



**INTERNAL AUDIT
PROGRESS REPORT**

Brentwood Borough Council

2023/2024

IDEAS | PEOPLE | TRUST



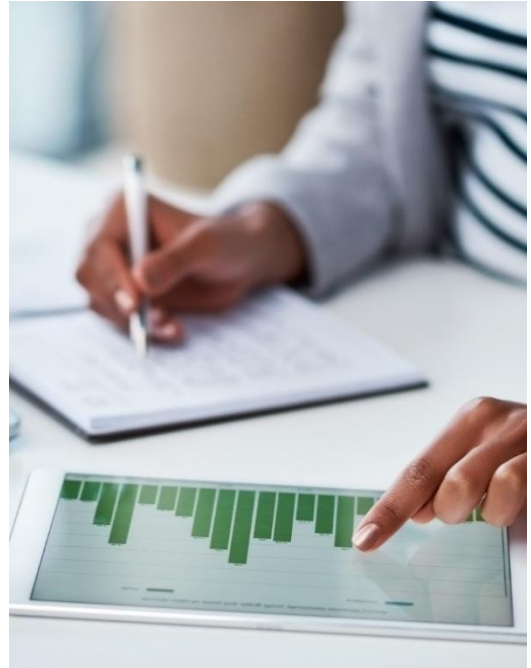
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SUMMARY OF 2023/24 WORK

INTERNAL AUDIT

This report is intended to inform the Audit and Scrutiny Committee of progress made against the 2023/24 internal audit plan. It summarises the work we have done, together with our assessment of the systems reviewed and the recommendations we have raised. Our work complies with Public Sector Internal Audit Standards. As part of our audit approach, we have agreed terms of reference for each piece of work with the risk owner, identifying the headline and sub-risks, which have been covered as part of the assignment. This approach is designed to enable us to give assurance on the risk management and internal control processes in place to mitigate the risks identified.



INTERNAL AUDIT METHODOLOGY

Our methodology is based on four assurance levels in respect of our overall conclusion as to the design and operational effectiveness of controls within the system reviewed. The assurance levels are set out in Appendix 1 of this report, and are based on us giving either 'substantial', 'moderate', 'limited' or 'no'. The four assurance levels are designed to ensure that the opinion given does not gravitate to a 'satisfactory' or middle band grading. Under any system we are required to make a judgement when making our overall assessment.

2023/24 INTERNAL AUDIT PLAN

Since the last Audit and Scrutiny Committee we have completed a further three audits from the 2023/24 audit plan and present the final reports for:

- ▶ Workforce Strategy
- ▶ Corporate Estates Management
- ▶ Data Protection.

An additional two audits are at draft report stage for:

- ▶ Vehicles, Plant and Equipment Management (previously called Asset Management).
- ▶ Financial Planning and Monitoring.

Fieldwork is currently progressing in respect of the following audits, which are the final audits for the 23/24 Internal Audit Plan:

- ▶ Development Partnerships
- ▶ Main Financial Systems
- ▶ Disaster Recovery and Business Continuity (advisory review).

REVIEW OF 2023/24 WORK

AUDIT	EXEC LEAD	A&SC	PLANNING	FIELD WORK	REPORTING	DESIGN	EFFECTIVE -NESS
Car Parking	Director of Assets & Investments	Sept 2023			✓	M	M
Tree Management	Director of Environment	Sept 2023			✓	L	L
Waste Management	Director of Environment	Nov 2023			✓	L	L
Risk Management	Interim Director of Resources	Jan 2024			✓	M	M
Communications and Information Sharing	Director of Policy & Delivery	Jan 2024			✓	M	M
Workforce Strategy	Joint Acting Director of People & Governance	Mar 2024			✓	M	M
Corporate Estates Management	Director of Assets & Investments	Mar 2024			✓	L	L
Data Protection (c/fwd from 2022/23)	Director of Customer & Data Insight	Mar 2024			✓	L	L
Vehicles, Plant and Equipment Management	Director of Assets & Investments	July 2024			✓		
Financial Planning and Monitoring	Interim Director of Resources	July 2024			✓		
Development Partnerships	Interim Director of Resources	July 2024		✓			
Disaster Recovery and Business Continuity	Interim Director of Resources	July 2024		✓			
Main Financial Systems	Interim Director of Resources	July 2024		✓			



WORKFORCE STRATEGY

Design Opinion	M	Moderate	Design Effectiveness	M	Moderate
Recommendations	0	4	2		



SCOPE

BACKGROUND

- ▶ Strategic workforce planning is a holistic approach to analysing internal business drivers and goals and provides a framework for organisations of all sizes to meet the challenges they are facing in complex and uncertain circumstances.
- ▶ It is essential that organisations constantly review their long-term approach to talent and critical skills. By developing a robust people plan, organisations can ensure they have the skills and labour to continue delivering on their business objectives, against both expected and unexpected changes.
- ▶ The Council has a Workforce Development Strategy in place, which is supported by service plans and details what the HR service wants to achieve. The Council is also currently developing a One Team People and Culture Strategy with Rochford District Council, with the aim of having the joint Strategy in place for 2024-25. The Strategy will be for three years to ensure it remains fluid in a changing environment.
- ▶ One of the key risks for the Council is around recruitment and retention. Due to the geographical location of Brentwood, the Council has to compete with employment opportunities in London, making it difficult to attract employees.

PURPOSE

- ▶ The purpose of this audit was to provide assurance over the adequacy of the Council's Workforce Strategy and the effectiveness of underlying processes in addressing vacancies, targeting recruitment appropriately, aligning job responsibilities with changing service departments under the One Team Transformation Programme with Rochford District Council, and building resilience in service delivery.

AREAS REVIEWED

- ▶ Reviewed the Council's Strategy and confirmed whether it clearly aligns with the Council's corporate plan and sets out the Council's One Team vision; we also confirmed whether the Strategy has been approved by Members and that it has been communicated to all staff.
- ▶ Verified whether the Strategy identifies critical roles and sets out the Council's strategy for retaining and recruiting staff to these roles. We also confirmed whether action has been taken to ensure there is enough resilience in these areas to continue service delivery.
- ▶ Confirmed whether the underlying data informing the Strategy is up to date, from an appropriate source and supported by justifiable assumptions.
- ▶ Assessed any supporting plans to confirm whether the action targets for retention and recruitment of staff are specific, measurable, achievable, realistic and timebound (SMART), assigned to clear action owners and regularly reviewed.
- ▶ Examined the reporting process to assess whether the overall arrangements for monitoring progress of plan implementation are robust and receive adequate scrutiny.
- ▶ Determined whether regular training is available for staff and appraisals are conducted which identify development opportunities.
- ▶ Evaluated work done to ensure job responsibilities align with changing service departments under the One Team transformation programme.
- ▶ Tested whether exit questionnaires/interviews are completed for leavers and reasons for leaving are monitored and reported on.



AREAS OF STRENGTH

- ▶ We compared the Council's (draft) One Team People and Culture Strategy 2023-26 to the Corporate Plan 2020-2025 and sought to ascertain whether they are clearly aligned. We identified three workforce related aims within the Corporate Plan, including:
 - To develop an empowered culture within the organisation.
 - To create a culture that fosters an ambitious and motivated workforce.
 - To identify further opportunities to optimise the partnership with Rochford.

Although the specific wording does not match identically between the two documents, we confirmed that the Strategy has an objective to work as one team to achieve shared goals. Furthermore, promoting a positive and motivational culture within both teams is also a mutual objective.

- ▶ The (draft) Strategy clearly sets out the Council's One Team vision, under three categories: 'One You', 'One Team' and 'One Purpose'. The Strategy sets out how this vision will be achieved for people, culture and the future. Four 'One Team' values are also established: Nurture, Belong, Innovate and Trust. These values are intended to support strategic delivery and be embedded within workforce culture across the partnership. The main aim for developing the culture of the partnership is to 'work as one team to achieve shared goals'.
- ▶ To ensure appropriate oversight and scrutiny from senior management, the (draft) Strategy is due to be reviewed and approved by the Council's Chief Executive and Head of Paid Service once it has been completed. This has been agreed by the Strategic Director and Deputy Chief Executive, and communicated to the Strategy's author, the Acting Director - People, via email.
- ▶ We confirmed that the previous Workforce Development Strategy, created in 2018 and in place until the launch of the new One Team People and Culture Strategy, is communicated to all staff via the Council's intranet.
- ▶ The Council has a HR Service Plan in place for 2023-24, which outlines the key priorities that the Council is aiming to achieve in the current year. Progress of the plan was reviewed at a HR Away Day held on 20 January 2024 to identify any remaining priorities for the year.
- ▶ It was also agreed at the HR Away Day that a 'People Board' would be established, chaired by the Chief Executive and Head of Paid Service. A monthly meeting has been created to review progress of the HR Service Plan, and the Council intends that this meeting will continue following the launch of the new One Team People and Culture Strategy, to monitor and scrutinise progress of each action.
- ▶ The Council maintains recent data regarding recruitment and vacancies. The data extracted from the system shows that a total of 55 roles were advertised between December 2022 and December 2023, although 17 (33%) were not recruited to and three roles had zero applicants. This data supports the identification of recruitment and retention as one of the key workforce challenges highlighted within the Strategy.
- ▶ Training needs are identified by managers and requested through HR, to enable centralised monitoring of skills development across the organisation. Review of a report of training data between November 2022 and November 2023 identified that 29 staff attended additional external training courses, to develop skills such as Power BI, procurement and attending leasehold summits. Five staff also enrolled on external development programmes such as the District Councils Network and Solace Springboard.
- ▶ The Council successfully launched an Aspiring Managers Development Programme (AMDP) for 2021-22, with 26 staff enrolled. Following positive feedback from staff regarding the year long programme, it was extended for 2022-23 and 2023-24 of which 14 staff are currently enrolled. The programme was oversubscribed for the 2023-24 period, with 23 applicants for the cohort. However, the Council decided to limit the number of places to ensure that the right skills base is developed based on the size of the Council, with a balance between Brentwood and Rochford employees.



AREAS OF CONCERN

- ▶ The Council's HR Service Plan for 2023-24 outlines key actions and priorities for the year. However, action plans for the remainder of the period covered by the new One Team People and Culture Strategy (2023-2026) have not yet been established. Furthermore, there is no supporting tracker to RAG rate or update individual actions outlined in the Plan. (**Finding 1 - Medium**)
- ▶ In reviewing whether the Strategy is based on sound and recent data, we selected a sample of two (Recruitment & Retention and Equality, Diversity & Inclusion (EDI)) out of the six key workforce challenges identified by the Strategy and identified that there was not sufficient EDI data to demonstrate the current workforce composition and how this presents challenges for the Council. (**Finding 2 - Medium**)

- ▶ When staff leave the Council, an optional exit questionnaire is issued. However, of the 12 leavers between June and October 2023, only four (33%) completed the questionnaire. Furthermore, we noted that ‘resignation’ was consistently the most common reason for leaving between 2021 and 2024 (to date), however thematic analysis cannot be completed in detail as no further reasoning is provided. **(Finding 3 - Medium)**
- ▶ The Council suspended appraisals due to the Covid-19 pandemic in March 2020. The process was updated for 2023-24 and the Council completed a pilot for ‘One You conversations’ in December 2023, to replace annual appraisals. The new conversations are intended to be held regularly throughout the year, moving away from a traditional ‘tick box’ appraisal approach. Although the aim was for all staff to have had at least one conversation during the pilot, we noted that 20% of the 139 staff who responded to the pilot survey have not yet received one. **(Finding 4 - Medium)**
- ▶ The (draft) One Team People and Culture Strategy does not currently include a version history section, or an established frequency of review. We also noted that the Council has not yet considered how the Strategy will be communicated with Members. **(Finding 5 - Low)**
- ▶ The HR team are holding a series of meetings to review team structures and needs across the organisation, to facilitate success of the One Team transformation. As this process is ongoing, we were provided with confirmation from four directorates that these conversations took place. However, we noted that the discussions and resulting outputs were not documented and have not yet been followed up. **(Finding 6 - Low)**


CONCLUSION

- ▶ The Council’s new (draft) One Team People and Culture Strategy clearly sets out the partnership’s One Team vision. There is also a clear plan to approve the Strategy and establish monitoring meetings to review progress. The Council is also responsive to training requests and monitors additional training undertaken by staff, including the successful Aspiring Managers Development Programme.
- ▶ There are some areas in need of improvement, to ensure that each area of the Strategy is supported by sufficient data and SMART action plans. The lack of appraisals for 20% of the Council’s staff also needs to be fully addressed and the Council is not adequately establishing and monitoring the reasons for staff resignations.
- ▶ We have therefore concluded a moderate assurance over both the design and operational effectiveness of the Council’s controls that are in place.

MANAGEMENT ACTION PLAN:

Recommendation	Priority	Management Response	Responsible Officer and Implementation Date
<p><u>Action plans</u></p> <p>1.1 We concur that the Council should implement action plans to sit behind each strategic target identified in the One Team People and Culture Strategy. Action plans, including the HR Service Plan, should be SMART:</p> <ul style="list-style-type: none"> • Specific • Measurable • Achievable (including assigned responsible officers) • Relevant • Time-Bound. <p>1.2 The Council should create action plans for the One Team People and Culture Strategy for each year e.g. 2024-25 and 2025-26 onwards, to break down the Strategy whilst it is in place. The action plans should be designed to ensure resilience within service delivery, including deputising and succession planning as required.</p>	Medium	<p>1.1 When the strategy was audited this was in draft the intention was always to include an action plan, so this will now be created, ensuring this is SMART.</p> <p>1.2 As above the action plan will now be created and be set out for each year.</p> <p>1.3 The intention was always to create a tracker alongside the action plan to monitor progress through our People Board which is led by the Chief Executive</p>	<p>1.1-1.3 Acting Joint Director People & Governance June 2024</p>

<p>1.3 The Council should create trackers to correspond to the HR Service Plan, and subsequent year action plans, including RAG rating each action against timescales, and ensure regular updates are provided.</p>			
<p><u>The Strategy is not based on sound and recent data</u></p> <p>2.1 The Council should ensure that the Strategy is based on sound and recent data, with clear evidence to support the six identified workforce challenges.</p> <p>2.2 The Council should investigate the root causes of why staff have not engaged with providing EDI data. If challenges with engagement continue, the Council should ensure that EDI data is captured through other means, e.g. when staff are promoted, or for all new joiners through Jobs Go Public.</p> <p>2.3 A digital form should be used to obtain updated information from staff, and an option to decline should be included. This will enable the Council to understand the reasons for any gaps in the data.</p> <p>2.4 The Council should also pull through the EDI data maintained by Jobs Go Public, for all new joiners since the Council began using the site in 2022.</p> <p>2.5 EDI data should be reviewed and monitored at least annually and compared to census data for the wider borough to identify themes or outliers.</p>	Medium	<p>2.1 Part of the strategy is to improve the data we collect and how we use it, but where we do have the data or evidence this will be reflected to support the identified challenges.</p> <p>2.2 We are already looking at ways to capture this data and have created new starter forms to ensure this is captured and then recorded on to the system when there is a new starter. We are also launching a campaign to share not declare employee data and the importance of doing so.</p> <p>2.3 A form has been created that can be then exported straight into our HR system iTrent.</p> <p>2.4 An exercise will be undertaken to pull the data we have captured from JGP.</p> <p>2.5 We will look to start building our workforce profile on an annual basis.</p>	<p>2.1 Acting Joint Director People & Governance June 2024</p> <p>2.2 - 2.4 Acting Corporate Manager - People & Culture June 2024</p> <p>2.5 Acting Joint Director People & Governance March 2025</p>
<p><u>Monitoring levels of staff retention</u></p> <p>3.1 We concur that the Council should create an electronic form to collate exit questionnaire data, to improve the rate of return. This should include a mandatory question requiring the reason for resignation to be provided, e.g. career change, salary, impact of the One Team transformation, etc.</p> <p>3.2 The Council should introduce a KPI for collating reasons for leaving, or for level of vacancies within the Council.</p> <p>3.3 The Council should ensure that Committee monitoring regarding retention statistics includes themes/lessons learned identified through exit questionnaires, once this data is available.</p>	Medium	<p>3.1 We had already started to review different ways to collate exit data and so we will be moving to an electronic form which will be easier to complete.</p> <p>3.2 KPIs are being looked at and agreed at present, so we will consider this.</p> <p>3.3 A Workforce Overview Report will go to committee annually and we will include information where we can on themes and lessons learned.</p>	<p>3.1-3.2 Acting Corporate Manager - People & Culture April 2024</p> <p>3.3 Acting Corporate Manager - People & Culture December 2024</p>
<p><u>Appraisals completion</u></p> <p>4.1 The Council should incorporate actions within the SMART action plan recommended in Finding 1, with commitment to time scales, to ensure that 'One You conversations' are rolled out to all staff at the Council. This should include identifying the individuals who have not yet had a conversation, to address the gap identified through the survey.</p>	Medium	<p>4.1 We are exploring ways to identify who has not yet had a OneYou conversation and also will be holding some focus groups to gain feedback on how these can be further improved.</p> <p>4.2 There should be a discussion on development as part of the OneYou conversations and all managers are regularly reminded of the AMDP as well as some of the external.</p>	<p>4.1 and 4.2 Acting Corporate Manager - People & Culture April 2024</p>

<p>4.2 To help improve the ‘One You conversations’ approach, managers should be encouraged to discuss the Aspiring Managers Development Programme with staff who express an interest, or would benefit from attending the course to develop their leadership skills.</p>			
<p><u>Strategy version history and frequency of review</u></p> <p>5.1 The Council should consider how the Strategy will be communicated with members following its approval by the Chief Executive and Head of Paid Service.</p> <p>5.2 The Council should ensure that the new One Team People and Culture Strategy includes a version history section and log of approvals. The requirement for regular review and the date of the next required review should also be stated.</p>	Low	<p>5.1 This will be communicated through the regular updates with the relevant Chairs and can also be reflected in the workforce overview report.</p> <p>5.2 This This will be included in the final version.</p>	<p>5.1 and 5.2 Acting Joint Director People & Governance June 2024</p>
<p><u>Succession planning work is not documented consistently</u></p> <p>6.1 The Council should explore the option of holding HR Business Partner check-ins on a regular basis, e.g. quarterly. This would facilitate capturing the needs of each directorate and ensure that appropriate proactive steps are taken and followed up.</p> <p>6.2 A Standard Operating Procedure (SOP) or guidance document for succession planning could be created, to establish ideal frequencies for planning and identifying methodology for managers to utilise.</p>	Low	<p>6.1 HR Business Partners will be holding regular meetings with each Directorate to further support the Council in terms of its workforce requirements/needs.</p> <p>6.2 A standard format of discussion will be agreed to ensure that as HRBPs they are capturing and agreeing the workforce requirements specific to each directorate and linking this to the overall challenges and the approaches we take to mitigate these.</p>	<p>6.1 and 6.2 Acting Corporate Manager - People & Culture May 2024</p>

CORPORATE ESTATES MANAGEMENT

Design Opinion	L Limited	Design Effectiveness	L Limited
Recommendations	3	2	0



SCOPE

BACKGROUND

- ▶ Estates management is the safeguarding and recording of Brentwood Borough Council's ("the Council") portfolio of properties.
- ▶ The elements of effective property asset management include:
 - ▶ The maintenance of accurate records, such as a register of properties
 - ▶ Awareness of the physical location of assets
 - ▶ Fulfilling the role of custodian with regards to maintenance and repairs
 - ▶ Periodic and systematic physical verification of the existence and condition of assets to protect against theft and detect the unauthorised use of property.
- ▶ The Council's estates include corporate assets, housing stock, assets managed by a third party, and leases - all of which are used to deliver services to customers and generate income for the Council. The portfolio of corporate estates includes directly managed and commercially leased assets: pavilions, buildings, industrial estates, a shopping centre, domestic accommodation, and office space (leased).
- ▶ Corporate estates are overseen by the Director, Assets and Investments, with direct responsibility for the estates management process held by the Facilities Manager who, since January 2024, is supported by the Property Compliance Officer. Facilities work closely with the Asset Manager, who understands the detail behind individual lease agreements (commercial properties). The Health and Safety Advisor provides SME support in a compliance monitoring capacity, for example with regard to monitoring and keeping abreast of applicable legislation.
- ▶ The Council is in a OneTeam partnership with Rochford District Council (RDC), however this audit focused on certain elements of the corporate estates management processes at Brentwood Borough Council (BBC) only.
- ▶ A separate audit on Asset Management has also been carried out as part of our 2023/24 internal audit programme of work, which has focussed on the Council's processes for keeping track of its IT assets, vehicles and other plant and equipment.

PURPOSE

- ▶ The purpose of this audit was to provide assurance over the Council's controls for ensuring that its corporate buildings comply with regulatory health and safety requirements (such as fire, water, gas, etc).
- ▶ Please note that we are not health and safety specialists, therefore the focus has been on the controls the Council has in place to meet regulatory standards and we have not given an opinion on whether these standards are being met.

AREAS REVIEWED

We assessed whether:

- ▶ An estates management system, such as a register of properties, is in place to record all corporate buildings owned by the Council, and whether the list of properties maintained is complete, up-to-date, and accurate, allowing the Council to rely upon it to monitor the maintenance and compliance requirements of all Council properties.
- ▶ Estates management policies and procedures are in place, to help ensure that staff have clear instructions on the estates management process and understand their responsibilities regarding managing corporate buildings, for example their role in overseeing and completing statutory health and safety checks.
- ▶ Staff receive sufficient training on estates management requirements, to ensure knowledge and understanding in this area, including awareness of key legislation.

- ▶ Statutory health and safety checks and risk assessments were identified, scheduled and completed in a timely manner, and outcomes accurately recorded, to ensure that the Council's corporate buildings comply with health and safety requirements. We reviewed a sample of corporate properties to confirm whether there was a process to regularly review and validate high-risk compliance areas (including asbestos, fire risk, fixed wiring, gas installations and water hygiene), and verified whether required statutory checks were completed, within prescribed timeframes/according to the assessed risk level.
- ▶ Remedial works, identified as a result of statutory compliance checks or risk assessments, were completed in a timely manner and subject to appropriate inspection / verification, to ensure that health and safety issues are being rectified.
- ▶ Contract monitoring arrangements are in place to provide assurance that third parties (tenants and managing agents), who oversee some corporate buildings, perform agreed contractual responsibilities in relation to statutory health and safety checks and risk assessments.



AREAS OF CONCERN

We identified the following areas for improvement:

- ▶ The Council does not maintain a centralised estates management database/system to record all Council properties (whether directly managed; leased out; or both where shared areas are concerned). **(Finding 1 - High)**
- ▶ The compliance matrix should list all Council properties and their compliance requirements. While this is the case for properties for which the Council has direct responsibility for compliance (directly managed properties), the matrix does not reflect the compliance status of commercial (leased out) properties, all of which may not be listed on the matrix. **(Finding 2 - High)**
- ▶ A formal process is not yet in place to follow up remedial works arising from risk assessments/inspections to confirm their satisfactory completion. **(Finding 2 - High)**
- ▶ Contract monitoring arrangements are not in place to provide assurance that third parties (tenants or managing agents) perform agreed contractual responsibilities for statutory health and safety checks and risk assessments. Compliance documentation is not requested for these properties. **(Finding 3 - High)**
- ▶ There are no formal policies and procedures, or informal guidance notes, in relation to estates management or related health and safety compliance requirements. **(Finding 4 - Medium)**
- ▶ The Facilities Manager and Property Compliance Officer have yet to confirm whether all awareness training in relation to estates management requirements have been met. **(Finding 5 - Medium)**
- ▶ Risk assessments, inspections and any resulting remedial works must be undertaken by a 'Competent' individual, certified in the specific area under review. Many of the Council's contractors have been contracted for years and there are no up-to-date records of their Competency, as there is no formal process in place to request and centrally store evidence of Competency. **(Finding 5 - Medium)**



CONCLUSION

- ▶ The Council is aware that work is required to update property records and formalise an estates management database going forward. This is crucial for record-keeping purposes but would also facilitate compliance with legislation: a central record of all properties within the Council's portfolio would enable the Council to track and monitor the compliance requirements, and corresponding responsibilities for these, for all properties within the Council's portfolio.
- ▶ We would like to note the substantial progress made in relation to the above in the new year: the Property Compliance Officer has made significant headway in updating records in relation to compliance requirements for directly managed Council properties, and their remedial works, and aims to start work on commercial properties in the coming months. We appreciate that this is a work in progress therefore, at the time of the audit, we concluded Limited assurance over both the adequacy of the design of controls and the operational effectiveness of the controls pertaining to corporate estates management.

MANAGEMENT ACTION PLAN:

Recommendation	Priority	Management Response	Responsible Officer and Implementation Date
<p><u>Estates management database / system</u></p> <p>1.1 The Council should develop a property register and a framework for managing its estates portfolio to ensure there is a complete and accurate point of reference for all staff members involved in estates management.</p> <p>Prior to adopting a bespoke estates management system, to ensure completeness of property records, Assets and Facilities staff should cross-reference / reconcile all of their existing property records with those of Finance to compile a centralised list of Council estates. This should consider where properties are directly managed, being managed by managing agents, multi-tenanted where shared areas remain the responsibility of the Council, or commercially let (as in all cases, the overall responsibility for compliance remains with the Council which, as the owner, has a duty of care to validate compliance).</p>	High	<p>We agree with the findings and recommendations.</p> <p>Corporate Asset directorate requires a property management system that can have all the properties the Council owns listed, contain the compliance data, contain contractors' insurance details and certification, print out schedules of tenants rent arrears and the ability to generate rent invoices. The team are reviewing what systems are available alongside utilising the strategic partnership to determine whether the system used by Rochford is sufficient as they have recently undergone a digitalisation of their asset register.</p> <p>The Assets team is reviewing different types of Asset management software that meets the requirements (together with assessing resources for the successful implementation of the system) to be brought back as a business case to CLT and project programme board for review and decision.</p> <p>In the interim:</p> <p>As the recommendation states, we are in the process of creating a master asset register, the Property Compliance Officer has a list from Finance and the Asset Manager is currently reviewing this document and adding all other relevant information (as detailed within recommendation) to ensure it is fully up to date. This will then give us a centralised list of council estates.</p> <p>Once this has been completed the compliance matrix will be updated to reflect the up-to-date information within the master centralised list to include 'responsibilities of compliance'.</p>	<p>Property Compliance Officer (interim measures)</p> <p>April 2024 (interim measures)</p> <p>Corporate Manager Facilities & Compliance, Corporate Manager Asset Management & Regeneration</p> <p>September 2024 (project on a page)</p>

<p><u>Compliance: Risk Assessments, Inspections and Remedial Works</u></p>	<p>High</p>	<p>Whilst the findings are factually correct (as taken from compliancy matrix) would note the following for context.</p> <p>General Risk Assessments, these are not a statutory requirement and were undertaken as a one off on our community halls when BLT went into administration, so we knew the condition of said assets.</p> <p>Fixed Wire, this is 1&2 Seven Arches Road, the remedials haven't been done as building is only part used by food bank. We have instructed our Electrical Contractor to complete an EICR to bring it up to date.</p> <p>PAT test, this was the Town Hall building, all was done apart from the Elections and CCTV offices but due to staff sickness out of hours access had not been possible. This was completed during office hours on 05.03.2024 and is therefore now closed.</p> <p>Emergency Lighting, this is for Hutton Poplar Lodge, whilst overdue this cannot be done as there is currently no power and the building is empty.</p> <p>Asbestos - all remedial works as identified within the Asbestos Management Surveys are scheduled for completion w/c 04.03.2024 and w/c 11.03.2024.</p> <p>Legionella, statement correct, PCO currently working with our contractors NWG and PES (with background from FM and HSA) to ensure that all remedials have been satisfactorily closed out and can therefore review all assessments as being satisfactory and therefore ok until 2025.</p> <p>FRA - Remedials are currently being actioned. The full Risk Assessments have been booked in for completion w/c 15.04.2024.</p> <p>Air Con - this is for the MSCP and Depot, PCO currently locating paperwork as believe it has been completed and matrix needs updating.</p> <ul style="list-style-type: none"> • 2.1.1 Property Compliance Officer - in progress • 2.1.2 The Council is aware of the causes: it is a 	<p>Property Compliance Officer May 2024</p>
<p>2.1 The Council should:</p> <ul style="list-style-type: none"> • Commission overdue inspections and remedial works as soon as possible • Investigate the root cause of why inspections are not done in a timely manner • Establish a monitoring process for all properties owned by the Council (directly managed and leased out), which enables tracking of whether risk assessments/inspections have been carried out for all properties across the Council's portfolio, and when these are due for renewal (and the Council may wish to implement a reminders system) • Enhance oversight and scrutiny of compliance across the property portfolio through regular reporting to the Finance, Assets, Investment & Recovery (FAIR) Committee on the compliance status of properties which the Council is directly responsible for. The Health and Safety and Wellbeing Committee should also be provided this information, as well as an update on properties for which the Council is not directly responsible (performance indicators on validation of compliance of commercial properties). 			
<p>2.2 The Council should establish a formal process to track and follow up remedial works to confirm satisfactory completion, particularly where medium or high risk, and where another inspection is not due for over a year.</p>			
<p>2.3 We note that the Compliance Officer is in the process of adding to the compliance matrix to indicate whether remedial works are required and the status of these works (i.e. whether the works have been completed). The results of any follow up inspections should also be added, and formally monitored going forward (with due dates) for all properties across the Council's portfolio.</p>			

		<p>balance of resource, budget and priority measured against risk to the Council.</p> <ul style="list-style-type: none"> • 2.1.3 Master Asset register being compiled, compliancy matrix will then be updated. • 2.1.4 We will report to the FAIR committee for scrutiny of compliance. • 2.2 Agreed. • 2.3 This is an interim measure, final control method for managing remedials being reviewed. 	
<p><u>Contract monitoring arrangements</u></p> <p>3.1 The Council should establish a formal system to monitor whether third parties (tenants or managing agents) are carrying out agreed risk assessments, checks and repairs, and should obtain confirmatory documentation on a regular basis.</p>	High	<p>We agree with the findings and recommendations.</p> <p>As the recommendation states we are in the process of creating a master asset register, Property Compliance Officer has a list from Finance and the Asset Manager is currently reviewing this document and adding all other relevant information (as detailed within recommendation) to ensure it is fully up to date. This will then give us a centralised list of council estates.</p>	<p>Property Compliance Officer</p> <p>September 2024 (subject to leaseholders' timely engagement)</p>
<p><u>Policies and procedures</u></p> <p>4.1 The Council should take a phased approach to designing policies and procedures: these should be created with BBC's current practices in mind and adapted as OneTeam policies following the completion of the service review, once Corporate Directors are in post.</p>	Medium	<p>We agree with the findings and recommendations and policies and procedures are being moved forward with this approach. There are a number of policies and procedures that have been established utilising the work housing repairs have already undertaken supported by the Health and Safety Officer.</p>	<p>Facilities Manager</p> <p>June 2024</p>
<p><u>Training and competency</u></p> <p>5.1 The Council should undertake a mapping exercise to ensure that between the Facilities Manager and the Property Compliance Officer, all training requirements have been met. The Facilities Team should compile a training matrix to keep track of these requirements going forward (i.e. a tracker to monitor the different training requirements, any gaps, when training is due for refresher).</p> <p>5.2 The Council should request evidence of Competency (such as certificates) from its contractors on an annual basis, and should centrally store this, to ensure that contractors continue to meet Competency requirements.</p>	Medium	<p>5.1 This is currently in progress not only in Assets but across the establishment.</p> <p>5.2 Agreed and will make this an annual basis at the start of the municipal year. The addition of the Property Compliance Officer has enabled the capacity to begin to focus on the recommendation highlighted.</p>	<p>Corporate Manager - Facilities & Compliance</p> <p>June 2024</p>

DATA PROTECTION

Design Opinion	L Moderate	Design Effectiveness	L Moderate
Recommendations	2	3	1



SCOPE

BACKGROUND AND PURPOSE OF AUDIT

- ▶ Information in many forms, including personally identifiable information, facilitates the Council’s ability to provide its services to residents and the public, and the secure management and use of information in delivering services is crucial.
- ▶ To be able to share information internally, with its partners, with third parties and with the public, the Council needs to comply with the regulations governing the release of information. This includes the Freedom of Information Act (FOIA) and the UK General Data Protection Regulation (UK GDPR).
- ▶ The purpose of the audit was to assess the Council’s compliance against key parts of UK GDPR, including training and awareness, roles and responsibilities, data breach management, data protection impact assessments, policies and procedures, and governance of information assets.

AREAS REVIEWED

The following areas were covered as part of this review:

- ▶ Assess whether there is a governance framework in place to support compliance with data protection responsibilities, including defined, approved and up to date policies and procedures.
- ▶ Determine whether roles and responsibilities with regards to data protection are defined and whether there is a training programme in place for data protection and information management for staff which is regularly refreshed.
- ▶ Assess whether the Council has a Record of Processing Activities in place and that this is regularly reviewed and updated and captures appropriate information.
- ▶ Assess whether the Council has defined retention periods in place for held information and that this is adhered to.
- ▶ Determine whether the Council has defined the lawful basis for collecting, processing, retaining, and sharing information and assess whether this is transparent to data subjects using tools such as privacy notices. For special category data, assess whether any additional reasons for processing are appropriate and in line with the original purpose of the processing activity.
- ▶ Assess whether there is regular monitoring of the Council’s compliance with data protection legislation and regulations by senior management, including the identification, assessment, and remediation of risks.
- ▶ Assess whether there are procedures in place to deal with data subject rights requests, including Subject Access Requests (SARs), Freedom of Information Act requests (FOIs) and the exercising of rights by individuals. Determine the extent to which these requirements are complied with, responded to, monitored, and reported on.
- ▶ Assess whether adequate and effective data breach response procedures are in place.
- ▶ Assess whether there are adequate procedures in place for performing Data Protection Impact Assessments (DPIAs) for the processing of data which is likely to present a high risk to the rights and freedoms of individuals.
- ▶ Where the Council shares personal data as part of its relationships with third parties, determine whether the risks posed by these relationships have been assessed and whether data sharing agreements have been implemented to mitigate these risks.



AREAS OF STRENGTH

During our review, we identified the following areas of good practice:

- ▶ There is a dedicated Data Protection Officer (DPO) in place, who has clearly defined responsibilities in line with the requirements of the UK GDPR and regularly reports to Senior Management.
- ▶ There is a dedicated Data Protection Team in place to manage compliance with data subject requests, including SARs. We reviewed a sample of SARs to determine whether the Council has complied with the requirements of the UK GDPR and identified no exceptions.
- ▶ The Council has a documented retention policy and schedule in place that sets out its approach to retaining the information that it holds, which were found to be up to date.
- ▶ Additional considerations for storing information have also been defined, including whether the applied retention period meets the operational needs of the service and whether the information is required to be maintained for any historical interest or intrinsic value.



AREAS OF CONCERN

During our review, the following areas for improvement were identified:

- ▶ Whilst the Council maintains various Records of Processing Activities (RoPAs), which are looked after by individual business units, we found those to be incomplete or missing information and to be inconsistent with each other in terms of the information recorded (**High - Finding 1**).
- ▶ The RoPAs do not effectively record the risks that are posed by third party data sharing and there are no third party due diligence procedures or information sharing agreements visible within the RoPAs (**High - Finding 2**).
- ▶ Whilst the Council has historically had an Information Governance Steering Group (IGSG) in place, this is no longer meeting regularly to provide data protection compliance oversight across Senior Management (**Medium - Finding 3**).
- ▶ Whilst there are various defined policies and documented procedures in place relating to data protection and compliance with the requirements of the UK GDPR, a number of those were out of date or still in draft (**Medium - Finding 4**).
- ▶ Although the Council has defined privacy notices in place for 22 separate areas, we found that these are not regularly reviewed, with some not reviewed since 2019 (**Medium - Finding 5**).
- ▶ Data protection training for members of staff does not define the requirements for DPIAs to be performed and training completion and effectiveness is not actively monitored, assessed, and reported (**Low - Finding 6**).



CONCLUSION












- ▶ We have raised two high, three medium and one low priority recommendations to improve the Council's data protection and UK GDPR compliance arrangements.
- ▶ Whilst the Council has clearly defined responsibilities with regards to data protection, defined retention schedules and effective data subject request procedures in line with the UK GDPR, we found significant gaps that could impact its ability to comply with the requirements of data protection legislation. The gaps relate to the absence of complete, up-to-date, and consistently completed records of processing activity; appropriate third-party due diligence procedures; adequate oversight by senior management; up to date policies regarding UK GDPR requirements; regular review of privacy notices; and sufficient training for members of staff.
- ▶ Consequently, we conclude limited assurance over both the design and the operational effectiveness of the Council's data protection arrangements, particularly with regards to the areas covered by the scope of this review.

MANAGEMENT ACTION PLAN:





Recommendation	Priority	Management Response	Responsible Officer and Implementation Date
<p><u>Records of processing activities</u></p> <p>1.1 Management, in conjunction with each business unit or department, should carry out a full and comprehensive review of all the Council's RoPAs to ensure that these are consistent, complete, and up to date and that they capture the following information at a minimum:</p> <ul style="list-style-type: none"> Information required for data processing, such as the processing activity, legal basis and any record of consent where applicable; if special category data is being processed, then an additional reason for processing should be stated The technical and organisational security that is in place to prevent unauthorised access to this information If data processing is done in conjunction with a third party then this should be clearly stated in addition to details of any data sharing agreements. <p>The updated RoPAs should be presented to and approved by Senior Management and should be reviewed on at least an annual basis.</p> <p>1.2 Following this, the Council should put in place a centrally defined RoPA that captures all the Council's data flows and processing activities, which should be completed and updated on an ongoing basis and there should be arrangements for it to be fully reviewed on at least an annual basis to ensure that it remains current and appropriate.</p>	High	<p>1.1 DPO will initiate review of current ROPA documentation. Departments to complete all missing records fields. DPO will review all updated RoPAs to ensure all required information has been provided</p> <p>1.2 Information Governance Steering Group will establish a documented schedule for annual ROPA reviews, to be carried out on at least an annual basis. Departments will update and amend their own ROPAs as and when required.</p>	Data Protection Officer 31 May 2024
<p><u>Third party data sharing</u></p> <p>2.1 Management should implement a due diligence process for all new and existing third-party relationships that the Council has in place. For any third party data transfers, the Council should ensure that these are being recorded within the applicable RoPA and that appropriate safeguards, such as Data Sharing Agreements, are in place.</p>	High	<p>2.1 Brentwood will introduce a GDPR due diligence questionnaire to be issued to all prospective new suppliers that are processing personal data on its behalf.</p> <p>Brentwood will carry out due diligence exercises on its existing suppliers with priority given to high risk relationships (e.g. suppliers who process large volumes of personal data and/or personal data that is sensitive in nature [e.g. financial/health/homelessness/Anti social behaviour related information etc])</p> <p>Departments will update their RoPAs in line with the outcome of the above exercises.</p>	Data Protection Officer 30 April 2024

<p><u>Information governance steering group</u></p> <p>3.1 Management should ensure that the arrangements for re-establishing the Information Governance Steering Group are completed and that the group meets on a regular basis. The Group should be supported by defined Terms of Reference, which should outline its roles and responsibilities, as well as its membership (including appropriate representation and Senior Management). Group meetings should be minuted and meeting actions should be logged, monitored, and tracked to resolution.</p>	Medium	<p>3.1 Brentwood will revive its Information Governance Steering Group.</p> <p>The steering group will establish a terms of reference which will set out the scope of its duties and its composition.</p> <p>Brentwood will establish a schedule of regular meetings of its Information Governance Steering Group.</p> <p>Steering Group meetings will be minuted and any actions documented and tracked in subsequent meetings.</p>	<p>Joint Acting Director of People and Governance & Monitoring Officer</p> <p>31 May 2024</p>
<p><u>Policies and procedures</u></p> <p>4.1 Management should review and, where necessary, update all information governance, information security and data protection policies and documented procedures to ensure that they are up to date, fit for purpose and in line with current legislation. Where possible, policies and procedures should be consolidated.</p> <p>All policies and procedures should be subsequently approved, finalised and communicated to members of staff and arrangements should be put in place for the policies and procedures to be reviewed on a regular basis, in line with their defined review cycle, or following a significant change to the Council's operations or data protection regulations.</p>	Medium	<p>4.1 DPO will conduct a review of all current GDPR policy and procedure documents to ensure they reflect the current applicable legislation.</p> <p>DPO will complete any documents that are currently still in draft and introduce new policies where required.</p> <p>DPO will take measures to raise staff awareness of the updated/new policies.</p> <p>Information Governance Steering Group to establish a documented schedule for conducting policy document reviews. These are to be carried out on at least an annual basis.</p>	<p>Data Protection Officer</p> <p>30 June 2024</p>
<p><u>Privacy notices</u></p> <p>5.1 Management should review and, where necessary, update all of the Council's privacy notices to ensure that they are accurate, up-to-date, and consistently outline how the Council holds, manages and processes personal data. Arrangements should be put in place for the privacy notices to be reviewed on a routine basis.</p>	Medium	<p>5.1 DPO will conduct a review of all current privacy notices and review and update these where necessary.</p> <p>Information Governance Steering Group to establish a documented schedule for conducting privacy notice reviews. These will be carried out by the DPO on at least an annual basis.</p>	<p>Data Protection Officer</p> <p>30 June 2024</p>
<p><u>Data protection training</u></p> <p>6.1 Management should review and, where necessary, update the Council's training module so that it includes, but is not limited to, the expectations and roles and responsibilities of members of staff around DPIAs.</p> <p>6.2 Training completion should be recorded and monitored on an ongoing basis to ensure that it is completed by all members of staff and arrangements should be put in place for the effectiveness of the training to be actively assessed and reported to Senior Management</p>	Low	<p>6.1 DPO will carry out additional awareness training to cover DPIAs. The training will address both the triggers for carrying out a DPIA and the methodology for carrying out a DPIA.</p> <p>6.2 HR team will monitor GDPR training completion. Both completion and pass levels will be reported to the Information Governance Steering Group as part of ongoing monitoring of GDPR compliance.</p>	<p>Joint Acting Director of People and Governance & Monitoring Officer</p> <p>31 May 2024</p>

KEY PERFORMANCE INDICATORS

QUALITY ASSURANCE	KPI	RAG RATING
1. Annual Audit Plan delivered in line with timetable	Two 2023/24 audits were deferred until later in the year, as detailed in previous report. Some audits have taken longer than expected due to officer engagement.	
2. Actual days are in accordance with Annual Audit Plan	We are on track to meet this KPI	
3. Customer satisfaction report - overall score at least 70% for surveys issued at the end of each audit	No survey responses received yet for 2023/24	
4. Annual survey to Audit committee to achieve score of at least 70%	Average score from six respondents is above 70%.	
5. At least 60% input from qualified staff	We are on track to meet this KPI	
6. Issue of draft report within three weeks of fieldwork closing meeting	This KPI has been met for six out of nine audits for 2023/24 to date (see table below)	
7. Finalise internal audit report one week after management responses to report are received	This KPI has been met for eight out of eight audits for 2023/24 to date	
8. Positive result from external review	Following an External Quality Assessment by the Institute of Internal Auditors in May 2021, BDO were found to 'generally conform' (the highest rating) to the International Professional Practice Framework and Public Sector Internal Audit Standards	
9. Audit sponsor to respond to terms of reference within one week of receipt and to draft reports within two weeks of receipt	The KPI regarding Council agreement of the Terms of Reference has been met for six out of 13 completed terms of reference (see table below) The KPI regarding draft report has been met for six out of eight completed audits (see table below)	
10. Audit sponsor to implement audit recommendations within the agreed timescale	Our latest follow up exercise has confirmed two out of 15 due recommendations (based on original due dates) have been implemented since our last progress report.	
11. Internal audit to confirm to each meeting of the Audit and Scrutiny Committee whether appropriate co-operation has been provided by management and staff	We have experienced some delays in securing meetings to start our audits and responding to draft reports	

KEY FOR RAG RATING





 = met target	 = partly met target
 = not met target	 = not applicable

AUDIT TIMETABLE DETAILS (2023/24)




Audit	Draft ToR Issued	Management Response to ToR Received	Closing Meeting	Draft Report Issued	Management Response to Draft Report Received	Final Report Issued
Car Parking	14/07/2023	21/07/2023	30/08/2023	01/09/2023	13/09/2023	13/09/2023
Tree Management	29/06/2023	03/07/2023	29/08/2023	31/08/2023	13/09/2023	14/09/2023
Waste Management Services	06/07/2023	09/07/2023	02/10/2023	06/10/2023	19/10/2023	24/10/2023
Risk Management	10/07/2023	17/07/2023	30/11/2023	02/01/2024	03/01/2024	03/01/2024
Communications and Information Sharing	12/09/2023	25/09/2023	03/11/2023	07/12/2023	08/01/2024	09/01/2024
Workforce Strategy	19/09/2023	22/09/2023	15/02/2024	22/02/2024	07/03/2024	07/03/2024
Corporate Estates Management	24/10/2023	31/10/2023	06/02/2024	14/02/2024	07/03/2024	08/03/2024
Data Protection (Carried forward from 22/23)	07/11/2023	23/11/2023	21/12/2023	26/02/2024	11/03/2024	12/03/2024
Vehicles, Plant and Equipment Management	10/11/2023	29/11/2023	30/01/2024	16/02/2024	n/a	n/a
Financial Planning and Monitoring	05/12/2023	02/01/2024	14/03/2024	n/a	n/a	n/a
Disaster Recovery and Business Continuity	07/11/2023	02/02/2024	n/a	n/a	n/a	n/a
Development Partnerships	20/11/2023	28/11/2023	n/a	n/a	n/a	n/a
Main Financial Systems	04/12/2023	02/01/2024	n/a	n/a	n/a	n/a

APPENDIX 1

OPINION SIGNIFICANCE DEFINITION

LEVEL OF ASSURANCE	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION	FINDINGS FROM REVIEW
 Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
 Moderate	In the main, there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
 Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
 No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

RECOMMENDATION SIGNIFICANCE DEFINITION

RECOMMENDATION SIGNIFICANCE	
 High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
 Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
 Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.



FOR MORE INFORMATION:

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