

Please Contact: Mrs A Adnitt
Extension: 203

7 October 2009

OVERVIEW AND SCRUTINY COMMITTEE

Thursday 15 October 2009 at 6.30 pm
Council Chamber, Ryedale House, Malton

Agenda

A WORKSHOP ON CORPORATE RISK MANAGEMENT WILL BE HELD PRIOR TO THE MEETING AT 6.00PM

- 1 **Apologies for absence**
- 2 **Minutes of the meeting of the Overview & Scrutiny Committee held on 6 August 2009** (Pages 1 - 8)
- 3 **Urgent Business**
To receive notice of any urgent business which the Chairman considers should be dealt with at the meeting as a matter of urgency by virtue of Section 100(B)(4)(b).
- 4 **Declarations of Interest**
Members to indicate whether they will be declaring any interests under the Code of Conduct.

Members making a declaration of interest at a meeting of a Committee or Council are required to disclose the existence and nature of that interest. This requirement is not discharged by merely declaring a personal interest without further explanation.
- 5 **Matters Referred for Decision in Relation to Call In**

OVERVIEW & SCRUTINY ACTING AS AUDIT COMMITTEE

- 6 **Annual Governance Report (Deloitte)** (Pages 9 - 46)
- 7 **Half Year Internal Audit Report** (Pages 47 - 58)

- 8 **Service Risk Register - Planning** (Pages 59 - 68)
- 9 **Half Year Risk Management Actions Monitoring Report** (Pages 69 - 88)
- 10 **Annual Governance Statement Action Plan** (Pages 89 - 94)

OVERVIEW AND SCRUTINY WORK

- 11 **Sickness Absence Review - Management Information** (Pages 95 - 106)
- 12 **Customer Complaints** (Pages 107 - 108)
Report annex (to follow).
- 13 **Decisions from Other Committees** (Pages 109 - 110)
Community Services Committee held on 24 September 2009
Policy and Resources Committee held on 1 October 2009 (to follow)
- 14 **Any other business that the Chairman decides is urgent.**

Overview and Scrutiny Committee

Held at Member's Lounge - Ryedale House, Malton, North Yorkshire YO17 7HH
on Thursday 6 August 2009

Present

Councillors Andrews, Clark, Cottam, Cussons (Vice-Chair) and Mrs Shields (Chairman)

In Attendance

Audrey Adnitt, Paul Cresswell, Phil Long, Louise Sandall and Clare Slater

Minutes

1 **Apologies for Absence**

Apologies were received from Councillors Jackson, Windress and Mrs Wilford.

2 **Minutes of the meeting of the Overview & Scrutiny Committee held on 2 July 2009**

The minutes of the meeting of the Overview & Scrutiny Committee held on 2 July 2009 were presented.

Resolved

That the minutes of the meeting of the Overview and Scrutiny Committee held on 2 July 2009 be accepted as a correct record.

3 **Urgent Business**

The Chairman reported that there were two items to be dealt with as a matter of urgency by virtue of Section 100(B)(4)(b).

4 **Declarations of Interest**

No Declarations of Interest were received.

5 **Matters Referred for Decision in Relation to Call In**

No items were called in.

6 **Presentation from North Yorkshire County Council - Attendance Management Policy**

A presentation was given by the Assistant Chief Executive (Human Resources and Organisational Development) Justine Brooksbank from North Yorkshire County Council and County Councillor Carl Les regarding Improving Health and Attendance, and the attendance management policy, which had been adopted by North Yorkshire County Council for the last three years. A copy of the policy was appended to the agenda. Following questions, the Chair thanked Ms Brooksbank and Councillor Les for attending and for the very informative and useful presentation.

The Corporate Director (s151) asked Members for their initial thoughts on North Yorkshire County Council's policy. Members were of the opinion that further information would be required and further exploration of the policy, and preliminary consultations with staff and Unison would prove useful.

Resolved

That following some further analysis, and initial consultations with staff and Unison the Head of Organisational Development provide a report to a future meeting.

7 Annual Report

The Head of Transformation presented the draft Ryedale District Council Annual Report for 2008-09 to the Committee.

The Council adopted the previous Corporate Plan in February 2006 for the period 2006-2009. The document attached at Annex A was presented to Members as the Annual Report for 2008-09.

Members were advised that the Annual Report concluded the reporting in relation to the Corporate Plan for 2006-2009. It also presented a summary of the ambitions of the Council and the clear strategic direction. This Annual Report was a vital element of the Councils' Strategic Performance Management and contained the following information:

- A profile of Ryedale today
- Our vision and mission
- A year in the life of Ryedale as presented in the media
- Our Council priorities for 2009-13
- Achievement against the six priorities of the Corporate Plan 2006-09
- A summary of the New Performance Framework for public services
- National Indicators by Aim
- The summary statement of accounts
- Community Engagement opportunities and outcomes
- Workforce monitoring data
- Progress in achieving 'One Council for Everyone'

- Useful Contacts

The report was discussed in detail, and Members congratulated the Head of Transformation on a very fine document. Concerns were raised that the document may be rather too detailed and some potential inaccuracies in the content were pointed out. Although it was understood that a full report was required, it was suggested that a brief executive summary might be more appropriate for the public and website.

Resolved

That the Committee agree the format of the Annual Report and subject to checking potential amendments the content.

NB. Councillor Andrews requested that his abstention be recorded.

8 Scrutiny of Crime and Disorder

The Council Solicitor submitted a report (previously circulated) to the Constitution Review Working Party in order to inform the Committee of the introduction of legislative changes, which place a requirement on the Council to create or designate a crime and disorder committee to scrutinise crime and disorder matters.

Members were advised that the new duties were to be allocated to the Overview and Scrutiny Committee and training would be available shortly. This would then be an agenda item at a future meeting.

Resolved

That the report be received.

9 Customer Complaints Monitoring

The Customer Services and Benefits Manager submitted a report (previously circulated) in order to inform Members of the number and type of complaints received under the Council's complaints procedure for the period April to June 2009.

The report included complaints monitored under individual service complaints systems and a summary of customer feedback to Community Leisure Ltd (CLL) for the period April to June 2009 together with action taken where appropriate.

Councillor Clark requested further information on the timescales involved in sending a reply following the receipt of a complaint.

Resolved

That the report be noted.

10 **Local Government Ombudsman Annual Review 2008-09**

The Corporate Director (s151) presented a report on behalf of the Council Solicitor (previously circulated) in order to provide information about the complaints made against Ryedale District Council, which were dealt with by the Local Government Ombudsman in 2008/2009.

It also supplied the Local Government Ombudsman's (LGO) reflections on complaints dealt with by her office during the period, and updated Members on the new 'Council First' procedure for complaints, which came into effect on 1 April 2009.

The Ombudsman had received a total of 11 enquiries and complaints about this Council during 2008/2009. Two complaints were determined to be premature and needed to be considered by the Council first. 9 complaints were forwarded to the investigation team, 7 about Planning and Building Control, 1 about public finance (including local taxation) and 1 about benefits.

Ten complaints were determined during the year. Five decisions were taken by the Coventry officer of the LGO to avoid a conflict of interest with the York LGO Office. The remaining five complaints were determined in York.

There was no finding of maladministration by the Council in six cases while the Council agreed to settle the remaining complaints as a local settlement in the cases concerning a mobile telephone mast.

No public reports were issued against the Council during the year, and the Ombudsman commented that overall the number of complaints made against the Council was small. Members commented on the improvement that had been made in the last year, regarding the average response time to first enquiries, this had reduced from 50 days to 24.3 days, and Members congratulated the Council Solicitor and his team on this improvement.

Resolved

That the Local Government Ombudsman's Annual Review 2008/2009 be received, and the further developments to the Ombudsman Service noted.

11 Joint Flooding Scrutiny Project - Final Report

The Corporate Director (s151) presented the Joint County and District Council Flood Scrutiny Group Final Report, a copy of which was appended to the report.

The County Council, in conjunction with Borough and District Councils and various other partners, had produced the report. The Committee welcomed the document, which gave some excellent background information, and provided information on individual authority's responsibilities.

Resolved

That the report be noted.

12 OVERVIEW & SCRUTINY ACTING AS AUDIT COMMITTEE

13 Partnership Governance Toolkit

The Head of Transformation submitted a report (previously circulated), which presented Members with the draft partnership governance toolkit.

The Partnership Governance Toolkit was required to deliver the Annual Governance Action Plan and to evidence a systematic approach to the development and review of partnerships in which the Council was engaged.

The review of current partnerships and process for assessing potential partnership working would support the delivery of the Councils strategic objective – To develop the leadership, capacity and capability to deliver future improvements.

The toolkit outlined the approach to be applied when the Council was considering joining or introducing new partnerships and also reviewing existing arrangements. It provided a basis for examining the key issues that required consideration, to ensure that any potential problems identified in relation to partnership working were confronted, assessed, overcome and avoided in the future. The draft Partnership Governance Toolkit was attached at annex A.

An audit of all the Councils involvement in partnerships was currently being undertaken.

Following a detailed discussion it was;

Resolved

- a. That the toolkit be adopted as the basis for reviewing all existing partnerships in which the Council was engaged.
- b. That the toolkit be adopted as the protocol to be followed when considering entering into any new partnership arrangements.

14 Service Risk Register - Organisational Development

The Head of Organisational Development submitted a report (previously circulated) in order to present the service risk register for those services within the Organisational Development team.

Service Risk Registers were originally established from work undertaken by the Audit Partnership in conjunction with Service Unit Managers, however since the management restructure the number of registers had been reduced and were now the responsibility of the Heads of Service and their managers. These registers had not yet been subject to Member review.

Annex A outlined the Service Risk Register for the Head of Organisational Development, and was presented to the Committee in order to highlight changes to risks and work undertaken to mitigate those risks.

The Committee thanked the Head of Organisational Development for the report, and it was requested that future information provided from the covalent system be printed in colour, in order to make to data easier to interpret. It was also suggested that Members would find some further training on the covalent system beneficial.

Resolved

That the report be received.

15 Service Risk Register - Environment

The Head of Environment submitted a report (previously circulated) in order to present the service risk register for those services within the Environment team.

Service Risk Registers were originally established from work undertaken by the Audit Partnership in conjunction with Service Unit Managers, however

since the management restructure the number of registers had been reduced and were now the responsibility of the Heads of Service and their managers. These registers had not yet been subject to Member review.

Annex A outlined the Service Risk Register for the Head of Environment, and was presented to the Committee in order to highlight changes to risks and work undertaken to mitigate those risks.

Resolved

That the report be received.

16 Decisions from Other Committees

Lists of Decisions from the following Committees were submitted:

Community Services held on 23 July 2009
Policy & Resources held on 30 July 2009

Councillor Andrews referred to the Policy and Resources Committee decisions in particular that relating to the Capital Programme and the Milton Rooms project proposals. Councillor Andrews expressed concern about the need for fundraising, and advised that he would be raising the issue at the next Council meeting.

Resolved

That the lists of decisions of the Community Services Committee held on the 23 July 2009 and the Policy & Resources Committee held on the 30 July 2009 be received.

17 Any other items which the Chairman decides are urgent

Councillor Clark advised that the minutes of the meeting of the Overview & Scrutiny Committee held on the 22 June 2009, had been omitted from the agenda. The minutes were distributed to the Committee for their information and duly approved.

The Committee also expressed concerns following the receipt of the Analysis of Revenue Accounts for Repairs and Maintenance Budget 2008-09. Following a debate, it was proposed by Councillor Clark and seconded by Councillor Andrews that a working party be formed, in order to further scrutinise the information received. Upon being put to the vote, the proposal was lost.

**Ryedale District Council
Report to the Authority on the 2009 Audit
25 September 2009**

Contents

	Page
Executive summary	1
1. Key audit risks	5
2. Accounting and internal control systems	11
3. Matters for communication to those charged with governance	19
4. Corporate Governance review and our responsibilities	20
5. Value for money (VFM) conclusion	21
6. Responsibility statement	23
Appendix 1: Audit adjustments	24
Appendix 2: Draft Audit Opinion	26
Appendix 3: Draft Management Representation Letter	29
Appendix 4: Matters for communication to those charged with governance	32

Executive summary

We have pleasure in setting out in this document details of our audit for Ryedale District Council (the Authority) for the year ending 31 March 2009.

This summary is not intended to be exhaustive but highlights the most significant matters that have come to our attention. It should, therefore, be read in conjunction with the report and the appendices thereto.

Key audit risks and judgemental areas

The following risks and judgemental areas were identified during the course of our work:

- Revenue recognition: presumed to be a fraud risk area under International Standards on Auditing (ISA Plus). For the Authority, we consider that the specific revenue recognition risk relates to recognition of miscellaneous and sundry income (for example car park income) and cut-off of grant funding;
- Pension Assumptions: the Authority participates in the Local Government Pension scheme, which is a defined benefit scheme, administered by North Yorkshire County Council. The liabilities of the fund are assessed by actuaries, and it is actuary values that the Authority includes within their financial statements. As part of our audit of the accounts we are required to assess whether the assumptions used by the actuary are reasonable and whether the pension liabilities are materially misstated;
- Bad debt provisioning: this is a significant judgement for the management of the Authority and especially given the changes in the current economic environment;
- Valuation of current asset investments: presumed to be a risk due to the general uncertainty in the financial services sector and following the events in Iceland during 2008 and the impact this had on some local authorities;
- Valuation of fixed assets: following the downturn in the economy and the subsequent fall in property valuations, we are required to consider the treatment and disclosure of impairments on fixed assets;
- Share of partnership assets and liabilities: the Authority uses a number of partnerships for the provision of services to residents and businesses. A risk exists regarding the completeness of the required financial information included in the Authority's accounts given the operations of the partnership are not all within the Authority's direct control;
- Level of reserves and provisions. This can be a complex area within the SORP and significant judgement may need to be applied by management; and
- Changes to accounting framework and standards: the financial statements of all local authorities must meet the accounting requirements of the Local Government Statement of Recommended Practice (the SORP). As part of our audit of the accounts we are required to assess compliance with this framework.

Our findings and conclusions are detailed in Section 1.

Executive Summary (continued)

Materiality and identified misstatements

The materiality level for the Authority continues to be calculated on the basis of gross expenditure. The materiality applied to the 2009 audit was £373,420 (2008: £328,000).

We report to the Authority on all unadjusted misstatements greater than 2% of materiality or £7,468 (2008: £6,560) unless the nature of the misstatement means that they should be reported.

Total identified uncorrected misstatements increase net expenditure by £167,129. Management has concluded that the total impact of the uncorrected misstatements, both individually and in aggregate, is not material in the context of the financial statements taken as a whole. Details of the audit adjustments are included in Appendix 1.

Accounting policies and financial reporting

As part of our audit, we considered the quality and acceptability of the Authority's accounting policies and financial reporting. No issues were noted during our review.

We have reviewed the financial standing of the Authority and have no concerns to report.

Executive Summary (continued)

Accounting and internal control systems

The following recommendations were identified:

- A process for the review of journal entries should be adopted;
- A process for the review of related party transactions should be adopted;
- A process to maintain the fixed asset register on an ongoing rather than annual basis should be adopted;
- Amortisation of intangible fixed assets should be performed based on individual economic life of those assets;
- Supplier statement reconciliations should be retained at the year end date. The process should be formally documented, with preparer and reviewer sign-offs;
- A process should be adopted to ensure an appropriate level of accrued income is accounted at each close of the accounting records in respect of cash sales at the Tourist Information Centres;
- An annual review of difference between the Civica system and the general ledger should be performed;
- Weaknesses were identified in the logical security controls on Windows, Academy, Civica and Powersolve including weak passwords which increases risk of unauthorised access to the system;
- Shared administrator and user accounts were identified on Windows, Unix, Civica and Powersolve which reduces the accountability of the actions of users;
- No formal change management policies and procedures were in place over changes to core business applications and key operating systems, which increases the risk of erroneous changes may be made to the live IT environment;
- Whilst user administration procedures are in place, we note that these procedures are not always adhered to, in particular the timely removal of leavers and inter-department transfers;
- Whilst third parties require access to the network and core business systems to carry out upgrades or fixes, there is no formal process to document this approval which increases risk inappropriate changes which disrupts IT services;
- The security policy has not been updated since August 2006, although we understand that management plan to update this in the near future. A robust IT security policy reduces the risk of security; and
- It was noted that backup tapes are not periodically tested to ensure that data can be recovered in the event of a system failure or disaster event.

Detailed control observations noted are explained in Section 2.

Executive Summary (continued)

Audit status

We have substantially completed our audit.

Certain procedures are still outstanding and need to be finalised before we can finalise our audit opinion:

- Completion of post balance sheet events review;
- Management representation letter;
- Completion of close down procedures; and
- Whole of government accounts.

Subject to the satisfactory completion of the points above, we are anticipating that we will issue an unqualified audit opinion for the financial statements and an except for conclusion for value for money (see Section 5).

1. Key audit risks

The results of our audit work on key audit risks are set out below

Key audit risk/judgemental area

Presumed risk of revenue recognition fraud

Background

International Auditing Standards Plus 240 – ‘The auditor’s responsibility to consider fraud in an audit of financial statements requires the auditors to perform certain audit procedures related specifically to fraud risk, and requires a presumption that revenue recognition is a specific risk’.

For the Authority we consider that the specific revenue recognition risk relates to recognition of miscellaneous and sundry income (for example car park income) and cut-off of grant funding.

Deloitte response

Testing was performed to ensure that all income received was correctly recognised as income in the financial statements in the appropriate period. In addition, testing of grant income was performed to ensure that only income relating to the current year was recognised and deferred income balances were correctly stated. Our testing on income recognition was completed satisfactorily.

1. Key audit risks (continued)

Key audit risk/judgemental area

Pension assumptions

Background

The Authority participates in the Local Government Pension scheme, which is a defined benefit scheme, administered by North Yorkshire County Council. The liabilities of the fund are assessed by actuaries, and it is actuary values that the Authority includes within their financial statements. As part of our audit of the accounts we are required to assess whether the assumptions used by the actuary are reasonable and whether the pension liabilities are materially misstated.

Deloitte response

We have reviewed the assumptions made by the actuary in valuing the Authority's share of the assets and liabilities of the pension fund. We have also consulted with our own in-house actuaries to determine whether the assumptions are reasonable and within expected ranges.

Our review noted that the discount rate used to value the pension liabilities was 7.1% pa; we consider that that the rate is not unreasonable however it is above the higher (aggressive) end of an acceptable range at 31 March 2009. The price inflation assumption selected was 3.3%, below the lower (prudent) end of the normal range at 31 March 2009. Using more acceptable assumptions of 6.9% for discount rate and 3.7 % for inflation would have a net impact on the overall liability position of the fund of £1,000,000 which is not material to the overall funding position.

1. Key audit risks (continued)

Key audit risk/judgemental area

Bad debt provisioning

Background

The provision for bad debts as at 31 March 2009 of £734,000 (2008: £660,000) represents a significant judgement by the management of the Authority. The main constituent of this balance is in respect of the provision of £390,000 (2008: £390,000) in respect of council tax debtors against a gross council tax debtor of £828,000 (2008: £752,000). Any changes in this judgement would have a significant impact on the financial statements.

In addition, given the current economic environment, there is an increased risk regarding the recoverability of debtors.

Deloitte response

We obtained a detailed calculation of all elements of the bad debt provisions

- The provision was reviewed and compared to the historical calculation of the bad debt provision;
- The provisioning policy was considered in light of the history of bad debt exposure and recent changes in payment profile;
- The calculation was reperformed to ensure the accuracy of the calculation; and
- The ageing of the debtor balance was assessed to confirm the accuracy.

See suggested adjustment 6 in Appendix 1.

1. Key audit risks (continued)

Key audit risk/judgemental area

Valuation of investments

Due to the general economic uncertainty in the financial services sector and following the events occurring in Iceland during 2008 and the impact on certain local authorities, a risk exists regarding the valuation of current asset investments held by all local authorities.

Background

Deloitte response

We have obtained external confirmations in respect of all current assets investments held by the Authority at the year end and no issues were identified from this testing. We have also undertaken the additional work required by the Audit Commission regarding the Authority's Treasury Management Policy. All testing proved satisfactory.

Key audit risk/judgemental area

Valuation of fixed assets

In line with the requirements of the SORP, the Authority operates a 5 year rolling valuation programme on the freehold and leasehold properties which comprise the Authority's property portfolio. The valuations are undertaken by an independent external valuer, Roger Barnsley (Chartered Surveyors), in accordance with the requirements of the Royal Institute of Chartered Surveyors. The valuation uses selected beacon properties which are representative of the population of properties held by the Authority.

Deloitte response

We have considered the valuations prepared by the external valuer. We have also considered the disclosures presented in the financial statements to ensure that they are consistent with the SORP. Testing was satisfactory.

1. Key audit risks (continued)

Key audit risk/judgemental area

Background

Share of partnership assets and liabilities

The Authority utilises a number of partnerships (for example Moors and Coast Area Tourism Partnership known as Yorkshire Moors and Coast Tourism Partnership) for the provision of services to residents and businesses. A risk exists regarding the completeness of such information given the operations of all partnerships are not within the Authority's direct control.

Deloitte response

We have reviewed management's process to ensure that they obtain all information regarding partnership assets and liabilities from partnerships in a prompt manner. We have reviewed the accounting entries made by the Authority to record their share of partnership assets and liabilities.

Key audit risk/judgemental area

Background

Classification of reserves and provisions

This can be a complex area within the SORP and significant judgement may need to be applied by management.

The SORP sets out clear guidelines over how to account for provisions and reserves.

Deloitte response

A review of the different classification of provision and reserve was completed, with reference to the SORP requirements. We noted that the correct treatment had been used throughout the accounts.

1. Key audit risks (continued)

Key audit risk/judgemental area

7. Changes to the accounting framework

Background

The financial statements of all local authorities are required to comply with the accounting requirements of the Local Government Statement of Recommended Practice (the SORP). A new SORP is issued every year. The main changes in respect of the 2008/9 SORP were in respect of the valuation of investments within the pension scheme and the derecognition of deferred charges.

Deloitte response

We considered the impact of the changes in the SORP and reviewed the Authority's response in the financial statements to the new requirements. Testing in this area proved satisfactory.

2. Accounting and internal control systems

Control observations

During the course of our audit we identified a number of control observations, the most significant of which are detailed below.

Observation

A process does not exist regarding the review of journal entries. This could lead to errors made in the posting of journals, which are either not detected, or which when detected will take a greater length of time to resolve due to the lack of supporting documentation held.

There is also a risk of inappropriate journals being posted through fraudulent activities which will not be detected.

Recommendation

Management should put in place a process for the review of journal entries.

Observation

The process for the authorisation of related party transactions should be reviewed.

Recommendation

An internal memorandum should be produced and circulated to senior employees stating what constitutes a related party transaction and who the related parties of the Authority are; this will allow for transactions to be identified when they take place within the Authority. The list of related parties should be maintained and circulated to employees. When a transaction does take place, financial services should be notified, with records maintained of the transaction allowing for accurate reporting in the financial statements.

2. Accounting and internal control systems (continued)

Observation

A process to maintain the fixed asset register on a quarterly or semi-annual basis rather than annual basis should be put in place.

Recommendation

All fixed asset transactions should be recorded on a quarterly or semi-annual basis and the register maintained. This will allow for the authority to have better control over its assets and their valuations throughout the year.

Observation

Amortisation of intangible fixed assets should be performed based on individual economic life of those assets rather than a blanket policy of 5 years.

Recommendation

On purchase of an intangible asset, the useful life should be assessed on an individual basis (by reference to the nature of the asset e.g. the period of the software licence). The asset should be amortised over this assessed life.

2. Accounting and internal control systems (continued)

Observation

Supplier statement reconciliations are not retained at the year end date. In the event of a dispute with suppliers, the lack of contemporaneous supplier statement reconciliations as at each month end may lead to delays in resolution of the dispute.

Recommendation

A process should be formally documented, in respect of preparation of supplier statement reconciliations. All reconciliations performed should include preparer and reviewer sign-offs.

Copies of supplier statement reconciliations prepared at the year end should be retained until after the audit process has been completed.

Observation

A process should be adopted to ensure an appropriate level of accrued income is accounted at each close of the accounting records in respect of cash sales at the Tourist Information Centres.

Recommendation

Where income is generally posted on a cash received basis and the Authority is aware that the cash had not been received prior to the year end, sufficient accrued income should be included in the accounts to ensure that the accruals concept is correctly complied with.

2. Accounting and internal control systems (continued)

Observation

There is no annual review of differences between the Civica system and the general ledger.

Recommendation

The arrears position between both systems should be reconciled annually. All differences should be investigated and it should be ensured that the individual system is adjusted to bring them in line.

Observation

A number of weaknesses were identified in the logical security controls on Windows, Academy, Civica and Powersolve. Audit logging is not enabled on the Windows network and is not available at the application level (on Academy, Civica and Powersolve).

Where strong password policies are not enforced there is an increased risk of unauthorised access to systems and sensitive business data. Where auditing features are not enabled and actively monitored, including unsuccessful attempts to log in or attempts to change security settings, there is a risk of such events going undetected.

Recommendation

Review the configuration of logical security controls implemented on the Windows, Academy, Civica and Powersolve environments. Independent system monitoring measures should be introduced which ensures that potential security violations and the activity of privileged users are logged, reported against and reviewed.

2. Accounting and internal control systems (continued)

Observation

Shared administrator and user accounts were identified on Windows (Administrator, Visiting Officer), Unix (Root), Civica (4 Auditor Accounts) and Powersolve (F99, F10). The use of shared accounts on IT systems reduces accountability for the actions of individual users. There is a risk that these highly privileged accounts could be accessed by a number of people, including a third party, and unauthorised / inappropriate activity performed on the system. Such activity could go undetected, and, in any case, would be untraceable to a particular user.

Recommendation

Review all administrator system account authorities within Windows, Unix, Civica and Powersolve to ensure that these are appropriate to business needs, and where possible users have unique administrator accounts in order that access is fully auditable.

Observation

There are no formal change management policies and procedures in place over changes to core business applications and key operating systems. Failure to adhere to formal change management procedures increases the risk that erroneous changes or developments may be implemented into the live environment, which may affect existing applications and transaction processing, resulting in, for example, unpredictable functionality and data integrity issues.

Recommendation

A formal change control methodology should be adopted to ensure network changes, application developments and operating system software updates which are managed in-house or by third parties, occur in a well-controlled manner. The following steps are a minimum for all changes:

- Formal approval be obtained prior to changes being made;
- Formal testing be undertaken in a test environment and approved by management prior to changes being made;
- Test plans should be followed and retained when testing changes;
- User notification of changes should take place; and
- Documentation should be retained for future reference.

2. Accounting and internal control systems (continued)

Observation

Whilst user administration procedures are in place, we note that these procedures are not always adhered to, in particular the timely removal of leavers and inter-department transfers.

There are no formal procedures to periodically review access profiles to ensure that they remain appropriate to users' roles and responsibilities. Without formal and robust user administration procedures there is a risk that inappropriate access to the systems may be granted. Inactive accounts can provide easy targets for intruders trying to break into IT systems. Depending on the access privileges associated with each account, these profiles may be used to gain unauthorised access to Ryedale's systems and information.

Recommendation

A formal user administration policy statement and procedures should be developed, which would form part of the information security policy.

The policy and procedures should include:

- Enforcing the use of the starters process for all new starters; and
- Creation of a formal process for changing and revoking access rights, including notification from HR of all staff movements and leavers.

Regular reviews of all accounts, including those which have not been logged in for a significant period of time are carried out to determine whether they can be removed. This review should also ensure that all user access rights and privileges are commensurate with users' roles.

2. Accounting and internal control systems (continued)

Observation

Whilst third parties require access to the network and core business systems to carry out upgrades or fixes, there is no formal process to document this approval.

There is no formal process to monitor the activity of third parties when they are logged on to the network. By not formally monitoring third parties, there is a risk that inappropriate changes are made which may result in an unexpected disruption to IT Services or impact the integrity of systems and data.

Recommendation

A formal third party access policy should be implemented. This policy should outline a process to grant approval to a third party when access to the network or an application is required, and include procedures to revoke access after completion of the task.

This policy should also outline the procedure IT should follow to monitor the activity of third parties when they are on the network.

2. Accounting and internal control systems (continued)

Observation

The Security Policy has not been updated since August 2006, although we understand that management plan to update this in the near future.

The loss of sensitive data by organisations has been widely publicised and resulted in significant reputational damage. This has triggered a number of organisations to update their security policies to include these security vulnerabilities and re-issue to all employees in order to raise awareness. The implementation of a robust IT Security Policy reduces the risk of security breaches and data leakage that could result in significant reputational and financial implications.

The user acceptance document was missing for the employee selected during our testing, posing the risk that users are not sufficiently informed about the importance of IT security. This also creates a risk that if a breach of the policy is discovered, it may be more difficult to instigate disciplinary action.

Recommendation

The Security Policy should be updated as soon as possible. Following this, management should re-issue and ensure that all users have confirmed their understanding of the requirements and their responsibilities.

Observation

It was noted that backup tapes are not periodically tested to ensure that data can be recovered in the event of a system failure or disaster event. This may impact the ability to efficiently recover key IT applications within the required timeframes.

Recommendation

A process should be implemented to periodically check the readability of backed up data; in addition, this check should ensure data is sufficient to recover the application to the required state.

3. Matters for communication to those charged with governance

As part of our obligations under International Standards on Auditing (UK & Ireland) we are required to report to you on the matters listed below.

Independence

In our professional judgement we are independent within the meaning of regulatory and professional requirements and the objectivity of the audit partner and audit staff is not impaired. In respect of our consideration of the retention of the audit engagement for the period commencing 1 April 2009, we confirm that we will comply with the APB Ethical Standards for that period. Details of our independence policies and safeguards are provided in Appendix 4.

International Standards on Auditing (UK and Ireland)

International Standards on Auditing (UK and Ireland) (“ISAs (UK and Ireland)”) require that we report on a number of additional matters. These are set out in Appendix 4.

We consider that there are no additional matters in respect of the above to bring to your attention that have not been raised elsewhere in this report or our audit plan.

4. Corporate Governance review and our responsibilities

Annual governance statement (AGS)

In June 2007, CIPFA in conjunction with the Society of Local Authority Chief Executives (“SOLACE”) published ‘Delivering Good Governance in Local Government: A Framework’. This framework replaced the previous CIPFA/SOLACE framework ‘Corporate Governance in Local Government – A Keystone for Community Governance: A Framework’ which was published in 2001.

The framework introduced, from 2007/08, an integrated Annual Governance Statement (“AGS”).

The AGS covers all significant corporate systems, processes and controls, spanning the whole range of an Authority’s activities, including in particular those designed to ensure that:

- the Authority’s policies are implemented in practice;
- high quality services are delivered efficiently and effectively;
- the Authority’s values and ethical standards are met;
- laws and regulations are complied with;
- required processes are adhered to;
- financial statements and other published performance information are accurate and reliable; and
- human, financial, environmental and other resources are managed efficiently and effectively.

Our review is directed at:

- considering the completeness of the disclosures in the governance statement and whether it complies with proper practice as specified by CIPFA; and
- identifying any inconsistencies between the disclosure and the information that we are aware of from our work on the financial statements and other work relating to the Code of Audit Practice.

We have reviewed the Authority’s AGS in line with the requirements above. We have concluded that the AGS includes all appropriate disclosures and is consistent with our understanding of the Authority’s governance arrangements and internal controls derived from our audit work.

5. Value for money (VFM) conclusion

The VFM conclusion

Under the Code of Audit Practice 2008 (the Code), auditors are required to include a positive conclusion in their statutory audit report as to whether they are satisfied that the audited body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The scope of these arrangements is defined in the Code as comprising corporate performance management arrangements and financial management arrangements. This conclusion is given within our audit report on the Authority's accounts.

The conclusion is limited to an assessment of eight criteria specified by the Audit Commission under the Use of Resources (UoR) methodology. The UOR assessment consists of judgements against ten key lines of enquiry (KLOE) which focus on financial management but also link to the strategic management of the Authority. The KLOE cover a range of topics including how financial management is integrated with strategy and corporate management supports Authority's priorities and delivers value for money. Assessments are carried out annually, as part of each Authority's external audit. For district councils, the Commission has specified that eight of the ten KLOE will be considered for 2008/09.

Where, in our judgement, there are gaps in the arrangements which are significant enough, we qualify our conclusion in relation to particular criteria, either on an 'except for' basis (i.e. the Authority has put in place proper arrangements except for...) or in the form of an 'adverse' conclusion (i.e. the Authority has not put in place arrangements in that...). Based on the guidance we have received from the Audit Commission, where qualified, our report refers only to the criteria which we conclude have not been met, without providing further details.

For the purposes of the conclusion required by the Code, auditors are required to apply a yes/no assessment to the applicable Code criteria, i.e. the audited body either has proper arrangements in place or not.

5. Value for money (VFM) conclusion (continued)

In the table below we have summarised the results of our assessment:

Code criteria	KLOE	Conclusion
1. Does the organisation plan its finances effectively to deliver its strategic priorities and secure sound financial health?	1.1	Yes
2. Does the organisation have a sound understanding of its costs and performance and achieve efficiencies in its activities?	1.2	No
3. Is the organisation's financial reporting timely, reliable and does it meet the needs of internal users, stakeholders and local people?	1.3	Yes
4. Does the organisation commission and procure quality services and supplies, tailored to local needs, to deliver sustainable outcomes and value for money?	2.1	Yes
5. Does the organisation produce relevant and reliable data and information to support decision making and manage performance?	2.2	Yes
6. Does the organisation promote and demonstrate the principles and values of good governance?	2.3	Yes
7. Does the organisation manage its risks and maintain sound system of internal control?	2.4	Yes
8. Does the organisation plan, organise and develop its workforce effectively to support the achievement of its strategic priorities?	3.3	Yes

Based on the above assessment, we expect to issue and 'except for' conclusion for KLOE 1.2, "Does the organisation have a sound understanding of its costs and performance and achieve efficiencies in its activities?" KLOE 1.2 was assessed against the detailed UoR guidance issued by the Audit Commission. In particular, the following areas were noted as being areas for improvement:

- Understanding costs – in 2008/09, there were several examples where the Authority undertook detailed cost analysis for specific operational and strategic decisions. However, there was not an overarching process for reviewing and understanding costs across all service areas. In reaching this conclusion, we note that the Authority has now established a value for money strategy for the current financial year that should address this issue; and
- Making efficiencies – the cost of many of the Authority services are in the upper quartile when assessed against its statistical neighbours (not necessarily geographical neighbouring authorities), although we note that the value for money strategy should allow the Authority to assess this area in a structured way. Further, whilst the Authority achieved its targeted efficiency savings for the year, as assessed by National Indicator 179, the target for the year was not a stretched target, with the Authority needing to achieve significantly higher levels of efficiencies in 2009/10 and 2010/11 to meet its three-year target.

6. Responsibility statement

The Audit Commission published a 'Statement of responsibilities of auditors and of audited bodies' alongside the Code of Audit Practice. The purpose of this statement is to assist auditors and audit bodies by summarising, in the context of the usual conduct of the audit, the different responsibilities of auditors and of the audited body in certain areas. The statement also highlights the limits on what the auditor can reasonably be expected to do.

Our report has been prepared on the basis of, and our work carried out in accordance with, the Code and the Statement of Responsibilities.

While our report includes suggestions for improving accounting procedures, internal controls and other aspects of your business arising out of our audit, we emphasise that our consideration of Ryedale District Council's system of internal financial control was conducted solely for the purpose of our audit having regard to our responsibilities under Auditing Standards and the Code of Audit Practice. We make these suggestions in the context of our audit but they do not in any way modify our audit opinion, which relates to the financial statements as a whole. Equally, we would need to perform a more extensive study if you wanted us to make a comprehensive review for weaknesses in existing systems and present detailed recommendations to improve them.

We view this report as part of our service to you for use, as Members, for corporate governance purposes and it is to you alone that we owe a responsibility to its contents. We accept no duty, responsibility or liability to any other person as the report has not been prepared, and is not intended, for any purpose. It should not be made available to any other parties without our prior written consent.

If you intend to publish or distribute financial information electronically or in other documents, you are responsible for ensuring that any such publication properly presents the financial information and any report by us thereon, and for the controls over and security of the website. You are also responsible for establishing and controlling the process for electronically distributing accounts and other information.

Deloitte LLP
Chartered Accountants

Leeds

25 September 2009

Appendix 1: Audit adjustments

Unadjusted misstatements

We report all individual identified unrecorded audit adjustments in excess of £7,468 and other identified misstatements in aggregate in the table below.

Errors of fact	Note	(Credit) / charge to current year income statement £	Increase / (decrease) in net assets £
Reallocation of cash held in Girobank account	[1]		16,463
Cash			(16,463)
Debtor		-	
Cash received pre year end that was not recognised until post year end	[2]	13,400	(13,400)
Historic overpayment of NI not considered recoverable	[3]	13,009	(13,009)
Reallocation of waste bins held within stock	[4]		
Fixed assets			94,112
Stock		-	(94,112)
Additional bad debt provisions	[5]	140,720	(140,720)
Difference between actuarial value of scheme assets and total assets in the Fund	[6]		
Pension Liability		-	29,681
Pension Reserve		-	(29,681)
Total		167,129	(167,129)

Errors of fact in the prior year have a net impact of credit impact on current year Income and Expenditure Account of £8,673.

Notes

- [1] Cash held in a Giro bank account within debtors.
- [2] Unrecorded liability due to NNDR fund
- [3] Write off of historic debtors of overpaid National Insurance (NI) not considered to be recoverable
- [4] Reallocation of waste bins used by the Authority to generate income from stock to fixed assets
- [5] Additional bad debt provisions considered necessary due to general economic environment
- [6] Difference between actuarial value of assets assessed immediately prior to Fund year end and the final valuation of assets from the investment managers.

Appendix 1: Audit adjustments (continued)

Recorded misstatements

No misstatements were adjusted in the financial statements

Disclosure deficiencies

The drainage board are related parties of the Authority and have not been included as such in the notes to the accounts on the basis that they are not material.

There is limited disclosure in respect of financial instruments.

Recorded disclosures

The following disclosures have been included within the statement of accounts:

Cash flow statement has been redrafted and included on the indirect basis and a prior year adjustment has been made in respect of Revenue Financed from Capital Under Statute. The accounting policies have been updated to state that the new Revenue Financed by Capital Under Statute is a change in accounting policy.

Fixed asset accounting policies have been update to include a policy on revaluation and the measurement basis used during a revaluation for the different categories of assets.

The stock policy has been amended to remove reference to small items of plant and equipment.

An accounting policy has been included for operating leases.

The explanatory forward has been updated to explain the FRS 17 pension liability and the change of accounting policy on the valuation of certain assets used in the FRS 17 valuation of assets.

Appendix 2: Draft Audit Opinion

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF RYEDALE DISTRICT COUNCIL

Opinion on the accounting statements

We have audited the accounting statements and related notes of Ryedale District Council for the year ended 31 March 2009 under the Audit Commission Act 1998. The accounting statements comprise the Income and Expenditure Account, the Statement of Movement on the General Fund Balance, the Statement of Total Recognised Gains and Losses, the Balance Sheet, the Cash Flow Statement, the Collection Fund, the related notes to the Core Financial Statements 1 to 38 and the related notes to the Collection Fund 1 to 6. The accounting statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

This report is made solely to the members of Ryedale District Council as a body, in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. Our audit work has been undertaken so that we might state to the Authority those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Authority, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Corporate Director (s151) and the independent auditors

The Corporate Director (s151)'s responsibilities for preparing the financial statements in accordance with relevant legal and regulatory requirements and the Code of Practice on Local Authority Accounting in the United Kingdom 2008 are set out in the Statement of Responsibilities for the Statement of Accounts.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the accounting statements present fairly, in accordance with relevant legal and regulatory requirements and the Code of Practice on Local Authority Accounting in the United Kingdom 2008, the financial position of the Authority and of its income and expenditure for the year.

We review whether the Governance Statement reflects compliance with 'Delivering Good Governance in Local Government: A Framework' published by CIPFA/SOLACE in June 2007. We report if it does not comply with proper practices specified by CIPFA/SOLACE or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the Governance Statement covers all risks and controls. Neither are we required to form an opinion on the effectiveness of the Authority's corporate governance procedures or its risk and control procedures.

We read other information published with the accounting statements and related notes as described in the contents section, and consider whether it is consistent with the audited accounting statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the accounting statements. Our responsibilities do not extend to any other information.

Appendix 2: Draft Audit Opinion (continued)

Basis of audit opinion

We conducted our audit in accordance with the Audit Commission Act 1998, the Code of Audit Practice issued by the Audit Commission and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounting statements. It also includes an assessment of the significant estimates and judgments made by the Authority in the preparation of the accounting statements and related notes, and of whether the accounting policies are appropriate to the Authority's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounting statements and related notes are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounting statements and related notes.

Opinion

In our opinion the accounting statements present fairly, in accordance with relevant legal and regulatory requirements and the Code of Practice on Local Authority Accounting in the United Kingdom 2008, the financial position of the Authority as at 31 March 2009 and its income and expenditure for the year then ended.

Conclusion on arrangements for securing economy, efficiency and effectiveness in the use of resources

Authority's Responsibilities

The Authority is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to regularly review the adequacy and effectiveness of these arrangements.

Auditors' Responsibilities

We are required by the Audit Commission Act 1998 to be satisfied that proper arrangements have been made by the Authority for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion in relation to proper arrangements, having regard to relevant criteria specified by the Audit Commission for principal local authorities. We report if significant matters have come to our attention which prevent us from concluding that the Authority has made such proper arrangements. We are not required to consider, nor have we considered, whether all aspects of the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Appendix 2: Draft Audit Opinion (continued)

Conclusion

We have undertaken our audit in accordance with the Code of Audit Practice and having regard to the criteria for principal local authorities specified by the Audit Commission and published in May 2008 and updated in February 2009, and the supporting guidance, we are satisfied that, in all significant respects, Ryedale District Council made proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2009 except that it did not put in place adequate arrangements for:

- 'Does the organisation have a sound understanding of its costs and performance and achieve efficiencies in its activities?'

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Paul Thomson (Engagement Lead)

For and on behalf of Deloitte LLP

Appointed Auditor
Leeds, England
[DATE]

An audit does not provide assurance on the maintenance and integrity of the website, including controls used to achieve this, and in particular on whether any changes may have occurred to the financial statements since first published. These matters are the responsibility of the Authority but no control procedures can provide absolute assurance in this area.

Appendix 3: Draft Management Representation Letter

We ask that the Authority notes the format of the letter below, and recommends the Corporate Director (s151) can sign the letter on behalf of the Authority.

Deloitte LLP
1 City Square
Leeds
LS1 2AL

Our Ref: *PT/JR/AJB*

Date: *XX September 2009*

Ryedale District Council – Audit of the annual accounts for the year ended 31 March 2009

This representation letter is provided in connection with your audit of the financial statements of Ryedale District Council for the year ended 31 March 2009 for the purpose of expressing an opinion as to whether the financial statements present fairly the financial position of Ryedale District Council as of 31 March 2009 and the results of its operations, other recognised gains and losses and its cash flows for the year then ended in accordance with the applicable accounting framework.

We acknowledge our responsibilities for preparing financial statements for the Authority which presents fairly and for making accurate representations to you.

We confirm, to the best of our knowledge and belief, the following representations.

1. All the accounting records have been made available to you for the purpose of your audit and all the transactions undertaken by the Authority have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all Authority and relevant committee meetings, have been made available to you.
2. We acknowledge our responsibilities for the design, implementation and operation of internal control to prevent and detect fraud and error.
3. We have disclosed to you all the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
4. We are not aware of any significant facts relating to any frauds or suspected frauds affecting the Authority involving:
 - (i). Management;
 - (ii). Members of the Authority;
 - (iii). Employees who have significant roles in internal control; or
 - (iv). Others where the fraud could have a material effect on the financial statements.
5. We have disclosed to you our knowledge of any allegations of fraud, or suspected fraud, affecting the Authority's financial statements communicated by employees, former employees, analysts, regulators or others.

Appendix 3: Draft Management Representation Letter (continued)

6. We are not aware of any actual or possible instances of non-compliance with laws and regulations, the effects of which should be considered when preparing financial statements.
7. We have considered the uncorrected misstatements and disclosure deficiencies detailed in the report to the Authority. We believe that no adjustment is required to be made in respect of any of these items as they are individually and in aggregate immaterial having regard to the financial statements taken as a whole.
8. Where required, the value at which assets and liabilities are recorded in the balance sheet is, in the opinion of the members, the fair value. We are responsible for the reasonableness of any significant assumptions underlying the valuation, including consideration of whether they appropriately reflect our intent and ability to carry out specific courses of action on behalf of the Authority. Any significant changes in those values since the balance sheet date have been disclosed to you.
9. We confirm the completeness of the information provided regarding the identification of related parties, and the adequacy of related party disclosures in the financial statements. We have made enquiries of any key managers or other individuals who are in a position to influence, or who are accountable for the stewardship of the Authority and confirm that we have disclosed in the financial statements all transactions relevant to the Authority and we are not aware of any other such matters required to be disclosed in the financial statements, whether under FRS8 "Related party disclosures" or other requirements.
10. We have considered all claims against the Authority and on the basis of legal advice have set them out in the attachment with our estimates of their potential effect. No other claims in connection with litigation have been or are expected to be received.
11. No other legal claims have been received or are expected to be received that would have a material impact on the annual accounts.
12. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.
13. We confirm that we are of the opinion that the Authority is a going concern, that we have disclosed to you all relevant information of which we are aware and which relates to our opinion, and that all relevant facts are disclosed in the financial statements.
14. There have been no irregularities involving members or employees who have a significant role in the accounting and internal control systems or that could have a material effect on the financial statements.
15. The financial statements are free from material misstatement.
16. There have been no events since the balance sheet date which require adjustment of or a disclosure in the financial statements or notes thereto. Should further material events occur, which may necessitate revision of the figures included in the annual accounts or inclusion of a note thereto, we will advise you accordingly.
17. The Authority has satisfactory title to all assets and there are no liens or encumbrances on the Authority's assets.
18. We recognise that we are responsible for ensuring that the statement of accounts as published on the website properly presents the financial information and your auditors report and for the controls over, and security of, the website. We also recognise that we are responsible for establishing and controlling the process for electronically distributing annual reports and other information.

Appendix 3: Draft Management Representation Letter (continued)

19. We confirm that:
- all retirement benefits and schemes, including UK, foreign, funded or unfunded, approved or unapproved, contractual or implicit have been identified and properly accounted for;
 - all settlements and curtailments have been identified and properly accounted for;
 - all events which relate to the determination of pension liabilities have been brought to the actuary's attention;
 - the actuarial assumptions underlying the valuation of the scheme liabilities accord with the Members' best estimates of the future events that will affect the cost of retirement benefits and are consistent with our knowledge of the business; and
 - the actuary's calculations have been based on complete and up to date member data as far as appropriate regarding the adopted methodology.

The amounts included in the financial statements derived from the work of the actuary are appropriate.

20. All known material liabilities have been properly included in the annual accounts and all material contingent liabilities have been disclosed.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully

Signed on behalf of Ryedale District Council

Appendix 4: Matters for communication to those charged with governance

As part of our obligations under International Standards on Auditing (UK & Ireland) we are required to report to you on the matters listed below.

Independence

In our professional judgement we are independent within the meaning of regulatory and professional requirements and the objectivity of the audit partner and audit staff is not impaired. In respect of our consideration of the retention of the audit engagement for the period commencing 1 April 2009, we confirm that we will comply with the APB Ethical Standards for that period.

Our audit fee will be in line with the planned audit fee of £79,350 (2007/08: £68,625).

Non-audit services

We are not aware of any inconsistencies between APB Ethical Standards and the Authority's policy for the supply of non audit services or of any apparent breach of that policy.

There were no non-audit services performed in the year.

Independence policies

Our detailed ethical policies, standards and independence policies are issued to all partners and employees who are required to confirm their compliance annually. We are also required to comply with the policies of other relevant professional and regulatory bodies.

Amongst other things, these policies:

- state that no Deloitte partner or immediate family member is allowed to hold a financial interest in any of our UK audit clients;
- require that professional staff or any immediate family member may not work on assignments if they have a financial interest in the client or a party to the transaction or if they have a beneficial interest in a trust holding a financial position in the client;
- state that no person in a position to influence the conduct and outcome of the audit or any immediate family member should enter into business relationships with UK audit clients or their affiliates;
- prohibit any professional employee from obtaining gifts from clients unless the value is clearly significant; and
- provide safeguards against potential conflicts of interest.

Appendix 4: Matters for communication to those charged with governance (continued)

Remuneration and evaluation policies

Partners are evaluated on roles and responsibilities they take within the firm including their technical ability and their ability to manage risk.

International Standards on Auditing (UK and Ireland)

International Standards on Auditing (UK and Ireland) (“ISAs (UK and Ireland)”) require we report on the following additional matters:

210 Terms of audit engagements

240 The auditor’s responsibility to consider fraud in an audit of financial statements

250 Consideration of laws and regulations in an audit of financial statements

315 Obtaining an understanding of the entity and its environment and assessing the risks of material misstatement

320 Audit materiality

545 Auditing fair value measurements and disclosures

550 Related parties

560 Subsequent events

570 Going concern

580 Management representations

720 Other information in documents containing other audited financial statements

We consider that there are no additional matters in respect of the above to bring to your attention that have not been raised elsewhere in this report or our audit plan.

Appendix 4: Matters for communication to those charged with governance (continued)

Safeguards and procedures to ensure independence

- Every opinion (not just statutory audit opinions) issued by Deloitte is subject to technical review by a member of our independent Professional Standards Review unit.
- We report annually to the Authority our assessment of objectivity and independence. This report includes a summary of non-audit services provided together with fees receivable.
- There is formal consideration and review of the appropriateness of continuing the audit engagement before accepting reappointment.
- Periodic rotation takes place of the audit engagement partner, the independent review partner and key audit partners in accordance with our policies and professional and regulatory requirements.
- In accordance with the Ethical Standards issued by the APB, there is an assessment of the level of threat to objectivity and potential safeguards to combat these threats prior to acceptance of any non-audit engagement. This would include particular focus on threats arising from self-interest, self-review, management, advocacy, over-familiarity and intimidation.
- In the UK, statutory oversight and regulation of auditors is carried out by the Professional Oversight Board for Accountancy (POBA) which is an operating body of the Financial Reporting Council. The Firm's policies and procedures are subject to external monitoring by both the Audit Inspection Unit (AIU), which is a division of POBA, and the ICAEW's Quality Assurance Directorate (QAD). The AIU is charged with monitoring the quality of audits of economically significant entities and the QAD with monitoring statutory compliance of audits for all other entities. Both report to the ICAEW's Audit Registration Committee. The AIU also reports to POBA and can inform the Financial Reporting Review Panel of concerns it has with the accounts of individual organisations.



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Tel: +44 (0) 20 7936 3000 Fax: +44 (0) 20 7583 1198.

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REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	15 OCTOBER 2009
REPORT OF THE:	CORPORATE DIRECTOR (s151) PAUL CRESSWELL
TITLE OF REPORT:	INTERNAL AUDIT – HALF YEAR REPORT
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

1.1 This report presents the Interim Internal Audit Report to 31 August 2009 from the North Yorkshire Audit Partnership.

2.0 RECOMMENDATION(S)

2.1 It is recommended that this Interim Internal Audit Report which outlines progress against the approved internal audit plan be noted.

3.0 REASON FOR RECOMMENDATION(S)

3.1 The Cipfa Code of Practice for Internal Audit in Local Government identifies that the shared interests of the audit committee and internal audit require an effective working relationship. Part of that is the approval of, and monitoring of progress against, the internal audit strategy and plan.

4.0 SIGNIFICANT RISKS

4.1 There are no significant risks.

REPORT

5.0 BACKGROUND AND INTRODUCTION

5.1 The Accounts and Audit Regulations 2003 require, inter alia, all Councils to annually review their systems of internal control and to provide an adequate and effective Internal Audit function.

5.2 This report presents the Interim Internal Audit Report from the North Yorkshire Audit Partnership, which is attached as Appendix A. That report summarises the work done by Internal Audit in 2009/10 covering the year to 31 August 2009.

5.3 This report highlights issues that the audits have identified and provides a summary of these. It also outlines any issues emerging from the audits of the principal financial systems of the Council, together with any significant comments from other audits completed during the year to date.

5.4 The Audit Partnership provides the Council in its report with a clear statement of assurance reflecting its opinion of the Internal Control Framework. This is based upon the audits completed complemented by its existing knowledge and understanding of the control framework.

6.0 POLICY CONTEXT

6.1 This report supports the Council's Corporate Strategic Objective of providing strong Community Leadership, by demonstrating a commitment to local democracy and accountability.

7.0 CONSULTATION

7.1 No external consultation has been undertaken. The Audit Partnership liaises with the Corporate Director (s151) in his specific role as the responsible financial officer. In addition it undertakes an annual consultation with Heads of Service.

8.0 REPORT DETAILS

8.1 The interim report detailed in appendix A, provides an assurance statement for the financial systems of the Council, based on the work undertaken to date, and past experience. It is not a 'carte blanche' but a balanced judgement.

8.2 The appendix to that Partnership report provides a brief synopsis of the issues arising at each of the audits completed in the period. This allows the committee to be aware of control issues that have been identified, and enables the committee to request specific discussions with line management about the matters raised.

8.3 The facility for members to require managers to attend and discuss with the committee the results of the audit on their service area and its recommendations does significantly support the effective working relationship between the committee and internal audit.

8.4 If exercised pragmatically it should improve the responses of service managers to audit reports and recommendations, and also encourage them to challenge audit findings, which improves the quality of the audit process. This allows the pendulum to come full circle bringing internal audit and its clients closer together.

8.5 This routine reporting to the committee forms an important part of the overall control framework, and the audit committee's role is also seen as an integral component in the Use of Resources assessment that the Audit Commission follow as part of the CAA process.

9.0 IMPLICATIONS

9.1 The following implications have been identified:

a) Financial

There are no financial implications, beyond the existing budget for Internal Audit.

b) Legal

None directly, though individual audit reports may have implications

- c) Other (Equalities, Staffing, Planning, Health & Safety, Environmental, Crime & Disorder)

None directly, though individual audit reports may have implications

Paul Cresswell
Corporate Director (s151)

Author: James Ingham, Head of NY Audit Partnership
Telephone No: 01723 232364
E-Mail Address: James.Ingham@Ryedale.gov.uk
James.Ingham@Scarborough.gov.uk

Background Papers:
None

Background Papers are available for inspection at:

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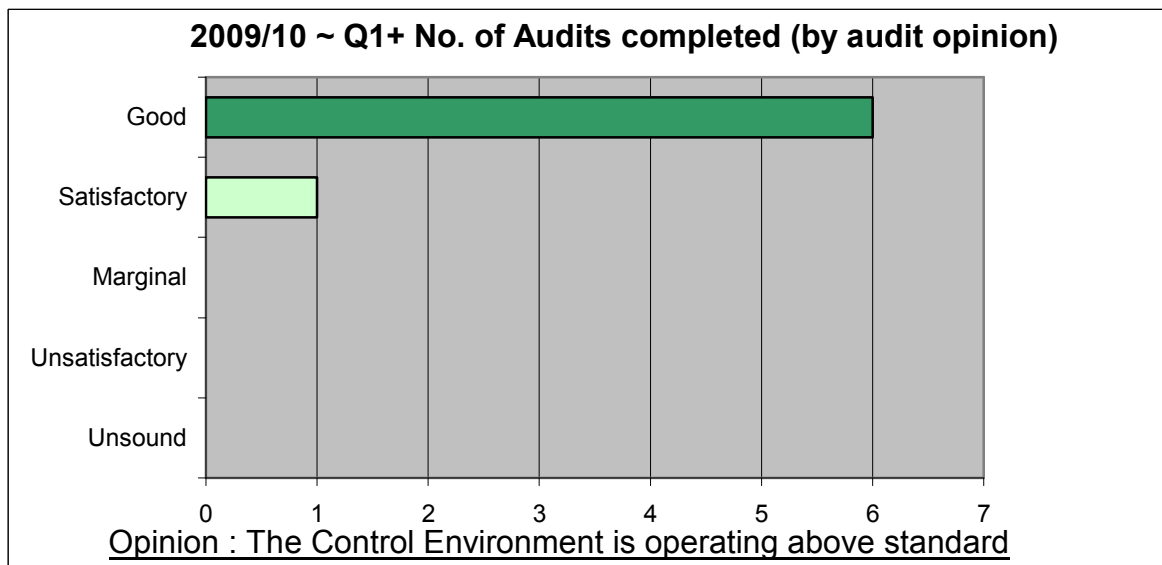


Independent Assurance

Internal Audit 2009/10 Q1+ report



Ryedale DC October 2009



Head of Partnership: James Ingham CPFA

Audit Manager : John Barnett; Mike Winspear

Circulation list: Members Overview & Scrutiny Committee
Chief Executive
S151 Officer

Summary

1.0 Introduction

- 1.1 Internal Audit is a mandatory requirement for all Councils, (Accounts & Audit regulations). The Council meets that requirement by an Internal Audit service provided through the North Yorkshire Audit Partnership.
- 1.2 The Partnership provides the service and works to the Cipfa Code of Practice for Internal Audit in Local Government. The Council's external auditors undertake a tri-ennial review of the Partnership (due 2009/10), which adds to the Accounts & Audit regulation requirement that the Council undertakes an annual review of the effectiveness of the system of Internal Audit. The results of both reviews are presented to the Overview and Scrutiny Committee (in its audit committee role) of the Council.
- 1.3 Internal audit providers in Local Government have an obligation to produce an Annual Internal Audit Report. The Partnership considers that it is important for the panel to receive regular interim reports of audits completed, and this report follows the style of the annual report.
- 1.4 This is an important document in many ways and brings together the following in one consolidated report.
 - ◆ A clear statement of assurance by the North Yorkshire Audit Partnership regarding the adequacy and effectiveness of the internal control environment.
 - ◆ The key issues and themes arising out of the internal audit activity that has been undertaken during 2009/2010, encompassing systems audit work and any specialist reviews.
 - ◆ A summary of the opinions and key issues for the audits completed.
- 1.5 This interim report is, however, more than the sum of these parts; taken as a whole it is an important contribution to the Council reaching an understanding of what risks exist and how well they are being managed.
- 1.6 The presence of an effective internal audit function contributes significantly to the strong counter-fraud and corruption culture that exists in the Council.
- 1.7 During 2009/10 only two special investigations have been required to date, of which one was to support the Council Solicitor in his role as standard officer for the parishes, suggesting that the present internal control framework is effective.
- 1.8 The internal audit team are closely involved with governance matters, and take an active part in the Council's preparation for the CAA and are directly involved with the preparation and drafting of the Council's Annual Governance Statement.

2.0 Planned Audit work 2009/10

- 2.1 The agreed number of days in the plan for internal audit was 265. The plan itself was derived from the Partnership's risk model, devised to target resources to those areas that are considered to be of the greatest risk.
- 2.2 It is, however, tempered by a number of factors, the most significant of these being the expectation of the external auditors that internal audit undertake work on the material (significant) systems of the Council on an annual basis. The volume of time required is largely constant, so the balance is used for locally directed and determined audit assignments.
- 2.3 We note that the Council is planning to award its Housing Benefit Fraud work to Veritau, for a fixed period, and we will work closely with the company in this particular area.
- 2.4 The plan also includes a provision for specialist audit work including ICT audit, and work around the partnership governance area. Finally it also includes an amount of time to meet Client support requirements, including attending audit committee, and ad-hoc or special investigations.

2.5 The report also contains a table which shows the schedule of planned audit work, and the audit opinion associated with those audits completed.

3.0 Matters of significance from the work completed in the year

3.1 The areas that were especially pleasing to report are as follows: -

- ☞ The majority of audits returned a ‘good’ opinion.

3.2 The only area that generated concern were as follows: -

- ☞ Controls could have been better with mobile telephony, but there was no evidence of either control failure or misuse. The Partnership will be following up areas of concern later in 2009/10.

4.0 Audit Opinion and Assurance Statement

4.1 We have conducted our audits both in accordance with mandatory standards and good practice contained within the CIPFA Code of Practice for Internal Audit in Local Government.

4.2 The Cipfa Code defines Internal Audit as an assurance function providing an independent opinion on the Internal Control Environment, comprising Risk Management, Governance and Internal Control. Accordingly we have structured our opinion around those three themes.

4.3 For 2009/2010, the internal audit opinion is derived from work completed as part of the agreed internal audit plan, which includes compliance with the managed audit. This is work done as part of the joint protocol between the Council’s internal and external auditors who themselves are required to give an opinion on the Council’s accounts. It is accepted that Internal Audit has an established position of independence within the Council more especially with the specific arrangements that exist with the North Yorkshire Audit Partnership. It has experience in control and assurance matters generally.

4.4 On balance, based upon the audit work done, together with the pre-existing cumulative audit knowledge and experience of other areas not subject to audit this year our overall audit opinion is that the Internal Control Environment for the Council is “operating above standard”.

The Assurance:	
Risk Management	The Council has embedded Risk Management within the organisation. The use of performance management software has enhanced this position and provide solid bedrock for future improvement.
Governance	Our work this year to date leads us to the overall opinion that the Corporate Governance arrangements are sound.
Internal Control [financial systems, etc.]	Our overall opinion is that the internal controls within the financial systems in operation in the year to date are fundamentally sound. (100% of audits completed had a ‘good’ or ‘satisfactory’ audit opinion. This is based upon our examination of the key financial systems as part of the managed audit approach, and the other financial systems that were actually audited. On that basis and our previous experience and knowledge there is no reason to believe that the systems are other than sound.

Table of 2009/10 audit assignments completed

Audit	Status
<u>2009/10 ~ Material Systems (External Audit definition)</u>	
Council Tax	Scheduled ~ Q3
Creditors + e-procure/purchase cards	Scheduled ~ Q3
Debtors	Scheduled ~ Q3
Income System	Scheduled ~ Q2
NNDR	Scheduled ~ Q4
G. Ledger + Bank Reconciliation's	Scheduled ~ Q4
Housing Benefits	Scheduled ~ Q3
Payroll	Scheduled ~ Q4
Treasury Mgt	Scheduled ~ Q3
Asset Management (Capital Accounting)	Scheduled ~ Q4
<u>2009/10 Audit plan work</u>	
<u>Head of Environmental Services</u>	
<i>Health & Environment</i>	
Licencing Act(s)	Scheduled ~ Q2 ~ practically complete
Markets	Completed ~ Good
<i>Street Scene Services</i>	
Trade Refuse	Scheduled ~ Q2 ~ practically complete
<u>Head of Economy & Housing</u>	
<i>Economic & Community</i>	
Leisure Contract (CLLtd)	Scheduled ~ Q2 ~ practically complete
<i>Housing Services</i>	
Grants (Disabled access; etc)	Completed ~ Good
<u>Head of Planning</u>	
<i>Forward Planning</i>	
Sustainability	Completed ~ Good
Local Plan	Scheduled ~ Q4
<u>Head of Transformation</u>	
Performance Indicators	Scheduled ~ Q3
<u>Head of Resources</u>	
<i>Revenue & Financial Services</i>	
Members Allowances	Completed ~ Good
Insurance	Completed ~ Good
Tax management	Scheduled ~ Q3
<i>Facilities & Emergency Planning Services</i>	
Industrial Units (rentals)	Completed ~ Good
<i>Customer Services & Benefits</i>	
Telephones	Completed ~ Satisfactory
Risk Management Action Plans	Scheduled ~ Q2
<i>Investigations</i>	
2 undertaken to date	

Summary of Key Issues arising from audits completed to 31st August 2009;

<u>Audit & Opinion</u>	<u>Key Issues</u>	<u>Recommendations</u>	<u>Status – Audit Next Programmed</u>
<u>Markets</u> <i>good</i>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ Officers involved have long experience of administering markets and a good working relationship with the traders, many of these being of long standing. They provide an efficient and effective service. <p>Weaknesses</p> <ul style="list-style-type: none"> ◇ Only minor weaknesses identified 	<ul style="list-style-type: none"> ◇ Only minor recommendations 	tbc
<u>Grants (Disabled access etc.)</u> <i>good</i>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ Housing Services provide Disabled Facilities Grants through an in-house Home Improvement Agency, which generates fee income as well as enhancing the range of services provided. ◇ The officers involved are knowledgeable about grants, property adaptations and the tradesmen and companies that carry out such work in the District. <p>Weaknesses</p> <ul style="list-style-type: none"> ◇ Only minor weaknesses identified 	<ul style="list-style-type: none"> ◇ One minor recommendation 	tbc
<u>Sustainability</u> <i>good</i>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ The Council was successful in securing support from the Energy Saving Trust's One-To-One Support Program. This has the potential of accessing additional funding, initiatives and projects. <p>Weaknesses</p> <ul style="list-style-type: none"> ◇ Only minor weaknesses identified 	<ul style="list-style-type: none"> ◇ Only minor recommendations 	tbc
<u>Members Allowances</u>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ As the MPs' Expenses furore was in full flow at the time of 		

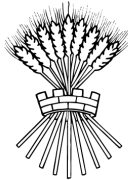
<u>Audit & Opinion</u>	<u>Key Issues</u>	<u>Recommendations</u>	<u>Status – Audit Next Programmed</u>
<u>good</u>	<p>the review, it was reassuring to note that there was no evidence of inappropriate expenditure going through Members Allowances. Levels of allowances are in line with the Independent Review Panel's recommendations, and sound procedures are in place.</p> <p>Weaknesses</p> <ul style="list-style-type: none"> ◇ Information availability was hampered by sickness absences. But, once found, the information did not identify any significant weaknesses. 	<ul style="list-style-type: none"> ◇ Only minor recommendations 	tbc
<u>Insurance</u> <u>good</u>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ After an extended period with Zurich Municipal the Council started a 5-year agreement with AIG in October 2008, bringing about significant cost savings. The officers involved are knowledgeable and experienced. <p>Weaknesses</p> <ul style="list-style-type: none"> ◇ The documentation relating to the new agreement is less structured and orderly than was the case with Zurich Municipal and, at the time of review, some parts remained to be finalised, hampering the process. However the weaknesses identified were only minor. 	<ul style="list-style-type: none"> ◇ Only minor recommendations 	tbc
<u>Industrial Units (rentals)</u> <u>good</u>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ A Chartered Surveyor, working on contract in Facilities & Emergency Planning Services, is in the process of streamlining the procedures involved in the administration of Industrial Units. This includes linking all leases to the Retail Price Index and applying the new rents from the start of the financial year. 		tbc

<u>Audit & Opinion</u>	<u>Key Issues</u>	<u>Recommendations</u>	<u>Status – Audit Next Programmed</u>
	<p>Weaknesses</p> <ul style="list-style-type: none"> ◇ Only minor weaknesses identified 	<ul style="list-style-type: none"> ◇ Only minor recommendations 	
<p><u>Telephones</u></p> <p><u>satisfactory</u></p>	<p>Strengths</p> <ul style="list-style-type: none"> ◇ At the time of the review ICT had recently taken over the administration of telephones. Officers involved are working on improving the monitoring procedures and reporting. <p>Weaknesses</p> <ul style="list-style-type: none"> ◇ Usage monitoring has, historically, been inadequate. It should be noted that audit testing did not identify any evidence of misuse of the telephone facilities, but more formal monitoring should be in place to ensure that this continues to be the case. 	<ul style="list-style-type: none"> ◇ Recommendations mainly relate to the need for monitoring reports to be produced, circulated to the relevant Service Unit Managers and for them to at least spot-check these reports. 	tbc

Opinion Description

<i>Good</i>	Minimal risk identified; a few minor recommendations.
<i>Satisfactory</i>	Some risk identified; some minor changes should be made.
<i>Marginal</i>	Some risk identified; some changes should be made. <i>[bordering on 'unsatisfactory']</i>
<i>Unsatisfactory</i>	Unacceptable risk identified; major changes must be made.
<i>Unsound</i>	Major risk exists; fundamental improvements are required.

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REPORT TO:	OVERVIEW AND SCRUTINY
DATE:	15 OCTOBER 2009
REPORT OF THE:	HEAD OF PLANNING GARY HOUSDEN
TITLE OF REPORT:	SERVICE RISK REGISTER - PLANNING
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

1.1 This report presents the Service Risk Register for those services under the Head of Planning.

2.0 RECOMMENDATION(S)

2.1 It is recommended that members receive the report and review the risk register.

3.0 REASON FOR RECOMMENDATION(S)

3.1 Risk identification and management is an integral element of organisational management to secure the achievement of the Council's corporate objectives. Risk Management should also form a key part of any budget making decisions.

4.0 REPORT

4.1 Service Risk Registers were originally established from work undertaken by the Audit Partnership in conjunction with Service Unit Managers, however, since the management restructure the number of registers have been reduced and are now the responsibility of the Heads of Service and their managers.

4.2 Annex A outlines the SRR for the Head of Planning. It is envisaged that each register will be presented to this committee on a rotational basis highlighting changes to risks and work undertaken to mitigate those risks.

5.0 CONCLUSION

5.1 Further reports will be brought to the Overview and Scrutiny Committee as the responsible committee for monitoring and evaluating risks within the Council.

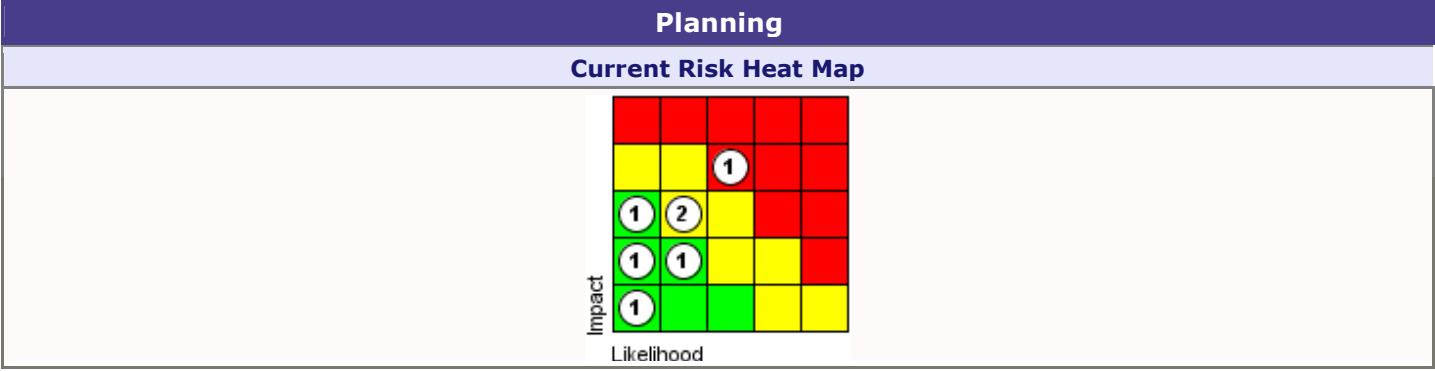
**Gary Housden
Head of Planning**

Author: Gary Housden, Head of Planning
Telephone No: 01653 600666 ext: 307
E-Mail Address: gary.housden@ryedale.gov.uk

Service Risk Register - Planning






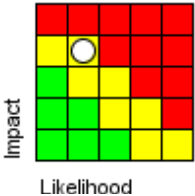
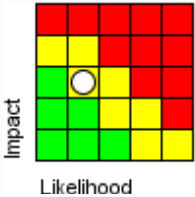
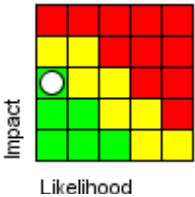



Generated on: 05 October 2009




PL 1 Delivery of Local Development Framework

Risk Code	Risk Title	Description	Status
PL 1	Delivery of Local Development Framework	Produce an adopted statutory development plan for Ryedale.	
Consequences		Out of date Policy document. Failure to deliver sustainable communities. Loss of effective control over future development in the district. Adverse impact on likely grant awards- HPDG now based on plan making and housing delivery	
Last Review Date		21 Sep 2009	SMT Lead Gary Housden
Previous Risk Matrix		Previous Rating Description	
		IDL3 Critical	
Current Risk Matrix		Current Rating Description	
		IDL3 Critical	
Target Risk Matrix		Target Rating Description	
		ICL1 Noticeable	

Risk Actions						
Status	Code	Title	Description	Progress Bar	Lead	Latest Note
	RiskA PL 01.01	Ensure that technical reports and evidence base available on time	Ensure that technical reports and evidence base is available on time to hit relevant decision making committees and consultation timetable	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #e0e0e0; position: relative;"> 40% </div>	Gary Housden	LDS agreed. Final draft of SHLAA agreed and in consultation with developers. Special Full Council arranged for 29.10.09.
	RiskA PL 01.02	Ensure that key consultees respond in accordance with agreed timescales	Ensure that key consultees respond in accordance with agreed timescales for key decision making committees/Full Council	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #e0e0e0; position: relative;"> 40% </div>	Gary Housden	Technical reports i.e. NYCC/Jacobs and ENTEC regarding highways and site viability at advanced stage. Full Council arranged for 29.10.09 regarding Core Strategy.

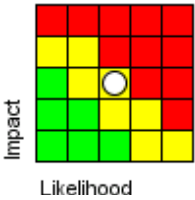
PL 2 Planning Decisions						
Risk Code	Risk Title	Description				Status
PL 2	Planning Decisions	Timely rigorous planning decisions				
Consequences		Poor Council image. Maladministration. Possibility of legal challenge. Possibility of substantial costs incurred at appeal. Adverse impact on credibility of LPA-officer/member relations				
Last Review Date		21 Sep 2009	SMT Lead		Gary Housden	
Previous Risk Matrix			Previous Rating Description			
			IDL2 Significant			
Current Risk Matrix			Current Rating Description			
			ICL2 Significant			
Target Risk Matrix			Target Rating Description			
			ICL1 Noticeable			
Risk Actions						
Status	Code	Title	Description	Progress Bar	Lead	Latest Note
	RiskA PL 02.02	Further training- Officers and Members	To ensure that officers and members are adequately trained on emerging issues, new policy and new planning legislation that are likely to affect the work of the service.	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #add8e6; display: flex; align-items: center; justify-content: center;">50%</div>	Gary Housden	Training event arranged with the District Valuer in October for officers and members regarding development viability.
	RiskA PL 02.03	Change to constitution- Scheme of delegation	To ensure scheme of delegation is fit for purpose and to enable timely decisions to be made in accordance with the Council's constitution.	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #add8e6; display: flex; align-items: center; justify-content: center;">100%</div>	Gary Housden	Changes agreed in new Constitution. Delegation rates now at 91%.
	SDP P 0913 10	To deliver an LDF for Ryedale	To have a sound Local Development Framework for Ryedale	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #add8e6; display: flex; align-items: center; justify-content: center;">40%</div>	Gary Housden	Consultation underway for Core Strategy and Development Plan Document for specific sites. (Cross referenced to Risk Code PL 1)

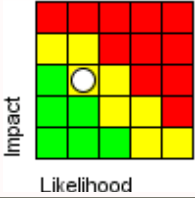
PL 3 Management of IT systems

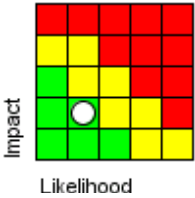
Risk Code	Risk Title	Description	Status
PL 3	Management of IT systems	Providing robust accessible information systems.	

Consequences Inefficient/costly systems. Failure to improve service delivery. Reduced access to service/ possible adverse impact in terms of equalities agenda



Last Review Date 21 Sep 2009 **SMT Lead** Gary Housden

Previous Risk Matrix	Previous Rating Description
	ICL3 Significant

Current Risk Matrix	Current Rating Description
	ICL2 Significant

Target Risk Matrix	Target Rating Description
	IBL2 Noticeable

Risk Actions

Status	Code	Title	Description	Progress Bar	Lead	Latest Note
	RiskA PL 03.01	Upgrade systems	Upgrades to systems to enable electronic consultation to occur and improved website access submissions	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; display: flex; align-items: center; justify-content: center;">90%</div>	Head of Service; Gary Housden	Already provided new server capacity. Upgrades to Uniform tested and expected to be live by December 2009 - further staff training required.
	RiskA PL 03.02	Further work to get all in house information electronically available	Further work to get all in house information electronically available	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; display: flex; align-items: center; justify-content: center;">50%</div>	Head of Service; Gary Housden	Land charges now linked to TLC and is live. Some old records still in paper and card systems only.

PL 4 Loss of land charge income

Risk Code	Risk Title	Description	Status
PL 4	Loss of land charge income	Retaining competitiveness of the service.	

Consequences Net increase in cost to the Council of running service. Possible loss of service.

Last Review Date	21 Sep 2009	SMT Lead	Gary Housden
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Previous Risk Matrix	Previous Rating Description
	IDL4 Noticeable

Current Risk Matrix	Current Rating Description
	IBL2 Noticeable


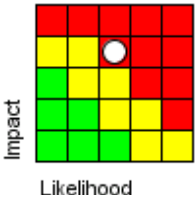
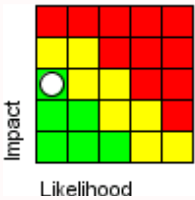
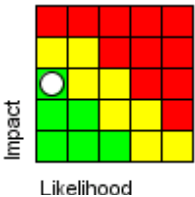
Target Risk Matrix	Target Rating Description
	IBL2 Noticeable

Risk Actions

Status	Code	Title	Description	Progress Bar	Lead	Latest Note
	RiskA PL 04.01	Setting of new fees	Setting of new fees to deal with Con 29 questions that search companies will have to now answer		Gary Housden	New fees agreed by Council and activated. Overall fee income back to budget levels. Some income from search companies retrieved.
	RiskA PL 04.02	Further refinement of information systems	Further refinement of information systems to capture in-house responses to Con 29 questions		Gary Housden	Systems/processes revised - all in-house responses received within performance timeframes. Processes revised to respond to personal search companies within 48 hours notice.

PL 5 Data Quality						
Risk Code	Risk Title	Description				Status
PL 5	Data Quality	Failure to deliver accurate, reliable and timely information in respect of all N.I.'s and local performance indicators				
Consequences		Poor CAA assessment. Loss of credibility. Loss of reputation /poor public image. Possible loss of grant income				
Last Review Date		21 Sep 2009	SMT Lead		Gary Housden	
Previous Risk Matrix			Previous Rating Description			
			IDL1 Noticeable			
Current Risk Matrix			Current Rating Description			
			IBL1 Noticeable			
Target Risk Matrix			Target Rating Description			
			IBL1 Noticeable			
Risk Actions						
Status	Code	Title	Description	Progress Bar	Lead	Latest Note
	RiskA PL 05.01	Further training of key staff on New N.I.s	Further training of key staff on New N.I.s -to ensure that data remains reliable		Gary Housden	All relevant staff trained and up to date. Managers aware of need to fully train new staff as occasions arise.
	RiskA PL 05.02	Co-ordination between services/authorities where N.I.s are cross-cutting	Co-ordination between services/authorities where N.I.s are cross-cutting and/or reported Countywide (ie NI 188)		Gary Housden	Lead officer designated in this Council i.e. John Brown re NI 188 Adapting to Climate Change. Recruitment of Countryside Management Officer (jointly funded with NYCC) is now agreed to assist with performance and reporting on NI 197 Improved Local Biodiversity.

PL 6 Staff Recruitment & Retention

Risk Code	Risk Title	Description	Status
PL 6	Staff Recruitment & Retention	Ability to attract and keep experienced competent staff.	
Consequences		Drop in performance. Reduced staff morale. Increased complaints. Loss of reputation.	
Last Review Date		05 Oct 2009	SMT Lead Gary Housden
Previous Risk Matrix		Previous Rating Description	
		IDL3 Noticeable	
Current Risk Matrix		Current Rating Description	
		ICL1 Noticeable	
Target Risk Matrix		Target Rating Description	
		ICL1 Noticeable	

PL 7 Fraud and corruption			
Risk Code	Risk Title	Description	Status
PL 7	Fraud and corruption	Having rigorous systems in place to prevent fraud and corruption occurring.	
Consequences		Loss of income. Loss of reputation/bad publicity. Poor rating from external inspectors.	
Last Review Date		05 Oct 2009	SMT Lead Gary Housden
Previous Risk Matrix		Previous Rating Description	
		IAL1 Noticeable	
Current Risk Matrix		Current Rating Description	
		IAL1 Noticeable	
Target Risk Matrix		Target Rating Description	
		IAL1 Noticeable	

Key

Risk Status		Action Status	
	OK		Cancelled
	Warning		Overdue
	Alert		Check Progress
	Unknown		In Progress
			Completed



REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	15 OCTOBER 2009
REPORT OF THE:	HEAD OF TRANSFORMATION CLARE SLATER
TITLE OF REPORT:	HALF YEAR RISK MANAGEMENT ACTIONS MONITORING REPORT
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

1.1 To present the latest actions being taken to monitor corporate risks.

2.0 RECOMMENDATION

2.1 It is recommended that Members endorse the actions taken by officers in monitoring and mitigating the risks within the Corporate Risk Register.

3.0 REASON FOR RECOMMENDATION

3.1 Risk identification and management is an integral element of organisational management to secure the achievement of the Council's corporate objectives. Risk Management should also form a key part of any budget making decisions.

4.0 SIGNIFICANT RISKS

4.1 The risks within the corporate risk register which are currently highlighted as the greatest areas for concern:

- CRR 05 Affordable Housing
- CRR 06 Procurement
- CRR 11 Council Assets
- CRR 15 Delivering Efficiencies

REPORT

5.0 BACKGROUND AND INTRODUCTION

5.1 The Corporate Risk Register should identify those risks which will prevent the Council from achieving the Council Plan, and therefore ultimately the Sustainable Community Strategy – Imagine Ryedale...

5.2 Monitoring of actions is an important part of the risk management cycle and enables the Corporate Risk Register to be a living document. Detailed actions and monitoring also assist in the revision to the register, which will be required during the year.

6.0 POLICY CONTEXT

6.1 New performance framework including CAA
Annual Governance
Monitoring the delivery of the Council Plan

7.0 CONSULTATION

7.1 The Corporate Risk Register is developed and managed by the Council's Senior Management Team. All service areas are therefore involved in it's development through the service delivery planning cycle.

8.0 REPORT DETAILS

8.1 Annex A outlines the actions being taken to mitigate those corporate risks which are not within the acceptable tolerance as outlined within the Risk Management Strategy.

9.0 IMPLICATIONS

9.1 The implications of not managing our corporate risks are detailed in the consequences section of the detailed risk report attached.

Head of Transformation Clare Slater

Author: John Barnett, Audit Manager, North Yorkshire Audit Partnership
Telephone No: 01653 600666 ext: 382
E-Mail Address: john.barnett@scarborough.gov.uk

Background Papers:

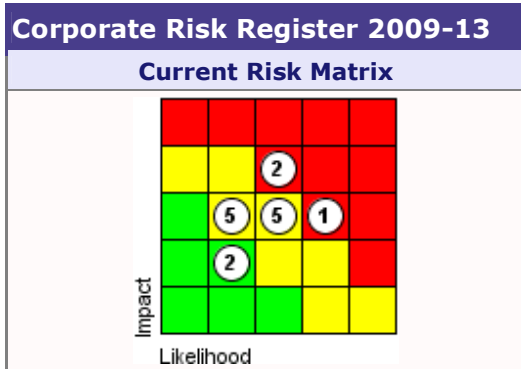
Council Plan and Service Delivery Plans are available on Covalent, along with related service risk registers.

Background Papers are available for inspection at:

Council Plan and Service Delivery Plans are available on Covalent.


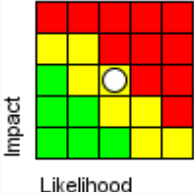
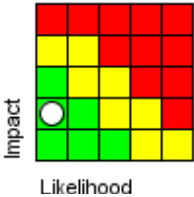

Corporate Risk Register

Report Type: Risks Report
Generated on: 06 October 2009



Key		Key	
Risk Status		Action Status	
	OK		Cancelled
	Warning		Overdue
	Alert		Check Progress
	Unknown		In Progress
			Completed

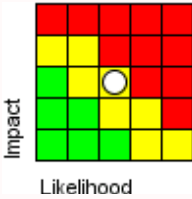
Summary					
Status	Code	Title	Status	Code	Title
	CRR 01	Significant Partnerships		CRR 09	Governance Arrangements
	CRR 02	Capital Programme		CRR 10	Major Incident
	CRR 03	Staff Management		CRR 11	Council Assets
	CRR 04	External Funding		CRR 12	Customer Expectations
	CRR 05	Affordable Housing		CRR 13	Fraud and Corruption
	CRR 06	Procurement		CRR 14	Data Quality
	CRR 07	Health and Safety		CRR 15	Delivering Efficiencies
	CRR 08	Business Continuity Planning			

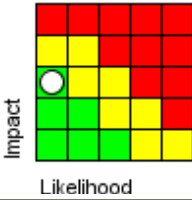
CRR 01 Significant Partnerships							
Risk Code	Risk Title		Description	Status			
CRR 01	Significant Partnerships		That the Council fails to manage its partnerships effectively				
Consequences			Financial cost to the Council through partnership failure, breach of legislation by partnership with consequences for Council and its reputation, levels of service satisfaction and quality fall below acceptable levels.				
Current Risk Matrix			Current Rating Description	Last Review Date			
			ICL3 Significant	25 Sep 2009			
Target Risk Matrix			Target Rating Description	SMT Lead			
			IBL1 Noticeable	Clare Slater			
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP TT 0913 43	Partnership Protocol	Develop and Implement the corporate partnership protocol	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #4f81bd; display: inline-block; margin: 0 auto;">75%</div>	31 Mar 2010	Clare Slater	Partnership Governance Toolkit now in place and audit of current partnership arrangements underway.

CRR 02 Capital Programme



Risk Code	Risk Title	Description	Status
CRR 02	Capital Programme	Failure to deliver capital programme for Council priorities, on budget and on time.	

Consequences Failure to deliver the Council priorities


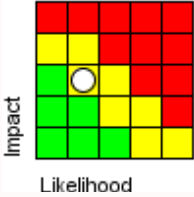
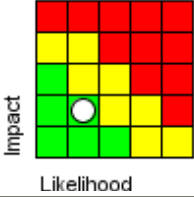


Current Risk Matrix	Current Rating Description	Last Review Date
	ICL3 Significant	27 Sep 2009

Target Risk Matrix	Target Rating Description	SMT Lead
	ICL1 Noticeable	Trevor Anderson


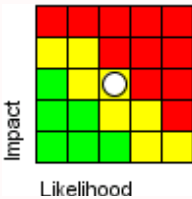
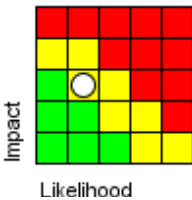
Risk Actions


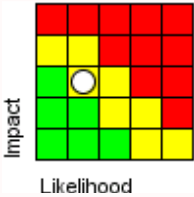
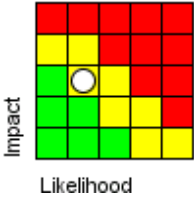


Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	RiskA FE 04.02	Monitor schemes in the capital programme against staff resources.	Use standard forms of contract for projects. Ensure procurement rules followed	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; display: flex; align-items: center; justify-content: center;">25%</div>	31 Mar 2010	Head of Service; Phil Long; Phil Long	Standard preambles undertaken, further work with procurement partnership.
	SDP FE 0913 04	Deliver capital schemes contained in Capital Programme	Deliver capital schemes in the Capital Programme	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; display: flex; align-items: center; justify-content: center;">30%</div>	31 Mar 2010	Phil Long	Majority of projects underway car park repairs programmed, civic suite tenders out, new boilers information back on gas planned in place by OCT/Nov, details awaited re bio mass





CRR 03 Staff Management


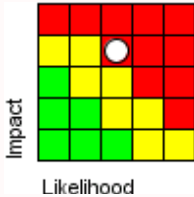
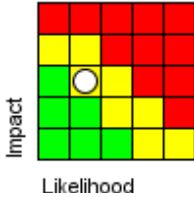



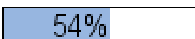
Risk Code	Risk Title	Description	Status				
CRR 03	Staff Management	Failure to effectively manage and develop our workforce assets					
Consequences		Decline in employee performance and delivery					
Current Risk Matrix		Current Rating Description	Last Review Date				
		ICL2 Significant	29 Sep 2009				
Target Risk Matrix		Target Rating Description	SMT Lead				
		IBL2 Noticeable	Louise Sandall				
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	RiskA OD 01.01	Multi skilled workforce		<div style="width: 25%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 25%	31 Mar 2010	Head of Service; Louise Sandall	Skills and Qualification assessment to be analysed. Corporate Training Plan to be completed and issued.
	RiskA OD 02.01	Develop a workforce plan		<div style="width: 20%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 20%	31 Mar 2010	Head of Service; Louise Sandall	A Skills and Qualification assessment has been completed, analysis of the data is underway. A draft Workforce plan has been completed.

CRR 04 External Funding


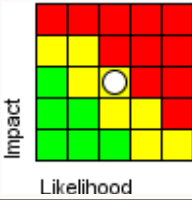
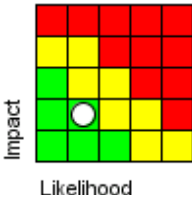

Risk Code	Risk Title	Description	Status				
CRR 04	External Funding	Failure to attract external funding to support the priorities of the Council and failure to manage that funding we do attract.					
Consequences		Failure to deliver Council priorities requiring major financial investment. Increased costs to RDC. Failure to regenerate the local economy. Uncompetitive service delivery. Withdrawal or failure of a service. Inability to deliver new services					
Current Risk Matrix		Current Rating Description	Last Review Date				
		ICL3 Significant	27 Sep 2009				
Target Risk Matrix		Target Rating Description	SMT Lead				
		ICL2 Significant	Trevor Anderson				
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note


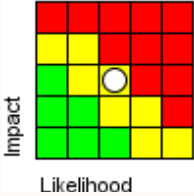
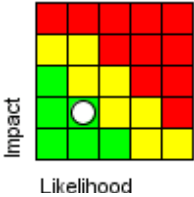



CRR 05 Affordable Housing							
Risk Code	Risk Title		Description	Status			
CRR 05	Affordable Housing		Housing need in Ryedale which can be met through the provision of affordable housing is not met.				
Consequences			Homelessness increases with resultant service costs. Unbalanced housing market. Negative impact on the local economy. Lack of key workers to support the needs of the community				
Current Risk Matrix			Current Rating Description		Last Review Date		
			ICL2 Significant		27 Sep 2009		
Target Risk Matrix			Target Rating Description		SMT Lead		
			ICL2 Significant		Gary Housden; Julian Rudd		
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP EH 0913 01	Implement the Housing Strategy Action Plan 2008-2011	To deliver affordable homes through the Housing Strategy Action Plan 2008-2011	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; position: relative;"> 25% </div>	31 Mar 2011	Julian Rudd	SMART objectives within action plan. Responsibility for actions allocated to individuals.
	SDP FE 0913 05	Review of LA Landholdings	Undertake a review of all LA landholdings within the District to assess their potential for development for affordable housing	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; position: relative;"> 100% </div>	31 Mar 2010	Phil Long	Review undertaken - Partner RSL identified an area land that they would wish to purchase to facilitate an affordable housing development in Malton. (Info from Richard Etherington).

Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP P 0913 04	Strategic Housing Land Availability Assessment	To have a Strategic Housing Land Availability Assessment in place (SHLAA)	 90%	31 Mar 2010	Gary Housden	Draft SHLAA received and out to consultation with development industry until the end of September 2009. Final document expected November 2009.
	SDP P 0913 10	To deliver an LDF for Ryedale	To have a sound Local Development Framework for Ryedale	 40%	31 Dec 2011	Gary Housden	Consultation underway for Core Strategy and Development Plan Document for specific sites. (Cross referenced to Risk Code PL 1)


CRR 06 Procurement							
Risk Code	Risk Title		Description	Status			
CRR 06	Procurement						
Consequences			Failure to make efficiency savings. Priority projects not delivered to budget. Government penalties. Breach of legislation eg. equalities or health and safety. Damage to RDC reputation.				
Current Risk Matrix			Current Rating Description		Last Review Date		
			IDL3 Critical		28 Sep 2009		
Target Risk Matrix			Target Rating Description		SMT Lead		
			ICL2 Significant		Phil Long		
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	Corp Risk 06-A3	Officer Training - Procurement	To provide staff at all levels on procurement best practice and our processes		30 Oct 2008	Phil Long	Training provided by the North Yorkshire procurement partnership
	Corp Risk 06-A4	Detailed guidance on procurement to be established	--enter action details here--		30 Oct 2008	Phil Long	Joined procurement partnership with Selby and Scarborough, including dedicated support, to be arranged. Support to include revision of the Corporate Procurement Startegy for the Council.

CRR 07 Health and Safety

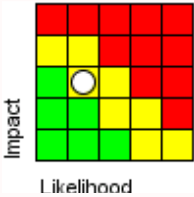
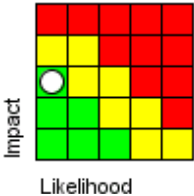
Risk Code	Risk Title	Description	Status				
CRR 07	Health and Safety	Failure to ensure appropriate systems are in place to manage Health and safety					
Consequences		Failure to meet legislative requirements, prosecution and financial penalties incurred as a result of incident.					
Current Risk Matrix		Current Rating Description	Last Review Date				
		ICL3 Significant	28 Sep 2009				
Target Risk Matrix		Target Rating Description	SMT Lead				
		IBL2 Noticeable	Phil Long				
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	Corp Risk 07-01	Health and safety officer	Health and Safety Officer in post	<div style="width: 100%; text-align: center;">100%</div>	13 Oct 2008	Phil Long	

CRR 08 Business Continuity Planning							
Risk Code	Risk Title		Description	Status			
CRR 08	Business Continuity Planning		Failure to produce effective, comprehensive and tested plan.				
Consequences			Failure in continuity of service delivery. Negative impact on the most vulnerable on our communities. Damage to RDC reputation. Financial penalties and litigation				
Current Risk Matrix			Current Rating Description	Last Review Date			
			ICL3 Significant	28 Sep 2009			
Target Risk Matrix			Target Rating Description	SMT Lead			
			IBL2 Noticeable	Paul Cresswell			
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	Corp Risk 08-A1	Production of Business Continuity Plan	Bring together the Business Impact Assessment work into a plan	<div style="width: 80%; background-color: #4f81bd; border: 1px solid black;">80%</div>	30 Sep 2008	Phil Long; Paul Cresswell	Entering negotiation with NYCC to aid completion and testing of plan
	Corp Risk 08-A2	Plan testing	Testing of the Business Continuity Plan	<div style="width: 0%; background-color: #4f81bd; border: 1px solid black;">0%</div>	30 Sep 2008	Phil Long; Paul Cresswell	Entering negotiations with NYCC to aid completion and testing of the plan.
	Corp Risk 08-A3	Service Business Continuity Planning	To publish service level business continuity plans as integral to service delivery planning	<div style="width: 10%; background-color: #4f81bd; border: 1px solid black;">10%</div>	30 Sep 2008	Phil Long	Priority area of development within service delivery planning for 2009/10





CRR 09 Governance Arrangements


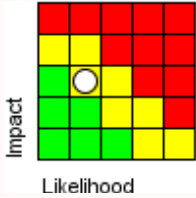
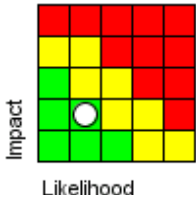

Risk Code	Risk Title	Description	Status
CRR 09	Governance Arrangements		

Consequences


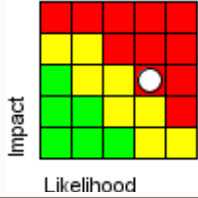
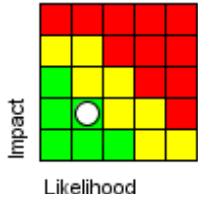


Current Risk Matrix	Current Rating Description	Last Review Date
	ICL2 Significant	28 Sep 2009
Target Risk Matrix	Target Rating Description	SMT Lead
	ICL1 Noticeable	Anthony Winship


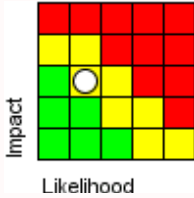
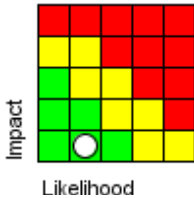




Risk Actions




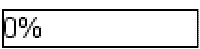

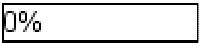

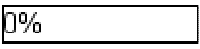


Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	Corp Risk 09-A1	Risk Management Member Training		<div style="width: 100%;"><div style="background-color: blue; height: 10px; width: 100%;"></div></div> 100%	30 Jul 2008	Paul Cresswell	
	Corp Risk 09-A2	AGS Improvement Plan		<div style="width: 19%;"><div style="background-color: blue; height: 10px; width: 19%;"></div></div> 19%	30 Mar 2009	Anthony Winship	Officer Code of conduct report considered by O&S Committee meeting on 2nd July 2009 and recommended action plan of Council Solicitor approved. Report with Officer Code of Conduct to be put to P&R on 1st October 2009.
	SDP LS 0913 05	Reviewing Local Code of Corporate Governance		<div style="width: 0%;"><div style="background-color: blue; height: 10px; width: 0%;"></div></div> 0%	31 Mar 2010	Anthony Winship	Programmed for review in the last quarter of the year.
	SDP LS 0913 06	Analyse compliance with Local Code of Corporate Governance		<div style="width: 0%;"><div style="background-color: blue; height: 10px; width: 0%;"></div></div> 0%	31 Mar 2010	Anthony Winship	Programmed for review in the last quarter of the year.

CRR 10 Major Incident							
Risk Code	Risk Title		Description	Status			
CRR 10	Major Incident		Ensure the Council is prepared to deal with a major flooding incident to meet its obligation for Emergency Planning.				
Consequences							
Current Risk Matrix			Current Rating Description	Last Review Date			
			ICL2 Significant	28 Sep 2009			
Target Risk Matrix			Target Rating Description	SMT Lead			
			IBL2 Noticeable	Phil Long			
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP SS 0913 19	Prioritize flood risk areas and implement local catchment's of sandbags for immediate self help	Prioritize flood risk areas and implement local catchment's of sandbags for immediate self help	<div style="width: 100%;"><div style="width: 100%; background-color: #4f81bd; color: white; text-align: center;">100%</div></div>	31 Mar 2011	Phil Long	Areas prioritised and sandbags caught in priority locations subject to flash flood risk.

CRR 11 Council Assets


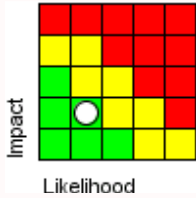
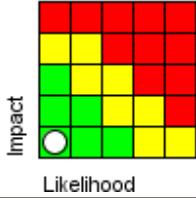



Risk Code	Risk Title	Description	Status				
CRR 11	Council Assets	Ensure the Council has proper plan to ensure maintenance and fitness for purpose of the Council assets					
Consequences							
Current Risk Matrix		Current Rating Description	Last Review Date				
		ICL4 Critical	28 Sep 2009				
Target Risk Matrix		Target Rating Description	SMT Lead				
		IBL2 Noticeable	Phil Long				
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP FE 0913 01	Establish term maintenance contracts with suppliers/contractors for the planned maintenance items	Establish term maintenance contracts with suppliers/contractors for the planned maintenance items	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #add8e6; display: flex; align-items: center; justify-content: center;">30%</div>	31 Mar 2010	Phil Long	Progress on going currently on schedule to be complete by end of financial year as contract comes up for renewal
	SDP FE 0913 03	Carry out maintenance and condition surveys for all of the Council's buildings	Carry out maintenance and condition surveys for all of the Council's buildings	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #add8e6; display: flex; align-items: center; justify-content: center;">50%</div>	31 Mar 2010	Phil Long	Complete with exception of RDH and depot


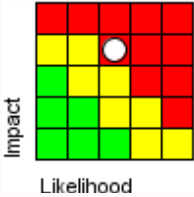
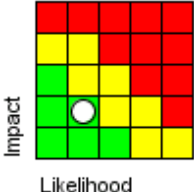



CRR 12 Customer Expectations							
Risk Code	Risk Title		Description	Status			
CRR 12	Customer Expectations		Failure to meet customer service standards meet customer expectations.				
Consequences			Include CR02				
Current Risk Matrix			Current Rating Description		Last Review Date		
			ICL2 Significant		28 Sep 2009		
Target Risk Matrix			Target Rating Description		SMT Lead		
			IAL2 Noticeable		Paul Cresswell		
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP CB 0913 03	Expand Contact Centre through remainder of RDC departments	Expand Contact Centre through remainder of RDC departments	0%	31 Mar 2013	Paul Cresswell	Awaiting improvements to reception area of Ryedale House
	SDP CB 0913 05	Implement & publicise customer service standards	Implement & publicise customer service standards	0%	31 Mar 2010	Paul Cresswell	Yet to be undertaken
	SDP CB 0913 06	Undertake impact assessment on accessibility of services to customers	Expand Contact Centre through remainder of RDC departments	0%	31 Mar 2011	Paul Cresswell	Yet to be undertaken
	SDP CB 0913 15	Review NI14 data & sampling for 08/09 & provide feed back	Review NI14 data & sampling for 08/09 & provide feed back	0%	31 Mar 2010	Paul Cresswell	To be undertaken with support of Project Manager (Transformation).

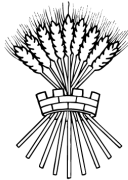
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP CB 0913 18	Implement Customer Satisfaction surveys	Implement Customer Satisfaction surveys		31 Mar 2010	Paul Cresswell	Currently undertaken manually
	SDP CB 0913 19	Undertake mystery shopping	Undertake mystery shopping		31 Mar 2010	Paul Cresswell	To work with North Yorkshire Customer Services Managers under the connect partnership
	SDP CB 0913 20	Identify & Implement new satisfaction system	Identify & Implement new satisfaction system		31 Mar 2010	Paul Cresswell	
	SDP CB 0913 21	Review Complaints procedures & where appropriate implement improvements	Review Complaints procedures & where appropriate implement improvements		31 Mar 2010	Paul Cresswell	New complaints process implemented, now called feedback and all information and cases managed through Covalent. process of transferring all departmental information onto the system underway.
	SDP CB 0913 23	Publicise changes to complaints procedure	Publicise changes to complaints procedure		31 Mar 2010	Paul Cresswell	feedback procedures being promoted through all channels available to the Council at no cost

CRR 13 Fraud and Corruption							
Risk Code	Risk Title		Description	Status			
CRR 13	Fraud and Corruption		Failure to ensure Council has proper procedures and policies for the prevention and detection of fraud.				
Consequences			Financial loss to the Council, damage to our reputation and credibility				
Current Risk Matrix			Current Rating Description	Last Review Date			
			IBL2 Noticeable	28 Sep 2009			
Target Risk Matrix			Target Rating Description	SMT Lead			
			IAL1 Noticeable	Paul Cresswell			
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP CB 0913 09	Review & develop effective fraud partnership with Scarborough	Review & develop effective fraud partnership with Scarborough	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; position: relative;"> 15% </div>	31 Mar 2010	Paul Cresswell; Paul Cresswell	Considering options for future partnership delivery of fraud service. Temporary arrangement for delivery of service in partnership with Scarborough BC continuing in the interim.

CRR 14 Data Quality

Risk Code	Risk Title	Description	Status				
CRR 14	Data Quality	The Council recognises the importance of data quality as we need reliable, accurate and timely performance information with which to manage services, inform users and account for our performance					
Consequences							
Current Risk Matrix		Current Rating Description	Last Review Date				
		IBL2 Noticeable	28 Sep 2009				
Target Risk Matrix		Target Rating Description	SMT Lead				
		IAL1 Noticeable	Clare Slater				
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP CB 0913 15	Review NI14 data & sampling for 08/09 & provide feed back	Review NI14 data & sampling for 08/09 & provide feed back	<input type="text" value="0%"/>	31 Mar 2010	Paul Cresswell	To be undertaken with support of Project Manager (Transformation).
	SDP CB 0913 16	Identify & implement improved data collection system and reporting	Identify & implement improved data collection system and reporting	<input type="text" value="0%"/>	31 Mar 2010	Paul Cresswell	looking at options including Govmetrix and Cmetrix.
	SDP TT 0913 04	NI Data Quality Assurance	To manage the data quality of National Indicator returns	<input type="text" value="100%"/>	30 Apr 2009	Clare Slater	Completed and well received as part of the use of resources assessment work undertaken by external audit.

CRR 15 Delivering Efficiencies							
Risk Code	Risk Title		Description	Status			
CRR 15	Delivering Efficiencies		Council fails to meet efficiency targets which necessitates cuts to other services				
Consequences			Cuts to frontline services, reputational damage to the Council, possible poor outcome of external inspection.				
Current Risk Matrix			Current Rating Description		Last Review Date		
			IDL3 Critical		28 Sep 2009		
Target Risk Matrix			Target Rating Description		SMT Lead		
			IBL2 Noticeable		Paul Cresswell		
Risk Actions							
Status	Code	Title	Description	Progress Bar	Due Date	Lead	Latest Note
	SDP D 0913	Deliver the Corporate efficiency programme	Deliver the Corporate efficiency programme	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; position: relative;"> 73% </div>	31 Mar 2013	Paul Cresswell	Considered by members of Resources Working Party on 17/06/09.
	SDP FR 0913 20	To deliver annual efficiency savings included in 2009/10 budget	To achieve and sustain insurance savings £50,000, Revenues restructure £35,000 and extra income £6,000.	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: white; position: relative;"> 0% </div>	29 Jan 2010	Paul Cresswell	
	SDP TT 0913 34	Value for Money	Develop VFM processes and benchmarking across all services	<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; position: relative;"> 35% </div>	31 Mar 2010	Clare Slater	Implementation of the VFM strategy now underway being lead by the Transformation Team.



REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	15 OCTOBER 2009
REPORT OF THE:	CORPORATE DIRECTOR (s151) PAUL CRESSWELL
TITLE OF REPORT:	ANNUAL GOVERNANCE STATEMENT ACTION PLAN
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

1.1 This is a report to committee to inform members on progress with the actions identified in the 2008-09 AGS action plan.

2.0 RECOMMENDATION

2.1 It is recommended that the progress with identified actions in the 2008-09 AGS action plan be noted.

3.0 REASON FOR RECOMMENDATION

3.1 Monitoring progress with identified actions in the AGS is good practice, and it demonstrates to the Audit Commission that the Audit Committee is properly exercising its role. This will also contribute to the assessment of the Council in the Commission's Use of Resources evaluation as part of the CAA (Comprehensive Area Assessment) process.

4.0 SIGNIFICANT RISKS

4.1 There are no significant risks.

REPORT

5.0 BACKGROUND AND INTRODUCTION

5.1 Regulation 4 of the Accounts and Audit (Amendment) (England) Regulations 2006 requires audited bodies to conduct a review at least once a year on the effectiveness of its system of internal control and publish an Annual Governance Statement (AGS) each year with the Statement of Accounts.

5.2 The document has then to be signed by the Chief Executive and the Leader (or equivalent) of the Council. This emphasises that the document is about all corporate controls and is not confined to financial issues.

- 5.3 The Council has adopted the CIPFA framework for producing the AGS. Part of this framework is for the Council's Audit Committee to consider the content of the AGS including any action plans to address identified 'significant' internal control issues.
- 5.4 It is for Members to review the progress of implementation of the actions identified in the Action Plan of the 2008/09 Annual Governance Statement (AGS).
- 5.5 This is not required under The Accounts & Audit (Amendment) (England) Regulations 2006; however it is good practice for the Committee to monitor progress of the actions as part of their Governance responsibilities.

6.0 POLICY CONTEXT

- 6.1 There is no impact upon specific policies, although as the AGS is an important corporate document demonstrating the Council's commitment to an open and transparent philosophy in all its activities.

7.0 CONSULTATION

- 7.1 No external consultation has been carried, as this is an internal report covering the progress with actions identified in the AGS.

8.0 REPORT DETAILS

- 8.1 The purpose of the AGS is to provide a continuous review of the effectiveness of the organisation's internal control and risk management systems so as to give assurance on their effectiveness.
- 8.2 The AGS should not be seen as a task at a particular point in time. Therefore, for the process to add value to the Council, assurances on the effectiveness of controls over key risks should be obtained throughout the year. This allows remedial action to take place at the earliest opportunity, thereby improving the internal control framework.
- 8.3 There is also a need to identify and resolve weaknesses by the production of an action plan. This report presents a review of the implementation of actions proposed in the Action Plan associated with the 2008/09 AGS.
- 8.4 The Action Plan detailed in annex A, sets out the current position with comments on the actions proposed in the plan since the last consideration by this Committee in italics.
- 8.5 The AGS for 2009/10 will be reported to the committee in June 2010 will complete the reviews of this action plan as they will be incorporated into the action plan for the 2009/10 AGS.
- 8.6 The review of the AGS action plan and the involvement of the Audit Committee will also seen as an important component by the Audit Commission in their Use of Resources assessment.

9.0 IMPLICATIONS

- 9.1 The following implications have been identified:
- a) Financial
None

- b) Legal
None
- c) Other (Equalities, Staffing, Planning, Health & Safety, Environmental, Crime & Disorder)
None

10.0 NEXT STEPS

- 10.1 The AGS Action Plan is a document that should be reviewed periodically during the year. A further review will be done in the New Year and reported to members.
- 10.2 When the 2009/10 AGS is drafted all the current items identified and monitored will be brought forward into the new AGS.

Paul Cresswell Corporate Director (s151)

Author: James Ingham, Head of NY Audit Partnership
Telephone No: 01723 232364
E-Mail Address: James.Ingham@Ryedale.gov.uk
James.Ingham@Scarborough.gov.uk

Background Papers:
None

Background Papers are available for inspection at:

ANNUAL GOVERNANCE STATEMENT 2008/09

ACTION PLAN for implementation in 2009/10

STATUS	CONTROL ISSUE	ACTION PROPOSED	RESPONSIBILITY	TARGET DATE	CURRENT POSITION & COMMENTS
Brought Forward From 2007/2008 Action Plan	<u>Code of Conduct</u> A Code of Conduct for Members has been adopted and signed by all Members as a condition of office. A Code of Conduct for Officers is required.	Code of Conduct for Officers to be introduced following publication of the national code. Further report to be considered by Overview and scrutiny on 2 July to consider this issue.	Monitoring Officer	1/10/08 revised at 2/7/09 meeting of committee.	National Code for members now published, but National Code for Officers still outstanding. The current Officer code (RDC) is accessible on the Intranet and was revised in Oct 2005. Due to uncertainty a bespoke RDC version is required and will be drafted. <i>Oct 2009 - it is anticipated that a draft code of conduct for Officers will be presented to P&R committee in Dec 2009.</i>
Brought Forward From 2007/2008 Action Plan	<u>Partnerships</u> The Council will need to establish sound governance arrangements for its significant partnerships.	Identify significant partnerships and establish appropriate governance arrangements relevant to each. Partnership Governance protocol to be considered by Overview and Scrutiny Committee on 6 August 2009	Head of Transformation	31/12/08 Protocol 6/8/09 Review ongoing thereafter	The Use of Resources assessment requires Governance arrangements to be reviewed. Outcome will be reported to Overview and Scrutiny. <i>Oct 2009 - Completed</i>
Brought Forward From 2007/2008 Action Plan	<u>Asset Management</u> The Audit Commission KIoE for UoR Action Plan 2008 notes that the Council' approach to Asset	That the software bought to assist with asset management be installed and commissioned as a priority.	Head of Resources	Fully functional by 31/12/09	Progress is being made towards populating the estates management system. <i>Oct 2009 - the locally designed spreadsheet to manage assets is</i>

STATUS	CONTROL ISSUE	ACTION PROPOSED	RESPONSIBILITY	TARGET DATE	CURRENT POSITION & COMMENTS
	Management did not reach level 3 assessment. (Level 3 requires that the council maintains an effective asset register.).				<i>operational. The estates management software (a module of Uniform) has not been populated, and the date for that to be complete is suggested to be 30/6/2010.</i>
New 2008/09	There are some significant weaknesses in budgetary management. (Identified through good budgetary control framework.)	Review is being undertaken of the specific budget areas, with remedial action as necessary	Corporate Director (S151) Head of Environmental Services	To be completed by 30/9/2009	<i>Oct 09 - Further work to be undertaken by the Council's external auditors in reviewing the control failures in the process. This will be reported to Overview and scrutiny Committee in December/February.</i>
New 2008/09	There are some weaknesses in the tendering process for maintenance and small capital projects.	Review is being undertaken of the specific contracting areas, with remedial action as necessary	Corporate Director (S151) Head of Environmental Services	To be completed by 30/9/2009	<i>Review complete, no further action required. Reminders on proper completion of returned tender documents issued to staff.</i>
New 2008/09	The role and responsibilities of member champions are not established within the Council	Review to be undertaken setting out necessary information for member champions and officer leads.	Head of Transformation	To be completed by 30/9/2009	<i>Oct 2009 - Generic Job descriptions in place. Following review by Heads of Service, the role of each member champion is being developed. These expect to be finalised by March 2010.</i>
New 2008/09	There have been significant changes to the constitution in 2008/2009 and further member and officer training is required.	Training and member briefing to take place. Ongoing training as further changes are made.	Chief Executive Monitoring Officer	To be completed by 30/9/2009	<i>Oct 09 - The Council has embarked on a series of Leadership training modules for the service unit managers, and Heads of Service, which should lead to a better understanding of the Constitution. Human Resources team are planning a series of training sessions for this</i>

STATUS	CONTROL ISSUE	ACTION PROPOSED	RESPONSIBILITY	TARGET DATE	CURRENT POSITION & COMMENTS
					<i>group to cover core issues and skills around the basic operation of the council, including Risk management; Procurement, and these should link into the Constitution.</i>
New 2008/2009	Whilst member training is provided a more structured programme is required	Member training Plan to be agreed	Head of Organisational Development	To be completed by 30/9/2009	Plan in outline produced Oct 2009 ~ details are being consolidated, 1 st meeting to discuss the programme has been held; 2 nd to be held shortly, linking to use of the Charter Mark, and developing use of Covalent.
New 2008/2009	The Council has a good record of achieving value for money, however more work is required to review high value services and high comparative cost services	Value for Money strategy to be taken to Policy and resources committee establishing a series of prioritised reviews	Corporate Director (s151)	Strategy by 31/7/09 reviews ongoing	Oct09 - Strategy was presented and approved by Policy Committee on 25 June 2009. Work on review programme underway monitored by VFM officer group. Reports to be brought to members as appropriate.
New 2008/2009	Corporate Business Continuity Plan requires testing for resilience and further may be training required.	Use consultancy days from our insurers and specialist to ensure the plan is fit for purpose and appropriate staff have currency of knowledge.	Corporate Director (s151)	To be completed by 31/12/2009	Oct 09 - Work ongoing, further assistance agreed from NYCC emergency Planning Unit.



REPORT TO:	OVERVIEW AND SCRUTINY
DATE:	15 OCTOBER 2009
REPORT OF THE:	HEAD OF ORGANISATIONAL DEVELOPMENT LOUISE SANDALL
TITLE OF REPORT:	SICKNESS ABSENCE REVIEW - MANAGEMENT INFORMATION
WARDS AFFECTED:	ALL

1.0 PURPOSE OF REPORT

- 1.1 This report presents the management information currently supplied to Corporate Management Team.

2.0 RECOMMENDATION

- 2.1 It is recommended that members receive the report and suggest any further action required to improve the data.

3.0 REASON FOR RECOMMENDATION

- 3.1 It was agreed at the previous meeting that members would find this information useful in reviewing sickness absence policy and procedures.

4.0 REPORT

- 4.1 Members will recall that we are in the process of reviewing the authority's current sickness absence procedures and have already consulted Heads of Service and Service Unit Managers. Consultation is currently ongoing with Unison and the staff focus group.
- 4.2 The Annex to this report provides a both narrative and statistical reports on Ryedale's position in relation to sickness absence at August 2009. Information is provided in this format to the Corporate Management Team on a monthly basis, following which Corporate Management Team may seek further information or intervention by Heads of Service and/or Service Unit Managers.
- 4.3 Members are invited to review this information to consider whether you wish to recommend adjustments to the information provided, that may enable Corporate Management Team to improve exiting monitoring and management arrangements

5.0 CONCLUSION

- 5.1 Members are invited to consider whether adjustments are required to the information provided to Corporate Management Team to improve the authorities ability to monitor and manage sickness absence at Ryedale.

Louise Sandall
Head of Organisational Development

Author: Louise Sandall, Head of Organisational Development
Telephone No: 01653 600666 ext: 392
E-Mail Address: Louise.Sandall@ryedale.gov.uk

Review of Absence Statistics for April 2009 to August 2009

Please find attached a variety of absence statistics up to August 2009. Further summaries and overviews are below.

Year on Year

Overall sickness absence figures for August are again reducing and are getting nearer to the target figure of 7.5 days. The projected figure is now 8.74 days which is less than last years total figure. However this figure may not give a true reflection as it only covers 5 months of the year.

Based on current forecasted figures by HR, 5 departments still have a current forecast which is higher than our target of 7.5 days. [Please see Annex A]

Looking at the month by month figures [please see Annex B] August is the lowest figure for 4 years which is very promising.

Short Term Absence (STA) within RDC (under 4 weeks) [Please see Annex C]

Short term absence for the month of August (56.87 days) has again decreased and is now the lowest figure since May 2007.

Out of 18 departments (which include the Partnerships and CMT and SMT), 4 of these have had no short term sickness absence in the period April to August 2009. These are Corporate Management and Support, Health and Environment, Human Resources and Senior Management Team.

Further information on the actual number of days absence by department can be seen at Annex C. Further analysis of this will be done in the next report.

Long Term Sick (LTS) within RDC (over 4 weeks) [Please see Annex C]

Economy and Community Services, Facilities and Emergency Planning and Streetscene Services were running with officers on LTS in August 2009, totalling 4 employees. 1 of these employees returned to work during August and 2 of these employees have been granted ill health retirement.

Sickness Absence Reasons [Please see Annex E]

The highest absence reason for short term absence for the period April to August 2009 is 'Other musculo-skeletal problems (does not include back)' (93.69 days), the next highest is 'Infections (including influenza, colds, coughs and throat infections)' (89.59 days) and this absence reason rose significantly in August 2009.

The highest absence reasons for long term absence for this period is also 'Other musculo-skeletal problems (does not include back)' (184.6 days). The next highest reason is 'Stress, Depression and Anxiety' which is 104.5 days.

Trigger Points

Trigger information for August 2009 is not yet available due to timing of the report. This will be available in next months report.

Way forward

Comments are still awaited for UNISON on the revised procedures.

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Year on Year Totals

	2000/2001	2001/2002	2002/2002	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/09	2009/10	Target
RDC Total - Average Days Sick	11	7.85	7.47	7.82	10.01	6.68	11.89	8.99	10.68	8.74	7.5	
LTS - actual FTE Sick				736.38	1225.38	692.7	1713.23	1224.63	1526.02	583.46	n/a	
STA - actual FTE Sick				1015.13	1122.32	961.66	1258.24	969.01	1288.87	385.97	n/a	

Average Days Sickness

Department	Actual	Projected		Forecasted	
	2009/10	2009/10	2009/10	2009/10	2009/10
Audit Partnership	2.76	6.63	6.00		
Building Control Partnership	0.31	0.74	1.00		
Corporate Management Team & Support	0.00	0.00	0.50		
Customer Services & Benefits	3.25	7.81	7.50		
Democratic Services	9.67	23.20	8.00		
Development	2.67	6.41	7.50		
Economy & Community Services	5.53	13.27	10.00		
Facilities & Emergency Planning	5.68	13.63	6.00		
Finance & Revenues	3.48	8.35	8.00		
Forward Planning	0.60	1.44	1.50		
Health & Environment	0.00	0.00	0.50		
Housing Services	1.53	3.67	5.00		
Human Resources	0.00	0.00	0.50		
ICT Services	0.15	0.37	0.50		
Legal Services	0.43	1.03	1.00		
Senior Management Team	6.20	14.88	8.00		
Streetscene Services	6.80	16.33	10.00		
Transformation	4.48	10.75	5.00		
Total	3.64	8.74	9.00		

Forecasted figure is based on current knowledge of absence within that unit.

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Actual FTE Sickness by month 2008/09 with comparisons of previous years

By Total

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
April	175.89	137.59	106.11	179.24	180.88	307.91
May	194.32	132.79	109.31	157.30	161.63	209.03
June	226.57	124.78	181.72	184.91	201.66	199.09
July	258.10	86.29	248.65	202.87	214.65	150.73
August	209.47	88.62	242.74	185.81	176.99	102.67
September	209.93	109.98	250.95	172.47	236.07	0.00
October	234.83	141.60	272.09	184.18	200.10	0.00
November	204.25	182.39	334.22	226.02	206.78	0.00
December	190.26	171.14	307.47	206.99	287.14	0.00
January	171.15	148.68	363.89	253.61	319.41	0.00
February	157.38	196.90	293.95	119.16	272.49	0.00
March	115.56	133.60	260.37	121.08	357.09	0.00
Total	2347.71	1654.36	2971.47	2193.64	2814.89	969.43

By Short Term / Long Term

	2007/08		2008/09		2009/10	
	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term
April	84.02	95.22	133.78	47.1	92.31	215.6
May	54.18	103.12	63.25	98.38	63.02	146.01
June	84.66	100.25	80.58	121.08	103.11	95.98
July	96.04	106.83	76.49	138.16	70.66	80.07
August	61.95	123.86	73.83	103.16	56.87	45.8
September	77.6	94.87	131.66	104.41	0	0
October	70.64	113.54	83.57	116.53	0	0
November	91.18	134.84	125.56	81.22	0	0
December	64.84	142.15	149.25	137.89	0	0
January	148.53	105.08	162.52	156.89	0	0
February	69.79	49.37	92.61	179.88	0	0
March	65.58	55.5	115.77	241.32	0	0
Total	969.01	1224.63	1288.87	1526.02	385.97	583.46

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Actual FTE Days Absence - Summary
by Department by month for 2009/10

	Apr-09			May-09			Jun-09			Jul-09		
	STA	LTS	Total	STA	LTS	Total	STA	LTS	Total	STA	LTS	Total
Audit Partnership	13.00	0.00	13.00	7.00	0.00	7.00	6.00	0.00	6.00	5.00	0.00	5.00
Building Control Partnership	6.00	0.00	6.00	2.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00
Corporate Management Team & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Customer Services & Benefits	0.00	28.50	28.50	4.00	15.00	19.00	5.00	7.00	12.00	10.00	0.00	10.00
Democratic Services	0.00	15.00	15.00	1.00	0.00	1.00	0.50	8.50	9.00	8.00	2.50	10.50
Development	2.00	14.60	16.60	0.00	5.82	5.82	11.00	0.00	11.00	10.00	0.00	10.00
Economy & Community Services	1.50	20.00	21.50	0.00	19.00	19.00	8.72	22.00	30.72	3.02	23.00	26.02
Facilities & Emergency Planning	7.87	6.80	14.67	0.81	6.46	7.27	0.68	7.48	8.16	2.38	7.82	10.20
Finance & Revenues	0.00	20.00	20.00	2.01	17.00	19.01	2.00	0.00	2.00	1.01	0.00	1.01
Forward Planning	0.00	0.00	0.00	2.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00
Health & Environment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Housing Services	8.32	0.00	8.32	4.70	0.00	4.70	1.85	0.00	1.85	9.00	0.00	9.00
Human Resources	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ICT Services	0.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
Legal Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Senior Management Team	0.00	20.00	20.00	0.00	11.00	11.00	0.00	0.00	0.00	0.00	0.00	0.00
Streetscene Services	41.62	90.70	132.32	38.50	71.73	110.23	64.86	39.00	103.86	22.25	46.75	69.00
Transformation	12.00	0.00	12.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	92.31	215.60	307.91	63.02	146.01	209.03	103.11	95.98	199.09	70.66	80.07	150.73

	Aug-09			Cumulative			
	STA	LTS	Total	STA	LTS	Total	Employees
Audit Partnership	2.00	0.00	2.00	33.00	0.00	33.00	11.94
Building Control Partnership	1.01	0.00	1.01	9.01	0.00	9.01	29.13
Corporate Management Team & Support	0.00	0.00	0.00	0.00	0.00	0.00	5
Customer Services & Benefits	7.28	0.00	7.28	26.28	50.50	76.78	23.59
Democratic Services	8.00	0.00	8.00	17.50	26.00	43.50	4.5
Development	0.37	0.00	0.37	23.37	20.42	43.79	16.4
Economy & Community Services	1.01	2.00	3.01	14.25	86.00	100.25	18.135
Facilities & Emergency Planning	10.62	6.80	17.42	22.36	35.36	57.72	10.165
Finance & Revenues	6.04	0.00	6.04	9.06	49.00	58.06	16.68
Forward Planning	0.00	0.00	0.00	4.50	0.00	4.50	7.5
Health & Environment	0.00	0.00	0.00	0.00	0.00	0.00	16.11
Housing Services	2.29	0.00	2.29	26.16	0.00	26.16	17.13
Human Resources	0.00	0.00	0.00	0.00	0.00	0.00	1.905
ICT Services	0.00	0.00	0.00	1.00	0.00	1.00	6.54
Legal Services	0.00	0.00	0.00	2.00	0.00	2.00	4.68
Senior Management Team	0.00	0.00	0.00	0.00	31.00	31.00	5
Streetscene Services	18.25	37.00	55.25	185.48	285.18	470.66	69.17
Transformation	0.00	0.00	0.00	12.00	0.00	12.00	2.68
Total	56.87	45.80	102.67	385.97	583.46	969.43	266.26

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Sickness absence for specific types of sickness	Aug-09	
	Number of days sickness absence	
	Short term	Long term
		All
	16.34	17
1. Back problems	93.69	184.6
2. Other musculo-skeletal problems (includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis)	15.3	104.5
3. Stress, depression, anxiety, mental health & fatigue (include mental illnesses such as anxiety and nervous debility/disorder)	89.59	89.59
4. Infections (include influenza, cold, cough and throat infections)	38.84	124.84
5. Neurological; headaches & migraines	10.13	10.13
6. Eye, ear, nose and mouth/dental; sinusitis	5	81
7. Genito-urinary; menstrual problems	3	3
8. Pregnancy related (exclude maternity leave)	54.52	54.52
9. Stomach, liver, kidney, digestion (include diarrhoea, vomiting and other gastro-intestinal illnesses)	13	58
10. Heart, blood pressure, circulation	29.14	52.36
11. Chest, respiratory (For example, illnesses such as asthma, bronchitis and hay fever, and to include chest infections)	11.4	11.4
12. Other	6.02	6.02
13. Not known	385.97	583.46
Total		969.43
Long term refers to absence in a spell of more than 4 weeks continuous absence		

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REPORT TO: OVERVIEW AND SCRUTINY COMMITTEE

DATE: 15 OCTOBER 2009

REPORT OF THE: CUSTOMER SERVICES AND BENEFITS MANAGER
ANGELA WOOD

TITLE OF REPORT: CUSTOMER COMPLAINTS RECEIVED QUARTER 2

WARDS AFFECTED: ALL

1.0 PURPOSE OF REPORT

1.1 To inform Members of the number and type of complaints received under the Council's complaint procedure for the period July – September 2009.

2.0 RECOMMENDATION

2.1 It is recommended that members accept the report as attached.

3.0 BACKGROUND AND INTRODUCTION

3.1 This report includes complaints monitored under individual service complaints systems (**Annex 1**).

3.2 The report also includes a summary of customer feedback to Community Leisure Ltd (CLL) for the period July – September 2009 together with the action taken where appropriate (**Annex 2**).

4.0 REPORT DETAILS

4.1 The annexes of the report show the number of complaints received and the actions which have been taken.

Angela Wood
Customer Service and Benefits Manager

Author: Angela Wood, Customer Services and Benefits Manager
Telephone No: 01653 600666 ext: 220
E-Mail Address: angela.wood@ryedale.gov.uk

Background Papers:
RDC Complaints Procedure

Background Papers are available for inspection at:
http://www.ryedale.gov.uk/council_and_democracy/corporate_complaints.aspx

For the attention of Overview & Scrutiny Committee

COMMUNITY SERVICES COMMITTEE

Decisions of a Meeting held on 24 September 2009

Overview & Scrutiny Committee Observer: Councillor Mrs Shields

1. **Apologies for Absence**

Councillors Mrs Arnold, Mrs Frank, Hope and Mrs Keal

2. **Minutes of a meeting of the Community Services & Licensing Committee held on 23 July 2009**

Minutes Agreed

3. **Urgent Business**

There were no items of urgent business.

4. **Declarations of Interest**

There were no declarations of interest.

5. **Items Referred from Council**

There were no items referred from Council

PART A - Matters to be dealt with under delegated powers or matters determined by Committee.

6. **Performance and Finance Report – Council Aims 1- 4**

That the Performance and Finance Report be endorsed.

7. **Housing Performance Report**

That the report be endorsed

8. **Policy in Relation to Wild Animals on Council Owned Land**

Resolved

That each application to stage a circus with non-domesticated animals on Council owned land be considered on its own merits and that any such application be referred to the Community Services Committee for determination.

9 **Low Carbon Economy – Regional Information Papers**

That the report be noted.

PART B - Matters referred to Council

10. **Monthly Winter Garden Waste Collection Point**

Resolved

That Council be recommended to approve

- (A) A pilot scheme to reduce the frequency of winter garden waste collections across the District from alternate weekly to once every four weeks during December, January and February 2009/10 to reduce CO2 emissions and secure efficiency savings.
- (B) Outcomes from the pilot to be reported back to Community Services Committee for consideration following the trial.

The meeting closed at 8.10 pm