neighbouring parish were also currently being explored. If the latter were to be pursued a Community Governance Review would be required, the outcome of which would be considered at a future meeting of the Committee.

In noting that Guidance was currently awaited from the Local Government Association on the new model Code of Conduct, it was anticipated that a report would be submitted to the Committee at its March or June 2021 meeting.

RESOLVED

that the contents of the report now submitted be noted.

28 ANNUAL REPORT ON HDC COMPLIANCE WITH THE FREEDOM OF INFORMATION (FOI) & ENVIRONMENTAL INFORMATION REGULATIONS (EIR) ACTS

With the aid of a report prepared by the Information Governance Manager & Data Protection Officer (a copy of which is appended in the Minute Book) the Committee received the annual report on the Council's compliance with the Freedom of Information (FOI) Act 2000 and Environmental Information Regulations 2004. Information was also received on the Council's performance in respect of protecting personal data over the period January to December 2020.

In introducing the report, the Information Governance Manager reported that there had been a drop in the number of FOI requests received by the Council when compared to the previous year at 534 and 615 respectively, which represented a 13.1% decrease. Having had their attention drawn to the breakdown by type of request and the number of cases per service, it was noted that Community Services had received the most requests. Of the 534 cases, nine internal reviews/complaints had been received of which four had been referred on to the Information Commissioner's Office for further investigation. Over the reporting period there had been 11 data breaches of which nine related to inappropriate disclosure of personal details, one in relation to lost or stolen hardware and one in respect of the failure of technical security. Finally, it was reported that 16 Subject Access Requests had also been received.

A review of data protection arrangements had been undertaken in 2020 with a view to determining priority areas for action outlined in paragraph 5.3 of the report. At the request of Members, it was agreed that quarterly reports on

progress against these actions be submitted to the Committee at future meetings.

Other matters that were discussed included the implementation of a new Learning Management System by the HR team in 2021 which would facilitate improved reporting on staff training, the reasons why the number of FOI requests appeared to drop year on year, how HDC compared with partner authorities and the action which had been identified to create an Information Sharing Log of all arrangements in place across the Council.

Having commended the Information Governance Manager for the production of a comprehensive report, the Committee

RESOLVED

    (a)   that the contents of the report now submitted be noted; and

    (b)   that quarterly reports on the progress of actions identified in paragraph 5.3 of the report be submitted at future Committee meetings.

29   IMPLEMENTATION OF INTERNAL AUDIT ACTIONS

With the aid of a report prepared by the Acting Audit Manager (a copy of which is appended in the Minute Book) the Committee were updated on the implementation of audit actions.

Attention was drawn to the 19 audit actions that remained outstanding. In doing so, Members commented on the 100% target which had been set by Corporate Management in 2013 for the implementation of 'agreed internal audit actions to be introduced on time'. Comment was made that the target remained unrealistic and disappointment was also expressed at the lack of response provided by service managers on these actions. The Acting Audit Manager reminded the Committee that the targets had been agreed with service managers at the time and that the agreement of audit actions themselves was not mandated upon Services. It was further reported that a new Risk and Control Group had been established to monitor and review progress against these actions going forward. Having been encouraged to note that plans were underway to recruit to the vacant post within the Internal Audit Team and following a request to receive a further update on progress at the next meeting, it was

RESOLVED

    (a)   that the content of the report now submitted be noted; and

    (b)   that a further update be provided at the Committee's March 2021 meeting.

30   CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

The Committee received and noted a report (a copy of which is appended in the Minute Book) on progress of actions in response to any decisions taken at previous meetings.

The Assistant Director, Corporate Services briefed on the Code of Procurement Waiver Procedure which had been approved by the Monitoring Officer, following extensive expert consultation. It was proposed that a digest of all uses of the waiver procedure would be presented to the Committee to ensure transparency and oversight of expenditure using this method.

Chairman

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Community Governance Review – Alconbury and Alconbury Weston Parish Council

Meeting/Date: Corporate Governance Committee – 24th March 2021

Executive Portfolio: Councillor R Fuller, Executive Leader

Report by: Elections and Democratic Services Manager

Wards affected: Alconbury

Executive Summary:

The purpose of this report is to consider requests from Alconbury and Alconbury Weston Parish Councils to group the two parishes to allow a common Parish Council to be formed.

Both parishes have been unable to reach a consensus about the size and split of the newly formed Parish Council and have requested the Community Governance Review to consider this matter. It is therefore proposed that there should be a total of 11 seats, with Alconbury and Alconbury Weston being allocated 7 and 4 seats respectively.

Recommendations:

It is recommended that the Committee –

(a) agrees the request from Alconbury and Alconbury Weston Parish Councils for a Community Governance Review to group the two parishes to allow a common Parish Council to be formed with a total of 11 seats to be split across the newly formed parish with Alconbury and Alconbury Weston being allocated 7 and 4 seats respectively;

(b) agrees, with or without amendments, the draft terms of reference of the review as detailed in Appendix A; and

(c) authorises the Elections and Democratic Services Manager to agree a timetable in consultation with Alconbury and Alconbury Weston Parish Councils.

1. PURPOSE OF THE REPORT

1.1 Requests have been received from Alconbury and Alconbury Weston Parish Councils to group the two parishes to allow a common Parish Council to be formed.

1.2 The parishes have been unable to reach a consensus on the size and split of the newly formed Parish Council and have asked for this matter to be resolved as part of the review. It is therefore proposed that there should be a total of 11 seats, with Alconbury and Alconbury Weston being allocated 7 and 4 seats respectively.

2. BACKGROUND

2.1 The Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") provides for a Principal Council to conduct a review of the community governance arrangements for the whole or part of its area for the purpose of considering whether or not to make changes to parish boundaries or size and/or the creation of new parishes; and the review of the electoral arrangements for new and/or existing parishes.

2.2 Section 93 of the 2007 Act allows principal councils to decide how to undertake such a review, provided they comply with the duties in the Act which apply to council's undertaking reviews. If, following a review, the Council decides that changes should be made to the electoral arrangements they may make an Order giving effect to these changes.

2.3 Section 95 of the Act provides, among other things, that when considering the number of councillors to be elected for the parish as a whole, the authority must have regard to the number of electors for the parish and any change in that number likely to occur in the next five years.

2.4 The Community Governance Review process once commenced must be concluded within 12 months of the start of the community governance review. For clarity, this is when the terms of reference are published by the Council.

3. REQUEST FROM ALCONBURY AND ALCONBURY WESTON PARISH COUNCILS

Alconbury Parish Council

3.1 Alconbury Parish Council have advised that "On 22nd December 2020 Alconbury Parish Council voted in favour of commencing a Community Review with regards to the "Grouping" of both Alconbury and Alconbury Weston Parish Councils". The following background has also been provided in support of their request as discussed at the October 2020 meeting of the Parish Council -

- "Merging the two Parish Councils include the sharing of facilities, the shop, the doctors, sports and social club, school etc are shared across both communities;

- Cost savings could be made with having one Parish Clerk, one meeting per month where both Council's come together; and
- The Parish Council would share responsibilities across both villages."

Alconbury Weston Parish Council

3.2 Alconbury Weston Parish Council have advised that "At the meeting held on 14 December 2020 Alconbury Weston Parish Council resolved to request that Huntingdonshire District Council carry out a Governance Review on options for a possible merger of Alconbury and Alconbury Weston Parish Council. It is understood that this review can be carried out with any changes in governance coming into effect from the May 2022 Elections".

3.3 The following background has also been provided in support of their request –

- "Alconbury and Alconbury Weston Parish Councils are considering grouping to form a single Parish Council to serve both Parishes;
- This offers a number of benefits to both villages: we would be able to work together on issues – for example flooding and SpeedWatch – more effectively; and
- Residents of both villages would have more opportunity to have their voices heard over matters affecting the amenities that both villages share – for example: the surgery, the shop and the school."

3.4 Both parishes have made it clear they wish for their village to maintain their separate identities and that the proposals would not result in a village merger, with both parishes retaining their civil identity.

4. OPTIONS

4.1 The current electorate and number of seats for Alconbury and Alconbury Weston Parish Council is as follows:

	Electorate (March 2021)	Existing number of seats	Proposed number of seats under Community Governance Review
Alconbury	1,192	11	7
Alconbury Weston	612	7	4
TOTAL	1,804	18	11

4.2 The total electorate across both parishes is 1,804. The electorate is forecast to increase by a maximum of 33, totalling 1,837 in the next five years owing to planned development.

4.3 The Council notes that the number of parish councillors for each parish council shall not be less than five. In practice there is a wide variation of

council size between parish councils. Currently no statutory requirement regarding the ratio of electors to councillors for parishes of different electorate sizes exists. The Department for Communities and Local Government reports that, nationally, local councils with the following electorates have, typically, the number of councillors outlined below –

- Less than 500 – between 5 and 8 councillors;
- Between 501 and 2,500 – between 6 and 12; and
- Between 2,501 and 10,000 – between 9 and 16 councillors.

4.4 In dealing with a request the following guidelines, which are based on recommendations from the National Association of Local Councils, should also be considered but each area should be considered on its own merits.

Electors	Councillors	Electors	Councillors
Up to 900	**7**	10,400	**17**
1,400	**8**	11,900	**18**
2,000	**9**	13,500	**19**
2,700	**10**	15,200	**20**
3,500	**11**	17,000	**21**
4,400	**12**	18,900	**22**
5,400	**13**	20,900	**23**
6,500	**14**	23,000	**24**
7,700	**15**	45,000	**25**
9,000	**16**		

4.5 The proposed 11 seats for the newly formed Parish Council is mindful of guidance from both the Department for Communities and Local Government and National Association of Local Councils, whilst also taking into account a reduction in the number of overall seats across the two Parish Councils if the number were simply combined from 18 to 11.

4.6 In order to consider the grouping of the two existing Parish Councils to allow a common Parish Council to be formed, a Community Governance Review needs to be undertaken. Although the statutory provisions must be complied with, the Council must consult with local people and take account of any representations made.

5. **CONSULTATION AND TIMETABLE FOR IMPLEMENTATION**

5.1 Following publication of the Notice of Community Governance Review and Terms of Reference, electors will have two months from the date of publication of the consultation to return their views. The period for consultation is not prescribed and guidance states that "reasonable periods for consultation with local electors and other stakeholders" should be built into the planning process. It is hoped that the final report will be presented to Council on 22 September 2021.

5.2 The changes will take effect from May 2022 when Town and Parish Council elections are scheduled to take place throughout the District.

However, for administrative and financial purposes (such as setting up the newly formed Parish Council and arranging its first precept), the Order will take effect on the 1st April 2022. Between this period and the elections in May 2022, the Council may wish to consider making interim arrangements for the parishes to be represented by Councillors who sit on the principal council. This will be considered nearer the time.

6. LEGAL IMPLICATIONS

6.1 Details have been included in the report.

7. RESOURCE IMPLICATIONS

7.1 The request for a Community Governance Review would only warrant a 'light touch' as the request has been made and supported by the two Parish Councils and the proposal will incur no direct cost to the electorate.

7.2 As the change is minor, it should be possible to do this by posters and leaflets within the parishes and adverts on the District Council and Parish Council websites, rather than sending a consultation leaflet to every registered elector in the affected area.

8. REASONS FOR THE RECOMMENDED DECISIONS

8.1 To enable a Community Governance Review to be undertaken to consider the grouping of Alconbury and Alconbury Weston Parish Councils allowing a common Parish Council to be formed following a request received by both Parish Councils.

9. LIST OF APPENDICES INCLUDED

Appendix A – Notice of Community Governance Review and Terms of Reference of the Community Governance Review for the Parish Electoral Arrangements of Alconbury and Alconbury Weston.

10. BACKGROUND PAPERS

Local Government and Public Involvement in Health Act 2007
Communities and Local Government Guidance on Community Governance Reviews March 2010
Requests from Alconbury Parish Council dated 11th January and 11th March 2021
Request from Alconbury Weston Parish Council dated 8th January 2021

CONTACT OFFICER

Name/Job Title: Lisa Jablonska, Elections and Democratic Services Manager
Tel No: (01480) 388004
Email: Lisa.Jablonska@huntingdonshire.gov.uk

Huntingdonshire District Council

Notice of Community Governance Review

Local Government and Public Involvement in Health Act 2007

The Council has commenced a Community Governance Review in response to requests from Alconbury and Alconbury Weston Parish Councils to group the two parishes to allow a common Parish Council to be formed. The purpose of the review is to enable the Council to consider what changes are needed to the parish arrangements.

The Council is now conducting the first stage of the review process and is inviting residents and interested organisations to submit their views on the above issue.

The Council has published its Terms of Reference document for the review and a copy can be obtained by contacting the Elections and Democratic Services Team as shown below or viewed at the Council offices (by appointment only). It can also be viewed on the District Council's website, Alconbury Parish Council's website or Alconbury Weston Parish Council's website.

How to contact us.

Should you wish to submit a written representation regarding this review please address it to:

Elections and Democratic Services
Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon
Cambs
PE29 3TN

Alternatively your submission may be emailed to: Democratic.Services@huntingdonshire.gov.uk

The deadline for submissions is 25 May 2021.

<div align="center">**HUNTINGDONSHIRE DISTRICT COUNCIL**</div>

<div align="center">**COMMUNITY GOVERNANCE REVIEW OF ALCONBURY AND ALCONBURY WESTON 2021**</div>

<div align="center">**TERMS OF REFERENCE**</div>

INTRODUCTION

Aim of the review

Following the receipt of requests from Alconbury and Alconbury Weston Parish Councils, Huntingdonshire District Council has agreed to undertake a Community Governance Review (CGR) .

The request for the CGR was submitted in accordance with the Local Government and Public Involvement in Health Act 2007 and proposes to group the two parishes to allow a common Parish Council to be formed with 11 seats split across the newly formed parish as follows:

- ▪ Alconbury – 7 seats
- ▪ Alconbury Weston – 4 seats

In undertaking the review, the Council will be guided by Part 4 of the Local Government and Public Involvement in Health Act 2007, the relevant parts of the Local Government Act 1972, Guidance on Community Governance Reviews issued in accordance with section 100(4) of the Local Government and Public Involvement in Health Act 2007 by the Department of Communities and Local Government and The Electoral Commission in April 2008. Also the following Regulations which guide, in particular, consequential matters arising from the Review: Local Government (Parishes and Parish Councils) (England) Regulations 2008 (S12008/625); Local Government Finance (New Parishes) Regulations 208 (S12008/626).

This Council is required to have regard to Guidance on Community Governance Reviews issued by the Department for Communities and Local Government and Local Government Boundary Commission for England. This guidance was published in March 2010 and it has been considered when drawing up the Terms of Reference (TOR).

These Terms of Reference will set out the matters on which the review is to focus.

What is a Community Governance Review (CGR)?

A CGR is a review of the whole or part of the district to consider one or more of the following:

- Creating, merging, altering or abolishing parishes;
- The naming of parishes and the style of new parishes;
- The electoral arrangements for parishes (the ordinary year of elections; council size, the number of councillors to be elected to the council, and parish warding); and

- Grouping parishes under a common parish council or de-grouping parishes.

The Council is required to ensure that community governance within the area under review will be:

- Reflective of the identities and interests of the community in that area; and
- Is effective and convenient.

In doing so the CGR is required to take into account:

- The impact of community governance arrangements on community cohesion; and
- The size, population and boundaries of a local community or parish.

Why undertake a Community Governance Review?

The CGR is to be undertaken due to the receipt of requests from the existing Parish Councils. A review should be carried out in the interest of local electors to ensure the community governance arrangements for the area reflects the identities and interests of the area and are effective and convenient.

The government has emphasised that recommendations made in CGRs ought to bring about improved community engagement, more cohesive communities, better local democracy and result in more effective and convenient delivery of local services.

The recommendation within the request is to group the two parishes of Alconbury and Alconbury Weston to allow a common Parish Council to be formed. The Parish Councils have put forward the following reasons for their requests.

Alconbury

- Merging the two Parish Councils include the sharing of facilities, the shop, the doctors, sports and social club, school etc are shared across both communities;
- Cost savings could be made with having one Parish Clerk, one meeting per month where both Council's come together; and
- The Parish Council would share responsibilities across both villages.

Alconbury Weston

- Alconbury and Alconbury Weston Parish Councils are considering grouping to form a single Parish Council to serve both Parishes;
- This offers a number of benefits to both villages: we would be able to work together on issues – for example flooding and SpeedWatch – more effectively; and
- Residents of both villages would have more opportunity to have their voices heard over matters affecting the amenities that both villages share – for example: the surgery, the shop and the school.

Who will undertake the CGR?

As the principal authority, the District Council is responsible for undertaking any CGR within its electoral area.

It will be necessary for the Council to approve the final recommendations before a Community Governance Order is made.

Consultation

How the Council proposes to conduct consultations during the Review?

Before making any recommendations or publishing final proposals, the District Council will take full account of the views of local people. The District Council will comply with the statutory consultative requirements by:

- Consulting local government electors for the area under review;
- Consulting any other person or body (including a local authority), which appears to the District Council to have an interest in the review;
- Notifying and consulting the County Council; and
- Taking into account any representations received in connection with the review.

Information relating to the CGR will be available on the Council's website and key documents will be on deposit at the District Council's Offices, Pathfinder House, St Mary's Street, Huntingdon, Cambs PE29 3TN. Owing to COVID-19 restrictions, it may not be possible to view the documents at the Council Offices but if you wish to do so, please submit your request in writing to: Democratic.Services@huntingdonshire.gov.uk.

When taking account of written representations the District Council is bound to have regard to the need to secure that community governance within the area under review:

- Reflects the identities and interests of the community in that area; and
- Is effective and convenient.

The District Council will publish its recommendations as soon as practicable and take such steps as it considers sufficient to ensure that persons who may be interested in the CGR are informed of the recommendations and the reasons behind them.

The District Council will notify each consultee and any other persons or bodies who have made written representations of the outcome of the review.

Timetable for the CGR

A CGR must, by statute, be concluded within a twelve month period from the day on which the CGR starts. A CGR starts when the District Council publishes its Terms of Reference and concludes when the District Council publishes the recommendations made in the CGR. The following is the review timetable:

Action	Timetable
Terms of Reference (TOR) are published.	25 March 2021
Introductory stage – submissions are invited.	25 March 2021
Last day for comments on Terms of Reference to be received.	25 May 2021
Consideration of submissions received – recommendations are prepared	June 2021
Initial recommendations are published concluding the review	14 July 2021
Final recommendations are published – concluding the review	14 September 2021
Council resolves to make a Reorganisation Order	22 September 2021
Order made	Thereafter

Electoral Forecasts

In considering the electoral arrangements of the parishes stated within this Terms of Reference, the District Council is required to consider any change in the number or distribution of the electors which is likely to occur in the period of five years beginning with the day when the review starts.

The District Council has used the Register of Electors published on 1 December 2020 (March 2021 update) to provide existing local government figures.

Electorate forecasts will be prepared using all available information.

The Present Structure of Alconbury and Alconbury Weston Parish Councils and Their Electoral Arrangements

Present Structure of parish governance in the area to be reviewed.

Parish	Number of Councillors	Electorate
Alconbury	11	1192
Alconbury Weston	7	612

Parishes

The Council wishes to ensure that electors should be able to identify clearly with the parish in which they are resident. It considers that this sense of identity and community lends strength and legitimacy to the parish structure, creates a common interest in parish affairs, encourages participation in elections to the parish council, leads to representatives and accountable government, engenders visionary leadership and generates a strong, inclusive community with a sense of civic values, responsibility and pride.

The Council considers that parishes should reflect distinctive and recognisable communities of interest, with their own sense of identity; the feeling of local community and the wishes of local inhabitants are primary considerations in this Review.

Electoral Arrangements

What does 'Electoral Arrangements' mean?

An important part of our Review will comprise giving consideration to 'Electoral Arrangements'. The terms cover the way in which a council is constituted for the parish. It covers:

- The ordinary year in which elections are held;
- The number of councillors to be elected to the council;
- The division (or not) of the parish into wards for the purpose of electing councillors;
- The number and boundaries of any such wards;
- The name of any such ward.

Ordinary year of election

The Local Government Act 1972 states that ordinary election of parish councils shall take place in 1976, 1979 and every fourth year thereafter (i.e. 2011, 2015, 2019 etc). However, the government has indicated that it would want the parish electoral cycle to coincide with the cycle for the District Council, so that the costs of elections can be shared. The Council at its meeting on 22nd February 2017 agreed to set the date of ordinary elections for all Town and Parish Councils as 2018 and every four years thereafter.

If the Review finds that it is appropriate to group the two parishes of Alconbury and Alconbury Weston to allow a common Parish Council to be established then this will come into effect from May 2022 when the next scheduled Town and Parish elections are due to take place.

A council for a parish

The legislation lays down the different duties that the Council has with regard to the creation of a council for a parish.

- Where the number of electors is 1,000 or more – a parish council must be created;
- Where the number of electors is 151-999 – a parish council may be created, with a parish meeting being the alternative form of governance;
- Where the number of electors is 150 or fewer – a parish council is not created.

What considerations cover the number of parish councillors?

The government has advised, and this Council concurs that "it is an important demographic principle that each person's vote should be of equal weight so far as possible, having regard to other legitimated competing factors, when it comes to the elections of councillors. Likewise, the Council notes that the number of parish councillors for each parish council shall not be less than

five. There is no maximum number. There are no rules relating to the allocations of councillors. However, in dealing with a request the following guidelines, which are based on recommendations from the National Association of Local Councils, should also be considered.

Number of Parish Councillors Guidelines

Electors	Councillors	Electors	Councillors
Up to 900	**7**	10,400	**17**
1,400	**8**	11,900	**18**
2,000	**9**	13,500	**19**
2,700	**10**	15,200	**20**
3,500	**11**	17,000	**21**
4,400	**12**	18,900	**22**
5,400	**13**	20,900	**23**
6,500	**14**	23,000	**24**
7,700	**15**	45,000	**25**
9,000	**16**		

The government's guidance is that "each area should be considered on its own merits, having regard to its population, geography and the pattern of communities" and therefore the Council is prepared to pay particular attention to existing levels of representation, the broad pattern of existing council sizes which have stood the test of time and the take-up of seats at elections in its consideration of this matter.

By law, the Council must have regard to the following factors when considering the number of councillors to be elected for the parish:

- The number of local government electors for the parish;
- Any change in that number which is likely to occur in the period of five years beginning with the day when the review starts.

Reorganisation of Community Governance Order and Commencement

The Review will be completed when the Council adopts the Reorganisation of Community Governance Order. Copies of this Order, the map(s) (where necessary) that show the effects of the order in detail, and the document(s) which set out the reason for the decisions that the Council has taken (including where it has decided to make no change following a Review) will be deposited at the Council Offices and published on the Council's website.

In accordance with the Guidance issued by the Government the Council will issue maps to illustrate each recommendation at a scale that will not normally be smaller than 1:10,000. These maps will be deposited with the Secretary of State at the Department of Communities and Local Government and at the Council's office at Pathfinder House, St Mary's Street. Huntingdon, Cambridgeshire, PE29 3TN. Prints will also be supplied, in accordance with the regulations, to Ordnance Survey, the Registrar General, the Land Registry, the Valuation Office Agency, the Boundary Commission for England and the Electoral Commission.

It is proposed that the Order will take effect for financial and administrative purposes on 1 April 2022.

If agreed any amendments to the electoral arrangements will come into force at the next scheduled Town and Parish Council elections in May 2022.

Consequential Matters

General Principles

The Council notes that a Reorganisation Order may cover any consequential matters that appear to the Council to be necessary or proper to give effect to the Order. These may include:

- The transfer and management or custody of property;
- The setting of precepts for new parishes;
- Provision with respect to the transfer of any functions, property, rights and liabilities
- Provision for the transfer of staff, compensation for loss of office, pensions and other staffing matters.

In these matters, the Council will be guided by Regulations that have been issued following the 2007 Act.

How to contact us

Should you wish to submit a written representation regarding this review, please address them to:

Elections and Democratic Services
Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon
Cambs
PE29 3TN

Alternatively your submission may be emailed to:

Democratic.Services@huntingdonshire.gov.uk

Should you require any further information or need clarification on the review process, please contact:

Lisa Jablonska
Elections and Democratic Services Manager
Email: Lisa.Jablonska@huntingdonshire.gov.uk

These Terms of Reference will be published on the District Council's website, Alconbury Parish Council's website and Alconbury Weston Parish Council's website. and will be available for inspection (by appointment only) at the District Council's offices at Pathfinder House, St Mary's Street, Huntingdon, Cambs, PE29 3TN.

Notices advertising this Community Governance Review and the availability of the Terms of Reference will also be posted within the Parishes of Alconbury and Alconbury Weston.

Date of Publication
25 March 2021

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Annual Complaints Report 2019/20

Meeting/Date: Corporate Governance Committee – 24th March 2021

Executive Portfolio: Councillor David Keane Executive Councillor for Corporate Services

Report by: Business Change Manager

Ward(s) affected: All

Executive Summary:

The report provides Members with information on complaints referred to the Local Government & Social Care Ombudsman (LGO) during 2019/20. 23 complaints were received by the LGO, four were investigated. Of the four complaints investigated, two were upheld. The report also provides data relating to Stage One and Stage Two complaints received by the Council between April 2019 – March 2020, broad themes and lessons learnt from these have been considered.

Recommendation(s):

The Committee is invited to comment on the LGO local authority report for Huntingdonshire District Council (2019/20) and the data relating to formal Stage One and Stage Two complaints received (2019/20).

1. **PURPOSE OF THE REPORT**

1.1 This report provides Members with information on complaints referred to the LGO and those received by the Council between April 2019 – March 2020.

2. **WHY IS THIS REPORT NECESSARY/BACKGROUND**

2.1 One of the purposes of the annual summary of statistics on complaints made to the LGO is to help ensure that learning from complaints helps inform service provision. The LGO statistics show complaints and enquiries received by service area and whether a decision was upheld, not upheld, advice given, closed after initial enquiry, incomplete/invalid, or referred back for local resolution.

2.2. A further purpose of this report is to provide Members with data relating to Stage One and Stage Two complaints by Service area.

2.3 This report should have been produced in Sept/Oct 2020; however, it was delayed due to urgent business critical needs, both the Officer managing complaints and complaints data analyst were redeployed to Covid business grants. With the exception of quarterly reporting, any additional in-depth complaints analysis was paused during 2020. This work will now recommence.

3. **OPTIONS CONSIDERED/ANALYSIS**

3.1 There were 23 complaints received by the LGO during 2019/20 (17 received during 2018/19) this includes those which did not progress to the LGO assessment stage or beyond. Of these 23 complaints there were four detailed investigations carried out, of the four complaints investigated, two were upheld. In summary:

Two were **upheld**:
- o Parking – a customer complained the Council wrongly led them to believe they had a right of appeal in court after rejecting an appeal about an Excess Charge Notice. The customer also complained the Council's correspondence did not explain if it took them to court, additional costs would be incurred. The customer felt that they may have made a different choice if this had been known in advance.
  The customer did not make an appeal so there was no injustice from the first part of this complaint. Given the customer accepted the contravention but at no time attempted to pay it, the LGO found it unlikely the outcome would have been different if the Council's letter had been clearer. The costs incurred by the customer were because of the contravention and not because of the actions of the Council. The Council amended the appeal rejection letter to include the potential for added costs if the matter is taken to court.

- o Benefits - a customer complained about the Council, regarding overpayment of benefits. The Council was at fault for taking too long to refer the customers appeal to the Tribunal. This caused the

customer unnecessarily prolonged uncertainty. To put matters right, the Council agreed to apologise, pay £100, complete an audit to identify similar cases and improve its practices.

Two were **not upheld**
- o Planning - a customer complained the Council failed to enforce a planning condition relating to noise from a wind farm. As a result, the customer complained they have suffered from low frequency noise since the wind farm began operating. The Council was not at fault. It established the noise from the wind farm was within the limits set out in the planning condition.
- o Planning – a customer complains about the Council's decision to approve planning permission for the change of use of a public house, without giving time for the community to negotiate to buy the public house. The Ombudsman finds no fault in the Council's decision to approve planning permission.

3.2   The LGO has created a new interactive map - Your Council's Performance (see App 5 for snapshot of graphics) the site also provides helpful links to decisions made on all cases where the LGO have been involved. It should be noted that most cases are closed after initial enquiries made.

3.3   The number of Stage One complaints (280) recorded on Complaints Tracker has decreased from last year (419).
- o 161 complaints received by Operations, these related mainly to missed bins[1]
- o 30 complaints received by Leisure & Health, these related mainly to poor service and site facilities
- o 44 complaints received by Development, these related mainly to Planning decisions
- o 37 complaints received by Customer Services (Customer Services includes a number of different services e.g. council tax, benefits, housing, and customer services/call centre), these related mainly to Council procedures e.g. decisions made
- o 4 complaints received by Community these related mainly to Council procedures e.g. decisions made
- o 4 complaint received by Resources, this related to Council procedures.

3.4   17 Stage Two complaints were received, this indicates that complaints are largely being resolved at Stage One, which is positive indication that formal complaints are being dealt with effectively in the first instance. Themes and lessons learnt from Stage One and Stage Two complaints are included in Appendix 3.

3.5   Annual Performance monitoring:
- 87% of Stage One complaints were resolved within time (PI 40) against a target of 90%. In the entire year, we had 37 late responses out of 280. Operations had 27 (out of 161) late (83% on time), while

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[1] Missed bins not recorded as a formal complaint until report of a 4th missed bin / returned bin through CRM in the last 6 months

Development had 10 (out of 44) late (77% on time), seven of Development's late responses were in Q3 when the service was going through significant structural change, Operations also had a high number of late responses in Q3.

- Responses to Stage Two complaints were also below target at 76% (against a target of 90%). 17 Stage Two complaints were resolved in 2019/2020 with four responded to late (Development). There were no stage 2 complaints received in February or March 2020.

3.6 Complaints Tracker
The Complaints SharePoint site was updated in early Q4 2019/20 and continues to be well used by most staff across HDC and has improved the process of tracking and monitoring complaints. There are still challenges that are being encountered such as Customer Services/Operations still requiring to use their own CRM system which can cause delays when tracking complaints raised in that system. however, it is anticipated that the CRM will be switched off by the end of April 2021.

3.7 Unreasonable Complainants
In 2019/20, four customers continue to be classified as Unreasonable Complainants. Three cases remain active and one less so. All have a single point of contact at HDC; however, two customers continue to involve Officers and/or Members unnecessarily with further restrictions placed on one customer. Three of the cases have involved the LGO and/or ICO, but we are continuing to manage these cases in a way that does not entail a disproportionate amount of time at the expense of other residents.

4. **KEY IMPACTS / RISKS**

4.1 With complaints, there is always a risk that we do not record all the complaints we receive and so do not have the full picture or identify trends. Following changes to web content and web form (early 2020), the majority of complaints are now being received via the online form, we have also seen a significant reduction in complaints about issues that are not within HDC remit (e.g. on street parking issues, highways and roads) with customers being redirected to the correct organisation. Complaints do continue to be logged by the CRM system (Operations and Customer Services), subsequent to CRM being switched off, further work is required to align the recording of all complaints.

4.2 The Council's internal monitoring and recording system for complaints (Complaints Tracker) has been a significant aid to improving how complaints are both recorded/monitored and handled on time. The system sends deadline reminders to Officers, who have reported is a helpful function.

4.3 Last year it was reported that the aim would be to provide a more comprehensive breakdown of themes and lessons learnt by Service area (you said – we did) and display complaints in the context of customer transactions e.g. as a % of total customer transactions per Service area and compliments received. However, as stated in section 2.3 this has not been possible due redeployment of resources to business critical Covid

4

business grant work. A review of the Council's complaints process has now recommenced, and, using LGO guidance, this review will establish whereabouts we are on the spectrum for effective complaints handling process. Findings and recommendations will be presented at a later date.

5. LINK TO THE CORPORATE PLAN, STRATEGIC PRIORITIES AND/OR CORPORATE OBJECTIVES

5.1 Complaints handling links to the following Strategic Priority within the Corporate Plan – Becoming a more customer focused organisation.

6. REASONS FOR THE RECOMMENDED DECISIONS

6.1 Members are invited to note the LGO Local Authority Report for Huntingdonshire District Council and note the data relating to Stage One and Stage Two complaints received by the Council.

7. LIST OF APPENDICES INCLUDED

Appendix 1	LGO statistics for HDC
Appendix 2	HDC internal complaints
Appendix 3	Complaints – stage 1/stage 2 themes and lessons learned
Appendix 4	Compliments
Appendix 5	LGO statistics – neighbouring authority comparison

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Appendix 1   **LGO Local Authority Report – Huntingdonshire District Council**

Complaints and Enquiries Received (by Category) 2019-20

HDC	Benefits and Tax	Corporate and Other Services	Environment Services, Public Protection and Regulation	Planning and Development	Housing	Highways and Transport	Total
2019/20	**2**	**0**	**5**	**10**	**3**	**3**	**23**
2018/19	6	3	2	6	0	0	17
2017/18	2	5	3	7	1	1	19

Complaints and Enquiries Decided (by Outcome) 2019-20

HDC	Upheld	Not upheld	Advice given	Closed after initial enquiry	Incomplete/ invalid	Referred back for local resolution	Total	Uphold rate Rate (%)	Average uphold rate (%) of similar authorities
2019/20	**2**	**2**	**1**	**10**	**1**	**4**	**20**	**50**	**45**
2018/19	1	3	0	6	0	5	15		
2017/18	2	1	1	6	0	10	20		

A number of cases will have been received and decided in different business years, this means the number of complaints and enquiries received will not always match the number of decisions made.

Appendix 2 - HDC Recorded Complaints

Service	Stage One			Stage Two			Total			LGO investigations		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Community	2	8	4	1	4	-	3	12	4	-	-	
Corporate Team	4	1	N/A	-	1	N/A	4	2	N/A	-	-	
Customer Services*	11	43	37	4	7	2	15	50	39	-	-	1
Development	24	46	44	5	5	11	29	51	55	3	4	2
Operations	480	224	161	12	3	1	492	227	162	-	-	1
Resources	-	1	4	1	-	1	1	1	5	-	-	
Leisure and Health	42	93	30	-	-	1	42	93	31	-	-	
Shared Services	2	3	-	-	-	-	2	3	-	-	-	
Other (cross cutting)			-			1			1			
Total	565	419	280	23	20	17	588	439	297	3	4	4

*Customer Services includes a number of different services e.g. council tax, benefits, housing, and customer services/call centre

Appendix 3   2019/2020 Stage Two complaints - summary of themes and lessons learnt

Service	Themes	Lessons learnt
Customer Services	Council Tax: • way in which customer charged for use of enforcement agents • way in which overpayment of Council Tax was dealt with.	Although no fault, outstanding balance written off to bring the matter to a conclusion. Opportunity to promote what more the Council can do to support people, further clarification provided to customer i.e. if deductions causing severe financial hardship, a discretionary reduction can be considered.
Development	Development Management Consultation/Neighbour development: • delays in responding to customer. • way in which objections to a planning application were considered.	Service acknowledges issue around LPA/land ownership is a complex issue i.e. planning permission does not override legal ownership. Service acknowledges issue around how the planning process works e.g. how objections are considered, the weight these objections carry, how impact is considered is complex process, which can be hard to explain simply Service acknowledged that due to volume of queries about this particular case, the Service prepared Q&A document to be issued when queries arose. Service aware of the issues, particularly around the displaying of notices and the clarity of the intended use of a building with regards a Planning Application. Frequently customers require clarification on decision making processes, a better understanding of role of LPA and complexity and limit of planning permission. The Service acknowledges and apologise for any delays in response.
Operations	Litter picking/grass cutting	Opportunity to provide further clarity
One Leisure	Responsibility for damage	Opportunity to provide further clarity
Resources	Issues around garage plot	Opportunity to provide further clarity
Cross cutting Development/Resources	Planning permission and land ownership issues	Complicated case, disputes over land ownership and deeds of covenant. Acknowledged this is a complex and challenging matter for the customer.

8

2019/20 Stage One complaints – summary of themes and lessons learnt

Service	Themes	Lessons learnt
Community	Licensing: • processes appeared overly complex. Community Safety: • complaint about member of staff	Example of how engaging with customer at early stage can help (undertaken by Customer Services)
Customer Services	Council Tax: • payment arrangements • eligibility for single person discount • non-issue of bill • Banding • enforcement action • non-issue of reminder notice • responsibility for payment Benefits: • council tax support correspondence • benefit overpayment • benefit eligibility Call Centre: • waiting times Customer Services: • complaint about member of staff • amendment to parking permit • timescales for delivery of new bin Housing: • way in which housing application handled	System investigation Further training for staff member Guidance to the team to ensure address details are checked before correspondence sent out Identified that further work required to streamline the process Further training for staff member
Development	Development Management/Conservation: • Consultation/Neighbour development • Decision making process	The Service acknowledges that issues around how the planning process works e.g. how objections are considered, the weight these objections carry,

Service	Themes	Lessons learnt
	• Difficulties in contacting staff • Delays in response Development Management Admin: • Refund delay	how impact is considered is complex process, which can be hard to explain simply The Service acknowledges that there have been delays in responding to customers, explanations and apology provided to customer(s) Refund authorisation process addressed
Operations	Parking: • charges • fines • new machines Grounds maintenance: • Grass cutting/flailing/litter picking Refuse/recycling: • Missed collection • Assisted collection • Bins not returned to collection point	Issue rectified and refund/voucher provided Opportunity to clarify actions taken and acknowledge role of residents in caring for the environment Issues rectified and customer reassured that steps taken to ensure collection teams issued with a map and further instructions to ensure that bins are collected as they should be in future.
Leisure & Health	Car parking Cleaning Poor service	 Continued regular inspection & cleaning Advice for staff and sessions monitored/reviewed
Resources	Estates: • Historical billing	Administrative error identified/rectified

10

Appendix 4 - Compliments
The Compliments Tracker was launched March 2020, so the data below does not align with 2019/20, however the dashboard below has been included information. Many compliments relate to how the Council responded to Covid 19.

Huntingdonshire DISTRICT COUNCIL

Compliments & Feedback Tracker records from 24/03/2020

Totals as of: 16/02/2021 10:57:08

Word Cloud of Compliments

Compliments Received by Service

ServiceArea
- Customer Services (Ho...
- Customer Services (Call...
- Operations
- Community
- Development
- 3C ICT
- Customer Services
- Customer Services (Rev...
- Leisure & Health
- Other (Please list in des...
- Resources
- Corporate Team

79 (26.42%)
76 (25.42%)
74 (24.75%)
21 (7.02%)
13 (4.35%)
11 (3.68%)
6 (2.01%)

Total Over Time

Note: Trends may appear to spike due to weekends/bank holidays

11

Appendix 5 LGO Neighbouring Authority Statistics

Cambridgeshire Councils	Complaints and enquiries decided (by outcome) 2019/20		Complaints and enquiries received	
	Not upheld	Upheld	2018/19	2019/20
Huntingdonshire	2	2	15	23
South Cambridgeshire	4	2	18	23
Fenland	1	0	13	10
East Cambridgeshire	1	2	16	13
Cambridge City	2	2	13	14
Cambridgeshire County Council	2	12	53	71

Agenda Item 5

3C Shared Services

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter:	Data Protection Compliance: Update on Action Plan
Meeting/Date:	Corporate Governance Committee – 24th March 2021
Executive Portfolio:	Executive Councilor for Digital and Customer
Report by:	Information Governance Manager & Data Protection Officer
Ward(s) affected	All Ward(s)

EXECUTIVE SUMMARY:

The Information Governance Service for Huntingdonshire District Council (HDC) is currently provided by 3C ICT Shared Service hosted by Huntingdonshire District Council. This also serves South Cambridgeshire District Council and Cambridge City Council.

The Information Governance (IG) Team lead on Information Requests, Data Protection Compliance, Data Privacy and provide additional advice around Information Management. The team is headed up by the Information Governance Manager who is also the Data Protection Officer.

The IG Team is a fairly new team formed in 2020. Due to this, the IG team carried out a review of the Data Protection arrangements in June 2020 to determine the areas for priority action.

This report provides a status update on the suggested actions identified as part of the review.

Recommendation(s):

Corporate Governance Committee is asked to note the contents of this report.

1. PURPOSE

1.1 The purpose of this report is to provide a status update on the actions identified as part of the Data Protection gap analysis (review).

2. SCOPE

2.1 The Gap Analysis was undertaken in June 2020.

2.2 The purpose of this was to determine the which areas needed to be focused on in order to ensure Data Protection Compliance.

2.3 The main areas covered included: Lawfulness, Fairness and Transparency, Individual Rights, Accountability and Governance, Data Security, International Transfer and Breaches.

2.4 Each area consisted of a number of sub-categories.

The scope for each category is provided below:

Lawfulness, fairness and transparency	Individual Rights	Accountability and Governance	Data Security, International transfers and breaches
•Information held •Lawful basis •Consent •Consent for children •Vital interest •Legitimate interests	•Right to be informed including privacy Information. •Communicate the processing of children's information •Right of access •Right to rectification and data quality •Right to erasure including retention and disposal •Right to restrict processing •Right to data portability •Right to object •Rights related to automated decision making including profiling	•Policy, Compliance and Training •Processor contracts •Information Risks •Data Protection by Design •Data Protection Assessments •Data Protection Officers(DPO) •Management Responsibility	•Security policy •Breach Notification •International transfers

3. FINDINGS / ACTIONS

3.1 The overall finding from the review was that, whilst appropriate procedures were generally in place, these were generally informal, incomplete, and/or inconsistently applied

3.2 Improvements were required in the following areas:

Area	High Level Finding	Risk	Actions needed	Status	Due Date
Information Asset Registers / Flows/ Records of Processing (Article 30)	Although some Information Asset records were held by Service areas; we do not hold a central repository.	The risk here is that there is no overview of our processes / systems which could result in delays to information requests; inappropriate controls being in place; no clear view on dependencies in terms of ICT systems when a change is made; etc.	Create a central information asset register.

Review of existing information to ensure this is up to date, it includes transfers of information and safeguards in place. | **In progress.**

IG team have started compiling a central list of information assets. | End of May 2021 |
| **Records of Processing (Article 30)** | Although the Information Asset Register does collect most of the information required for Article 30; this is not held centrally; in addition to this, more information would be required on disclosures and | There is a risk that information is inappropriately being transferred (i.e. there may not be appropriate adequacy arrangements or appropriate technical safeguards in place) | Review existing information to ensure transfers are documented.

Incorporate this within the central Information Asset Register | **In progress**.

As above. | End of May 2021 |

Area	High Level Finding	Risk	Actions needed	Status	Due Date
	transfers.				
Policies	Although there are some policies accessible on the Council's intranet pages, a number of these are out of date.

To add to this, there are also additional IT Policies located within a repository (Protocol Policy) which is not accessible to all staff as they are not published on the Intranet. | The risk is that staff are not aware of their obligations and therefore put the Council resources at risk. | Policies need to be reviewed and published as appropriate. | **In progress.**

Gap Analysis of Information Governance Policies has been undertaken to establish what is published and what needs to be drafted.

Detailed Plan yet to be established of when policies are to be reviewed and updated. (Update to be provided at June 2021)

IT Policies have started to be reviewed by ICT.

ICT Acceptable Use Policy was circulated on behalf of 3C ICT to the Information Governance Group Members on 5/02/2021 for comments. **Further revisions are however required.** | End of June 2021 |

Area	High Level Finding	Risk	Actions needed	Status	Due Date
Training Arrangements	The requirement by the ICO is that training is undertaken at least every two years. New starters are required to undertake e-learning as part of their induction process. For many existing staff, e-learning was undertaken in preparation for GDPR in 2018. This therefore means a number of staff will be coming up to the 2-year threshold for retraining. To date, there has been limited communication to	Although not in breach of the Act, by undertaking training every 2 years, this frequency is not in line with other partners in the public sector (e.g. NHS). This therefore creates a hurdle when signing up to Information Sharing Agreements. Without undertaking training staff will not be aware of what they should or should not do.	Need to review Information Governance training provision including content; reporting and frequency for undertaking training. The requirement for refresher training will need to be reinforced.	**In progress** Content for new Learning Management System (LMS) has been reviewed. Suggested training modules to be rolled out have been communicated with HR. Frequency has also been discussed with HR as part of review of training needs analysis**.** **HR to determine when the new modules will be ready to roll out (as this is part of a wider implementation)**	End of May 2021

Area	High Level Finding	Risk	Actions needed	Status	Due Date
	enforce the requirement for refresher training for existing staff.				
Information Sharing Arrangements	Although there are Information Sharing Agreements in place across the Council, there is no central register for this. There is no clear visibility if there are appropriate contracts / sharing agreements in place.	If a contract is not in place where data is being processed on behalf of the Council by a Data Processor; this is likely to be a breach of GDPR.	An Information Sharing Log needs to be created. The Information Asset Register work (identified above) is also likely to identify where Contracts are needed.	**In progress.** The IG team have started collating Information Sharing Agreements as of when they become aware of them. There has however not been an amnesty to identify ones already in place. **Email is scheduled to go out to Service areas requesting copies of Information Sharing Agreements in place**	End of May 2021
Incorporation of Privacy by Design in Projects	Data Privacy Impact Assessment (DPIAs) are	DPIAs may not be completed and therefore privacy risks may either not	The DPIA process and document to be reviewed and	DPIAs are taking place. The form needs to be reviewed and aligned to	End of June 2021

Area	High Level Finding	Risk	Actions needed	Status	Due Date
	completed; but it is unclear if this is always the case. DPIAs are currently treated as standalone documents to be completed at project initiation. Not all changes, go through a standard project process.	be identified / identified in a timely manner.	communicated. Its requirement needs to be better communicated and/or integrated with Project / Change processes.	other project / compliance processes. **Review of process / form not started.**	

4   LOOKING FORWARD

4.1   Ensuring ongoing compliance with Data Protection Legislation (DPA 2018 and GDPR) has been the focus of the Information Governance team.

4.2   The Information Governance team will continue to work with Service areas to address gaps identified as part of the Gap Analysis undertaken (on Data Protection Compliance) and provide updates during the Information Governance Group meetings.

5.   KEY IMPACTS/RISKS

5.1   The key impact of non-compliance with the Data Protection legislation along with GDPR is public scrutiny from the regulator.

5.2   Poor service or inadequate information management will lead to loss of trust from our customers. Inability to act in accordance with the Act and the Governments accountability and transparency directive will lead to reputational damage.

5.3   Furthermore, the right of access is bound with the Human Rights Act in respect of the right to privacy. Unlawful disclosure of personal information may lead to publicly enforced audit, warning, reprimand, corrective order and fine by the regulator.

6.   WHAT ACTIONS WILL BE TAKEN

6.1   Compliance will Data Protection Legislation will continue to be monitored by the Information Governance Group. Updates on actions will be provided via the Information Governance Group.

7.   LINK TO THE LEADERSHIP DIRECTION

7.1   Supports the objective to become a customer focused organisation under the strategic priority of becoming a more efficient and effective Council.

8.   CONSULTATION

8.1   None

9.   LEGAL IMPLICATIONS

9.1   HDC must comply with the law concerning FOIA/EIR and Data Protection Act

10.   RESOURCE IMPLICATIONS

10.1   There are no direct resource implications arising from this report.

11.   OTHER IMPLICATIONS

11.1   None

12.   REASONS FOR THE RECOMMENDED DECISIONS

12.1   This paper provides Members an oversight of arrangements in place to ensure Data Protection Compliance.

12.2   This report is for information purposes only, unless otherwise.

13.   LIST OF APPENDICES INCLUDED

13.1   None

14.   BACKGROUND PAPERS

14.1   None

**CONTACT
OFFICER**

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Single Tender Awards

Meeting/Date: Corporate Governance Committee – 24th March 2021

Executive Portfolio: Executive Councillor for Corporate Services

Report by: Assistant Director for Transformation and Head of 3C ICT

Wards affected: All

Executive Summary:

It is a requirement within the Council's Constitution, under the Code of Procurement, that the approval of single tenders/quotes by a Head of Service/Assistant Director are to be reported to the next quarterly meeting of the Corporate Governance Committee.

Two tenders have been approved as follows:

Details	Approved by
Trusted Expert on LPWA	Assistant Director, Transformation
Hybrid Committee Meeting Technology for Civic Suite	Head of 3C ICT

Further details are provided within this report.

Recommendation:

The Committee is invited to comment and note the contents of this report.

1.	PURPOSE OF THE REPORT

1.1	To notify the Committee of single tenders/quotes approved by a Head of Service/Assistant Director.

2.	WHY IS THIS REPORT NECESSARY/BACKGROUND

2.1	Two single tenders have been approved by the Assistant Director, Transformation and Head of 3C ICT:

Trusted Expert on LPWA (Low Power Wide Area) Networks		
Details	**Value**	**Approved by**
It is in the Council's best interest to engage a locally based subject matter expert who is familiar with both the technology and location. There is a requirement to rapidly onboard an expert to ensure delivery of CPCA funded projects.	Max £25,000 but cost based on day rate of services required.	Assistant Director, Transformation

Supply of hybrid meeting equipment and services to equip the Civic Suite.		
Details	**Value**	**Approved by**
The proposed supplier has fitted the existing equipment within the Civic Suite and will be extending this system.	£22,748.60 funded by COVID-19	Head of 3C ICT

2.2	Paragraph 6.4 (e) of the Code of Procurement, contained in the Council's Constitution, states that a single tender/quote can be approved:

"where the Head of Service/Assistant Director considers a single quote is in the Council's best interests and:

♦	the total value is less than £25,000; and
♦	the details and justification are reported to the next quarterly Corporate Governance Committee".

3. REASONS FOR THE RECOMMENDED DECISIONS

3.1 It is a requirement within the Council's Constitution, under the Code of Procurement, that the approval of single tenders/quotes by a Head of Service/Assistant Director are to be reported to the next meeting of the Corporate Governance Committee.

4. LIST OF APPENDICES INCLUDED / BACKGROUND PAPERS

None.

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Public
Key Decision – No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title:	Internal Audit Plan 2021/22
Meeting/Date:	Corporate Governance Committee – 24 March 2021
Executive Portfolio:	Cllr J Gray (Resources)
Report by:	Acting Internal Audit Manager
Wards affected:	All wards

Executive Summary:

The Committee has responsibility under its terms of reference for ensuring that the Council undertakes an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes taking into account the Public Sector Internal Audit Standards (PSIAS).

The Internal Audit team is reconfiguring its resourcing at present and therefore resource time is undefined for the coming year. Rather than present an overly-optimistic Plan that is not eventually delivered, a Plan based on a priority list of assurance activities has been prepared showing areas where audit activity is planned (green) and areas that are aspirational and resource/time dependent at this stage (amber).

It is anticipated that as new risks emerge the Plan list can be adjusted to allow for higher-priority reviews to be inserted. The Council's risk register is undergoing an update and will feed in new risks for consideration. Furthermore, following an unprecedented year, Services are reviewing the ways in which they operate and the Plan needs to be flexible enough to deal with new requests as systems and processes are adjusted.

In addition, the Internal Audit Charter (Charter) was last approved by the Committee in October 2019. The Charter has been reviewed and requires only minor updates and additions relating to the nature of audit reviews that may be carried out.

Recommendations

That the Corporate Governance Committee:
- reviews and approves the Internal Audit Plan
- agrees that changes can be made to the Internal Audit Plan following consultations between the Internal Audit Manager and S.151 officer and the Chairman of Corporate Governance Committee.
- Reviews and approves the Internal Audit Charter 2021.

1.   PURPOSE OF THE REPORT

1.1   To recommend to the Committee that the Internal Audit (IA) Plan for 2021/22 be approved.

2.   BACKGROUND

2.1   The Accounts and Audit Regulations 2015 require 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 Audit Standards (PSIAS) or guidance'. The Council has adopted the PSIAS through the Committee's Terms of Reference.

2.2   The Council requires the Internal Audit Manager (IAM) to "establish risk-based plans to determine the priorities of internal audit activity, consistent with the organisations goals". The risk-based plan must also:

- take into account the requirement to produce an annual internal audit opinion;
- incorporate a strategic high-level statement of how the internal audit service will be delivered and developed and how it links to the Council's objectives and priorities;
- explain how internal audit's resource requirements have been assessed; and
- include the approach to using other sources of assurance and any work required to place reliance upon those other sources.

Furthermore, the IAM must review and adjust the plan as necessary, in responses to changes in risks, operations, programs, systems, and controls.

3.   ANALYSIS

Available resources and evaluation

3.1   The IA service is currently reorganising following the retirement of the former IAM in March 2020 and the creation of the Council's Risk & Control Group and Board in Summer 2020. The planned internal audit staff resources for 2021/22 are intended to be:

        0.67 fte: Internal Audit Manager (currently fulfilled by acting up)
        0.44 fte Internal Auditor
        1.00 fte: Internal Auditor (– vacant post)
        0.27 fte: Computer audit (externally contracted)

3.2   Risk management was moved from Internal Audit to a new Exchequer Service within Finance in the last restructure 2019 to enhance the independence of Internal Audit from day-to-day business activity. With the creation of the Risk & Control Group to take on the role of Risk Management, it is planned that Audit will also support the risk management function by facilitating and assisting managers to self-administer the 4Risk risk management system and embed risk management into the Council's business operations. This will use the risk skills currently held in the Audit team and will use some resource time of both the manager and auditor(s) to facilitate this. After risk management has been fully embedded, then an Internal Audit review can be

undertaken either by Audit (internal) or as a fully independent review commissioned by our external IT internal audit contractor, who can also perform general non-IT reviews on our behalf. Once the risk register update has been completed, it will be used to influence and feed the Audit Plan to ensure that the reviews are both risk-based and support corporate objectives.

3.3   Moving to a more flexible and fully risk-based Audit process, planning resource days at the outset of the Audit Plan to any level of detail gives no real benefit nor assurance that the Plan is sound. There is no intention to present the Audit Plan in this manner going forward.

Internal Audit Plan

3.4   Annual internal audit plans have been prepared for many years based on an audit universe that contained details of all systems and significant processes, maintained and updated with risks recorded on the risk register. A significant amount of time is spent preparing the annual plan and scheduling audits across the year, only for the plan not to be fully delivered due to the need to advance, deter, add or remove audits throughout the year.

3.5   The Audit Plan for 2021/22 is attached at Appendix 1. It comprises three sections:

- assurance activities in support of the annual Audit opinion on internal control.
- other assurance activities for later consideration and inclusion in the Plan
- audit activities that need to be undertaken but which do not support the audit opinion.

3.6   The plan has been prepared after considering the aims and outcomes of the Corporate Plan, the progress made in delivering the 2019/20 annual governance statement, the requirement to review key financial and significant internal control systems and procedures. Once the Council's risk register has been reviewed and updated the Audit Plan will need to be revisited to ensure it is in line with the significant risks identified. Corporate Governance Committee members and the Senior Leadership Team have also been asked for ideas or suggestions of areas that could be considered for inclusion in the plan.

Other sources of assurance

3.7   The PSIAS requires that the audit plan planning process takes into account other sources of assurance that will be available during the year. Managers have been requested to provide details of any planned independent reviews from which assurance could be obtained to avoid/minimise duplication of effort. It is intended that these external or third-party assurances will be captured and used to support the audit opinion.

4.   RISKS

4.1   Non-delivery of the internal audit plan, or not undertaking sufficient work across the Council's control environment (the framework of governance, risk management and control) may affect the ability of the Internal Audit Manager to provide the Committee with a robust annual internal audit opinion.

4.2   The internal audit team is small and any reduction in resources (ie staff leaving, sickness) would quickly have an impact on the deliverability of the audit plan.

5.   LINK TO THE CORPORATE PLAN

5.1   The Internal Audit Service through the audit plan contributes to all the strategic themes and outcomes. Specifically it supports the Senior Leadership Team by undertaking reviews that provide assurance that:
* significant risks identified in the risk register are managed effectively
* laws and regulations are being met,
* business and financial processes and systems are managed effectively and
* assets are safeguarded.
It also improves the performance of the Council by assessing current risks, considering emerging risks, identifying efficiency gains and process improvements.

6.   RESOURCE IMPLICATIONS

6.1   The 2021/22 service budget will be adjusted to support the internal audit establishment detailed at 3.1.

6.2   It is essential that the internal audit plan is duly flexible Therefore, it is considered that there should be appropriate delegation to the Assistant Director of Corporate Resources and the Chief Finance Officer (as S.151 officer) to permit such changes, in consultation with the Chairman of Corporate Governance Committee.

7.   REASONS FOR THE RECOMMENDED DECISIONS

7.1   The Committee's terms of reference require it to approve the Internal Audit Plan.

8.   LIST OF APPENDICES INCLUDED

Appendix 1 – 2021/22 Internal Audit Plan.
Appendix 2 – Draft Internal Audit Charter (v.2021) with tracked changes highlighted.

BACKGROUND PAPERS

The Public Sector Internal Audit Standards

CONTACT OFFICER

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Huntingdonshire DISTRICT COUNCIL

Internal Audit & Assurance Plan
2021 - 2022

In delivering the Internal Audit (IA) Mission Statement -

to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight and to specifically support the Council successfully achieve its vision and priorities as set out in the Corporate Plan -

it is important that IA engagements not only consider and review internal control, risk and governance issues but also:

remain future focused,
positively influence and contribute to service developments and initiatives
lead to a strengthening of the control environment, and
are performed in accordance with professional standards.

Remain future focused

Traditionally IA have reviewed how risks and objectives have been delivered in the past, rather than consider how they are to be managed going forward. The audit plan is future focused, considering the risks that lie ahead of the Council, and so allow IA to provide advice and insight that will help Corporate and Service Plan objectives be achieved. This is a step-change in approach and will take time to embed into the culture.

Corporate Governance Committee (CGC) members have also been contacted and asked for their thoughts on areas for inclusion in the plan. They will also be contacted during the year so their concerns continue to be heard.

Positively influence and contribute to service developments and initiatives

Due to the many challenges facing the Council, change remains a constant and all Services either have reviewed or will be reviewing how they deliver their services.

IA is able to add value at an early stage of service or transformational developments through contributing advice and assistance that influences how risks can be reduced through introducing appropriate controls. Providing assurance at an early stage will also allow IA to gain a fuller understanding as to how the changes proposed will assist in delivering service objectives and their consequential impact elsewhere across the Council. This approach should lead to a strengthening of the overall control environment and time will be made available in the audit plan for IA to undertake this type of advisory work. IA strives to be trusted advisor to senior management and the CGC. Contributing positively to service developments and initiatives is one way in which that trust can be gained.

Lead to a strengthening of the control environment

The results of IA work are communicated to Managers and Members via IA reports.
The IA report template is designed so that issues identified are reported with greater clarity and impact. Remedial actions are agreed in collaboration with the client Service to provide a practical and workable solution that can be implemented by the Service.

Managers agree to implement actions that will strengthen the control environment and IA will continue to use the 4Action software to monitor and report upon their introduction. IA will undertake follow-up reviews at least twice a year on a sample of actions that managers have indicated as being fully introduced. The results of the follow-up work will be one of the factors that inform the annual IA opinion and time will be made available in the audit plan for follow-up reviews to be completed.

CGC will receive a summary update on the delivery of the audit plan agreed, be informed of any issues of concern and the progress being made with the implementation of agreed audit actions. Such a summary will allow the CGC to receive timely and relevant information and allow them to question IA whilst issues remain relevant.

Performed in accordance with professional standards.

The Public Sector Internal Audit Standards (PSIAS) require an external independent review of the IA service to be completed at least once every five years to confirm if the service is PSAIS-compliant. An external review was conducted in May 2014. A self-assessment was carried out internally by the IA team in 2018 and an action plan prepared, but another external review was not commissioned due to the need to concentrate efforts on delivery of the audit plan.

The Internal Audit Manager reviews the work performed by internal auditors at key stages throughout the audit process and evidences the checks they have performed. The IA service aims to act in conformance with the PSIAS.

Internal Audit Plan 2021/22

The Mission of Internal Audit articulates what internal audit aspires to accomplish within an organisation. *To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.*

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. [Public Sector Internal Audit Standards' (PSIAS) Definition of Internal Auditing]

The following core principles articulate internal audit effectiveness; for an IA function to be considered effective, all Principles should be present and operating effectively:
- Demonstrates integrity.
- Demonstrates competence and due professional care.
- Is objective and free from undue influence (independent).
- Aligns with the strategies, objectives, and risks of the organisation.
- Is appropriately positioned and adequately resourced.
- Demonstrates quality and continuous improvement.
- Communicates effectively.
- Provides risk-based assurance.
- Is insightful, proactive, and future-focused.
- Promotes organisational improvement.

Internal Audit Planning
The Public Sector Internal Auditing Standards (PSIAS) state:

The chief audit executive must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals.
Interpretation: To develop the risk-based plan, the chief audit executive consults with senior management and the board and obtains an understanding of the organisation's strategies, key business objectives, associated risks and risk management processes. The chief audit executive must review and adjust the plan, as necessary, in response to changes in the organisation's business, risks, operations, programmes, systems, and controls.

> *Public sector requirement: The risk-based plan must take into account the requirement to produce an annual internal audit opinion and the assurance framework. It must incorporate or be linked to a strategic or high-level statement of how the internal audit service will be delivered and developed in accordance with the internal audit charter and how it links to the organisational objectives and priorities.*

2010.A1 The internal audit activity's plan of engagements must be based on a documented risk assessment, undertaken at least annually. The input of senior management and the board must be considered in this process.

2010.A2 The chief audit executive must identify and consider the expectations of senior management, the board and other stakeholders for internal audit opinions and other conclusions.

2010.C1 The chief audit executive should consider accepting proposed consulting engagements based on the engagement's potential to improve management of risks, add value and improve the organisation's operations. Accepted engagements must be included in the plan.

2020 Communication and Approval The chief audit executive must communicate the internal audit activity's plans and resource requirements, including significant interim changes, to senior management and the board for review and approval. The chief audit executive must also communicate the impact of resource limitations.

2030 Resource Management The chief audit executive must ensure that internal audit resources are appropriate, sufficient and effectively deployed to achieve the approved plan.

Interpretation: Appropriate refers to the mix of knowledge, skills and other competencies needed to perform the plan. Sufficient refers to the quantity of resources needed to accomplish the plan. Resources are effectively deployed when they are used in a way that optimises the achievement of the approved plan.

Public sector requirement: The risk-based plan must explain how internal audit's resource requirements have been assessed.

Where the chief audit executive believes that the level of agreed resources will impact adversely on the provision of the annual internal audit opinion, the consequences must be brought to the attention of the board.

Audit Plan 2021/22 – Assurance Activities that will support the Annual Audit Opinion:

Area	Service	Type of review	Scope/rationale	HDC Corporate Objective
Key Financial Systems: • Council Tax • NNDR • Main Accounting System • Creditors • Debtors • Housing Benefits Creditors • Housing Benefit Debtors	Corporate Key Financial Services	Quarterly continuous audit reviews	As per agreed Key Controls for each financial system	Becoming a more Efficient and Effective Council
Covid Account	Covid /Finance	System overview	To obtain assurance on the process for ensuring we capture and substantiate all covid-related costs and appropriately allocate them to the Covid emergency grant funding account. To ensure that all costs are supported by evidence (to avoid risk of it being refused/recovered; and to ensure that all cost are accurate, and nothing omitted).	Becoming a more Efficient and Effective Council
S.106 Agreements	Development Control / Planning	Follow-up review initially (potentially then a system review)	Review of new system implementation, then if all operational progress to full system review. If not operational then need to test a sample of agreements to obtain assurance on progress	Place – Support development of infrastructure to enable growth

			and action. Review amount of £ on account (risk: it could have to be returned to developer if no action). Possible "significant issue" if large monetary amount.	
Car Parking permits new system: MiPermit	Operations	Light touch review	An oversight review of the new process introduced in 2020 to provide assurance that it is appropriate, efficient and complied with.	Becoming a more Efficient and Effective Council
Enforcement Policy (from 19.20 Plan)	Corporate /Community	System review	Compliance with corporate Enforcement Policy across enforcement teams within HDC.	Becoming a more Efficient and Effective Council
Network Access (red Audit Action)	ICT	Follow up review	To ensure that user accounts are managed effectively, and network access is restricted and appropriate.	Becoming a more Efficient and Effective Council
Delivery of Capital Scheme (red Audit Action)	Corporate	Follow up review		Becoming a more Efficient and Effective Council
A contract review - Breheny & small works contract	Operations		– small works contract (expiry and use since); total spend with company; analysis of spend; usage outside of small works v competition (note waiver of CoP). To sure we are getting value for money from these works; allowing appropriate competition; not stretching the contract outside its remit.	Becoming a more Efficient and Effective Council

Sickness dashboard	HR/Corporate	follow-up review	Agreed in the audit report 2020 that a follow up would be undertaken to ensure compliance that all sickness is being recorded. (reconciliation of timesheets to dashboard to check that input is happening in real time; look at extra guidance given to managers; delegation usage; does it work properly, loopholes, etc).	Becoming a more Efficient and Effective Council
CCTV	Operations	Light touch review	To follow up on written procedures and processes for the lawful capture of recordings for transference to Police etc.	
NNDR Northgate system	Customer Services/ NNDR	Light-touch review	Following on from Grants, the database risks holding inaccurate data as businesses fail to notify of any property vacations. To review what can be carried out to ensure the accuracy/currency of the Northgate system.	Becoming a more Efficient and Effective Council
IT equipment inventory	ICT	System review	To ensure adequate inventory and controls over physical security and location/custodianship of hardware. To include	Becoming a more Efficient and Effective Council

			movements in/out of ICT handling.	
Brexit requirements (EU citizens applying for jobs – extra requirements after Brexit)	Corporate Resources /HR	Light review of process & Compliance review	To obtain assurance that we have an adequate process in place and compliance.	People – Develop a flexible and skilled local workforce
Towns Programme	Planning / Economic Development	Oversight and assurance review	To obtain assurance that there are robust governance arrangements surrounding this high value programme.	Place – Support development of infrastructure to enable growth
Overtime	Corporate – All Services	Compliance with policy/procedure and overview of usage	Review of spend on overtime and assurance on compliance. Analyse the spend on overtime; trends by Service/job; capacity issues. Compliance with the policy (usage and approval).	
Land Charges fee income review	Corporate Resources/Land Charges	Follow-up review	To ensure there is an adequate system in place; appropriate calculation; signed off.	Becoming a more Efficient and Effective Council
DFG certification	Planning	- oversight & compliance	Certification required to be given to County Council; to ensure that funds are spend in accordance with the rules of the grant.	Becoming a more Efficient and Effective Council People – Support people to improve their health and well-being.

Procurement Cards	Corporate Resources	risk-based system review – & compliance review	Review of procedure and usage during 2020/21.	Becoming a more Efficient and Effective Council
Risk Management (AGS issue)	Corporate Resources	oversight & progress reporting for AGS 20/21 Late 21/22 or 22/23: risk-based system review	2021/22 follow-up progress review for AGS significant issue. Late 21/22 or 22/23: Once the RM process has been redesigned and the Risk Register relaunched then an Audit can be programmed (potentially by our audit contactor for independence).	Becoming a more Efficient and Effective Council
Lone Working (red Audit Action) (AGS issue)	Corporate	follow up review – progress reporting for AGS 20/21	To review operational compliance with the new system introduced to ensure adhered to and overview on how well it is working.	Legal obligation - H&S at Work Act
GDPR	Corporate & ICT/IG	follow up review – progress reporting for AGS 20/21	AGS issue: To review progress and report.	Becoming a more Efficient and Effective Council
HR & Payroll System (go live due May 2021)	Corporate Resources / HR, Payroll	System testing and/or Consultancy Systems review	New HR/Payroll system: IA involvement in testing stage; consultancy if requested. Systems review later in 21/22: scope determined by cyclical programme.	Becoming a more Efficient and Effective Council

			Seeking assurances from Sponsor or lead that internal controls are same or enhanced compared to old system. Cyclical review of Payroll to commence later in 20/22 or 22/23.	
IT Audit reviews	ICT	Systems reviews & follow up reviews	The IT audit plan has not yet been prepared.	
RESERVE AUDITS OR EXTRAS DEPENDENT ON RESOURCES AVAILBLE:				
BCP covid response: review and update of BCP	Corporate		lessons learnt and action plan, how project team operated; BCP review, update; reissue… (IA suggested)	Becoming a more Efficient and Effective Council
IG / IT policies	ICT	System review	Review of compliance enforcement procedure introduced, plus MetaCompliance operation (if introduced).	Becoming a more Efficient and Effective Council
Grants assurance work	Corporate – COVID		risk assessments; full process documentation and evidence; reconciliations of T1 and Master record maintained; consider risks within Finance Team (IA); recovery in respect of incorrect/fraudulent claims; govt returns and reconciliations submitted to BEIS.	Place – Support development of infrastructure to enable growth Becoming a more Efficient and Effective Council

"Project reviews"	Corporate		Based on 'HDC workload priorities list'; Sample projects and review governance, progress etc.	All objectives
Leisure Centres membership discounts	Leisure	System review	– viability; process for equity and approval; compliance	Becoming a more Efficient and Effective Council
Manager Training	Corporate Resources /HR	Systems review	Review of systems in place to ensure manager posts are supported. Consider within scope: succession planning, key person dependency risk, approval, bitesize training, capability.	People – Develop a flexible and skilled local workforce
Starters & Leavers	HR &/or ICT	System review	- incl induction, probation, succession planning - process for notification to ICT for network access and removal - Trust ID usage	Becoming a more Efficient and Effective Council
Remote working / Working From Home	Corporate	System review	Risks associated with homeworking, H&S, productivity/capacity, IT security, data security.	Becoming a more Efficient and Effective Council People – Develop a flexible and skilled local workforce
CCTV Project	Operations		CCTV needs a project closure on the capital spend which is concluded but we have been	

			given top marks on our desk top accreditation of the service for that work already. Other assurance?	
Stress Management	Corporate Resources /HR		– not just mental health offerings but actual management and after-care on return, changes.	People – Develop a flexible and skilled local workforce
Spot check on selected KPI results	Any of Services			
Environmental compliance checks eg energy usage statistics	Operations			
Covid compliance assurance – any relaxation of controls, impact assessment…	Any of Services			

Other areas for consideration/inclusion in Plan:

o Council Tax Support – increase in demand since lockdown began
o Licensing – change in rules re pavement licences and others
o Building Control (not reviewed since under shared services)
o Anti-tax evasion Policy and compliance
o Yotta (back office system in Waste & Streets)
o Sustainable Communities Pledge
o GIS Enterprise Mapping portal (live Jan 2021)
o Business CRM (Ec Dev purchase to capture business interaction & engagement – not yet rolled out)
o IR35 - From 6 April 2021 the way the rules are applied will change; All public sector authorities … will be responsible for deciding if the rules apply.
o IFRS 16 New CIPFA financial code (IFRS 9 & 15 too)
o Apprenticeship Levy utilisation – longer term audit

- o Kickstart programme
- o Climate Change Strategy / Environment Strategy

Internal Audit activities that will not be used to support the annual audit opinion

Area	Area
Audit Governance	Annual Audit Plan and risk assessment process review IA compliance with PSIAS – self assessment Quality assessment of audit work undertaken and file review (PSIAS) IA Charter Compliance with IIA Ethics policy Independent PSIAS review every 5 years
Assurance mapping	Assurance mapping of other sources of assurance (internal and external)
Whistleblowing & Fraud	Whistleblowing Policy and Guidance (review) Whistleblowing Log Advising on whistleblowing complaints received
Corporate Governance Committee	Reporting throughout the year on: IA Plan (for approval) – March CGC IA Service Interim Performance report (six monthly) IA Service Performance report (possibly including Annual Opinion) Implementation of Audit Actions – each CGC Annual Whistleblowing report Significant issues for inclusion in AGS – June CGC Progress reporting on AGS issues – 6 months after AGS. Annual Audit Opinion on internal control – June CGC
AGS	'Significant governance issues' log throughout year (via IA and R&C Group). Issues list included in the Council's AGS. Progress monitoring and reporting of all significant issues in AGS.

Governance	Internal Code of Governance - annual review; stated v actual? Attendance at Risk & Controls Group and Board Meetings Attendance at Information Governance Meetings
IT audit contract	IT audit contract expired 2020 (flexi year used 20/21) . Retender the contract in 2021.
Follow-up process & Management and monitoring of audit actions implementation	Review of our internal follow-up process and automation of reports from 4Action. Management of audit actions; reopening of actions found to be not fully implemented/compliant. 4Action outstanding actions reports to R&C Board and CGC.
Advice and assistance	By ad hoc requests from Services.
Consultancy work	By request from Services; acceptance will be dependent on resource and skills available.
National Fraud Initiative (NFI) work	Supporting the NFI initiative by assisting with investigation of matches found.

Deborah Moss
Acting Internal Audit Manager
March 2021

Reviewed by Assistant Director of Corporate Services and Chief Financial Officer (S.151 Officer).

Internal Audit Charter

2021

INTERNAL AUDIT CHARTER   *Effective March 2021*

The Council considers its Internal Audit Services to be a key component of its governance framework. This Charter provides a framework for the conduct of Internal Audit in Huntingdonshire District Council and has been approved by the Council's Corporate Governance Committee.

The key provisions of this Charter are set out below.

Internal Audit Service

The Council's internal audit service is an independent, objective assurance and consulting activity designed to add value and improve the Council's operations. It helps the Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Independence & Objectivity

The internal audit service will remain free from interference by any element in the Council and its scope shall not be restricted in anyway. It shall be free to review the arrangements of any aspect of service delivery, finance or governance irrespective of whether those arrangements are provided directly or indirectly (via partnerships, contractually or any other business arrangement).

The objectivity, impartiality, integrity and conduct of all Internal Audit staff must be above reproach at all times.

Authority

Internal auditors are authorised to have full, free and unrestricted access to all services and functions, premises, assets, employees, elected members, suppliers and contractors, records and other documentation and information that the Internal Audit Manager considers necessary to enable the Internal Audit Service to meet its responsibilities. All employees are required to assist the internal audit activity in fulfilling its roles and responsibilities.

Confidentiality

All records, documentation and information accessed in the course of undertaking internal audit activities shall be used solely for the conduct of internal audit activities. The Internal Audit Manager and individual audit staff (including contractors and external service providers performing work on behalf of internal audit) are responsible and accountable for maintaining the confidentially of the information they receive during the course of their work.

Reporting

The Internal Audit Manager shall submit to the Corporate Governance Committee, no later than the date at which the Council's annual governance statement is approved, an annual report and formal audit opinion.

1. **Purpose of Internal Audit**

    The Internal Audit Service (IAS) has been established to:

    - provide independent, objective assurance, advice and insight to the Council on its operations.

    - enhance and protect value, by assisting management in improving the delivery of the Council's objectives and operations through evaluating, challenging and improving the effectiveness of risk management, control and governance processes.

2. **Mandatory Guidance**

    The IAS will govern itself by adhering to the Public Sector Internal Audit Standards (PSIAS)[1] as required by regulation 5 of the Accounts and Audit (England) Regulations 2015.

    Guidance issued and endorsed by the Relevant Internal Audit Standard Setters as applying to local government will also be adhered to along with the Council's relevant policies and procedures and the internal audit manual.

    Non-conformance with the PSIAS shall be reported to senior management and the Corporate Governance Committee.

3. **Relationship with Members & Senior Management**

    Corporate Governance Committee

    The Accounts & Audit (England) Regulations 2015 require the Council to "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 Council has established a Corporate Governance Committee (CGC) and specifically delegated to it responsibility for "fulfilling the Board responsibilities of the PSIAS and ensuring effective internal audit is undertaken in accordance with the PSIAS"[2] The internal audit service shall report functionally to the Corporate Governance Committee.

    The Internal Audit Manager (IAM) shall have:
    - free and unrestricted access to the CGC and the right to attend all of its meetings, and
    - the right to meet with the Chairman of the CGC and/or the relevant Cabinet Portfolio Holder to discuss any matters or concerns that have arisen from internal audit work.

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[1] The PSIAS are based upon the Institute of Internal Auditors' mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing.*
[2] Extract from Committee's terms of reference approved by Council on 29 March 2017.

Senior Management

The Managing Director and the Corporate Director (People) and the Corporate Director (Place) fulfil the role of senior management as defined by the PSIAS. The Chief Financial Officer is not a member of the Senior or Corporate Leadership Teams but is an attendee at the SLT meetings. – *This is under review.*

The Chief Financial Officer shall support the CGC by ensuring that there are effective arrangements[3] for the internal audit of the control environment.

The IAM shall:
- report administratively to the Assistant Director of Corporate Services; and
- have free and unrestricted access to senior management.

4. Independence & Objectivity

Independence is essential to the effectiveness of the internal audit service; so it will remain free from all conditions or interference that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner. This shall include, but not be limited to matters of audit selection, scope, procedure, frequency, timing or report content.

Internal auditors must exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. They must make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.

Internal audit staff with real or perceived conflicts of interests must inform the IAM as soon as these issues become apparent so that appropriate safeguards can be put in place.

The IAM will confirm to the CGC annually, the organisational independence of the internal audit service. They shall also disclose to the CGC any interference and its related implications in determining the scope of internal auditing, performing work and/or communicating results.

Internal audit staff will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment. They shall also not assess specific operations for which they had responsibility in the previous 12 months.

5. Authority & Confidentiality

Internal auditors (including contractors and external service providers engaged to perform work on behalf of the IAM) shall have full, free and unrestricted access to all services and functions, premises, assets, employees, elected members, suppliers and contractors, records and other documentation and information that the IAM considers necessary to enable the IAS to meet its responsibilities. All employees and

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[3] As outlined in the Cipfa publication "The Role of the CFO in public sector organisations".

members are required to assist the internal audit activity in fulfilling its roles and responsibilities.

All records, documentation and information accessed in the course of undertaking internal audit activities shall be used solely for that purpose. Individual internal auditors are responsible and accountable for maintaining the confidentially of the information they receive during the course of their work.

6. Internal Audit Management

The Council shall appoint an IAM who shall determine the priorities of, manage and deliver the internal audit service in accordance with this Charter.

The IAM shall:

- ensure they have a comprehensive understanding of the Council's systems, structures and operations so allowing the preparation of a risk based audit plan each half year that is closely aligned to the need to provide assurance against the Council's strategic priorities, key business objectives and risks, as contained or identified within its Corporate Plan, Service Plans, risk register and framework of assurance.
- review and adjust the audit plan as necessary, in response to changes in the Council's risks, operations, programs, systems and controls.
- report annually the impact and consequence of any resource limitations to the CGC, who will then recommend to Cabinet whether or not to accept the consequence identified or seek an increase in internal audit resource.
- maintain a quality assurance and improvement programme to ensure that all audit work is completed to high standards and in accordance with the standards, practices and procedures as set out in the internal audit manual.
- undertake an annual review of the development and training needs of internal audit staff and arrange for appropriate training to be provided.
- put in place arrangements that ensure internal audit is notified of all suspected or detected instances of non-welfare fraud, corruption or impropriety and in conjunction with the Corporate Fraud Team Leader:
  - o promote a counter-fraud culture within the Authority
  - o determine the most appropriate method of investigating allegations.
- establish effective relationships with managers at all levels.

7. Role and responsibilities

Internal audit reviews shall examine and evaluate the adequacy and effectiveness of the Council's governance, risk management, and internal control processes. This shall be achieved via:

Assurance activities: *results of which will influence the opinion on the adequacy and effectiveness of the control environment.*

Risk based system audit reviews. The documentation, evaluation and testing of financial, operational and management information systems.

Thematic corporate reviews (potentially across all Services)

Risk Register specific risk

Information technology reviews. Specialist evaluation of hardware, software and the IT environment.

Fundamental financial systems. Reviews focusing on agreed key controls.

Follow up reviews focussing on revisiting an area or system previously found to have control weaknesses.

Light-touch agile reviews on areas where a full systems review may not be necessary. These do not preclude the review developing into a full system review.

Advisory activities: *results of which will contribute to the opinion on the adequacy and effectiveness of the control environment.*

Systems & processes. Control advice on new and developing systems.

Consulting services. Reviews at the request of management, that add value and improve governance, risk management and control processes and support management in their work.

Performance improvement. The economy, efficiency and effectiveness of business systems and processes.

Shared services

Where the Council provides 'shared services' to, or receives 'shared services' from other organisations, the IAM shall liaise with the other organisations IAS and agree the scope of the assurance that is to be provided or received and take account of that requirement when preparing the annual audit plan.

8. Reporting and Monitoring

Internal Audit Reports

At the conclusion of a review, a written report will be issued to the appropriate manager, that will
- include an overall assurance opinion, but not provide absolute assurance, on the adequacy of the governance, risk and control processes;
- identify inadequately addressed risks and non-effective control processes;
- detail agreed corrective action and timescales for implementation;
- identify issues of good practice

When corrective action has not been agreed, reporting will be escalated to a level consistent with the IAM's assessment of the risk.

The IAM shall regularly review and report to senior management, the progress made by managers in introducing the agreed corrective actions. Senior Management are responsible for ensuring that agreed corrective actions are introduced.

Reporting to the Corporate Governance Committee

The CGC will be provided with periodic updates on the work of the IAS. The updates shall cover significant findings and actions and provide information on the status of the agreed audit work plan. Amendments and revisions to the audit plan shall also be reported and agreed by the CGC.

Full copies of closed internal audit reports will be issued to CGC members on a quarterly basis.

The IAM shall present an annual report to the CGC that meets the requirements of the PSIAS. The annual report shall be timed to support the Council's annual statement of assurance on corporate governance and include an opinion on the overall adequacy and effectiveness of the control environment.

9. Quality and assurance programme

The IAM shall maintain a quality assurance and improvement programme that meets the requirements of the PSIAS. The results shall be reported to senior management and the CGC.

The IAM will arrange for an independent review of the efficiency and effectiveness of the internal audit service to be undertaken at least once every five years. The results of the review will be reported to senior management and the CGC.

Improvement plans arising from periodic reviews of internal audit shall be prepared as appropriate and reported to senior management and the CGC in the Internal Audit annual report.

10. Relationships with external audit and other assurance activities

Internal Audit will establish and maintain an open relationship with the external auditor and other assurance providers. Internal audit will plan its activity so that there is adequacy of audit coverage and to minimise duplication of assurance effort. However, the work of Internal Audit will not be driven by external audit's own priorities.

External audit will have full and free access to all internal audit strategies, plans, working papers and reports.

11. Review of the Charter

The IAM will review the Internal Audit Charter each year and report the outcome of that review to the CGC. Approval of the Charter shall be the responsibility of the CGC. This version was approved on the 24 March 2021.

Version: March 2021
Next review date: March 2022
Officer responsible for review: Internal Audit Manager
Approval: Corporate Governance Committee

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Implementation of Internal Audit Actions

Meeting/Date: Corporate Governance Committee – 24th March 2021

Executive Portfolio: Executive Member for Strategic Resources
Councillor Jonathan Gray

Report by: Auditor

Ward(s) affected: All Wards

Executive Summary:

There is a key performance indicator that requires 100% of audit actions to be implemented by the agreed date. However, 100% compliance has not been achieved.

Performance in the last 12 months* has seen 19 actions introduced, 29% on time, increasing to 54% when late implementation is taken into account.

(* actions that were due before the last 12 months are not be included in this measure).
Sometimes non-implementation is due to operational circumstances and to reflect this, a process is in place for re-assessing an audit's implementation date and extending it where reasonable. even after the introduction of this new process the 100% indicator is still not being achieved.

As at 15th March 2021, 19 overdue audit actions remained outstanding; 12 actions were within a year of the originally agreed implementation deadline but the remaining 7 were more than one-year-old. Relevant actions may have already had the deadline for implementation extended. Consequently, the Committee is asked to consider this and ask questions of management as they consider necessary.

Recommendation:

It is recommended that the Committee consider the report and comment as they consider necessary.

1. **PURPOSE OF THE REPORT**

1.1   To update members on the implementation of audit actions.

2. **WHY IS THIS REPORT NECESSARY?**

2.1   At past meetings of the Corporate Governance Committee (CGC), the committee has expressed concerns at the underachievement of the management-set target of implementing 100% of agreed internal audit actions on time. This report provides an update for members based on audit actions that are outstanding as at 15th March 2021.

3. **BACKGROUND**

3.1   Following each audit review, audit conclusions, associated actions and implementation dates are agreed between the audit client and the audit team. Services can disagree with any action and the audit report is a record of what has been agreed by way of actions and their target dates.

3.2   The target for the implementation of 'agreed internal audit actions to be introduced on time' is set at 100% in line with best practice that suggests that all recommendations are implemented by the agreed deadline. The deadline date is set/agreed with the client service and can be extended upon request where reasonable justification is provided (the measurement is taken against the new target date). Therefore, it is reasonable that all actions should be completed by their target date.

3.3   For the 12 months ending 15th March 2021, 35 audit actions were due to be implemented. The following shows the performance against due dates:

- 29% (10) were "implemented on time"; this increases to
- 54% (19) when late implementation is also included

- 16 actions have not been implemented.

4. **NON-IMPLEMENTATION OF AUDIT ACTIONS**

4.1   As mentioned, there are occasions due to operational circumstances that agreed implementation dates have to be extended; all such extensions are agreed between the audit client and the Internal Audit Manager. Such audit actions are then not considered as "not implemented" and are excluded from any exemption reporting unless the new target has also been missed (as the measurement is taken against the new variable target date).

4.2   However, circumstances sometimes prevail such that extended deadlines are missed and the current practice is that non-implementation at this stage is reported to management and CGC.

4.3   As at the 15th March 2021 19 audit actions remained outstanding (overdue) and not implemented. This includes all outstanding actions (not just those due in the last 12 months) to give a more accurate reflection. A detailed analysis of these actions is shown in the **Appendix.**

Of the 19 actions:

- 2 actions are 2 years or older (10.5%)
- 5 actions are between 1 and 2 years overdue (26%)
- 11 actions are between 6 months and 1 year overdue (58%)
- 1 action is less than 6 months overdue (5%)

* Time is measured from the 'original target implementation date' to the 15th March 2021.

5. KEY IMPACTS

5.1 It is important that the Council maintains a sound internal control environment. Actions that the Internal Audit Service propose to address risk and control weaknesses are discussed with Heads of Service and, if appropriate, Directors and agreement is reached as to any corrective action that needs to be taken. Internal audit actions are not imposed on management or Services.

5.2 An action that is not implemented means that the weakness or risk originally identified in the audit report, and which the action was designed to address, will remain as a risk to the organisation.

6. LINK TO THE CORPORATE PLAN

6.1 The Internal Audit Service provides independent, objective assurance to the Council by evaluating the effectiveness of risk management, control, and governance processes. It identifies areas for improvement across these three areas such that Managers can deliver the Corporate Plan objectives as efficiently, effectively and economically as possible.

7. RESOURCE IMPLICATIONS

7.1 There are no direct resource implications arising from this report.

8. REASONS FOR THE RECOMMENDED DECISIONS

8.1 The report has been requested by the Committee and as such, they need to decide what further action they wish to take.

9. LIST OF APPENDICES INCLUDED

Appendix 1 – Outstanding Audit Actions Not Implemented as at 15th March 2021

BACKGROUND PAPERS
Audit actions contained within the 4Action system

CONTACT OFFICER

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Appendix 1: Overdue Audit Actions @ 15th March 2021

Reference	Audit Name and Action Number	Assignee	Detail	Evidence to be Provided	Current Due Target	Original Target Date	Status	Timing	Time lapse since original date
1137	Data Protection and Information Management 15.16	Oliver.morley	The Senior Information Risk Officer (SIRO) shall decide how long information and emails etc shall be kept within Anite, and the process for purging or archiving.	Decision taken and copy of instruction informing managers.	31/07/18	30/09/16	NotStarted	Late	4 years +
1496	Grounds Maintenance and Street Cleansing - 17.18 - 3	Neil.Sloper	In the period before the new cab system is implemented, the Street Cleansing and Grounds Maintenance manager will review a sample of maintenance sheets, this will be formally built into the new in cab solution in the future.	Reviewed beat sheets.	31/12/19	31/10/18	InProgress	Late	2 years+
1080	Social Media - 3a	gregg.sullivan	The Social Media Policy to include detail as to the types of posting that need to be formally reported as defamation or libellous to individuals or the Council. (in addition training to officers about the type of posting which fall into these categories should be provided).	The updated Social Media Policy that reflects the recommendations above.	31/03/20	31/01/19	NotStarted	Late	21 months
1133	Repairs & Maintenance of HDC property and equipment 17.18 - 4a	mark.houston	Once the plan of schedules repairs and maintenance has been compiled the service will agree key performance indicators to allow for performance to be monitored. (Appendix 1 in the report provides examples).	The agreed key performance indicators.	31/10/20	31/03/19	InProgress	Late	23 months
1170	Management of Health & Safety - 17.18 - 4	john.taylor	The following arrangements should be embedded into the Health and Safety policy: 1. Gas Safety 2. Infection Control 3. Respiratory Protective Equipment 4. Security Threats 5. Smoke Free Workplace 6. Transport Safety 7. Vibration	Updated Health & Safety policy.	30/09/19	31/03/19	NotStarted	Late	23 months
1339	Repairs & Maintenance of HDC property and equipment 17.18 - 3b	mark.houston	Once the asset management software has been purchased and populated with operational property details, the Facilities Management team will explore the use of the software with other managers who have responsibility for asset management.		31/03/20	31/03/19	InProgress	Late	23 months

1363	Repairs & Maintenance of HDC property and equipment 17.18 - 2	mark.houston	Once annual and cyclical plans have been compiled, a resourcing plan to evidence how these plans will be delivered - including financial budgets - will be prepared and approved by the Head of Operations and used to support the 2019/20 budget setting process.	The resourcing plan.	31/10/20	31/03/19	NotStarted	Late	23 months
1311	Repairs & Maintenance of HDC property and equipment 17.18 - 4b	mark.houston	If and when the Facilities Management team provide FM services for another team within the Council, service delivery expectations will be clearly defined, agreed and approved between the relevant Heads of Service.		31/10/20	31/03/20	InProgress	Late	11 months
1529	PCI DSS 18.19 / 3	Oliver.morley	A training needs assessment should be performed for all members of staff that have responsibility for PCI DSS compliance activities so as to determine their training needs.	Shared Service Management Board minutes	01/04/20	01/04/20	NotStarted	Late	11 months
1530	PCI DSS 18.19 / 4	Oliver.morley	Compliance should be monitored and actin taken when members of staff are found to have not completed the PCI DSS training or have not read the policy and procedures.	Shared Service Management Board minutes	01/04/20	01/04/20	NotStarted	Late	11 months
1531	PCI DSS 18.19 / 5	Oliver.morley	Actions need to be drawn together in a policy which sets out how the council will manage PCA DSS compliance activities and the policy should be reviewed on a regular basis. this should include but not be limited to: - Assignment of roles and responsibilities for ensuring that the Council is PCS DSS compliant - Procures for staff that are responsible for taking card payments - The Council's security strategy in relation to the storage, processing and transmission of credit card data - A set of instructions for detecting, responding to the storage, processing and transmission of credit card data.	Shared Service Management Board minutes	01/04/20	01/04/20	NotStarted	Late	11 months
1535	FMS Post-implementation 19.20 / 1	manjit.pope	Going forwards for joint projects key stakeholders (system users) from the Council should commit to the system specification phase and detail variances I business needs to ensure they are controlled and overseen.	System specifications	31/10/20	01/04/20	NotStarted	Late	11 months

1536	FMS Post-implementation 19.20 / 2	manjit.pope	Going forwards decision points such as UAT sign -off should be supported by contingency plans when partial roll out is approved. this should involve holding the vendor to account and /or providing additional resource to support processes.	Contingency plans.	31/10/20	01/04/20	NotStarted	Late	11 months
1537	FMS Post-implementation 19.20 / 3	manjit.pope	Going forwards all new contracts should stipulate an exit clause to ensure timely extraction and transformation of data from the legacy database to the new database.	Contractual agreements.	31/10/20	01/04/20	NotStarted	Late	11 months
1538	FMS Post-implementation 19.20 / 4	manjit.pope	Going forwards risk assessments as part of the initiation phase (project initiation document and project plan) should include an assessment of resource needs and corresponding resource risks.	Risk assessment	31/10/20	01/04/20	NotStarted	Late	11 months
1526	Protocol Policy Management System 18.19 / 3	madelaine.govier	Management will put a plan in place to seek staff awareness of IT policies by including a rolling awareness programme for extant policies within the protocol policy management system.	High level plan.	30/11/20	01/06/20	NotStarted	Late	9 months
1521	Hardware & Software Asset Management Control 19/20 / 8	Alex.Young	Procedures should be documented for the secure wiping of information when managing lost/stolen IT assets and prior to the disposal of IT assets.	Procedure to be developed for secure wipe/protection of data at rest for lost/stolen. supporting evidence - produce written documentation relating to Certificate revocation, bitlocker, intune remote wipe for phones, restrictions non re-introduction of devices on to the domain.	31/12/20	01/07/20	NotStarted	Late	8 months
1513	Access Management Control 19.20 / 5	Sagar.Roy	Head of IT & Digital 3C Shared Services should ensure requirements for setting up new user access to the network are set out in formal policy document and is uploaded onto the intranet and the PPMS. Line managers acknowledge the formal policy set out by 3CSS which ensures £CSS are notified of leavers in timely manner.	User access policy or requirements in an equivalent policy. Acknowledgement from line managers and employee owners.	31/08/20	31/08/20	InProgress	Late	6 months
1532	Network System Resilience & Availability 19.20 / 1	Alex.Young	Management should establish planned schedule for testing of data centre failover. Testing should be undertaken on at least an annual basis.	Data centre testing schedule.	31/10/20	31/10/20	NotStarted	Late	4 months

Total: 19

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Progress on AGS 2019.20 Significant Issues

Meeting/Date: Corporate Governance Committee – 24th March 2021

Executive Portfolio: Executive Member for Strategic Resources Councillor Jonathan Gray

Report by: Deborah Moss, Acting Internal Audit Manager

Ward(s) affected: All Wards

Executive Summary:

The Council's Annual Governance Statement (AGS), approved in January 2021, contains a list of significant governance issues together with proposed remedial action for each.

This report advises the Committee on the progress made against each of these issues and the action taken to date.

Progressive action has been taken on all issues identified and one issue has been completed.

Previously, Committee has received this progress update six months after the AGS and then another update contained in the following year's AGS. It is proposed that the next update is given as part of the 2020.21 AGS report.

Recommendation:

Committee is asked to review and comment upon the action and progress made to date.
Committee is asked to decide the frequency with which it would like to receive these progress updates.

1. **PURPOSE OF THE REPORT**

   To advise the Committee on the progress against significant governance issues as reported in the 2019/20 Annual Governance Statement (AGS).

2. **BACKGROUND**

   The Accounts and Audit Regulations 2015 requires all relevant bodies to prepare an Annual Governance Statement (AGS). The purpose of the AGS is to communicate to stakeholders the standards of corporate governance the organisation demonstrates and identify any significant issues that have arisen in year, and what is planned to address these issues.
   This report details the progress made to date on each significant issue.

3. **DETAIL**

   As a result of the Covid-year implications, the Final Accounts and AGS 19.20 were not approved by Committee until January 2021.

   10 significant governance issues were highlighted in the AGS together with an action plan to show how each issue was to be remediated.

   The Acting Audit Manager has obtained an update from responsible officers on the action taken to date. The significant issues raised in the 2019/20 Annual Governance Statement are set out in detail in Appendix 1 and progress against each of these is reported there.

   Action continues to be taken on all issues identified. In addition to this progress update report, a formal progress record will be included in the next AGS (2020.21), which will also highlight new significant issues identified during that year. This will allow for the monitoring of all significant issues by AGS year and their progress until each is resolved.

4. **KEY RISKS**

   The significant issues are raised because, without any remedial action, they may impact the governance of the Council.

5. **LEGAL IMPLICATIONS**

   The Council is responsible for ensuring that it has a sound system of internal control which facilitates the effective exercise of its functions and the achievement of its aims and objectives, ensures that the financial and operational management of the authority is effective and includes effective arrangements for the management of risk (Regulation 3 of the Accounts and Audit Regulations 2015).
   The Council must carry out an annual review of the effectiveness of its system of internal control which must be considered by the relevant committee. In the light of that review, the Council must produce an annual governance statement which must be approved by the relevant committee

in advance of the Authority approving the statement of accounts (Regulations 6 (1), (2) and (4) of the Accounts and Audit Regulations 2015.

6. REASONS FOR THE RECOMMENDED DECISIONS

The report has been requested by the Committee and as such, it needs to decide what further action it wishes to take.

7. LIST OF APPENDICES INCLUDED

Appendix 1 - AGS Significant Issues Updated Action Plan March 2021

BACKGROUND PAPERS

Annual Governance Statement 2019/20

CONTACT OFFICER

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Appendix 1: AGS 2019.20 Significant Governance Issues Updated Action Plan March 2021

Area of Assurance	Issue / Gap	Action Plan Proposal	Progress @ March 2021
Risk Management	RM is not fully embedded and functional within the Council in an effective way. The risk register requires revision and update otherwise it is at risk of being unreliable/unusable.	Service Plans will be redesigned to incorporate risk management. • The risk register will be reinvigorated and redesigned before roll-out to Services • Internal audit reviews of top risks highlighted by management • Longer term – potential audit review of RM.	Service Plan redesign to incorporate risk management has taken place and Services are currently preparing their Plans under the guidance of the AD Corp Svcs The Risk & Control team will work with Services to assist them in updating their risk register entries and this will commence in the new financial year.
Lone working (red action in an audit report):	The Council lacks a corporate lone working procedure that is robust and effective. H&S legislation requires us to protect our employees at work. A lack of protocol over lone workers could risk employees' safety and a breach of legislation.	Ownership to be appointed. • To investigate lone worker systems that can operate within its 24-hour CCTV function. • A suitable system/procedure to be implemented to protect all officers who lone work off site. • Internal Audit to carry out a follow up review to ensure operation and compliance once installed.	This has been discussed at the Risk & Controls Board, and investigations into neighbouring authorities' provisions have been undertaken. A working group has been stood up under the leadership of the AD Corp Services to resolve the LW risk. A follow up compliance review can be considered only once a LW system is implemented.
Head of Internal Audit	The resignation of the former Internal Audit Manager affects the resourcing of the statutory Internal Audit service. This impacts on the provision of an annual Audit Opinion.	An Acting Internal Audit Manager has been appointed. This employee is an existing internal auditor at the Council and is MIIA qualified. • Review of the function to take place to ensure adequate resourcing levels.	The Acting Manager is in place until the end of 20/21 FY; A formal appointment will be made for FY 21/22. Discussions have taken place as to the various recruitment options for the vacant auditor post which will be advertised shortly.

GDPR (Data Protection Compliance)	Progressive action towards GDPR compliance and monitoring has not been sufficiently robust since the Regulations' effective date. This puts the council at a greater risk of a potential non-compliance with GDPR legislation, a data breach, penalty fine and reputational damage.	Information Governance team has carried out a gap analysis review across the Council. • Work to be done to ensure data protection training and awareness. • A planned Internal audit [follow up] review to assess compliance.	Progression on the gap analysis work and actions are continuing in IG eg work has started on preparation of info asset registers. The IG Manager is providing CGC with a separate report by way of update on these actions. (See Table of areas and actions from gap analysis.)
Network Access Management Control (red action in an audit report):	The audit found that user accounts may not be regularly reviewed and monitored (by HR or systems owners) leading to leaver, inactive or dormant accounts.	Agreed that HR management would assign ownership to line managers to review the network accounts that do not match to payroll listing. • Agreed that line managers/Heads of Service would perform a regular review of all staff in their service ae going forwards. • Progress to be monitored by Internal Audit.	HR has provided ICT with a list of the highlighted 65 users that did not match the Payroll list of employees together with instructions as to which should remain active, which deleted and which needed further insight before remaining active. A follow up review of this action is included in the Internal Audit Plan 21.22 to ensure that regular checks on staff access rights have been carried out by line managers and heads of service.
Procurement function	Resignation of the Procurement Officer in March 2020 leaves the council with no Procurement support function. Absence of a procurement function for advice has meant Services had to procure without assistance and put compliance more at risk.	The AD for Corporate Services has forged a good relationship with the Procurement Officer of a neighbouring authority which was used for support and advice where needed in the interim and going forward. • The recruitment of a Procurement Officer was agreed. • Subsequent appointment of an experienced procurement officer took place in September 2020.	Completed (subject to satisfactory completion of the employee's probationary period). HDC has continued to maintain a strong working relationship with Procurement officers from SCDC and CCC which serves to progress and enhance the function to mutual benefit.

Delivery of capital Schemes	An audit review found that there several issues relating to governance, capability, capacity and delivery, and commissioning.	Appointment of a Programme Delivery Manager took place in 2020. • Many programmes and projects are already underway • Internal Audit to carry out a follow up review.	The Programme Delivery Manager has undertaken a full Project Management Delivery Audit in September. Findings and recommendations to mitigate risks highlighted have been presented to the WP SLT Board; awaiting board decision on recommendations. In Parallel PDM has established a EPMO Enterprise wide Project Management (EPMO) Steering Group to review PM Improvement of tools and processes. And introduced a Gateway Assurance Review process for HDC Projects and programmes going forward. A planned follow up review is included within the Audit Plan 21.22 .
Audit reports Outstanding	There has been difficulty in obtaining replies by Services to draft audit reports. These reports highlight weaknesses and risks found in a system and if they remain not responded to and no actions are implemented to address the risks, then the risks potentially remain and assurance cannot be given.	Audit Manager has advised senior management of such outstanding reports. • A new Risk & Controls Board has been developed which will formally reports these issues to Corporate SLT for action.	A list of outstanding reports has been formally reported by the R&C Board to Corporate SLT for action. Responses/updates are awaited, and an updated list will be a standing item on the R&C's monthly report.
Information Governance Training	The ability to monitor which staff have completed which training courses needs improvement. Decisions on mandatory training and frequency of courses needs to be decided. There is a risk that employees may not have sufficient training or awareness.	• New Information Governance Manager in post • IT and IG policies are being reviewed • IG training modules are being reviewed • Ownership of training attendance to be assigned • A system for monitoring all training	Policies are currently being reviewed. IG training modules have been reviewed. HR are due to roll out these modules as part of the Learning Mgt System (LMS) – the contract has been signed and due to go live by 15th March. There is difficulty extracting exception reports on those employees who have not

| | | | completed each IG course, and this is being examined by the Transformation team.

Responsibility for the monitoring of completion of courses is still undecided.

Progress is being reported to and overseen by the IG Board. |
|---|---|---|---|
| **Covid-19 risks, levels of debt, loss of income etc** | Since mid-March 2020, the Council has diverted its resources to focus on providing active support across Huntingdonshire as part of its response to Covid-19. There is a risk that costs incurred outweigh the levels of funds received from Central Government. Emergency procedures put in place need to be reviewed to ensure that effective governance is in place to protect Council / users etc | Assess 2020/21 budget and income streams for non-deliverable items and link to overall 2020/21 Financial monitoring and the 2021/22 MTFS requirements.
• Robust risk management processes followed to ensure effective monitoring of key risks whether relating to response to Covid-19 or return to business as usual.
• Gold, Silver and Bronze command were
stood up to manage critical responses/issues in response to the pandemic. | At present, Gold command is still active to help respond and provide resources for continued support within the community in relation to the Covid 19 pandemic.

A separate cost centre was set up to capture costs associated with responding to Covid 19 pandemic.

During 20/21, central government has provided significant support in terms of the one-off costs associated with responding to the pandemic, this support will continue in 21/22.

Recognition has also been provided by central government in support loss of income for services affected by the closure of leisure and retail activities. The Income Compensation Scheme has provided Local Authorities affected by this to claim back 75p in the £1, after deducting 5% of the total expected budgeted income for that activity.

NNDR and CTAX will continue to be a concern going into 21/22 with ongoing pressure around collections.   Central |

			Government have provided mechanisms to spread 20/21 deficits over 3 years and will also allow Local Authorities to claim compensation for irrecoverable losses. Balanced budget has been approved (Feb 21).

CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

Committee	Decisions	Date for Action	Action Taken	Officer Responsible	Delete from future list
02/10/2019	**Annual Complaints Report 2018/19** Consideration of content of future reports to include information around the compliments the Council had received.	24/03/2021	Compliments will be added to the next annual report for the period April 2019 and March 2020. Report appears on the agenda for this meeting.	Customer Services Manager	Yes
27/01/2021	**Data Protection Compliance: Update on Action Plan** Agreed that quarterly reports on data protection compliance be submitted at future meetings.	24/03/2021	Standing item. Report appears on the agenda for this meeting.	Information Governance Manager	No
27/01/2021	**The Code of Procurement Waiver Procedure** Digest of all uses of the waiver procedure to be presented to the Committee.	At future meetings as required.	An update, if relevant, will be provided at the meeting.	Assistant Director, Corporate Services	No
N/A	**Code of Procurement: Status and Forward Plan** Item added at request of Assistant Director, Corporate Services.	24/03/2021	To receive a verbal update from the Assistant Director, Corporate Services	Assistant Director, Corporate Services	No

Agenda Item 10

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