

Audit: Emergency Planning

Introduction:

The council has a legal responsibility under the Civil Contingencies Act 2004 to maintain plans to help prevent, control and manage emergencies. An emergency is classed as ‘an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK’. As such, emergency planning is included as a key risk on the council’s corporate risk register. This audit is carried out as part of the 2019/20 Internal Audit plan and will obtain assurance that the controls stated within the risk register are in place and working effectively.

| Risk identified: | Level of Control: | Overall opinion: | Recommendations: |
|---|-------------------|--|----------------------------|
| <p>Legislative and Policy Compliance</p> <p>LPC1: Failure to comply with the Civil Contingencies Act 2004</p> | <p>Good</p> | <p>As a category 1 responder under the Civil Contingencies Act 2004, the council is required to undertake the following:</p> <ul style="list-style-type: none"> - Assess the risk of emergencies occurring. - Put in place emergency plans. - Put in place business continuity management arrangements. - Put in place arrangements to warn, inform and advise the public in the event of an emergency. - Share information and co-operate with other local responders. <p>Assurance was obtained during the audit that these duties are being met.</p> | <p>No recommendations.</p> |

| | | | |
|--|---------------------|---|---|
| <p>Operational</p> <p>O1: Key controls stated in the corporate risk register in respect of emergency planning are not in place and/ or working effectively</p> | <p>Satisfactory</p> | <p>Risks identified on the council's corporate risk register are regularly reviewed and commented upon by Corporate Management Team. In addition, the risk register is presented to and considered by the Audit and Governance Committee, as well as being reviewed by the Corporate Governance Group on a quarterly basis. Emergency planning is being managed as a key risk within the corporate risk register. Adequate mitigating controls have been identified to manage this risk and audit testing concluded the following in respect of their implementation:</p> <p><u>Training and test exercises</u></p> <p>These take place on a regular basis and the majority of staff involved in emergency response operations have received training in the last 12 months. The current process for maintaining training records does not allow for staff who are due refresher training to be easily identified. It is therefore recommended that a training programme be established to ensure all officers receive regular training. Training for elected members (including Parish and Town Councils) is due to take place during 2019/20 and should also form part of an ongoing training programme. A number of test exercises have been carried out, some being council-specific and others multi-agency events. There is currently no formal timetable for when test events will be run and this should form part of the recommended training programme [R1].</p> <p><u>Up-to-date plans</u></p> <p>The council's Emergency Plan is updated regularly and is supported by various procedures and guides e.g. a flood response guide, works team procedures, a comprehensive rest centre guide (a total of 24 rest centres are now identified) etc. A new co-ordination room has recently been established and an initial set-up exercise undertaken; this should now be documented.</p> <p>The council has access to 'Resilience Direct'- a secure online network ensuring key information is readily available in the event of an</p> | <p><u>R1</u></p> <p><u>Recommendation priority:</u> Medium</p> <p><u>Implementation date:</u> January 2020</p> <p><u>Responsible Officer:</u> Head of Community Services in conjunction with Civil Protection Officer</p> <p><u>Recommendation Agreed:</u> Yes</p> <p><u>Recommendation Details:</u></p> <p>A training programme should be established for the emergency planning response team. This should include:</p> <ul style="list-style-type: none"> - Identification of ongoing training requirements (including awareness training for elected members). - A schedule of test exercises to be carried out. <p><u>R2</u></p> <p><u>Recommendation priority:</u> Low</p> <p><u>Implementation date:</u> February 2020</p> <p><u>Responsible Officer:</u> Head of Community Services in conjunction with ICT Manager</p> <p><u>Recommendation Agreed:</u> Yes</p> <p><u>Recommendation Details:</u></p> <p>In accordance with the council's emergency plan, consideration should be given to all members of the response team being allocated a council mobile phone as part of the mobile phone</p> |
|--|---------------------|---|---|

| | | |
|--|---|--|
| | <p>emergency. Some of the council's documents on this site are now out of date and it would therefore be beneficial for this to be reviewed.</p> <p>Emergency planning information is published on the council's website; the plan itself should however be available on the intranet. Reference is made within the plan to all members of the response team being allocated a council mobile phone. The audit established that this is not currently happening in practice and this should therefore be a consideration as part of the mobile phone procurement project [R2].</p> <p><u>RAG status reviews</u></p> <p>This risk assessment update is presented to the Emergency Planning Team Leader meetings every quarter. To ensure that updates are accurate, each team leader should provide commentary on the status of their team prior to each meeting.</p> <p>In conclusion to the above two mitigating controls, it is recommended that key documentation relating to the council's emergency planning arrangements is reviewed [R3].</p> <p><u>Partnership working</u></p> <p>The Gloucestershire Local Resilience Forum (LRF) is the main hub for multi-agency working and information sharing regarding emergency planning. Assurance was obtained that the council is represented at relevant LRF groups.</p> <p><u>Job descriptions reflect emergency planning requirements</u></p> <p>A review of relevant job descriptions established that some made reference to emergency planning requirements and others did not. This control is therefore not being consistently applied. It is recommended that a discussion takes place with HR to establish where it is appropriate for job descriptions to include emergency planning operations. Where this is not considered to be appropriate; consideration should be given to developing a guidance document for volunteers in order to ensure roles and responsibilities are defined, to</p> | <p>procurement project.</p> <p><u>R3</u></p> <p><u>Recommendation priority:</u> Medium</p> <p><u>Implementation date:</u> January 2020</p> <p><u>Responsible Officer:</u> Head of Community Services in conjunction with Head of Corporate Services and Out of Hours Officers</p> <p><u>Recommendation Agreed:</u> Yes</p> <p><u>Recommendation Details:</u></p> <p>Documentation relating to the council's emergency planning arrangements should be reviewed as follows:</p> <ul style="list-style-type: none"> - The emergency co-ordination room set-up procedure should be documented - Resilience Direct should be reviewed to ensure all documents are up to date e.g. all rest centre plans should be uploaded and out of date documents removed (old emergency response guides, flood plans etc) - The RAG status should be reviewed to include a risk matrix and each team leader should provide commentary on the status of their team prior to each Emergency Planning Team Leader meeting - The emergency plan should be published on the intranet (excluding personal contact details) - The link to the community risk register on the Gloucestershire Prepared webpage should be updated |
|--|---|--|

| | | | |
|--|--|---|---|
| | | <p>set expectations and ensure consistency across the authority [R4].</p> <p><u>Rest centre supplies</u></p> <p>These were found to be up to date, clearly labelled and organised along with hard copies of appropriate checklists/ risk assessments. An annual audit of equipment was carried out in April 2019 which deemed rest centre supplies to be satisfactory and evidence of this provided during the audit.</p> | <p><u>R4</u></p> <p><u>Recommendation priority:</u> Medium</p> <p><u>Implementation date:</u> February 2020</p> <p><u>Responsible Officer:</u> Head of Community Services in conjunction with HR</p> <p><u>Recommendation Agreed:</u> Yes</p> <p><u>Recommendation Details:</u></p> <p>A discussion should take place to establish where it is appropriate for job descriptions to include emergency planning operations. Where this is not considered to be appropriate, consideration should be given to developing a guidance document for volunteers in order to ensure roles and responsibilities are defined, to set expectations and ensure consistency across the authority.</p> |
|--|--|---|---|

Audit: Debtors

Introduction:

This audit was completed as part of the 2019/20 Internal Audit Plan. According to the general ledger code SDLE, sundry debtor balance brought forwards from 2017/18 was £984,021.66 and for the period 01/04/2018 to 31/03/2019, receipts of £9,935,077.57 had been received. A new income system was introduced in 2018 and was reviewed as part of the 2018/19 audit plan. The method for raising invoices has also changed, with services now responsible for raising their own sundry debts. This audit will look to confirm that invoices are raised promptly and accurately, income correctly accounted, and that recovery action has been facilitated.

| Risk identified: | Level of Control: | Overall opinion: | Recommendations: |
|--|-------------------|---|--|
| <p>Legislative and Policy Compliance (LPC):</p> <p>LPC1: personal information is not retained in line with GDPR, breaching the regulations and resulting in potential fines.</p> | <p>Good</p> | <p>LPC1:</p> <p>There is a good level of assurance that controls are in place in relation to data held on the debtors system. Controls include the use of data retention schedules and controlled access to the finance system. Financial Services have also produced a public privacy statement detailing how data is used and this includes debtor invoices. Invoices are also raised by other departments (such as One Legal, Environmental Health) and therefore a low risk recommendation has been made to add a standard point to privacy notices for other departments in which they issue debtors invoices (R1).</p> | <p><u>R1:</u></p> <p><u>Recommendation priority:</u> Low</p> <p><u>Implementation date:</u> January 2020</p> <p><u>Responsible Officer:</u> Business Admin Manager</p> <p><u>Recommendation Agreed:</u> Yes</p> <p><u>Recommendation Details:</u></p> <p>The online privacy notices should be updated to include reference to the use of information for debt recovery/raising of invoices.</p> |

| | | | |
|--|-------------|--|----------------------------|
| <p>Operational (O):</p> <p>O1: sundry debts are not raised promptly, accurately and income received not accurately accounted, resulting in a loss of income/ misstatement of accounts.</p> <p>O2: debt is not promptly recovered potentially resulting in a loss of income/ misstatement of accounts.</p> | <p>Good</p> | <p>O1 & O2:</p> <p>Invoices were found to have been raised promptly for the correct amount and expected income was being allocated to the appropriate service. In respect of payments receipted for debtor invoices, there are processes which automatically allow the allocation of these receipts to the appropriate debtor accounts. Where payments cannot be automatically matched these are placed into a debtors suspense account. It was found that payments in this account were reviewed regularly and were promptly allocated to the correct debtor account. The performance of a monthly reconciliation between the debtors system and the general ledger provides assurance that potential misstatements are identified promptly.</p> <p>There is evidence to demonstrate that Financial Services are meeting their obligations in respect of facilitating the recovery of sundry debt through the issue of invoices and associated reminders; providing debt updates within service budgetary reviews and also issuing services with monthly updates on unpaid invoices.</p> | <p>No recommendations.</p> |
|--|-------------|--|----------------------------|

Audit: Fraud & Corruption Framework

Introduction:

In administering its responsibilities, the council has a duty to protect public funds and ensure that any allegations of fraud and corruption are fully investigated. The Fraud Act 2006 defines fraud as the intention to make gain or cause loss by false representation, failing to disclose information or abuse of position. As a local authority, the council is vulnerable to risks of fraud and corruption and as such, this is included as a key risk on the corporate risk register. This audit is carried out as part of the 2019/20 Internal Audit Plan and will obtain assurance that the controls stated within the risk register are in place and working effectively.

| Risk identified: | Level of Control: | Overall opinion: | Recommendations: |
|--|-------------------|--|----------------------------|
| <p>Economic and Financial</p> <p>EF1: Key controls stated in the corporate risk register in respect of fraud and corruption are not in place and/ or working effectively</p> | <p>Good</p> | <p>Fraud has been identified as a key risk within the council's corporate risk register and there is a good level of assurance that this risk is well managed. Audit testing concluded that appropriate mitigating controls are in place as follows:</p> <p><u>Counter Fraud Unit</u></p> <p>The council is part of the well-established Counter Fraud Unit (CFU); which provides investigative and enforcement support. In addition, a 2019/20 work plan has been produced which includes a programme of corporate and strategy related work to be undertaken throughout the year. This plan forms the basis of bi-annual updates to Audit and Governance Committee which take place in July and December each year. The CFU also engage regularly with Corporate Management Team and assurance was obtained that the work of the CFU is adequately monitored.</p> <p><u>Internal Audit</u></p> <p>The team work to a risk-based audit plan and indicators for fraud are considered when developing this plan. The potential for fraud is also considered as a key risk area in all individual audit assignments. Internal Audit and the CFU have a formal reporting protocol in place and meet on a quarterly basis to review the work plan and assess any areas of risk. In accordance with this protocol, there is evidence that reports detailing the findings of any reviews and/or investigations</p> | <p>No recommendations.</p> |

carried out by the CFU are provided to management for further action.

Policy Framework/ review of key policies

Appropriate policies and procedures are in place to minimise the risk of fraud. The Counter Fraud and Anti-Corruption Policy is subject to regular review and is available on the staff intranet. The Council Constitution (including Financial Procedure Rules) and the Employee and Member Codes of Conduct also outline the council's approach to fraud. Assurance was obtained during the audit that key policies such as Whistleblowing, Procurement, Corporate Enforcement, Gifts and Hospitality etc have either been subject to recent review or are in the process of being reviewed. These reviews are included on the 2019/20 work plan which demonstrates that the CFU are consulted with and involved in the review of key policies to ensure fraud risks are considered.

Serious Crime Checklist

The checklist produced by the Home Office, to assist local authorities in assessing their serious and organised crime risks, has been completed and the outcomes were considered by both Corporate Management Team and Audit Committee in December 2018. This concluded that the council is low risk. Nevertheless, an action plan has been produced to strengthen some areas within the checklist, for example, serious and organised crime audits have been included in the Internal Audit plan and tailored training requirements are being identified. Verbal assurance was obtained that the checklist will be reviewed and a formal update against the action plan provided to Audit and Governance Committee on an annual basis.

Officer and Member Training

General fraud awareness training was provided to staff during 2018/19 and 'mop up' sessions for new staff will be provided during 2019/20. Awareness training for Members is scheduled to take place in October 2019 and further officer training, focussing on whistleblowing and serious and organised crime, will be delivered during November/ December 2019. In addition, the serious and organised crime action

| | | | |
|--|--|---|--|
| | | plan includes a number of actions which relate to the development of tailored training for enforcement officers and those with purchasing responsibilities. Progress will be monitored through the action plan. | |
|--|--|---|--|

Audit: Serious & Organised Crime Framework- Licensing

Introduction:

This audit is completed as part of the 2019/20 internal audit plan. Serious and organised crime is a threat to our national security and the Government's Serious and Organised Crime Strategy published in 2013 reported that it costs the UK more than £24 billion a year. Organised crime includes drug trafficking, human trafficking, child sexual exploitation, high value fraud and cyber-crime. Local Authority (LA) procurement is at risk of infiltration from serious and organised crime and organised crime groups could be benefitting from public sector contracts. In 2013 it was estimated that £2.1 billion of fraud was perpetrated against local government (National Fraud Authority Annual Fraud Indicator 2013). Conducting a Serious and Organised Crime Audit into areas most vulnerable / attractive to serious and organised crime can help to identify where LAs are most at risk and to assess where changes and improvements can be implemented to shut down opportunities for serious and organised crime involvement and reduce financial losses. The Home Office have produced a guidance note "framework for Internal Audit and Finance Managers" which looks at reviewing the controls in place in relation to the following risk areas; Strategic, Procurement, HR, Finance, Legislative and Regulatory functions (Licensing), and Housing. In respect of this framework, this audit focussed on the Licensing section of the guidance in connection with the vetting and review processes relating to hackney and private hire licences

| Risk identified: | Level of Control: | Overall opinion: | Recommendations: |
|--|---------------------|--|---|
| <p>Operational O1: The License process is not robust in relation to Serious and Organised Crime Framework leading to the approval of applications which could be detrimental to</p> | <p>Satisfactory</p> | <p>There is a satisfactory level of assurance that hackney/private hire licence processes give consideration to the serious and organised crime framework. Policies are in place and made available to officers and the public via the council's website. There is evidence that these are reviewed regularly and amendments are implemented through a consultation basis.</p> <p>Key elements of the hackney/private hire policy are set out as either statements or required evidence within the driver, vehicle and operator application forms. The validation of both new and renewal licence applications including verification checks (eg identity, vehicle, DBS, driver convictions etc), involves two officers. Licence application records within the Uniform system currently only demonstrate the check by one officer and it was agreed with the SLO that his check of the application would be included within the validation screen of Uniform (R1). A review of licence applications held on Uniform (and</p> | <p>R1 <u>Recommendation priority: L</u> <u>Implementation date: April 2020</u> <u>Responsible Officer: EHM/SLO</u> <u>Recommendation Agreed: Yes</u> <u>Recommendation Details:</u> The licensing module within Uniform should demonstrate that two officers are involved in the validation/authorisation of a driver, operator and vehicle licences.</p> <p>R2</p> |

| | | | |
|-----------------------|--|---|--|
| <p>public safety.</p> | | <p>also the scanned support documentation) confirmed that verification checks were undertaken. In relation to DBS checks, these were not consistently demonstrated for operator applications where no driver licence had been evidenced (R2). Data fields within Uniform also need to be enhanced to demonstrate that safeguarding training has been completed (R3). The review also noted that at times data (such as driver licence details) had not been recorded on Uniform and not all documents submitted to support the licence application had been scanned. A recommendation has been made that regular spot checks are performed to ensure licence records and associated documentation are complete (R4).</p> <p>Within the council's constitution and the hackney/private hire policy the granting of a licence is delegated to the licensing officer and licences are issued using the electronic signature of the Head of Community Services. The policy does provide for any potential licence refusal to be submitted to the hackney/private hire sub-licensing committee for determination – this approach to delegation is appropriate and provides a formal appeal process for applicants through a committee framework. A review of sub-licensing committee minutes confirmed this approach is currently practiced, however, in 2018 two refused applications had not been submitted to the committee – the recommendation made in this report concerning spot checks should ensure a consistent approach in how officer's process applications in the future. With regard to revoking a licence the SLO had indicated that these were rare. Only 3 revocations dating from between 2012 and 2007 were noted on Uniform, however, the reasons for the revocations were not recorded and this would be expected as good practice.</p> <p>The SLO confirmed that in respect of monitoring of licensing conditions the current arrangements consist of reactive enforcement through the receipt of complaints, and proactive enforcement in relation to performing spot checks mainly at large events. There are records within the environmental health service request module of Uniform that demonstrate that complaints concerning hackney/private hire licensing are processed. However, in respect of the 4 complaints receipted for year 2019, only one of these had been linked to the actual licence</p> | <p><u>Recommendation priority: L</u></p> <p><u>Implementation date: October 2019</u></p> <p><u>Responsible Officer: EHM/SLO</u></p> <p><u>Recommendation Agreed: Yes</u></p> <p><u>Recommendation Details:</u></p> <p>DBS/conviction checks are completed on operators who have no driver licence</p> <p>R3</p> <p><u>Recommendation priority: M</u></p> <p><u>Implementation date: January 2020</u></p> <p><u>Responsible Officer: EHM/SLO</u></p> <p><u>Recommendation Agreed: Yes</u></p> <p><u>Recommendation Details:</u></p> <p>The fields within the licensing module of Uniform need to demonstrate that the driver safeguarding test has been completed.</p> <p>R4</p> <p><u>Recommendation priority: M</u></p> <p><u>Implementation date: January 2020</u></p> <p><u>Responsible Officer: EHM/SLO</u></p> <p><u>Recommendation Agreed: Yes</u></p> <p><u>Recommendation Details:</u></p> <p>A regular sample check of Hackney/Private Hire (both driver and vehicle) and also operator licences should be undertaken to ensure that all information has been accurately recorded into Uniform; that all documentation requested within</p> |
|-----------------------|--|---|--|

| | | | |
|--|--|---|---|
| | | <p>record. In respect of proactive enforcement, a data field is set up within the licence module to record spot checks but this is currently not used. There is therefore a risk that enforcement action is not being taken into account upon receipt of a renewal application (R5). The SLO stated that <i>'the licensing policy is under review and a proposed change is a "three strikes" system whereby complaints and breaches of conditions will result in the imposition of a "strike" by the senior licensing officer, which will accumulate. On reaching three strikes within a given period, the driver will be referred to the licensing committee for a review of their licence and potentially revocation'</i>. This will enhance current enforcement arrangements, however, the necessary fields and records within Uniform will need to be established in order to implement this change to the policy.</p> | <p>the application forms have been imaged and linked to the licence; and where a licence has been refused sub-licensing committee dates have been included within Uniform.</p> <p>R5</p> <p><u>Recommendation priority: L</u></p> <p><u>Implementation date: January 2020</u></p> <p><u>Responsible Officer: EHM/SLO</u></p> <p><u>Recommendation Agreed: Yes</u></p> <p><u>Recommendation Details:</u></p> <p>Complaints within the service request module of Uniform should be linked to the licensing module. In relation to proactive enforcement, any spot checks should also be recorded against the licence record.</p> |
|--|--|---|---|

CORPORATE IMPROVEMENT WORK

Disabled Facility Grant Checklist

Additional funding of £141K was received from the Government in late 2018/19. The funding was provided to either support adaptations for disabled people, or, for any other social care capital project. The money has been allocated to the 'Warm and Well Scheme' for a project to insulate residential park home. Internal Audit has provided a check list to Environmental Health to assist in their verification that monies have been spent in accordance with the terms of the project. The Chief Audit Executive is required to return to a declaration to the Ministry of Housing, Communities and Local Government by 31 December 2019, confirming that monies have been appropriately spent and in this connection an audit will be carried out later this year.

Recommendations Rating

| Priority: | | Definition: |
|-----------|---------------|--|
| 1 | High | A fundamental weakness in the system that puts the Authority at risk. This might include non-compliance with legislation or council policy, or may result in major risk of loss or damage to council assets, information or reputation. Requires action as a matter of urgency; to be addressed within a 3-6 month timeframe wherever possible or within an extended time frame as agreed with Internal Audit if the recommendation requires extensive resources or time. |
| 2 | Medium | Observations refer mainly to issues that have an important effect on the system of internal control but do not require immediate action. Legislation or policy are unlikely to be breached as a consequence of these issues, although could cause limited loss of assets, information or adverse publicity or embarrassment. Internal audit suggest improvement to system design to minimise risk and/or improve efficiency of service. To be resolved within a 6-9 month timescale. |
| 3 | Low | Observations refer to issues that would if corrected, improve internal control in general and ensure good practice, but are not vital to the overall system of internal control. A desirable improvement to the system, to be introduced within a 9-12 month period. |

Level of control

| Level of control: | Definition: | Guidance: |
|-----------------------|--|--|
| Good | Significant assurance- There is a sound system of control, and the controls are being consistently applied. Limited scope for improving existing arrangements. Significant action unlikely to be required. | No audit recommendations or no more than 3 low priority (3) recommendations. |
| Satisfactory | Reasonable assurance- There is a sound system of control, and the controls are generally being consistently applied. However, there are some minor weaknesses in control, and/or evidence of non-compliance. | No more than 2 medium priority (2) recommendations, possibly with some low (3) recommendations. |
| Limited | Limited assurance- Lapses in the framework of control in a number of areas, and/or evidence of significant non-compliance. | Between 1 and 3 high priority (1) and possibly several other priority recommendations OR 3 or more medium (2) recommendations. |
| Unsatisfactory | Inadequate assurance- The system of control is weak, and/or there is evidence of significant non-compliance, which exposes the council to the risk of significant error or unauthorised activity. | 4 or more Priority 1s OR 6 or more medium priority (2) recommendations. |