



AUDIT, CRIME & DISORDER AND SCRUTINY COMMITTEE

Thursday 21 November 2019 at 7.30 pm

Committee Room 1 - Epsom Town Hall

The members listed below are summoned to attend the Audit, Crime & Disorder and Scrutiny Committee meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Councillor Steve Bridger (Chair)
Councillor Alex Coley (Vice-Chair)
Councillor Nigel Collin
Councillor Liz Frost
Councillor Rob Geleit

Councillor David Gulland
Councillor Steven McCormick
Councillor Phil Neale
Councillor Humphrey Reynolds
Councillor Alan Sursham

Yours sincerely

Chief Executive

For further information, please contact Democratic Services, 01372 732122 or democraticservices@epsom-ewell.gov.uk

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- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move to the assembly point at Dullshot Green and await further instructions; and
- Do not re-enter the building until told that it is safe to do so.

Public information

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Information about the terms of reference and membership of this Committee are available on the [Council's website](#). The website also provides copies of agendas, reports and minutes.

Agendas, reports and minutes for the Committee are also available on the free Modern.Gov app for iPad, Android and Windows devices. For further information on how to access information regarding this Committee, please email us at Democraticservices@epsom-ewell.gov.uk.

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Members of the public who live, work, attend an educational establishment or own or lease land in the Borough may submit a written question to, or ask a question verbally at meetings of the Committee on matters within the Committee's Terms of Reference. Please note questions relating to matters listed on a Committee Agenda cannot be asked.

Written questions must be submitted to the Council's Chief Legal Officer, who can be contacted via the following email address: Democraticservices@epsom-ewell.gov.uk. The written question must arrive by noon on the tenth working day before the day of the meeting. For example, for a meeting on a Tuesday, the request must therefore arrive by noon on the Tuesday two weeks before the meeting.

AGENDA

1. QUESTION TIME

To take any questions from members of the Public.

Please note: Members of the Public are requested to inform the Democratic Services Officer before the meeting begins if they wish to ask a verbal question to the Committee.

2. DECLARATIONS OF INTEREST

Members are asked to declare the existence and nature of any Disclosable Pecuniary Interests in respect of any item of business to be considered at the meeting.

3. MINUTES OF THE PREVIOUS MEETING (Pages 5 - 8)

The Committee is asked to confirm as a true record the Minutes of the Meeting of the Committee held on 25 June 2019 (attached) and to authorise the Chair to sign them.

4. INTERNAL AUDIT PROGRESS REPORT (Pages 9 - 32)

This report summarises progress against the Audit Plan for 2019/20 and updates the Committee on the number of outstanding management actions from the 2018/19 and earlier audit programmes.

5. ANNUAL GOVERNANCE STATEMENT AND EXTERNAL AUDIT FINDINGS (Pages 33 - 38)

This report sets out progress on the actions contained in the Council's Annual Governance Statement and any in the Audit Findings issued by the External Auditor following the audit of the financial statements.

6. RISK MANAGEMENT FRAMEWORK ANNUAL REPORT (Pages 39 - 50)

This report enables the Committee to meet its responsibilities for monitoring the development of the Council's risk management arrangements.

7. CORPORATE PLAN: PERFORMANCE REPORT ONE 2019-20 (Pages 51 - 62)

This report provides an update on progress made against the Key Priority Targets 2019/20 as at Quarter 2.

8. WORK PROGRAMME 2019/20 (Pages 63 - 66)

This report updates the Committee on its work programme 2019/20.

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**Minutes of the Meeting of the AUDIT, CRIME & DISORDER AND SCRUTINY
COMMITTEE held on 25 June 2019**

PRESENT -

Councillor Steve Bridger (Chair); Councillor Alex Coley (Vice-Chair); Councillors Nigel Collin, Liz Frost, Rob Geleit, David Gulland, Steven McCormick, Phil Neale, Humphrey Reynolds and Alan Sursham

In Attendance: Councillor Bernie Muir, Joe Easterbrook (Borough Inspector) (Surrey Police) (Items 1 - 4 only)

Absent:

Officers present: Rod Brown (Head of Housing and Community), Amardip Healy (Chief Legal Officer), Margaret Jones (Business Assurance Manager) and Tim Richardson (Committee Administrator)

1 QUESTION TIME

No questions were asked or had been submitted by members of the public.

2 DECLARATIONS OF INTEREST

No declarations of interest were made by Councillors in items on the agenda for this meeting.

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 19 April 2019 were agreed as a true record and signed by the Chairman.

4 COMMUNITY SAFETY PARTNERSHIP - END OF YEAR REPORT

The Committee received a report fulfilling the statutory responsibility to scrutinise the work of the Community Safety Partnership (CSP), for the year 2018-2019.

Inspector Joe Easterbrook (Surrey Police) provided the Committee with a presentation of the work undertaken by Surrey Police within the Borough of Epsom and Ewell during 2018-19. This included information regarding: performance indicators; projects and operations such as partnership working, domestic abuse, serious organised crime and counter terrorism; local policing priorities; additional resources following a 10% increase in the Surrey Police element of Council Tax.

The following matters were considered:

- a) **Surrey Police local ward meetings.** A Member of the Committee informed the Committee that local Surrey Police ward meetings had not been held in their Borough Council Ward recently. It was noted that Inspector Easterbrook would follow this up with colleagues to make sure that such meetings were held. Local police officer contact details would also be circulated to Councillors.
- b) **Chessington Road JAG.** The Committee considered issues relating to antisocial behaviour in a section of Chessington Road. The Head of Community and Wellbeing and Inspector Easterbrook would consider whether it would be appropriate to arrange a Joint Action Group (JAG) to address these issues.

Following consideration, it was resolved:

- (1) **The Committee noted the work of the CSP for 2018-2019.**

5 INTERNAL AUDIT ASSURANCE REPORT 2018/19 AND FINAL MONITORING REPORT 2018/19

The Committee received a report presenting the last internal audit monitoring report of 2018/19 and the Annual Report 2018/19 prepared by internal auditors RSM.

Following consideration, it was resolved:

- (1) **That the Committee received the Internal Audit Progress Report 2018/19, the Annual Internal Audit Report for the year ended 31 March 2019 and the Review of Performance of Internal Audit by the Chief Finance Officer.**

6 ANNUAL GOVERNANCE STATEMENT 2018/19

The Committee received a report seeking approval of the draft Annual Governance Statement (AGS) and the arrangements made for its preparation as part of the 2018/19 financial statements.

The following matters were considered:

- a) **VAT and bank reconciliations.** The Committee requested further information regarding the issues in recording Value Added Tax and bank reconciliations detailed in paragraph 6.4 of the AGS. It was noted that following the meeting the Head of Policy, Performance & Governance would circulate further information regarding the nature of the issue, how it was identified and the interim solution implemented.

- b) **Risk Management.** Following a request from a Member of the Committee it was noted that the Council's Risk Management Strategy would be circulated to Members following the meeting.

Following consideration, it was resolved:

That the Committee:

- (1) **Confirmed the adequacy of the arrangements made for preparing the Annual Governance Statement;**
- (2) **Considered and endorsed the 2018/19 AGS prior to it being certified by the Chief Executive and the Chairman of the Strategy & Resources Committee;**
- (3) **Approved delegated authority to the Chief Finance Officer to make any required amendments prior to its submission with the Statement of Accounts.**

7 ANNUAL REPORT ON RIPA USAGE & POLICY

The Committee received an annual report on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2000.

Following consideration, it was resolved:

That the Committee:

- (1) **noted the annual report of the Council's use of its RIPA powers;**
- (2) **approved the Council's 'Policy & Guidance on Lawful Surveillance' for the forthcoming year attached at Annex 1 to the report.**

8 ANNUAL REPORT ON USE OF DELEGATED POWERS

The Committee received a report setting out significant decisions taken by Officers in consultation with Committee Chairmen for the period 24 May 2018 to 21 May 2019.

Following consideration, it was resolved:

- (1) **That the Committee noted the significant decisions taken by Officers in consultation with relevant Chairmen recorded using the delegated authority process from 24 May 2018 to 21 May 2019.**

9 CORPORATE PLAN: 2018 TO 2019 YEAR END PERFORMANCE AND TARGET OVERVIEW 2019 TO 2020

The Committee received a report providing the year-end position for Key Priority Targets 2018 to 2019 under the Council's Corporate Plan and the Key Priority Targets for 2019 to 2020.

The following matter was considered:

Electric charging points for vehicles. The Committee noted that a report on options for electric charging points in Council car parks had not been presented to the Environment and Safe Communities Committee during 2018/19. The Environment and Safe Communities Committee had a Key Priority Target for 2019/20 to receive a report on the matter.

Following consideration, it was resolved:

That the Committee:

- (1) Had considered the performance reported at Annexes 1 and 2 of the report and not identified any areas of concern.**
- (2) Noted the Key Priority Targets set for 2019 to 2020 as detailed in Annex 3 of the report.**

10 WORK PROGRAMME 2019/20

The Committee received a report asking it to agree its work programme for 2019/20.

Following consideration, it was resolved:

- (1) That the Committee approved the work programme 2019/20 attached at Annex 1 to the report.**

The meeting began at 7.30 pm and ended at 9.10 pm

COUNCILLOR STEVE BRIDGER (CHAIR)

INTERNAL AUDIT PROGRESS REPORT

Head of Service/Contact:	Gillian McTaggart, Head of Policy, Performance & Governance
Annexes/Appendices (attached):	Annex 1 – Internal Audit Progress Report October 2019 Annex 2: Outstanding Management Actions from 2018/19 (High Priority only) and 2017/18 (excluding cyber security) Annex 3 - Outstanding Management Actions from Cyber Security Audit 2017/18
Other available papers (not attached):	Internal Audit Plan 2019-20 / 2021-22 Internal Audit Plan 2018/19 and 2017/18 Agenda and Minutes of the Audit, Crime & Disorder and Scrutiny Committee 16 April 2019

Report summary

This report summarises progress against the Audit Plan for 2019/20 and updates the Committee on the number of outstanding management actions from the 2018/19 and earlier audit programmes.

Recommendation (s)

That the Committee:

- (1) Receives the first internal audit progress report for 2019/20 attached at Annex 1;**
- (2) Notes the progress made in implementing management actions rolled forward from 2018/19.**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 The internal audit work programme is designed to review and evaluate the risk management, control and governance arrangements that the Council has in place to establish and monitor the achievement of the Council's objectives. It also identifies, assesses and manages the risks to achieving those objectives.

2 Background

- 2.1 This committee has overall responsibility for audit and governance frameworks, including the functions of an audit committee. As such the committee receives regular internal audit progress reports which update the committee on progress made against the current audit plan and the outcomes of individual audits.
- 2.2 RSM provided internal audit services to the Council as part of a consortium from 2005 until the end of March 2019. Southern Internal Audit Partnership (SIAP) became the Council's internal auditors on 1 April 2019. It has developed an Internal Audit Plan 2019-20/2021-22 which was approved by this committee in April 2019.

Audit Plan 2019/20

- 2.3 This report presents the first internal audit progress report by SIAP. The report of SIAP, attached at **Annex 1**, outlines progress made against the current annual audit plan, provides an analysis of live audit reports including the implementation of recommendations, and highlights any changes made to the audit plan.
- 2.4 Four audits have been completed to date:
- 2.4.1 Contract Management
 - 2.4.2 Fraud and Irregularities
 - 2.4.3 Air Quality Monitoring
 - 2.4.4 Accounts Receivable / Debt Management
- 2.5 An annual review and completion of the Epsom and Walton Downs Conservators Governance and Accountability Return has also been completed.
- 2.6 Some changes to the plan have taken place; these are set out at paragraph 8 of the Progress Report attached at **Annex 1**.

Follow Up on Management Actions rolled forward from 2018/19 and earlier audit programmes

- 2.7 The implementation of management actions arising from internal audits undertaken by RSM prior to the current year are not being monitored by SIAP. This task is being undertaken by officers to ensure they are monitored and provide assurance of the adequacy and effectiveness of internal controls.
- 2.8 Table 1 below sets out the number of management actions (high and medium) rolled forward from 2018/19 together with those actions outstanding from earlier audit programmes. It also sets out the number of actions (high and medium) that remain outstanding as at October 2019.

Table 1

<p>Number of actions (high and medium) rolled forward from 2018/19 and earlier audit programmes as at April 2019</p>	<p>51</p> <p>35 – 2018/19</p> <p>15 – 2017/18</p> <p>1 – 2016/17</p>
<p>Number of actions (high and medium) from 2018/19 and earlier audit programmes outstanding as at October 2019</p>	<p>17</p> <p>13 – 2018/19 (one high priority)</p> <p>4 – 2017/18</p>

- 2.9 The majority of management actions rolled forward from 2018/19 and earlier audit programmes have now been implemented fully (65%). One action from the Project Management audit 2018/19 relating to training and awareness has been superseded due to a change in direction. Instead of a general training approach there has been a more focused development of project management skills in key areas.
- 2.10 As at October 2019, 17 management actions remain outstanding although progress has been made. Officers will continue to monitor these actions and report to this Committee.
- 2.11 Out of the 17 remaining outstanding management actions, four actions originate from 2017/18 (one from the Emergency Planning audit and three from the Cyber Security audit). In addition, one of the remaining outstanding actions from 2018/19 is of high priority (Health and Safety audit).

2.12 An outline of progress made to date against the Emergency planning 2017/18 action and the Health & Safety 2018/19 high priority action is set out at **Annex 2**.

2.13 An outline of progress made to date against the three Cyber Security 2017/18 actions is set out at **Annex 3**.

3 Proposals

3.1 It is proposed that the Committee receive the first internal audit progress report for 2019/20.

3.2 It is also proposed that the Committee notes the progress made on the implementation of internal audit recommendations rolled forward from 2018/19.

4 Financial and Manpower Implications

4.1 There are no financial or staffing implications within this report.

4.2 **Chief Finance Officer's comments:** none for the purposes of this report.

5 Legal Implications (including implications for matters relating to equality)

5.1 None for the purposes of this report.

5.2 **Monitoring Officer's comments:** none arising from the contents of this report.

6 Sustainability Policy and Community Safety Implications

6.1 None for the purposes of this report.

7 Partnerships

7.1 The Council has entered into a partnership agreement with SIAP to provide internal audit services for a period of four years. SIAP is hosted by Hampshire County Council.

7.2 As a partner to SIAP we are a member of the key stakeholder board which provides us with a say on the future direction of the partnership, business planning, performance reporting, resourcing and updates.

8 Risk Assessment

8.1 The internal audit service forms a statutory part of the Council's internal control.

9 Conclusion and Recommendations

- 9.1 The audit programme 2019/20 is progressing in line with the audit plan subject to a few approved adjustments.
- 9.2 The monitoring of internal audit management actions made post 1 April 2019 is being undertaken by SIAP and is covered in SIAP progress reports. The monitoring of all outstanding internal audit management actions agreed prior to 1 April 2019 is being undertaken by officers.
- 9.3 The Committee is asked to receive the first progress report of SIAP for 2019/20 and to note that overall there has been good progress in the implementation of internal audit management actions rolled forward from 2018/19.

Ward(s) Affected: (All Wards);

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Internal Audit Progress Report

October 2019

Epsom & Ewell Borough Council



Southern Internal Audit Partnership

Assurance through excellence
and innovation

Agenda Item 4
Annex 1

Contents:

1.	Role of Internal Audit	3
2.	Purpose of report	4
3.	Performance dashboard	5
4.	Analysis of 'Live' audit reviews	6
5.	Executive summaries 'Limited' and 'No' assurance opinions	7-9
6.	Planning and resourcing	10
7.	Rolling work programme	10-12
8.	Adjustments to the Plan	13

1. Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:

‘Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.’

The standards for ‘proper practices’ are laid down in the Public Sector Internal Audit Standards [the Standards – updated 2017].

The role of internal audit is best summarised through its definition within the Standards, as an:

‘Independent, objective assurance and consulting activity designed to add value and improve an organisations’ 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’.

The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council’s response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisations’ objectives.

2. Purpose of report

In accordance with proper internal audit practices (Public Sector Internal Audit Standards), and the Internal Audit Charter the Chief Internal Auditor is required to provide a written status report to ‘Senior Management’ and ‘the Board’, summarising:


- The status of ‘live’ internal audit reports;
- an update on progress against the annual audit plan;
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact on the Chief Internal Auditor’s annual opinion.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management, control and governance designed to support the achievement of management objectives of the service area under review. Assurance opinions are categorised as follows:

Substantial	A sound framework of internal control is in place and is operating effectively. No risks to the achievement of system objectives have been identified.
Adequate	Basically a sound framework of internal control with opportunities to improve controls and / or compliance with the control framework. No significant risks to the achievement of system objectives have been identified.
Limited	Significant weakness identified in the framework of internal control and / or compliance with the control framework which could place the achievement of system objectives at risk.
No	Fundamental weakness identified in the framework of internal control or the framework is ineffective or absent with significant risks to the achievement of system objectives.

3. Performance dashboard



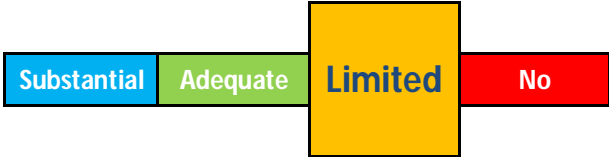
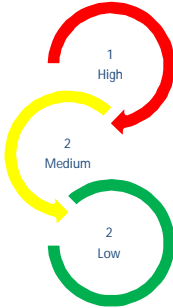
Compliance with Public Sector Internal Audit Standards	
	<p>An 'External Quality Assessment' of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2015. The report concluded:</p> <p><i>'It is our view that the Southern Internal Audit Partnership 'generally conforms' to all of the principles contained within the International Professional Practice Framework (IPPF); Public Sector Internal Audit Standards (PSIAS); and the Local Government Application Note (LAGN).</i></p> <p>In accordance with PSIAS, a further self assessment was completed in April 2019 concluding that the Southern Internal Audit Partnership continues to comply with all aspects of the IPPF, PSIAS and LGAN.</p>

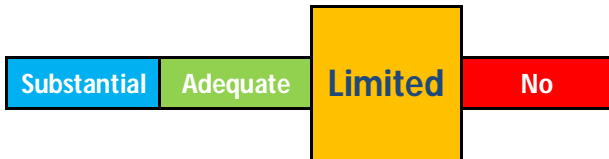
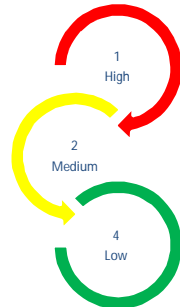
4. Analysis of 'Live' audit reviews

Audit Review	Report Date	Audit Sponsor	Assurance Opinion	Management Actions ('High Priority')					
				Total Actions Reported	Not Yet Due	Complete	Overdue		
							Priority		
							L	M	H
Fraud and Irregularities	06/08/2019	HofPPG	Adequate	4 (0)	1 (0)	2 (0)	1	-	-
Contract Management	09/08/2019	HofPPG	Limited	5 (1)	2 (1)	1 (0)	2	-	-
Air Quality Monitoring	16/09/2019	HofH&C	Limited	7 (1)	5 (0)	2 (1)	-	-	-
Accounts Receivable and Debt Management	15/10/2019	CFO	Limited	12 (9)	11 (8)	1 (1)	-	-	-

Audit Sponsor			
CFO	Chief Finance Officer	HofP	Head of Planning
HofD&ST	Head of Digital and Service Transformation	HofOS	Head of Operational Services
HofHR&O	Head of HR and OD	HofP&R	Head of Property & Regeneration
HofPPG	Head of Policy, Performance & Governance	HofH&C	Head of Housing & Community
CLO	Chief Legal Officer		

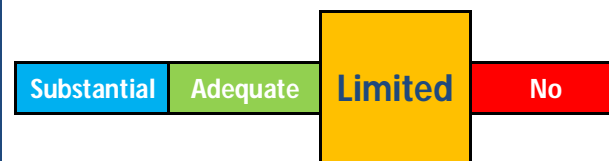
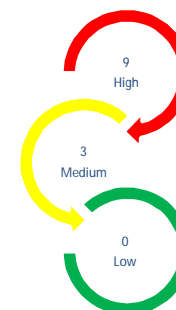
5. Executive Summaries of reports published concluding a ‘Limited’ or ‘No’ assurance opinion

Contract Management		
Head of Service Sponsor: Head of Policy, Performance & Governance Final Report Issued: 9th August 2019	Assurance opinion:  <p>The diagram shows a horizontal scale of four colored boxes: Substantial (blue), Adequate (green), Limited (yellow), and No (red). The 'Limited' box is highlighted with a larger yellow square behind it.</p>	Management Actions:  <p>The diagram shows three concentric circles representing risk levels: 1 High (red), 2 Medium (yellow), and 2 Low (green). Arrows indicate a clockwise flow from High to Medium to Low.</p>
Summary of key observations: <p>The Council were found to retain a Contract Register that is publicly available and records contract end dates, providing a flag for contract renewal going forward, however, there was some disparity between the designated lead officer as denoted in the Contracts Register to that at an operational level. Additionally, it was apparent through review of expenditure from the corporate creditors system not all contracts are currently recorded in the Contracts Register</p> <p>Omissions in the current Contracts Register has resulted in non-compliance with the Local Government Transparency code that requires local authorities to publish details of any contract, commissioned activity, purchase order, framework agreement and any other legally enforceable agreement with a value that exceeds £5,000.</p> <p>It was evident in a majority of cases reviewed that regular performance meetings were scheduled and recorded with contractors and where applicable KPI's used to monitor contract performance, however, it was concerning to find that a signed copy of the original contract could not be traced within the legal archive for all contracts tested.</p> <p>A Contract Manager has now been appointed to fulfil a corporate support role that will provide direction, guidance and consistency on good contract management.</p>		

Air Quality Monitoring		
Head of Service Sponsor: Head of Housing & Community Final Report Issued: 16th September 2019	Assurance opinion: 	Management Actions: 
Summary of key observations: <p>Management and operational roles and responsibilities for air quality management have been clearly assigned to the Environmental Health Manager. However, there is no regular reporting to the senior leadership team on air quality monitoring, and no senior management sign off or checking of the Annual Status Report (ASR) before this is submitted to DEFRA.</p> <p>The 2019 Annual Status Report (ASR) has not been submitted to DEFRA in accordance with the required deadline of 30 June 2019. It was also found that some DEFRA recommendations from the 2016 approval report have not been actioned as part of the 2017 ASR, and this report is not passed to senior management for review. Further to this, sufficient workings and evidence to support the application of the distance fall of calculation to three air quality monitoring areas in the 2018 ASR have not been retained to be able to substantiate how these figures were determined.</p> <p>An Air Quality Action Plan (AQAP) for Ewell high street continues to be in place and published on the local authority webpages, where monitoring data has identified this as a poor air quality area, however, actions from the AQAP are not being regularly reviewed by a steering group as recommended by DEFRA, despite intentions to do so being stipulated in the 2010 published plan on the Epsom & Ewell internet pages.</p> <p>Monthly laboratory data analysis is accurately transposed into the annual air quality monitoring data spreadsheet and an annualised average has been accurately calculated. However, it was found that exposure detail forms that record the details of the exposure period for each diffusion tube and the subsequent laboratory reports have not been retained and made available, as a record of data used in the air quality analysis. Similarly, due to a lack of records, it is unclear when diffusion tubes have been changed and whether this was in line with the diffusion tube calendar. There are also no stocks of diffusion tubes if the laboratory fails to send these to the Council in time for the monthly replacement of tubes.</p>		

Accounts Receivable and Debt Management**Head of Service Sponsor:**

Chief Finance Officer

Final Report Issued:15th October 2019**Assurance opinion:****Management Actions:****Summary of key observations:**

The council were found to be raising invoices in a timely manner and income received is promptly matched against the relevant invoice. However, the Daily Cash Book Reconciliation spreadsheet is not being fully completed daily, nor has there been any monthly sign offs for the bank reconciliation since April 2019.

It was evident that monthly Aged Debt Detail reports are run, which are then sent to the relevant departments for actioning to recover the debt. Evidence was also seen of emails from some departments advising of actions taken to recover the debt. However, whilst reminders and final reminders have been issued to outstanding debtors, for those debts that remain outstanding, after final reminders are sent, no formal legal debt recovery actions (i.e. court summons') have been progressed by the Exchequer and Legal teams since October 2018. This is due to the ongoing review of the financial thresholds for recovery action. Additionally, system generated legal debt recovery letters are not being posted to customers whilst the letter content is under review, and two of the standard automated debt recovery letters are no longer generated.

Evidence was seen of bad debt write offs, prior to October 2018, having been appropriately authorised by the Chief Finance Officer, in line with the delegation levels stated in the Financial Regulations. However, there has been no bad debt write offs since this time.

From December 2018, Debtor Control Account reconciliations are present but there is no evidence of any signatures or checks being made to ensure reconciliations are being carried out correctly. It was also found that the procedure for undertaking the bank reconciliation has not been documented and therefore in the absence of the Senior Financial Administrator this task cannot be effectively covered.

6. Planning & Resourcing

The internal audit plan for 2019-20 was approved by the Council's Leadership Team and the Audit, Crime & Disorder and Scrutiny Committee in March 2019.

The audit plan remains fluid to provide a responsive service that reacts to the changing needs of the Council. Progress against the plan is detailed within section 7.

7. Rolling Work Programme

Audit Review	Audit Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ✗ Delay)	Comment
2019-20									
Corporate Cross Cutting									
Asset Management (Property Assets)	HofP&R	✓	✓	✓	✓			✓	Q2
Corporate Governance									
Contract Management	HofPPG	✓	✓	✓	✓	✓	Limited	✓	Q1
Human Resources & Organisational Development	HofHR&OD								Q4
Procurement	HofPPG	✓	✓	✓				✓	Q3

Audit Review	Audit Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ✗ Delay)	Comment
Fraud & Irregularities	HofPPG	✓	✓	✓	✓	✓	Adequate	✓	Q1
Information Governance	CLO								Q4
Financial management									
Accounts Receivable / Debt Management	CFO	✓	✓	✓	✓	✓	Limited	✓	Q2
Main Accounting	CFO	✓	✓					✓	Fieldwork moved to Q4 at the request of the client.
Capital Accounting	CFO	✓	✓	✓				✓	Q3
Information Technology									
Data Management	HofD&ST							✓	Moved to Q3 with the agreement of the client.
Payment Card Industry Data Security Standard	HofD&ST								Q4
Corporate priorities									
Operational Services	HofOS								Q4

Audit Review	Audit Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ✗ Delay)	Comment
Air Quality Monitoring	HofH&C	✓	✓	✓	✓	✓	Limited	✓	Q1
Local Plan	HofP							✓	Client has requested that this is moved to Q4.
Building Control	HofP	✓	✓	✓				✓	Q2
Community & Wellbeing Centre	HofOS	✓	✓	✓				✓	Q3
Income Generation & Enterprise Plan	CFO								Q4
Grant/non-assurance work									
EWDC Conservators Account	CFO	✓	✓	✓	✓	✓	n/a	✓	Q1

8. Adjustment to the Internal Audit Plan

There have been the following amendments made to the plan:

Plan Variations for 2019/20	
Removed from the plan	Reason
Cultural venues and facilities	Moved back to 2020/21 to account for the review of the Community & Wellbeing Centre being brought forward to this year.
Alternative Delivery Models	Removed from the plan at the request of the Chief Finance Officer. The scope of this review would overlap with the 2019/20 review of Income Generation and Commercialisation.
Added to the plan	Reason
Community & Wellbeing Centre	Added to the plan at the request of the Head of Operational Services and Head of Policy, Performance & Governance.

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Outstanding Recommendations from Internal Audit Programmes 2018/19 (high priority only) and 2017/18 (excluding Cyber Security)

Audit Title	Assurance Rating	Priority	Responsible Officer(s)	Management Actions	Implementation Date	Commentary October 2019
Emergency Planning Shared Data Centre, disaster recovery procedures 2017/18	Reasonable Assurance	MEDIUM	Judith Doney/Phil Gall	The Acting Head of ICT will liaise with the relevant officer at Elmbridge and the lead at the new data centre to confirm a review of the current disaster recovery controls in place at the new data centre. These should be undertaken prior to the new data centre going live. Disaster recovery procedures should be tested on a regular basis to confirm adequate business continuity measures are in place.	01 February 2018	Not completed - Full disaster recovery test planned for February 2020. This will occur prior to the new disaster recovery solution becoming our primary source of backup data retention.
Page 9 Health & Safety 2018/19	Partial Assurance	HIGH	Gillian McTaggart	Officers will ensure that all risk assessments are recorded, reviewed or updated in line with policy, stored and monitored / spot-checked centrally on a six-monthly basis. Officers will strengthen links with HR to ascertain whether DSE assessments have been conducted for all new starters, and with Operational Services to gain greater access to their records. A new Corporate H&S Group has been set up and this will review the risk assessment and identify gaps.	31 December 2018	A new Corporate Health & Safety Group chaired by the Chief Operating Officer has been created with membership from across the Council. This group is leading on work to create a risk assessment matrix. This matrix identifies what risk assessments and training must be completed for each officer role at the Council. It is intended that monitoring will take place against the matrix. A review of all health and safety policies (currently 21) and procedures is on-going simultaneously.

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Outstanding Recommendations from Cyber Security Audit 2017/18

Audit Title	No of recommendation	Control	Priority	Responsible Officer(s)	Management Actions	Implementation Date	Commentary
Cyber Security 2017/18	10.8	Q.28 Are users prevented from running executable code or programs from any media to which they also have write access?	Medium	Judith Doney	The Software Restriction Policy will be updated to prevent users from running executable code from any media to which they also have write access	31 March 2019	Partially Completed - The ability to run executable code has been removed from the new Citrix installation, for everyone but technical staff. It is not possible to remove from the old Citrix installation due to lack of capacity.
Cyber Security 2017/18	10.10	Q.32 Are all application software security patches applied within 14 days of release?	Medium	Judith Doney	The Council's capacity to re-write old software will be reviewed in the near future. Network segmentation, tight administrative controls and a thorough approach to logging and system data backup should be the next best control measures to adopt.	31 March 2019	Not completed - Legacy software still in use and no action taken to address due to higher priority issues. However , legacy software will be addressed as part of our plans to rationalise the applications we use.
Cyber Security 2017/18	10.11	Q.33 Is all legacy or unsupported software isolated, disabled or removed from devices within the Scope?	Medium	Judith Doney	See above action	31 March 2019	Partially completed - On the new Citrix environment applications are delivered using layering. Going forward, redundant software will be removed. It is not possible to remove from the old Citrix installation due to lack of capacity.

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ANNUAL GOVERNANCE STATEMENT AND EXTERNAL AUDIT FINDINGS

Head of Service/Contact:	Gillian McTaggart, Head of Policy, Performance & Governance
Annexes/Appendices (attached):	Annex 1 - Progress on Annual Governance Statement actions
Other available papers (not attached):	Annual Governance Statement

Report summary

This report sets out progress on the actions contained in the Council's Annual Governance Statement and any in the Audit Findings issued by the External Auditor following the audit of the financial statements.

Recommendation (s)

- (1) That the Committee receives a report on progress in implementing the Action Plan contained within the Annual Governance Statement.**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 Corporate Governance affects all aspects of the Council's services because it relates to the framework in which decisions are made. It is defined as the system by which local authorities direct and control their functions and relate to their communities.
- 1.2 The Annual Governance Statement (AGS) is prepared by the Council each year and published as part of the Financial Statements. The AGS is reviewed by the Committee prior to being reported to the Strategy & Resources Committee.
- 1.3 The Audit Findings prepared by the External Auditor following the audit of the accounts, include any recommendations that they may have made to improve controls.
- 1.4 This Committee monitors both the recommendations from External Audit and the recommendations contained in the AGS.

2 Background

- 2.1 The AGS identified key risks to the Council's performance at the end of the financial year and the actions being taken to address them.
- 2.2 Ensuring that the governance arrangements are fit for purpose is an on-going process and this report provides an update on progress.
- 2.3 The AGS for 2018/19 identified five significant issues. The control issues identified in the AGS are deemed a substantial risk to the Council's ability to deliver public services. These were;
 - 2.3.1 As a result of the restructure, staff changes and legacy IT issues there is a need to review and align business continuity plans and the arrangements for disaster recover.
 - 2.3.2 Although elements of the Constitution have been revised and a number policies and procedures have been updated, several remain out of date including fraud policies and HR policies.
 - 2.3.3 Implement the Members Induction programme for 2019/20 as a result of the May 2019 elections.
 - 2.3.4 The Council remains under financial pressure, implementing its Income Generation Plan and carrying external debt following acquisition of investment property.
 - 2.3.5 Some areas are unclear on the decision making process to ensure the correct authorities are obtained either through committee reports or delegated authority.
- 2.4 Progress made on addressing these issues is shown at **Annex 1**. These matters will be followed up in the AGS for 2019/20 which will be reported to the Committee in June.

3 Annual Findings from External Audit

- 3.1 This Committee also monitors the implementation of the External Auditor's recommendations contained in the Audit Findings report. These findings were initially presented to the Strategy & Resources Committee on 30 July 2019. Overall an unqualified opinion was issued and the External Auditor raised no recommendations.
- 3.2 External audit confirmed that the one follow up recommendation from the 2017/18 accounts categorised as a medium risk, relating to the governance arrangements for the Council's wholly owned company EEPIC had been implemented

4 Financial and Manpower Implications

- 4.1 There are no implications for the purposes of this report
- 4.2 **Chief Finance Officer's comments:** none for the purposes of this report.

5 Legal Implications (including implications for matters relating to equality)

- 5.1 There are no implications for the purposes of this report
- 5.2 **Monitoring Officer's comments:** none arising from the contents of this report.

6 Sustainability Policy and Community Safety Implications

- 6.1 There are no implications for the purposes of this report

7 Partnerships

- 7.1 The Council joined the Southern Internal Audit Partnership hosted by Hampshire County Council for the provision of internal audit services on the 1 April 2019.

8 Risk Assessment

- 8.1 Both the external audit arrangements and the process for compiling the AGS are a key part of the Council's governance arrangements. Failure to implement the recommendations from both External Audit and the AGS would leave weaknesses in the Council's controls.

9 Conclusion and Recommendations

- 9.1 It is positive that External Audit did not identify any recommendations in their audit findings for 2018/19
- 9.2 It is also positive that progress has been made in implementing all the recommendations from the Annual Governance Statement.
- 9.3 The Committee is asked to note the progress made on implementing the actions in the Annual Governance Statement.

Ward(s) Affected: (All Wards);

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Annual Governance Statement: Significant Governance Issues

No.	Issue	Agreed Action	Progress to date (November 2019)
1.	As a result of the restructure, staff changes and legacy IT issues there is a need to review and align business continuity plans and the arrangements for disaster recovery	A review of Service Business Continuity Plans will be undertaken in 19/20 which will link into a review of Corporate Business Continuity Plans. There is also a clear road for IT service improvements that includes disaster recovery	The work on disaster recovery and business continuity is on-going. Once the new Datacentre arrangements are in place a programme to test arrangements will be undertaken
2.	Although elements of the Constitution have been revised and a number policies and procedures have been updated, several remain out of date including fraud policies and HR policies	Continue to revise the Constitution on a rolling programme and update all policies and ensure they are fit for purpose and communicated to relevant officers and Members	The fraud procedures have been updated as a result of a review by internal audit. The HR policies are being updated as part of the People framework. Phase one has been completed and Phase two policies are currently out to consultation
3.	Implement the Members Induction programme for 2019/20 as a result of the May 2019 elections	A detailed induction programme for new and existing members has been developed and will be implemented during 2019/20 with Members Briefings and specific sessions on key areas to improve governance.	A new Members Induction programme was developed and implemented and a programme of Members Briefing sessions is in place for 2019/20.
4.	The Council remains under financial pressure, implementing its Income Generation Plan and carrying external debt following acquisition of investment property	Monitor the potential loss of further funding and the associated implications. Agree and implement the new Medium Term Financial Strategy for 2020/21 to 2023/24 including the identification of additional sources of funding and income	The new Medium Term Financial Strategy is currently being developed and will be reported to the Financial Policy Panel in January 2020.

Annual Governance Statement: Significant Governance Issues (Cont)

No.	Issue	Agreed Action	Progress to date (November 2019)
5.	Some areas are unclear on the decision making process to ensure the correct authorities are obtained either through committee reports or delegated authority	Further training will be provided to ensure that the correct authority is obtained when making decisions	The Chief Legal Officer is currently reviewing and updating the scheme of delegation

RISK MANAGEMENT FRAMEWORK ANNUAL REPORT

Head of Service/Contact: Gillian McTaggart, Head of Policy,
Performance & Governance

Annexes/Appendices (attached): **Annex 1** – Leadership Risk Register

Other available papers (not attached):

Report summary

This report enables the Committee to meet its responsibilities for monitoring the development of the Council's risk management arrangements.

Recommendation (s)

That the Committee:

- (1) Considers the contents of the report and confirms that it is satisfied with the arrangements in place for risk management;**
- (2) Reviews the Leadership Risk Register and determines if there are any risks they wish to raise with the Leadership Team.**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 Effective risk management is an integral part of ensuring that services are delivered.

2 Background

- 2.1 In November 2012, the Scrutiny Committee accepted responsibility for monitoring and reviewing the Council's risk management arrangements. This committee has since received an annual report on the Council's risk management framework

- 2.2 The function of the risk management framework is to provide a focus on good practice and to facilitate, guide and train. Many risks are timeless and are managed on a daily basis through internal controls and policies.
- 2.3 The risk management framework covers both operational and strategic risks. It incorporates insurable risks, emergency planning and business continuity, health and safety risks, and the Council's risk registers.
- 2.4 The current Risk Management Strategy 2017-2021 was approved by this Committee in November 2016. The Strategy sets out the roles and responsibilities of both members and officers in the risk management process. Although all officers and members have a role to play, ultimate responsibility lies with the Leadership Team which is responsible for the effective implementation, monitoring and review of the Council's risk management arrangements. It is also responsible for identifying, owning and managing the key risks to the Council.
- 2.5 This report sets out the arrangements in place providing an update on strategic risks and providing assurance that risk management is embedded within governance arrangements. It enables the Committee to meet its responsibilities to provide the Council with assurance to the adequacy of the risks management arrangements

3 Risk Management

- 3.1 The Council's arrangements for managing risks can have a major impact on the achievement of meeting its priorities and delivering services to the community. There are a number of arrangements in place to manage these risks and it is recognised that this is an evolving process with areas where implementation is ongoing to improve and develop best practice
- 3.2 During 2018/2019, the Corporate Health & Safety arrangements continue to be strengthened. A new Corporate Health & Safety Policy was agreed by the Strategy & Resources Committee in April 2019 and all other policies, guidance and risk assessments are being updated as part of a framework. A matrix of training needs is being developed to identify the health and safety requirements for each post.
- 3.3 All recommendations from the fire risk assessments have been implemented and the Projects Team have received further training on the completion of fire risk assessments. The water risk assessments have also been updated and a programme is in place to action these recommendations
- 3.4 The London Borough of Sutton continue to manage the Council's insurable risks. The claims are regularly reviewed to identify patterns and there are no significant claims to highlight.

- 3.5 In January 2019, the Council held a Borough Emergency Control Centre exercise to test arrangements. Officers have participated in a number of external training including Multi-Agency Gold Incident Command training with colleagues from the Police, NHS and other local authorities. We are currently co-ordinating with the Surrey Local Resilience Forum for preparations for leaving the EU.

4 Leadership Risk Register

- 4.1 The Leadership Risks are the top ten strategic risks, these are refreshed twice yearly covering areas of major disruption, risks affecting the Borough and key policies. These generally relate to strategic issues although some specific areas may be included.
- 4.2 The Leadership Risk Register is attached as **Annex 1** and is as follows:

L1	Financial Pressures and the ability to delivery further savings	High
L2	Organisational Capacity - Resilience within the workforce and managing services	High
L3	Delivering and implementing the Local Plan and the 5 year land supply	High
L4	Failure to deliver stability, substantial and complex changes and ensure systems and data are safe from any cyber security risks	High
L5	Failure to deliver quality major planning decisions consistently which could lead to designation	Med
L6	Impact on residents, key partners & the Borough from the Surrey County Council Transformation Agenda and pressure on Council's services	High
L7	A lack of capacity and skills to deliver the commercialisation and enterprise agenda	Med
L8	Delivery of an asset management plan to ensure our assets support the achievement of the Council's objectives and the services provided	Med
L9	Aligning business objectives with local plan growth	Med
L10	Review of the arrangements for the Great Pond Reservoir	High

- 1.3 The service risks are identified by the Heads of Service and are also reviewed by the Leadership Team. The service risk register has been enhanced to identify both the inherent risk level (without controls) and the mitigated risk which takes into account the control measures in place. There are currently 58 service risks, a reduction from 65 in 2018 and of those 8 were identified as high once the mitigation measures have been taken into account. These risks are monitored by the Leadership Team and are taken into account when compiling the Leadership Risk Register.

5 Financial and Manpower Implications

- 5.1 There are no specific manpower implications for the purposes of this report.
- 5.2 **Chief Finance Officer's comments:** none for the purposes of this report.

6 Legal Implications (including implications for matters relating to equality)

- 6.1 None for the purposes of this report.
- 6.2 **Monitoring Officer's comments:** none arising from the contents of this report.

7 Sustainability Policy and Community Safety Implications

- 7.1 None for the purposes of this report.

8 Partnerships

- 8.1 The Council is part of the Surrey Local Resilience Forum (SLRF) which is a multi-agency group made up of representatives from public services including the emergency services, NHS England and the Environment Agency.
- 8.2 The Council works with the London Borough of Sutton to manage its insurable risks.

9 Risk Assessment

- 9.1 Risk management is an integral part of delivering services to the Council particularly in improving strategic, operational and financial management. Specific risks are identified and recorded for projects and changes to key policies and key targets.

10 Conclusion and Recommendations

- 10.1 The Committee is asked to:
- 10.1.1 Consider the report and confirm they are satisfied with the arrangements in place.

10.1.2 Consider the Leadership Risk Register and comment on any issues raised.

Ward(s) Affected: (All Wards);

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The Leadership Risk Register is the top 10 corporate risks. The Risk Evaluation Matrix provides guidance on scoring probability and impact. The residual risk are shown on the Summary Table below

Probability	1	2	3	4	5	
Almost Certain						5
Probable			L6	L1, L4		4
Possible			L5, L7,L8, L9	L2,	L3 ,L10	3
Unlikely						2
Rare						1
	Insignificant	Minor	Moderate	Major	Highly significant	Impact

Ref	Description of Risk/ Opportunity	Rating	Risk Level	Mitigation in place	Accountable Officer & Accountable Group	Link to Corporate Priorities 2016-20	Residual Risk	Residual Rating	Direction of Travel
L1	Financial Pressures and the ability to delivery further savings	20	High	Continue delivering a balanced budget through the Medium Term Financial Strategy and the Income Generation and Enterprise Plan Further Star Chambers to identify further savings across all departments Evaluate outcome of the Fair Funding Review	Chief Finance Officer the with efficiencies being delivered by Heads of Service & Board Leadership Team & Income Gen Board	Managing Resources Delivering further efficiency savings and cost reductions	16	High	No change as L1
L2	Organisational Capacity - Resilience within the workforce and managing services	16	High	Independent Job evaluations being undertaken Analyse the risks in key services and develop handling plans to improve resilience Continue to monitor sickness levels and staff turnover Behaviour Framework Jobs go public link	Leadership Team and Head of HR & Org Dev. Leadership Team	Managing Resources Developing multi skilled & motivated staff & delivering further efficiency savings and cost reductions	12	High	No change as L2
L3	Delivering and implementing the Local Plan and the 5 year land supply	25	High	Work programme to deliver updated supporting plans (economic, environmental and housing strategies Housing Delivery Action Plan) Further consultation and engagement will occur in September	Leadership Team L&PPC	Underpinning all Corporate Priorities. Statutory requirement.	15	High	No change as L3

L4	Failure to deliver stability, substantial and complex changes and ensure systems and data are safe from any cyber security risks	25	High	ICT new ways of working group carry out governance ICT Road Map and Priority actions Migration to new servers/datacentre in June Ongoing work on Disaster recovery and business continuity	Head of Revs , Bens & IT Council	Underpinning all Corporate Priorities.	16	High	No change as L4
L5	Failure to deliver quality major planning decisions consistently which could lead to designation	16	High	Training to members of the Planning Committee Support from Planning Advisory Service	Head of Planning Planning New Ways of Working Group	Statutory requirement	9	Med	Reduced to Med
L6	Impact on residents, key partners & the Borough from Surrey County Council Transformation Agenda and pressure on Council's services	25	High	SCC are facing significant financial challenges and the implications to the Council are under review both financial, reduced services and demands affecting service we deliver	Chief Operating Officer Surrey Transformation Group	All Corporate Priorities	12	High	New Risk
L7	A lack of capacity and skills to deliver the commercialisation and enterprise agenda	16	High	Continue to review and develop skills and resources. Clear project plan Transition to an income generation focus Monitor impact on Health & Safety implications in operation buildings	Leadership Team and Head of HR & OD. Leadership Team/ HR Panel	Developing multi skilled & motivated staff	9	Med	No change as L7

L8	NEW - Delivery of an asset management plan to ensure our assets support the achievement of the council's objectives and the services provided	16	Med	Property & Regeneration Board govern this programme	Head of Prop & Regeneration S&R	Supporting and enabling the delivery of affordable homes	9	Med	No change as L8
L9	NEW Aligning business objectives with local plan growth	12	High	As part of the Local Plan development agree direction of growth Review of service capacity to deliver growth Property & Regen Board work programme	Leadership Team	Statutory requirement.	9	Med	New Risk
L10	NEW Review of the arrangements for the Great Pond Reservoir	20	High	The Council has a duty to maintain; prevent the dam from failing and to contain and reduce the consequence of failure. Plan to be updated and an exercise held	Head of Operational Services	Statutory requirement.	15	High	New risk

Defined Strategic Risk Levels Risk Evaluation Matrix

The tables below give guidance on assessing risks on a scale of 1 to 5 in terms of their probability and their impact. These give broad range of risks to provide consistency across all risk registers. However you may have additional criteria that you want to consider in assessing a risk. The risks is scored without taking into consideration of the score in place - “a natural or inherent risk” and then scored taking into account the control measures or mitigation measures in place these are referred to as the, “Residual Risks”

Probability Score	1	2	3	4	5
Description	Rare	Unlikely	Possible	Probable	Almost Certain
Frequency	This will probably never happen or occur	Not expected to happen/occur	Might happen or occur occasionally	Will probably happen/ occur but it is not a persisting issue	Will undoubtedly happen/ occur , possibly frequently
Likelihood	Less than 5% chance	Around 10% chance	Around 25% chance	Around 60% chance	Around 90% chance

Impact Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Highly significant
Employees	No impact on staff or service delivery	Short term low staffing Temporary reduction in service No impact on staff morale	Medium term staffing issues Loss of experienced staff to deliver services Minor staff dissatisfaction	Late delivery of key services Lack of experienced staff Low morale	Non delivery of key objectives High impact on services Very low morale
Finance	Minimal financial implication Below £25,000	Budget pressures < £25 k to £100k	Budget pressures between £100,000 and £200,000	Budget risk £200k to £500k Loss of income	Significant loss of income more than 10% budget Not covered by insurance Budget risk over £500,000

Statutory duties/Legislation	Minimal or no impact	Minor breach Reduced rating if unresolved	Single breach if statutory duty Challenging external recommendations	Several breaches Enforcement action or improvement notices Critical report Low performance rating	Multiple breaches Prosecution for Judicial Review Service collapse
Projects/ Programmes	Little/no slippage no threat to outcomes	Some minor issues with the project	Some risk to the delivery of the project but actions to mitigate	Major impact on delivery/timeframe/ costs	Serious threat to the delivery of the project
Health& Safety- impact on the safety and well-being of the public and staff	No ill effects	Short lived/minor injury or illness that may require first aid assistance Small number of work days lost	Moderate injury/ill effects requiring hospitalisation. Risk of prosecution from enforcement agencies	Single fatality and or long term illness or multiple serious injuries RIDDOR reporting?	Multiple and /or multiple incidences or permanent disability or ill health.

The above is not prescriptive criteria, but a guidance tool for management.

Assurance levels of the controls scored 1 to 5

Strength of controls is scored on a scale of 1(low) to 5 (high) to identify what is in place to mitigate the risks including controls, processes, action plans and targets.

CORPORATE PLAN: PERFORMANCE REPORT ONE 2019-20

Head of Service/Contact:	Gillian McTaggart, Head of Policy, Performance & Governance
Annexes/Appendices (attached):	Annex 1 – Key Priority Targets Overview as at Quarter 2 Annex 2 – Update on Amber and Red Status Targets
Other available papers (not attached):	Corporate Plan 2016 to 2020

Report summary

This report provides an update on progress made against the Key Priority Targets 2019/20 as at Quarter 2.

Recommendation (s)

That the Committee:

- (1) Notes the status of all 56 Key Priority Targets as at the end of Quarter 2**
- (2) Considers the update on those targets assigned red and amber status**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 The Council has a four year Corporate Plan for 2016 to 2020.
- 1.2 The Corporate Plan sets out the Council's Vision – to make Epsom and Ewell an excellent place to live and work – and four key priorities:
 - 1.2.1 Keeping our borough clean and green
 - 1.2.2 Supporting our community
 - 1.2.3 Managing our resources

1.2.4 Supporting business and our local economy

- 1.3 Underneath the four key priorities are 56 key priority targets. Progress made against each of these targets is captured across the year and reported to this committee.

2 Corporate Plan: Delivery against Key Priority Targets as at Quarter 2.

- 2.1 This report presents the latest performance information for 2019/20.
- 2.2 The table below sets out the number and percentage of targets that have been assigned each RAG or other status at Quarter 2 (April – September). (Please note that the percentages do not add up to 100% due to rounding.)
- 2.3 An overview of the key priority targets and their individual RAG status has been included at **Annex 1**.
- 2.4 More detailed information on those targets assigned red or amber status is attached at **Annex 2**.

Quarter 2 Position

Status	Number	Percentage (%)
Achieved	15	28
Green	22	42
Amber	13	25
Red	1	2
No Data	2	4
Information Only	3	-

- 2.5 We have been unable to confirm data on two key priority targets:
- 2.5.1 Remove 95% of graffiti on council owned land within 5 working days of being reported to Operational Services.
- 2.5.2 Remove offensive graffiti within two working days of being reported to Operational Services.

- 2.6 Quality of data issues relating to the number of graffiti reports were identified earlier this year. Extensive work has been undertaken to review the data and resolve the issues concerned. Information will be shared once officers confirm the data as accurate and reliable.

3 Proposals

- 3.1 The Committee is asked to note the current RAG status of all 56 of the key priority targets and to consider those targets assigned red or amber status.

4 Financial and Manpower Implications

- 4.1 There are no particular financial or staffing implications arising from this report.
- 4.2 **Chief Finance Officer's comments:** None for the purposes of this report.

5 Legal Implications (including implications for matters relating to equality)

- 5.1 There are no legal implications arising from this report.
- 5.2 **Monitoring Officer's comments:** none arising from the contents this report.

6 Sustainability Policy, Community Safety Implications and Partnerships

- 6.1 None for the purposes of this report.

7 Risk Assessment

- 7.1 Regular monitoring of performance enables timely decisions to be made regarding the on-going management and achievement of targets.

8 Conclusion and Recommendations

- 8.1 This report provides a snapshot of progress made to date against the Council's key priority targets. A significant proportion of targets have been achieved or assigned green status as at quarter 2; 1 target has been assigned red status, 13 targets have been assigned amber status.

Ward(s) Affected: (All Wards);

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Key Priority Targets 2019/20 – Quarter 2 (July – September) [Validated position]



Keeping Our Borough Clean And Green	Supporting Our Community	Managing our Resources	Supporting Businesses And Our Local Economy
<ul style="list-style-type: none"> Produce a report on the options for electric charging points in car parks to Environment & Safe Communities by October 2019. (Ian Dyer; E&SC) Create the Seasonal Environmental Action Team (SEAT) and work programme by April 2019. (Ian Dyer; E&SC) <i>(Target achieved)</i> Maintain external accreditation to Alexandra Recreational Ground, Ewell Court Park and Rosebery Park and a South East in Bloom Award for Nonsuch Park by December 2019. (Ian Dyer; C&W) Produce Operational Management Plans for Shadbolt Park and Gibraltar Recreation Ground by December 2019. (Ian Dyer; C&W) Report on progress against the actions within the single use plastics policy by January 2020. (Amardip Healy; E&SC) Report on options for Stones Road Allotment by July 2019. (Mark Shephard; S&R) <i>(Target achieved)</i> 	<ul style="list-style-type: none"> Review the current CCTV provision and assess options and report to the Environment and Safe Communities Committee by October 2019. (Rod Brown; E&SC) Report the Homelessness & Rough Sleepers Strategy to the Community & Wellbeing Committee by October 2019. (Rod Brown; C&W) Complete the Epsom Cemetery expansion works by 31 December 2019. (Rod Brown; C&W) Review the provision of Daycare+ and report to the Community & Wellbeing Committee by 31 Oct 2019. (Ian Dyer; C&W) Using evidence, identify and address community safety hot spots/ themes within the Borough as outlined in the Community Safety Plan by December 2019. (Rod Brown; E&SC) Develop a Corporate Health & Wellbeing Strategy and report to Community & Wellbeing Committee by October 2019. (Rod Brown; C&W) Create additional in-borough temporary accommodation by March 2020. (Rod Brown; C&W) Report to S&R on a permanent scheme for the allocation of CIL 15% (Community Infrastructure Levy) by April 2019. (Gillian McTaggart; S&R) <i>(Target achieved)</i> Publish the draft Vision for consultation by September 2019. (Damian Roberts; S&R) <i>(Target achieved)</i> 	<ul style="list-style-type: none"> Report and approve the new suite of Human Resource policies to S&R Committee by Sept 2019. (Shona Mason; S&R) Procure and install the new IT system for Operational Services to enable the replacement of the CRM system by Sept 2019. (Judith Doney; S&R) Produce a 10 year Asset Management Plan by July 2019. (Mark Shephard; S&R) Produce a new 10 year Medium Term Financial Strategy with regard to the Fair Funding Review and report to S&R by February 2020. (Lee Duffy; S&R) Income Generation Plan <ul style="list-style-type: none"> Deliver the agreed targets contained within year 2 of the (as agreed at S&R Committee on 17 April 2018) Review progress against year 1 of the plan and report to S&R Committee by February 2020. (Lee Duffy; S&R) Refurbish the toilet facilities at Bourne Hall by February 2020. (Mark Shephard; S&R) Upgrade the pay and display machines as agreed through the capital programme by October 2019. (Ian Dyer; E&SC) <i>(Target achieved)</i> Complete the extension of Hope Lodge Car Park by July 2019. (Ian Dyer; E&SC) <i>(Target achieved)</i> Develop the programme for the new Corporate Plan 2021 – 2025 by July 2019. (Gillian McTaggart; S&R) <i>(Target achieved)</i> Review the options for digital democracy for consideration by Members by July 2019. (Amardip Healy; S&R) <i>(Target achieved)</i> Launch the new Members’ Induction and training programme by May 2019. (Amardip Healy; S&R) <i>(Target achieved)</i> Implement the Bring Your Own Device and mobile technology policy by December 2019. (Judith Doney; S&R) Implement the new Corporate Apprenticeship Scheme by July 2019. (Shona Mason; S&R) <i>(Target achieved)</i> Report to Strategy & Resources Committee an update on current and future commitments on the Residential Acquisition Fund by January 2020. (Rod Brown; S&R) 	<ul style="list-style-type: none"> Undertake a second consultation on next stage of Local Plan by September 2019. (Ruth Ormella; L&PP) Prepare and produce the Masterplan for Epsom and Ewell by August 2019. (Ruth Ormella; L&PP) <i>(Target achieved)</i> Report to S&R on options on the future development of South Street premises for both residential and commercial units by July 2019 (Mark Shephard; S&R) Introduce a new business newsletter to improve communications with local businesses by June 2019. (Shona Mason; S&R) <i>(Target achieved)</i> Support a Business Expo in September 2019. (Julia Owen; S&R) <i>(Target achieved)</i> Hold three business breakfasts and a dinner by March 2020. (Julia Owen; S&R) Host a networking event for local businesses by March 2020. (Julia Owen; S&R) <i>(Target achieved)</i>
<p>Page 55</p> <p>Statistics</p> <ul style="list-style-type: none"> Recycle 54% domestic waste by 31 March 2020. (Ian Dyer; E&SC) (September 55.32%; YTD 55.90%) Over the year at least 99% of bins to be collected on average each week by 31 March 2020. (Ian Dyer; E&SC) (September 99.89%; YTD average 99.89%) Fly tipping – remove 95% of all fly tips on council owned land within 5 working days of being reported to Operational Services. (Ian Dyer; E&SC) (September 96%; Q2 average 96%) Graffiti – remove 95% of graffiti on council owned land within 5 working days of being reported to Operational Services. (Ian Dyer; E&SC) Graffiti – remove offensive graffiti within two working days of being reported to Operational Services. (Ian Dyer; E&SC) 	<p>Statistics</p> <ul style="list-style-type: none"> Less than 40 households living in emergency nightly paid temporary accommodation per month. (Rod Brown; C&W) (September 54; August 55) At least 30 households supported through the rent deposit scheme by 31 March 2020. (Rod Brown; C&W) At least 8 households accommodated through the private sector leasing scheme by 31 March 2020. (Rod Brown; C&W) (Target achieved; as at August 10) 	<p>Statistics</p> <ul style="list-style-type: none"> At least 99.0% of Business Rates to be collected. (Judith Doney; S&R) (September Target 59.10%; Actual 58.50%) At least 98.4% of Council Tax collected. (Judith Doney; S&R) (September Target 61.50%; Actual 61.50%) Process new Housing Benefit claims within an average time of 28 days. (Judith Doney; S&R) (August 8.65 days; September 9.43 days) Process Housing Benefit change of circumstances within an average time of 11 days. (Judith Doney; S&R) (August 2.91 days; September 3.14 days) 	<p>Statistics</p> <ul style="list-style-type: none"> Number of major planning applications (MHCLG) received* (Ruth Ormella; L&PC) (Q2: 10; YTD: 14) Number of non-major planning applications (MHCLG) received* (Ruth Ormella; L&PC) (Q2:201; YTD: 439) At least 60% of major planning applications decided in time. (Ruth Ormella; L&PC) (Q2: 100%; YTD 100%) At least 70% of non-major planning applications decided in time (Ruth Ormella; L&PC) (Q2: 88.32%; YTD 93.56%) No more than ten per cent of major planning applications allowed at appeal (using the two-year rolling assessment period defined by the government). (Ruth Ormella; L&PC) The number of officer recommendations overturned by the Planning Committee* (Ruth Ormella; L&PC) <i>(None for majors and one for non-majors)</i> 93% of all food businesses rated as 3-5 within the food hygiene ratings by 31 March 2020. (Rod Brown; E&SC) (September 94%; Q2 average: 94%) <p>(*Note: Reporting information only indicator)</p>


Key: Achieved or on target; slightly off target not a major concern or slippage; off target / unlikely to be achieved for projected year or not achieved; No data (italics); Information only indicator (* asterisk)



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Corporate Plan: Key Priority Performance Targets




Performance Report 2019/2020: Q2

Performance status						
Key to reporting target status		Keeping our borough clean and green	Supporting our community	Managing our resources	Supporting businesses and our local economy	Totals:
	On track	6	3	8	5	22
	Slightly off track not a major concern or slippage	1	5	4	3	13
	Off track or unlikely to be achieved for projected year	0	1	0	0	1
Achieved	Target achieved	3	3	6	3	15
On Hold	Held in abeyance pending review	0	0	0	0	0
Information Indicators	These indicators are for information only	0	0	0	3	3
No Data	No data	2	0	0	0	2
Totals:		12	12	18	14	56



Keeping our borough clean and green – Key priority				
Key priority performance target for 2019/20	Responsible officer	Achieved by:	Latest progress:	Status:
Produce a report on the options for electric charging points in car parks to Environment & Safe Communities	Ian Dyer Head of Operational Services (E&SC)	October 2019	April to June: Parking Manager to attend UK Power Networks (UKPN) Electric vehicle stakeholder workshop on 17 July. Report due to Committee in October.	
			July to Sept: UKPN workshop cancelled. Meetings have taken place with some charge point providers. Committee report deferred to Jan 2020 in Forward Planning.	
			Oct to Dec:	
			Jan to March:	


Supporting our community – Key priority				
Key priority performance target for 2019/20	Responsible officer	Achieved by:	Latest progress:	Status:
Less than 40 households living in emergency nightly paid temporary accommodation per month	Rod Brown Head of Housing & Community (C&W)	March 2020	April to June: In June 43 households accommodated in emergency nightly paid temporary accommodation. Monthly average 43 households in emergency nightly paid temporary accommodation.	
			July to Sept: In September 54 households accommodated in emergency nightly paid temporary accommodation. Quarter 2 average is 52 households.	
			Oct to Dec:	
			Jan to March:	
At least 30 households supported through the rent deposit scheme	Rod Brown Head of Housing & Community (C&W)	March 2020	April to June: Current number of private rented properties secured through the Rent Deposit Scheme is 4. Access to the scheme is dependent on private landlord's willingness to rent to our clients and this has been slow in the first quarter of 2019/20.	
			July to Sept: Current number of private rented properties secured through the Rent Deposit Scheme is 12.	
			Oct to Dec:	
			Jan to March:	

Review the current CCTV provision and assess options and report to the Environment and Safe Communities Committee	Rod Brown Head of Housing & Community (E&SC)	October 2019	April to June: Meeting between Local Authorities on the East Surrey Community Safety Partnership and the police	
			July to Sept: Letter written to police requesting clarification of details. Delays in obtaining confirmation from Surrey Police. Report due to go to committee Jan 2019.	
			Oct to Dec:	
			Jan to March:	
Report the Homelessness & Rough Sleepers Strategy to the Community & Wellbeing Committee	Rod Brown Head of Housing & Community (C&W)	October 2019	April to June: Essential preparatory work, including data collection, undertaken to enable review to proceed.	
			July to Sept: Rise in service demand has delayed preparation of strategy. Now expected to go to Community & Wellbeing Committee in Jan 2020.	
			Oct to Dec:	
			Jan to March:	
Complete the Epsom Cemetery expansion works	Rod Brown Head of Housing & Community (C&W)	December 2019	April to June: Tender returns received 25 March 2019 and were up to £330k in excess of approved £650k budget. Works contract carefully reviewed to reduce cost where possible. Report to July Strategy & Resources Committee requesting additional £150k to enable the works to proceed.	
			July to Sept: Strategy & Resources Committee agreed additional spend and contract agreed.	
			Oct to Dec:	
			Jan to March:	
Review the provision of Daycare+ and report to the Community & Wellbeing Committee	Ian Dyer Head of Operational Services (C&W)	October 2019	April to June: To date we have 16 clients attending the Daycare+. The attendance of each client varies from one half day session to attending 5 full days' sessions. With the current clients we are on target for an income of £60,000. We are reviewing our marketing strategy to incorporate the benefits of the service.	
			July to Sept: Report planned for committee January 2020.	
			Oct to Dec:	
			Jan to March:	

Managing our resources – Key priority				
Key priority performance target for 2019/20	Responsible officer	Achieved by:	Latest progress:	Status:
Report and approve the new suite of Human Resource policies to S&R Committee	Shona Mason Head of HR & Organisational Development (S&R)	September 2019	April to June: A new People Framework approach has been developed with key policies and procedure in phase 1 now complete and ready for consultation with staff. Phase 1 includes Absence Management, Grievance, Capability Management, Disciplinary, Performance Management, Induction and Settling In.	
			July to Sept: Phase 1 consultation has now been completed with feedback received. Phase 1 review from feedback is being undertaken. Phase 2 has now been drafted and is out for consultation until mid-November. Phase 2 includes:	
			<ul style="list-style-type: none"> • Recruitment • Management of Change • Dignity at Work • Annual Leave • Special Leave • Work and Families – Maternity, Paternity, Adoption, Parental Leave, Shared Parental Leave • Flexible Working • Home Working 	
			Oct to Dec: Jan to March:	
Procure and install the new IT system for Operational Services to enable the replacement of the CRM system	Judith Doney Head of Digital & Service Transformation (S&R)	September 2019	April to June: A supplier has been chosen and the contract is being checked with legal prior to signing.	
			July to Sept: Contract has been signed and workshops have begun to build the new operational services system.	
			Oct to Dec:	
			Jan to March:	
Produce a 10 year Asset Management Plan	Mark Shephard Head of Property & Regeneration	July 2019	April to June: Report agreed to be taken to November S&R.	
			July to Sept: Report to Strategy & Resources Committee November 2019.	
			Oct to Dec:	

Managing our resources – Key priority				
Key priority performance target for 2019/20	Responsible officer	Achieved by:	Latest progress:	Status:
	(S&R)		Jan to March:	
At least 99.0% of Business Rates to be collected	Judith Doney Head of Digital & Service Transformation (S&R)	March 2020	April to June: As at June, 32.64% business rates collected.	
			July to Sept: As at September, 58.5% business rates collected.	
			Oct to Dec:	
			Jan to March:	

Supporting businesses and our local economy – Key priority				
Key priority performance target for 2019/20	Responsible officer	Achieved by:	Latest progress:	Status:
Undertake a second consultation on next stage of Local Plan	Ruth Ormella Head of Planning (L&PP)	September 2019	April to June: Key evidence has been commissioned which forms the basis for the consultation materials for the Reg 18 consultation. Draft documents are being prepared for reporting to Licensing and Planning Policy Committee (LPPC) in October. Member working with the Chairman of LPPC has commenced, so as to assist the process through to Members agreement of the second consultation documentation, and what we are going out to the Community to seek opinion and comments.	
			July to Sept: Consultation documents draft is progressing with work on the housing numbers and potential sites progressing. First draft of the Strategic Housing Market Assessment 2 has been received and is being digested, Strategic Viability and CIL review has commenced with Stakeholder engagement scheduled, inception meetings for various contacts have been undertaken including the retail study and health review of centres, playing pitch strategy, habitat regulations assessment.	
			Oct to Dec:	
			Jan to March:	
Prepare and produce the Masterplan for Epsom and Ewell	Ruth Ormella Head of Planning (L&PP)	August 2019	April to June: Leadership Team engagement led to a review of the approach to use visualisations, being future impressions of key sites in the Borough. This work progressed with the agreement of the table of contents for the final masterplan and timelines around engagement.	

			July to Sept: On target for completion of draft Masterplan for LPPC review at the September 2019 meeting. This will be key evidence for the Reg 18 consultation. Oct to Dec: Jan to March:	
Report to S&R on options on the future development of South Street premises for both residential and commercial units	Mark Shephard Head of Property & Regeneration (S&R)	July 2019	April to June: Report being taken to September Committee to allow sufficient time to assess all options. July to Sept: Report now to Strategy & Resources Committee November 2019. Oct to Dec: Jan to March:	

WORK PROGRAMME 2019/20

Head of Service/Contact:	Gillian McTaggart, Head of Policy, Performance & Governance
Annexes/Appendices (attached):	Annex 1 – Work Programme 2019/20
Other available papers (not attached):	Agenda and Minutes of 16 April and 25 June 2019 Audit, Crime & Disorder and Scrutiny Committee meetings

Report summary

This report updates the Committee on its work programme 2019/20.

Recommendation (s)

- (1) **That the Committee notes the current position of its work programme 2019/20 attached at Annex 1.**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 Implications vary across the different items agreed for inclusion in the work programme. Specific implications are considered by the Committee before undertaking any specific investigation.

2 Background

- 2.1 Paragraph 1 of the Overview and Scrutiny Procedure Rules requires the Committee to approve an annual overview and scrutiny work programme including the programme of any sub-committees or panels.
- 2.2 The Committee agreed its work programme 2019/20 at its meeting in June 2019. **Annex 1** shows the current position of the work programme.
- 2.3 One change has been made since the Committee's last meeting. The Complaints - Annual Monitoring Report 2019/20 scheduled for November 2019 will now be reported to the Leadership Team. This will enable operational oversight of the on-going management of complaints.

3 Proposals

- 3.1 That the Committee notes the current position of its 2019/20 work programme attached at **Annex 1**.

4 Financial and Manpower Implications

- 4.1 The Committee's work programme can have workload implications for both its members and officers. In depth scrutiny reviews undertaken by task groups require more intensive input for specific periods.
- 4.2 **Chief Finance Officer's comments:** none for the purposes of this report.

5 Legal Implications (including implications for matters relating to equality)

- 5.1 The work programme attached at **Annex 1** has been designed to meet the Committee's responsibilities set out in legislation and its Terms of Reference.
- 5.2 **Monitoring Officer's comments:** none arising from the contents of this report.

6 Sustainability Policy and Community Safety Implications

- 6.1 Scrutiny of the Community Safety Partnership is a responsibility of the Audit, Crime & Disorder and Scrutiny Committee.

7 Partnerships

- 7.1 The Committee has the ability to make reports or recommendations on matters which affect the authority's area or the inhabitants of that area.

8 Risk Assessment

- 8.1 Maintenance of an annual work programme helps to ensure the Committee meets its responsibilities both statutory and local. It enables the Committee to manage its workload across the year, identifying priorities and rescheduling work according to risk/need.

9 Conclusion and Recommendations

- 9.1 Under its terms of reference the Audit, Crime & Disorder and Scrutiny Committee is responsible for setting its own work programme. The Committee approved its work programme 2019/20 in June 2019.

Ward(s) Affected: (All Wards);

**Audit, Crime & Disorder and Scrutiny Committee
Work Programme 2019/20**

MEETING DATE	ITEMS FOR CONSIDERATION BY FULL COMMITTEE
25 June 2019	<ul style="list-style-type: none"> • Internal Audit Assurance Report 2018/19 and Final Monitoring Report 2018/19 • Annual Governance Statement 2018/19 • Corporate Plan: Year End Performance Report 2018 to 2019 and Key Priority Targets for 2019 to 2020 • Community Safety Partnership 2018/19 – End of Year Report • Use of Delegated Powers Annual Report • Annual Report on the Regulation of Investigatory Powers Act 2000 • Work Programme 2019/20
21 Nov 2019	<ul style="list-style-type: none"> • Internal Audit Monitoring Report 2019/20 • Annual Governance Statement and External Auditor's Audit Findings, Progress Against Action Plans • Risk Management Framework Annual Report • Corporate Plan: Performance Report One 2019 to 2020 • Work Programme 2019/20
6 Feb 2020	<ul style="list-style-type: none"> • Internal Audit Monitoring Report 2019/20 • Corporate Plan: Performance Report Two 2019 to 2020 • Work Programme 2019/20
21 April 2020	<ul style="list-style-type: none"> • Internal Audit Monitoring Report 2019/20 • Internal Audit Plan 2020/21 and Internal Audit Charter 2020/21 • Update on Compliance with the Surveillance Camera Code of Practice • Annual Report 2019/20

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