



OVERVIEW AND SCRUTINY COMMITTEE

Thursday 22 April 2021 at 6.30 pm

Virtual Meeting

IMPORTANT: The Council fully recognises and respects the role and importance of democratic meetings and is committed to protecting the health and safety of Elected Members and Officers who participate.

This meeting will be held virtually. The meeting will take place via Microsoft Teams and details of how to join the meeting have been provided to Members of the Committee. A telephone dial-in facility will also be available.

For the purpose of public transparency and accountability, the meeting will be live streamed online. The live stream can be accessed here:

<https://www.youtube.com/channel/UCZCvPUsJOLwMJ9ukDsGf0Hw>

The media will be able to report on proceedings from the live stream.

Agenda

- 1 **Apologies for absence**
- 2 **Minutes of the meeting held on 25 March 2021** (Pages 3 - 4)
- 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 100B(4)(b) of the Local Government Act 1972.
- 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 **External Audit Progress Report - Verbal Update**
- 6 **External Audit Plan** (Pages 5 - 30)
- 7 **Third Internal Audit and Counter Fraud Progress Report** (Pages 31 - 44)
- 8 **Counter Fraud Governance Plan 2021/22** (Pages 45 - 50)
- 9 **Update on Risk Management** (Pages 51 - 74)
- 10 **O&S Forward Plan** (Pages 75 - 78)
- 11 **Any other business that the Chairman decides is urgent.**

Overview and Scrutiny Committee

Virtual Meeting
on Thursday 25 March 2021

Present

Councillors Brackstone, Garbutt Moore, Di Keal, King, Middleton (Vice-Chair, in the Chair), Oxley, Raine and Wass

In Attendance

Cllr Joy Andrews, Alan Bardet, Simon Copley, Anton Hodge, Christine Phillipson, Margaret Wallace and Louise Wood

Minutes

47 **Apologies for absence**

Apologies were received from Cllrs Cussons and Raper.

48 **Minutes of the meeting held on 11th February**

Decision

That the minutes of the meeting of the Overview and Scrutiny Meeting held on 11 February 2021 be approved and signed by the Chairman as a correct record.

Voting Record

Unanimous

49 **Urgent Business**

There were no items of urgent business.

50 **Declarations of Interest**

There were no declarations of interest.

51 **Safer Ryedale and Community Safety Plan**

Considered – The report of the Head of Customer Services and Communities

Decision

That the Safer Ryedale Progress with Delivering the Community Safety Plan be received and noted.

Voting Record

Unanimous

52 **CIPFA Financial Management Code**

Considered – The report of the Section 151 Officer

Decision

That the CIPFA Financial Management Code be received and noted.

Voting Record

Unanimous

53 **Decisions from other Committees**

The Committee received the Minutes of the Policy and Resources Committee held on 18 March 2021.

54 **O&S Forward Plan**

The Committee received the Overview & Scrutiny Forward Plan.

55 **Any other business that the Chairman decides is urgent.**

There being no other items of urgent business the meeting closed at 7:20pm.

Ryedale District Council 2020-21 Audit Plan

Year ending 31 March 2021

13 April 2021

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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit planning process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Council or all weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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1. Key matters

Factors

Local government reorganisation in North Yorkshire

In October 2020, as part of local government reorganisation plans, the Government invited councils in three areas in England to submit proposals for the creation of unitary local authorities by April 2023. North Yorkshire County, where Ryedale District Council (‘the Council’) is situated, was one of those three areas. Following a series of Council meetings and discussions with other local Council partners, Ryedale, Craven, Harrogate, Richmondshire, Scarborough and Selby Councils submitted an outline proposal to the Government in November 2020. This proposal was supportive of an ‘East and West’ unitary model which the Council considered as the best way to reorganise local government in the North Yorkshire region.

At the time of writing this report, it is expected that government will continue to undertake further consultation on these proposals. According to the current timeline announced, a final decision by the Secretary of State for Housing, Communities and Local Government on which option to implement – either an ‘East and West’ unitary council or a single unitary for the whole of North Yorkshire – is expected in the Autumn of 2021.

We continue to keep this key policy under discussion in our regular liaison meetings with the Chief Executive and Chief Finance Officer.

Impact of Covid-19 pandemic, the projected 2020-21 financial outturn, and the Medium Term Financial Strategy (MTFS)

According to Council’s latest financial monitoring reports in February 2021, it is estimated that there are additional costs to the Council of £2m due to the Covid-19 pandemic in 2020-21, before any government grant funding is taken into account. Lost income on car parking charges amounts to around £450k is a key contributor to these additional costs. The Council has received £1m government grants to date. In addition, the Council has provided £0.25m from reserves, plus £20k of its normal grants budget to support these costs. Taking these into account, there is a potential remaining COVID funding gap of c£0.7m for year ended 31 March 2021. At end of Q3 (December 2020), the Council is projecting a deficit of £0.8m of which £0.7m is driven by the impact of the Covid-19 pandemic. The Council is proposing to fund the deficit from its general fund reserves, where the balance was £15.9m as at 31 March 2020.

The Council set a balanced budget for 2021-22 which was approved by the Council in February 2021. This has a budgeted drawdown from the general fund reserves of £1.7m and a savings target of £377k. The Council has also set a MTFS from 2022-23 to 2024-25 that was reported to the full Council in February 2021. These financial plans have deficits of £1.3m, £1.6m and £1.6m for respective years from 2022-23, 2023-24 and 2024-25. As with all local authorities, the Council faces uncertainty at present in terms future funding and financial planning, given the one year spending review, and within North Yorkshire there is the added uncertainty of the possible reorganisation

Our response

- As a firm, we are absolutely committed to audit quality and financial reporting in the local government sector. Our proposed work and fee, as set further in our Audit Plan, has been agreed with the Chief Finance Officer
- We will consider your arrangements for managing and reporting your financial resources as part of our work in completing our Value for Money work.
- We will continue to provide you with sector updates via our Audit Committee updates.
- We will continue to have our routine liaison meetings with the senior management including your Chief Executive and update our understanding of your key issues including the reorganisation in local government and future of Ryedale District Council. This will inform our continued risk assessment and subsequent responses.
- The Council’s valuer reported a material uncertainty in regards to the valuation of properties including investment properties in 2019-20 due to the Covid 19 pandemic. We have identified a significant risk in regards to the valuation of land and buildings including investment properties – see page 6 for further details.

2. Introduction and headlines

Purpose

This document provides an overview of the planned scope and timing of the statutory audit of Ryedale District Council ('the Council') for those charged with governance.

Respective responsibilities

The National Audit Office ('the NAO') has issued a document entitled Code of Audit Practice ('the Code'). This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. Our respective responsibilities are also set out in the agreed *Terms of Appointment and Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA)*, the body responsible for appointing us as auditor of Ryedale District Council. We draw your attention to both of these documents.

Scope of our audit

The scope of our audit is set in accordance with the Code and International Standards on Auditing (ISAs) (UK). We are responsible for forming and expressing an opinion on the:

- Council's financial statements that have been prepared by management with the oversight of those charged with governance (the Overview and Scrutiny Committee - Audit); and
- Value for Money arrangements in place at the Council for securing economy, efficiency and effectiveness in your use of resources.

The audit of the financial statements does not relieve management or the Overview and Scrutiny Committee - Audit of your responsibilities. It is the responsibility of the Council to ensure that proper arrangements are in place for the conduct of its business, and that public money is safeguarded and properly accounted for. We have considered how the Council is fulfilling these responsibilities.

Our audit approach is based on a thorough understanding of the Council's business and is risk based.

Significant risks

Those risks requiring special audit consideration and procedures to address the likelihood of a material financial statement error have been identified as:

- Valuation of land and buildings including investment properties
- Valuation of net Pension Fund Liability
- Management override of controls

We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings (ISA 260) Report late this year.

Materiality

We have determined planning materiality to be £438,000 (PY £400,000) for the Council, which equates to 2% of your prior year gross expenditure for cost of services. We are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. Clearly trivial has been set at £21,900 (PY £20,000). See further analysis of materiality determination at page 13.

Value for Money arrangements

Our risk assessment regarding your arrangements to secure value for money has not identified any significant weaknesses covering the three criteria areas of finance, governance and performance at this time.

We will continue to assess this as we perform our detailed understanding of your arrangements as part of our enhanced procedures required under the new VFM Audit Code of Practice.

Audit logistics

Our interim visit is taking place in April and our final visit will take place from July with a target to complete our fieldwork testing by October. Our key deliverables are this Audit Plan, our Audit Findings (ISA260) Report and the new requirement of the Auditor's Annual Report.

Our proposed fee for the audit is £57,206 (PY: £51,706) for the Council, subject to the Council delivering a good set of financial statements and working papers. See further analysis of our audit fees at page 17.

We have complied with the Financial Reporting Council's Ethical Standard (revised 2019) and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements.

3. Significant risks identified

Significant risks are defined by ISAs (UK) as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
<p>The revenue cycle includes fraudulent transactions</p>	<p>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</p> <p>This presumption can be rebutted if the auditor concludes that there is no risk of material misstatement due to fraud relating to revenue recognition.</p> <p>Having considered the risk factors set out in ISA240 and the nature of the revenue streams at the Council, we have determined that the risk of fraud arising from revenue recognition can be rebutted, because:</p> <ul style="list-style-type: none"> • there is little incentive to manipulate revenue recognition • opportunities to manipulate revenue recognition are very limited • the culture and ethical frameworks of local authorities, including at Ryedale District Council, mean that all forms of fraud are seen as unacceptable. 	<p>As we do not consider this to be a significant risk for the Council, we will not be undertaking any specific work in this area other than our normal audit procedures, including validating total revenues to Council tax, non domestic rates and central government grants income.</p>
<p>Management over-ride of controls</p>	<p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Council faces external scrutiny of its spending and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We will:</p> <ul style="list-style-type: none"> • evaluate the design effectiveness of management controls over journals • analyse the journals listing and determine the criteria for selecting high risk unusual journals • test unusual journals recorded during the year and after the draft accounts stage for appropriateness and corroboration • gain an understanding of the accounting estimates and critical judgements applied and made by management and consider their reasonableness with regard to corroborative evidence • evaluate the rationale for any changes in accounting policies, estimates or significant unusual transactions.

Significant risks identified (continued)

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
Valuation of land and buildings, including investment properties	<p>The Council values its other land and buildings on a rolling five-yearly basis. This valuation represents a significant estimate by management in the financial statements due to the size of the numbers involved (c£15m) and the sensitivity of this estimate to changes in key assumptions.</p> <p>Additionally, management will need to ensure the carrying value in the Council's financial statements is not materially different from the current value or the fair value (for surplus assets) at the financial statements date, where a rolling programme is used.</p> <p>Investment Properties: All investment properties should be valued and reported at fair value under relevant accounting principles. Again, this valuation represents a significant estimate by management in the financial statements due to the size of the numbers involved (c£2.1million) compared to Council's materiality and the sensitivity of this estimate to changes in key assumptions.</p> <p>We therefore identified valuation of land and buildings including investment properties as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We will:</p> <ul style="list-style-type: none"> • update our understanding of the processes and controls put in place by management to ensure that the Council's valuation of land and buildings and investment properties are not materially misstated and evaluate the design of the associated controls • evaluate management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work • evaluate the competence, capabilities and objectivity of the valuation expert • discuss with the valuer the basis on which the valuation was carried out including investment properties • challenge the information and assumptions used by the valuer to assess completeness and consistency with our understanding • test revaluations made during the year including investment properties, to see if they had been input correctly into the Council's asset register • evaluate the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value at year end. • evaluate that investment properties have been valued and reported at fair value as at the balance sheet date.

Significant risks identified (continued)

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
Valuation of the pension fund net liability	<p>The Council's pension fund net liability, as reflected in the balance sheet as the retirement benefit obligations, represents a significant estimate in the financial statements.</p> <p>The Council's pension fund net liability is considered a significant estimate due to the size of the numbers involved (PY: c£13.3m in the balance sheet) and the sensitivity of the estimate to changes in key assumptions.</p> <p>We therefore identified valuation of the Council's pension fund net liability as a significant risk, which was one of the most significant assessed risks of material misstatement</p>	<p>We will:</p> <ul style="list-style-type: none">• update our understanding of the processes and controls put in place by management to ensure that the Council's pension fund net liability is not materially misstated and evaluate the design of the associated controls• evaluate the instructions issued by management to their management expert (an actuary) for this estimate and the scope of the actuary's work• assess the competence, capabilities and objectivity of the actuary who carried out the Council's pension fund valuation• assess the accuracy and completeness of the information provided by the Council to the actuary to estimate the liability• test the consistency of the pension fund asset and liability and disclosures in the notes to the core financial statements with the actuarial reports from respective actuaries• undertake procedures to confirm the reasonableness of the actuarial assumptions made by reviewing the report of the consulting actuary (as auditor's expert) and performing any additional procedures suggested within the report• obtain assurances from the auditor of the North Yorkshire Pension Fund as to the controls surrounding the validity and accuracy of membership data; contributions data and benefits data sent to the actuary by the pension fund and the fund assets valuation in the pension fund financial statements.

4. Accounting estimates and related disclosures

The Financial Reporting Council issued an updated ISA (UK) 540 (revised): *Auditing Accounting Estimates and Related Disclosures* which includes significant enhancements in respect of the audit risk assessment process for accounting estimates.

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Introduction

Under ISA (UK) 540 (Revised December 2018) auditors are required to understand and assess an entity's internal controls over accounting estimates, including:

- The nature and extent of oversight and governance over management's financial reporting process relevant to accounting estimates;
- How management identifies the need for and applies specialised skills or knowledge related to accounting estimates;
- How the entity's risk management process identifies and addresses risks relating to accounting estimates;
- The entity's information system as it relates to accounting estimates;
- The entity's control activities in relation to accounting estimates; and
- How management reviews the outcomes of previous accounting estimates.

As part of this process auditors also need to obtain an understanding of the role of those charged with governance, which is particularly important where the estimates have high estimation uncertainty, or require significant judgement.

Specifically do Overview and Scrutiny Committee – Audit members:

- Understand the characteristics of the methods and models used to make the accounting estimates and the risks related to them;
- Oversee management's process for making accounting estimates, including the use of models, and the monitoring activities undertaken by management; and
- Evaluate how management made the accounting estimates?



Accounting estimates and related disclosures

Additional information that will be required

To ensure our compliance with this revised auditing standard, we will be requesting further information from management and those charged with governance during our audit for the year ended 31 March 2021.

Based on our knowledge of the Council we have identified the following material accounting estimates for which this is likely to apply:

- Valuations of land and buildings and investment properties
- Depreciation (useful economic lives)
- Year end provisions including business rates and accruals
- Valuation of defined benefit net pension fund liabilities.
- Valuation of financial instruments.

The Council's Information systems

In respect of the Council's information systems we are required to consider how management identifies the methods, assumptions and source data used for each material accounting estimate and the need for any changes to these. This includes how management selects, or designs, the methods, assumptions and data to be used and applies the methods used in the valuations.

When the models used include increased complexity or subjectivity, as is the case for many valuation models, auditors need to understand and assess the controls in place over the models and the data included therein. Where adequate controls are not in place we may need to report this as a significant control deficiency and this could affect the amount of detailed substantive testing required during the audit.

If management has changed the method for making an accounting estimate we will need to fully understand management's rationale for this change. Any unexpected changes are likely to raise the audit risk profile of this accounting estimate and may result in the need for additional audit procedures.

We are aware that the Council uses management experts in deriving some of its more complex estimates, e.g. asset valuations and pensions liabilities. However, it is important to note that the use of management experts does not diminish the responsibilities of management and those charged with governance to ensure that:

- All accounting estimates and related disclosures included in the financial statements have been prepared in accordance with the requirements of the financial reporting framework, and are materially accurate;
- There are adequate controls in place at the Council (and where applicable its service provider or management expert) over the models, assumptions and source data used in the preparation of accounting estimates.



Estimation uncertainty

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Under ISA (UK) 540 we are required to consider the following:

- How management understands the degree of estimation uncertainty related to each accounting estimate; and
- How management address this estimation uncertainty when selecting their point estimate.

For example, how management identified and considered alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the point estimate used.

The revised standard includes increased emphasis on the importance of the financial statement disclosures. Under ISA (UK) 540 (Revised December 2018), auditors are required to assess whether both the accounting estimates themselves and the related disclosures are reasonable.

Where there is a material uncertainty, that is where there is a significant risk of a material change to the estimated carrying value of an asset or liability within the next year, there needs to be additional disclosures. Note that not all material estimates will have a material uncertainty and it is also possible that an estimate that is not material could have a risk of material uncertainty.

Where there is material estimation uncertainty, we would expect the financial statement disclosures to detail:

- **What the assumptions and uncertainties are;**
- **How sensitive the assets and liabilities are to those assumptions, and why;**
- **The expected resolution of the uncertainty and the range of reasonably possible outcomes for the next financial year; and**
- **An explanation of any changes made to past assumptions if the uncertainty is unresolved.**

Planning enquiries

As part of our planning risk assessment procedures we have sent inquiries to management and to those charged with governance. We would appreciate a prompt response to these enquires in due course.

Further information

Further details on the requirements of ISA (UK) 540 (Revised December 2018) can be found in the auditing standard on the Financial Reporting Council's website:

[https://www.frc.org.uk/getattachment/0fa69c03-49ec-49ae-a8c9-cc7a2b65382a/ISA-\(UK\)-540_Revised-December-2018_final.pdf](https://www.frc.org.uk/getattachment/0fa69c03-49ec-49ae-a8c9-cc7a2b65382a/ISA-(UK)-540_Revised-December-2018_final.pdf)

5. Other matters

Other work

In addition to our responsibilities under the Code of Practice, we have a number of other audit responsibilities, as follows:

- We read your Narrative Report and Annual Governance Statement to check that they are consistent with the financial statements on which we give an opinion and our knowledge of the Council.
- We carry out work to satisfy ourselves that disclosures made in your Annual Governance Statement are in line with requirements set by CIPFA.
- We carry out work on your consolidation schedules for the Whole of Government Accounts process in accordance with NAO group audit instructions.

We consider our other duties under legislation and the Code, as and when required, including:

- giving electors the opportunity to raise questions about your 2020-21 financial statements, consider and decide upon any objections received in relation to the 2020-21 financial statements;
 - issuing a report in the public interest or written recommendations to the Council under section 24 of the Local Audit and Accountability Act 2014 (the Act).
 - application to the court for a declaration that an item of account is contrary to law under section 28 or a judicial review under section 31 of the Act
 - issuing an advisory notice under section 29 of the Act
- We certify completion of our audit.

Other material balances and transactions

Under International Standards on Auditing, "irrespective of the assessed risks of material misstatement, the auditor shall design and perform substantive procedures for each material class of transactions, account balance and disclosure". All other material balances and transaction streams will therefore be audited. However, the procedures will not be as extensive as the procedures adopted for the risks identified in this report.

Going concern

As auditors, we are required to obtain sufficient appropriate audit evidence regarding, and conclude on:

- whether a material uncertainty related to going concern exists; and
- the appropriateness of management's use of the going concern basis of accounting in the preparation of the financial statements.

The Public Audit Forum has been designated by the Financial Reporting Council as a "SORP-making body" for the purposes of maintaining and updating Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (PN 10). It is intended that auditors of public sector bodies read PN 10 in conjunction with (ISAs) (UK).

PN 10 has recently been updated to take account of revisions to ISAs (UK), including ISA (UK) 570 on going concern. The revisions to PN 10 in respect of going concern are important and mark a significant departure from how this concept has been audited in the public sector in the past. In particular, PN 10 allows auditors to apply a 'continued provision of service approach' to auditing going concern, where appropriate.

Applying such an approach should enable us to increase our focus on wider financial resilience (as part of our VFM work) and ensure that our work on going concern is proportionate for public sector bodies.

We will review the Council's arrangements for securing financial sustainability as part of our Value for Money work and provide a commentary on this in our Auditor's Annual Report (see section eight of this Plan for further details).

6. Progress against prior year audit recommendations

We identified the following issues during our 2019-20 audit of the Council's financial statements and value for money work which resulted in recommendations being reported in our 2019-20 Audit Findings (ISA260) Report. Further to this reporting, we have now followed up the Council's progress in implementing our recommendations and the latest position is set out in the table below and overleaf.

Assessment	Issue and recommendation previously communicated in the ISA260 Report (in October 2020)	Update on actions taken to address the issue:
● Medium Page 16	<p>1. Covid -19 Impact and budget monitoring 20-21 and beyond:</p> <p>There have been significant financial challenges as the Council responded to the Covid-19 pandemic through additional costs to support operational services, lost income through reduced activities including leisure and car parking income. In addition, council tax and business rates income have reduced as lock down started, businesses closed, and staff furloughed. This is expected to continue during 2020-21 and beyond.</p> <p>Budget monitoring, taking appropriate actions on variations and working with the government to address shortfalls in income and increased expenditure are central to sustainable financial planning and management. The Covid-19 pandemic and associated financial pressures have further highlighted the importance of sound financial management in Local Government. Failure to effectively plan and monitor the finances and not dealing with the government and MHCLG on a timely basis could have serious consequences in relation to sustainable resource deployment.</p> <p>We recommended the Council continues to update its budget setting and budget projections as the challenges and impact from Covid develop. Officers should continue to report in a regular and transparent manner to Members in terms of any corrective actions required in delivering the budget, the impact of Covid on costs and income, achieving the required savings and in terms of liaising with MHCLG and the government</p>	<p>Budget monitoring reports to members have set out in detail the expected COVID costs and income for the financial year as part of the overall expected outturn figure. The most recent – Q3 – showed expected gross COVID costs of £1,959. After income and reserves already agreed, this left a remaining gap of £642k, which feeds into the overall expected outturn of an overspend of £834k. The reports have emphasised the estimated status of these figures and that they continue to change up until year-end.</p> <p>Anton Hodge, Chief Finance Officer (s151)</p> <p><i>GT comment (April 2021) - we have seen the continues regular reporting in 2020-21 to the Council and Policy and Resources Committee covering key areas of budget monitoring , actual performance against the budget , challenges, savings plans and actions taken.</i></p>

6. Progress against prior year audit recommendations – continued

Assessment	Issue and recommendation previously communicated in the ISA260 Report (in October 2020)	Update on actions taken to address the issue:
<p>● Medium</p> <p>Page 17</p>	<p>Governance documents:</p> <p>Our interim work in 2018-19 highlighted that key Council documents have not been updated for a number of years, for example, the Code of Conduct (last updated in 2010), the Whistle Blowing Policy (last updated 2006).</p> <p>These are key documents forming part of the Council’s wider governance and control environment.</p> <p>We recommended, the Council should perform a review of all the key governance documents to ensure they are relevant and up to date, taking into account any changes in legislation or regulations.</p> <p>Whilst progress had been made during 2019-20 this recommendation was not fully implemented as at 31 March 2020 and some key documents have not being fully updated, finalised and published on Council Website. As at October 2020, actions were still work in progress.</p>	<p>Management response (October 2020) : The Whistleblowing Policy was replaced by the new Speak Out Policy which was agreed by Council in February 2020. This was one. The others were:</p> <ul style="list-style-type: none"> - Equality in Employment - #zerotolerance - Resolving Issues at Work - Volunteering <p>Work continues on updating all policies, and a further two (Capability; Disciplinary) were agreed by Policy and Resources in September 2020.</p> <p>The Member Code of Conduct was planned to be reviewed during 2019 but as the Government had promised revised guidance this was held back. However it will now be prioritised.</p> <p>The Council’s website will be updated to include the most recent policy where this is not the case.</p> <p>Anton Hodge, Chief Finance Officer (s151) – on going</p> <p>Management Response (April 2021) : A review of all policies – including their position on website – was undertaken in 2020 and the final outcome of this process will be evident by October 2021.</p> <p>Anton Hodge, Chief Finance Officer (s151) – on going</p>

6. Progress against prior year audit recommendations – continued

Assessment	Issue and recommendation previously communicated in the ISA260 Report (in October 2020)	Update on actions taken to address the issue:
● Medium	<p>Service Organisations (follow up from our 2018-19 work)</p> <p>The Council uses other service organisations to provide key services. Some of these are highlighted below:</p> <ul style="list-style-type: none">• North Yorkshire County Council (NYCC) provides finance, payroll and HR• Scarborough Borough Council provides Collection Fund, (Council Tax and Business Rates), procurement and car parking services. <p>Our Interim audit in 2018-29 highlighted there is scope to enhance the communication between the Council and its use of service organisations mainly around services provided by Scarborough Borough Council. As a result, we noticed there was some level of staff ambiguity around certain responsibilities.</p> <p>We understand that the governance arrangements relating to the range of services provided by these service organisations is still developing. Original signed SLAs are being re-examined to ensure they meet organisational requirements, alongside proposals for governance of any over-arching collaboration agreements.</p> <p>Recommendations : In order to strengthen the arrangements in place to monitor the quality of the work delivered by the service organisations, the Council should:</p> <ul style="list-style-type: none">• R1: Ensure all Service Level Agreements between the Council and its service providers are signed and dated – this will ensure clarity on both sides in terms of expectations on delivery and quality, reducing the risk of any ambiguity• R2: Ensure there is regular communication and monitoring of the services provided by Service Organisations (mainly around Scarborough Council) to enable they are providing what has been agreed and at an acceptable quality and standard, with appropriate levels of governance in place• R3: Ensure that if it is not receiving the agreed level of service and quality from its service providers, it holds them appropriately to account. <p>During 2019-20, work took place to formalise the previous SLAs between RDC and NYCC into an overarching Collaboration Agreement. This would also set out the governance arrangements between the two councils and would sign-off all subsequent service agreements as one. The Revenue and Benefits Service (services relating to Scarborough BC) was terminated at the end of 2019-20 and it was not possible to agree a respective SLA for it.</p> <p>We acknowledge that progress has been made during 2019-20 regarding signing and agreeing individual SLAs. The overarching Collaboration Agreement between the Council and NYCC is still being discussed and not finalised .</p>	<p>The Collaborative Agreement for 2020/21 was updated to include most recent specifications for services provided by NYCC. This is signed by the two organisations' chief executives with each SLA forming a section of that Agreement.</p> <p>Anton Hodge, Chief Finance Officer (s151) – completed</p>

7. Materiality

The concept of materiality

Materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law. Misstatements, including omissions, are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Materiality for planning purposes

We have determined financial statement materiality based on a proportion of the gross expenditure on cost of services of the Council for the financial year. In the prior year we used the same benchmark. Materiality at the planning stage of our audit is £438,000 (PY £400,000) for the Council, which equates to 2% of your gross expenditure for the prior year.

We design our procedures to detect errors in specific accounts balances or disclosures at a lower level of precision. The senior officer remuneration disclosure in the financial statements has been identified as an area requiring lower level of materiality of £20,000, due to the sensitive nature of the disclosure.

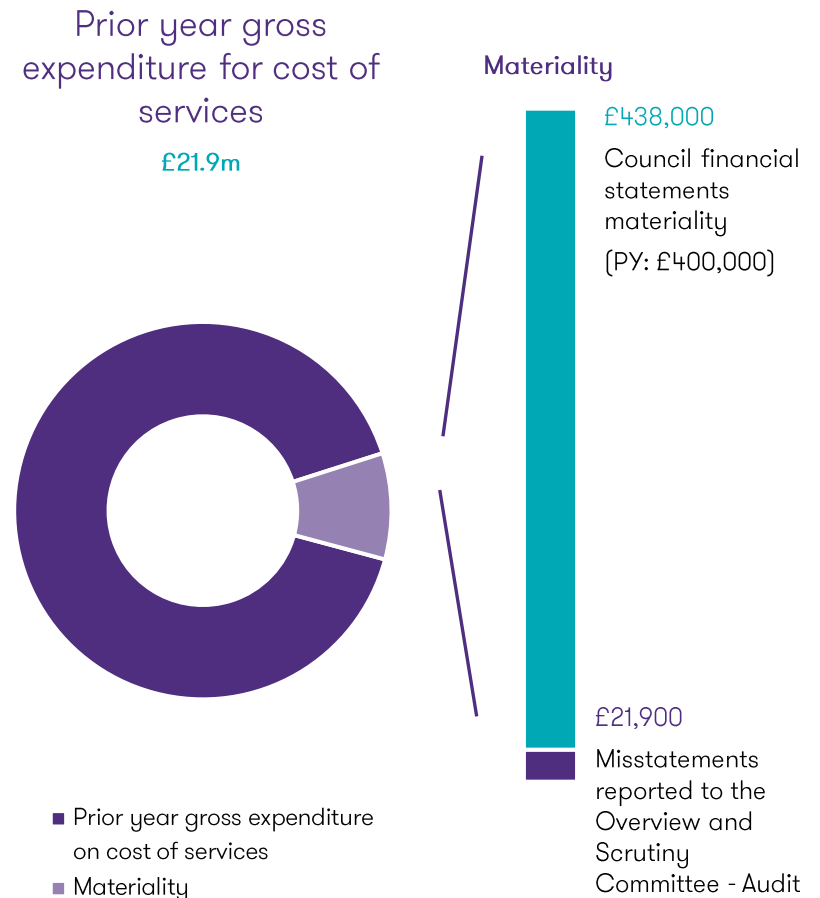
We reconsider planning materiality if, during the course of our audit engagement, we become aware of facts and circumstances that would have caused us to make a different determination of planning materiality.

Matters we will report to the Overview and Scrutiny Committee – Audit (OSC – Audit)

Whilst our audit procedures are designed to identify misstatements which are material to our opinion on the financial statements as a whole, we nevertheless report to the OSC- Audit any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work.

Under ISA 260 (UK) ‘Communication with those charged with governance’, we are obliged to report uncorrected omissions or misstatements other than those which are ‘clearly trivial’ to those charged with governance. ISA 260 (UK) defines ‘clearly trivial’ as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria. In the context of the Council, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £21,900 (PY £20,000).

If management have corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the OSC – Audit to assist it in fulfilling its governance responsibilities.



8. Value for Money arrangements

Revised approach to Value for Money work for 2020-21

On 1 April 2020, the National Audit Office introduced a new Code of Audit Practice which comes into effect from audit year 2020-21. The Code introduced a revised approach to the audit of Value for Money. (VFM)

There are three main changes arising from the NAO's new approach:

1. A new set of key criteria, covering financial sustainability, governance and improvements in economy, efficiency and effectiveness
2. More extensive reporting, with a requirement on the auditor to produce a commentary on arrangements across all of the key criteria, rather than the current 'reporting by exception' approach
3. The replacement of the binary (qualified / unqualified) approach to VFM conclusions, with far more sophisticated judgements on performance, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

The Code require auditors to consider whether the body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. When reporting on these arrangements, the Code requires auditors to structure their commentary on arrangements under three specified reporting criteria. These are as set out to the right:



1. Improving economy, efficiency and effectiveness

Arrangements for improving the way the body delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.



2. Financial Sustainability

Arrangements for ensuring the body can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years)



3. Governance

Arrangements for ensuring that the body makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the body makes decisions based on appropriate information



9. Risks of significant VFM weaknesses

As part of our planning work, we considered whether there were any risks of significant weakness in the body's arrangements for securing economy, efficiency and effectiveness in its use of resources that we needed to perform further procedures on. The risks we have identified are detailed in the first table below, along with the further procedures we will perform. We may need to make recommendations following the completion of our work. The potential different types of recommendations we could make are set out in the right hand column below.

Risks of significant weakness

These would be risks requiring audit consideration and procedures to address the likelihood that proper arrangements are not in place at the body to deliver value for money.

At this stage of our audit work we have not identified any significant weaknesses. However, under the new VFM arrangements we will be considering the Council's arrangements in place across the three criteria areas of finance, governance and performance. To be clear, this represents a more detailed level of audit work required under the new VFM Code than previously. We will be commenting on the Council's arrangements across the three criteria in our Auditor's Annual Report – again a new requirement for this year.

We will continue to monitor the Council's financial outturn for 2020-21 and its planned position for 2021-22 and beyond. In addition, we will continue to engage with senior management regarding the prospect of local government reorganisation within North Yorkshire and the implications this may have for the Council.

We will keep the possibility of a significant weakness arising and/or an existing risk increasing to a significant weakness as part of our ongoing 2020-21 VFM review.

Our findings will be summarised in the Auditor's Annual Report, to be agreed with management later this year.

Potential types of recommendations

A range of different recommendations could be made following the completion of work on risks of significant weakness, as follows:



Statutory recommendation

Written recommendations to the body under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014. A recommendation under schedule 7 requires the body to discuss and respond publicly to the report.



Key recommendation

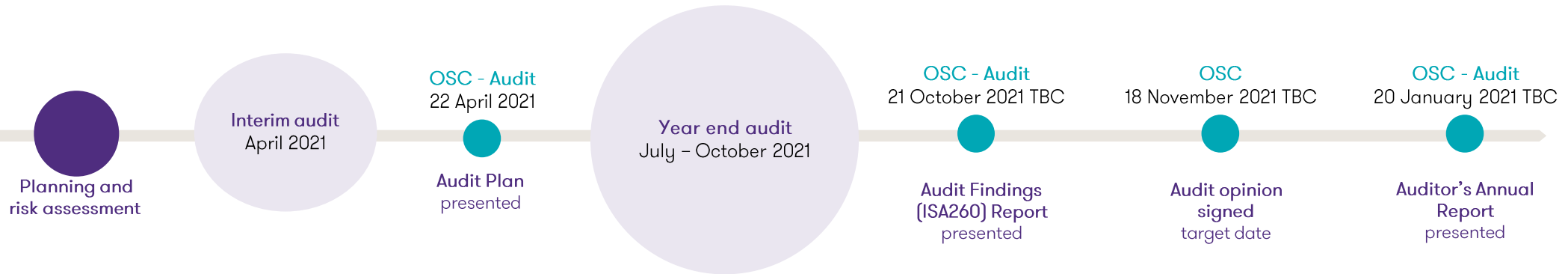
The Code of Audit Practice requires that where auditors identify significant weaknesses in arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the body. We have defined these recommendations as 'key recommendations'.



Improvement recommendation

These recommendations, if implemented should improve the arrangements in place at the body, but are not made as a result of identifying significant weaknesses in the body's arrangements

10. Audit logistics (indicative) and team



Page 22

Gareth Mills, Key Audit Partner & Engagement Lead

Gareth leads our relationship with you and takes overall responsibility for the delivery of a high quality audit, ensuring the highest professional standards are maintained and a commitment to add value to the Council.

Thilina De Zoysa, Engagement Manager

Thilina plans, manages and leads the delivery of the audit, is your key point of contact for your finance team and is your first point of contact for discussing any issues.

Jack Walsh, Engagement Assistant Manager

Jack assists in planning, managing and delivering the audit fieldwork, ensuring that the audit is delivered effectively and efficiently. He supervises and coordinates the audit team.

Audited body responsibilities

Where audited bodies do not deliver to the timetable agreed, we need to ensure that this does not impact on audit quality or absorb a disproportionate amount of time, thereby disadvantaging other audits. Where the elapsed time to complete an audit exceeds that agreed due to a client not meeting its obligations we will not be able to maintain a team on site. Similarly, where additional resources are needed to complete the audit due to a client not meeting their obligations we are not able to guarantee the delivery of the audit to the agreed timescales. In addition, delayed audits will incur additional audit fees.

Our requirements

To minimise the risk of any issues arising from our audit, you need to ensure that you:

- produce draft financial statements of good quality by the agreed timetable you have agreed with us, including all notes, the Narrative Report and the Annual Governance Statement
- ensure that good quality working papers are available at the start of the audit, in accordance with the working paper requirements schedule that we have shared with you
- ensure that the agreed data reports are available to us at the start of the audit and are reconciled to the values in the accounts, in order to facilitate our selection of samples for testing
- ensure that all appropriate staff are available throughout (or as otherwise agreed) the planned period of the audit
- respond promptly and adequately to audit queries.

11. Audit fees

In 2017, PSAA awarded a contract of audit for Ryedale District Council to begin with effect from 2018-19. The fee agreed in the contract was £32,206. Since that time, there have been a number of developments which are detailed at page 19. A number of these developments in respect of the increased level of risk and audit testing required, for example on land and buildings valuations and the pension liability, have been communicated to you during both our 2018-19 and 2019-20 audits. The additional level of testing on these areas will continue in our 2020-21 audit. In addition, the NAO introduced a revised audit code from 2020-21 onwards to local audit and there are new ISAs(UK) which are applicable from the 2020-21 audit cycle.

As referred to on page 15, the 2020-21 Code introduces a revised approach to our VFM work. This requires auditors to produce a commentary on arrangements across all of the key criteria, rather than the previous ‘reporting by exception’ approach. Auditors now have to make far more sophisticated judgements on performance, as well as issue key recommendations if any significant weaknesses in arrangements are identified during the audit. We will be working with the NAO and other audit firms to discuss and share learning in respect of common issues arising across the sector.

The new approach will be more challenging for audited bodies, involving discussions at a wider and more strategic level. Both the reporting, and the planning and risk assessment which underpins it, will require more audit time, delivered through a richer skill mix than in previous years. Our estimate is that for your audit, this will result in an increased fee of £9,000. This is in line with increases we are proposing at all our district council audits.

Additionally, across all sectors and firms, the FRC has set out its expectation of improved financial reporting from organisations and the need for auditors to demonstrate increased scepticism and challenge and to undertake additional and more robust testing, as noted in the number of revised ISA’s issued by the FRC that are applicable to audits of financial statements commencing on or after 15 December 2019, as detailed in Appendix A.

As a firm, we are absolutely committed to meeting the expectations of the FRC with regard to audit quality and public sector financial reporting. Our proposed work and fee for 2020-21, as set out below, is detailed overleaf and has been agreed with the Chief Finance Officer.

	Actual Fee 2018-19	Actual Fee 2019-20	Proposed Fee 2020-21
Ryedale District Council Audit Fee	£43,706	£51,706	£57,206
Total audit fees (excluding VAT)	£43,706	£51,706	£57,206

Assumptions

In setting the above fees, we have assumed that the Council will:

- prepare a good quality set of accounts, supported by comprehensive and well presented working papers which are ready at the start of the audit
- provide appropriate analysis, support and evidence to support all critical judgements and significant judgements made during the course of preparing the financial statements
- provide early notice of proposed complex or unusual transactions which could have a material impact on the financial statements.

Relevant professional standards

In preparing our fee estimate, we have had regard to all relevant professional standards, including paragraphs 4.1 and 4.2 of the FRC’s [Ethical Standard \(revised 2019\)](#) which stipulate that the Engagement Lead (Key Audit Partner) must set a fee sufficient to enable the resourcing of the audit with partners and staff with appropriate time and skill to deliver an audit to the required professional and Ethical standards.

Audit fees – detailed analysis

	£
Scale fee published by PSAA	32,206
<i>Ongoing increases to scale fee first identified in 2019-20:</i>	
Raising the bar on audit quality / regulatory factors	2,500
Enhanced audit procedures for Property, Plant and Equipment audit work	3,500
Enhanced audit procedures for Pensions liability audit work	3,500
<i>New areas for 2020-21 where additional work is required:</i>	
Additional work on Value for Money (VFM) under new NAO VFM Code	9,000
Increased audit requirements of the revised ISAs (new in 2020-21)	6,500
Proposed increase to PSAA scale fee:	25,000
Total proposed 2020-21 audit fees (excluding VAT)	57,206

12. Independence and non-audit services

Auditor independence

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant facts and matters that may bear upon the integrity, objectivity and independence of the firm or covered persons. relating to our independence. We encourage you to contact us to discuss these or any other independence issues with us. We will also discuss with you if we make additional significant judgements surrounding independence matters.

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard (Revised 2019) and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in May 2020 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

We confirm that we have implemented policies and procedures to meet the requirements of the Ethical Standard. For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Council.

Other services

The following other services provided by Grant Thornton were identified

The amounts detailed are fees agreed to-date for audit related and non-audit services to be undertaken by Grant Thornton UK LLP in the current financial year. These services are consistent with the Council's policy on the allotment of non-audit work to your auditors.

Any changes and full details of all fees charged for audit related and non-audit related services by Grant Thornton UK LLP and by Grant Thornton International Limited network member Firms will be included in our Audit Findings report at the conclusion of the audit.

None of the services provided are subject to contingent fees.

Service	Fees £	Threats	Safeguards
Audit related:			
Certification of Housing Benefits claim	11,500	Self-Interest (because this is a recurring fee)	The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £11,500 in comparison to the total fee for the audit of £57,206 and in particular relative to Grant Thornton UK LLP's turnover overall. Further, it is a fixed fee and there is no contingent element to it. These factors all mitigate the perceived self-interest threat to an acceptable level.
Non-audit related:			
Chief Finance Officer Insights and Place Analytics subscription	3,870	Self-Interest (because this is a recurring fee)	The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £3,870 in comparison to the total fee for the audit of £57,206 and in particular relative to Grant Thornton UK LLP's turnover overall. Further, it is a fixed fee and there is no contingent element to it. These factors all mitigate the perceived self-interest threat to an acceptable level.










Appendix A: Revised Auditor Standards and application guidance

FRC revisions to Auditor Standards and associated application guidance

The following Auditing Standards and associated application guidance that were applicable to 2019-20 audits, have been revised or updated by the FRC, with additional requirements for auditors for implementation in 2020-21 audits and beyond.

	Date of revision	Application to 2020-21 Audits
ISQC (UK) 1 – Quality Control for Firms that Perform Audits and Reviews of Financial Statements, and other Assurance and Related Service Engagements	November 2019	✓
ISA (UK) 200 – Overall Objectives of the Independent Auditor and the Conduct of an Audit in Accordance with International Standards on Auditing (UK)	January 2020	✓
ISA (UK) 220 – Quality Control for an Audit of Financial Statements	November 2019	✓
ISA (UK) 230 – Audit Documentation	January 2020	✓
ISA (UK) 240 – The Auditor’s Responsibilities Relating to Fraud in an Audit of Financial Statements	January 2020	✓
ISA (UK) 250 Section A – Consideration of Laws and Regulations in an Audit of Financial Statements	November 2019	✓
ISA (UK) 250 Section B – The Auditor’s Statutory Right and Duty to Report to Regulators of Public Interest Entities and Regulators of Other Entities in the Financial Sector	November 2019	✓

Appendix A: Revised Auditor Standards and application guidance continued

	Date of revision	Application to 2020-21 Audits
ISA (UK) 260 – Communication With Those Charged With Governance	January 2020	
ISA (UK) 315 – Identifying and Assessing the Risks of Material Misstatement Through Understanding of the Entity and Its Environment	July 2020	
ISA (UK) 500 – Audit Evidence	January 2020	
ISA (UK) 540 – Auditing Accounting Estimates and Related Disclosures	December 2018	
ISA (UK) 570 – Going Concern	September 2019	
ISA (UK) 580 – Written Representations	January 2020	
ISA (UK) 600 – Special considerations – Audits of Group Financial Statements (Including the Work of Component Auditors)	November 2019	
ISA (UK) 620 – Using the Work of an Auditor’s Expert	November 2019	
ISA (UK) 700 – Forming an Opinion and Reporting on Financial Statements	January 2020	

Appendix A: Revised Auditor Standards and application guidance continued

	Date of revision	Application to 2020-21 Audits
ISA (UK) 701 – Communicating Key Audit Matters in the Independent Auditor’s Report	January 2020	✓
ISA (UK) 720 – The Auditor’s Responsibilities Relating to Other Information	November 2019	✓
Practice Note 10: Audit of Financial Statements of Public Sector Bodies in the United Kingdom	December 2020	✓



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REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	22 APRIL 2021
REPORT OF THE:	CHIEF FINANCE OFFICER (s151) ANTON HODGE
TITLE OF REPORT:	INTERNAL AUDIT AND COUNTER FRAUD PROGRESS REPORT 2020/21
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 The report provides an update on internal audit and counter fraud work delivered in 2020/21.

2.0 RECOMMENDATION

- 2.1 It is recommended the Committee note the work undertaken by internal audit and the counter fraud team in the year to date.

3.0 REASON FOR RECOMMENDATION

- 3.1 To enable the Committee to fulfil its responsibility for considering the outcome of internal audit and counter fraud work.

4.0 SIGNIFICANT RISKS

- 4.1 The Council will fail to comply with proper practice requirements for internal audit and the Council's Audit Charter if the results of audit work are not considered by an appropriate committee. Overview and Scrutiny Committee is the committee designated with responsibility for receiving internal audit reports at Ryedale District Council.

5.0 POLICY CONTEXT AND CONSULTATION

- 5.1 The work on internal audit and counter fraud supports the council's overall aims and priorities by promoting probity, integrity and honesty and by helping support the council to become a more effective organisation.
- 5.2 The work of internal audit is governed by the Accounts and Audit Regulations 2015 and relevant professional standards. These include the Public Sector Internal Audit Standards (PSIAS) and Cipfa guidance on the application of those standards in Local Government. In accordance with the standards, the Head of Internal Audit is required to report to the Committee the results of audit work undertaken.

6.0 REPORT DETAILS

- 6.1 As the Committee is aware, commencement of 2020/21 internal audit work was delayed due to the need for the Council to prioritise its response to the coronavirus pandemic. Audit work has restarted in areas less directly involved in response and recovery efforts and all eight audits to be delivered this year have now commenced. A further three audits have been deferred to 2021/22 and the assigned days reallocated to advisory and support work, such as business grant post assurance checks (undertaken in conjunction with the counter fraud team). Further information on internal audit progress is included in annex 1.
- 6.2 Strategic Management Board have continued to support delivery of internal audit work as far as they have been able since our last report to this Committee but it is recognised that, given the response to the coronavirus and recovery efforts and the consequent impact on availability of staff, timelines for completion of audit work have slipped. Therefore, we will continue to finalise remaining audit work in the early part of 2021/22.
- 6.3 Strategic Management Board also recognise that we will need to reflect the reduction in the scope and volume of assurance work completed in 2020/21 in our annual opinion. The extent of this limitation is still being determined and will depend on the amount of 2020/21 work that is able to be concluded prior to taking the Head of Internal Audit annual report to the 28 July meeting of this Committee; and on assurances we are able to obtain from other sources.
- 6.4 Counter fraud work has been affected by the Covid-19 pandemic, in terms of new areas of work associated with grants to businesses and its effect on ongoing investigations. Annex 2 provides details of Covid-19 related work as well as a summary of the work undertaken so far in 2020/21 and outcomes to date.

7.0 IMPLICATIONS

- 7.1 The following implications have been identified:
- a) Financial
None
 - b) Legal
None
 - c) Other (Equalities, Staffing, Planning, Health & Safety, Environmental and Climate Change, Crime & Disorder)
None

Anton Hodge
Chief Finance Officer (s151)

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The Veritau Group

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Author: Jonathan Dodsworth, Assistant Director – Corporate Fraud
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Background Papers:
2020/21 Internal Audit and Counter Fraud Plans

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Ryedale District Council
Internal Audit Progress Report
Period to 12 April 2021

Audit Manager: Connor Munro
Head of Internal Audit: Max Thomas

Circulation List: Members of the Overview and Scrutiny Committee
Chief Finance Officer (s151)

Date: 22 April 2021



Background

- 1 The work of internal audit is governed by the Accounts and Audit Regulations 2015 and the Public Sector Internal Audit Standards (PSIAS). In accordance with the PSIAS, the Head of Internal Audit is required to report progress against the internal audit plan agreed by the Overview and Scrutiny Committee and to identify any emerging issues which need to be brought to the attention of the Committee.
- 2 Members of the Committee approved the internal audit work programme for 2020/21 at their meeting on the 22 October 2020. As the Committee is aware, commencement of 2020/21 internal audit work was significantly delayed due to the need for the Council to prioritise its response to the coronavirus pandemic. Routine work was suspended during the initial national lockdown, with audit resource diverted to providing guidance on fraud risks and supplier relief, and other ad-hoc support and advice. Audit work has restarted in areas less directly involved in response and recovery efforts.
- 3 This is the second internal audit progress report to be received by the Overview and Scrutiny Committee covering 2020/21 and summarises the progress made to date in delivering the agreed programme of work.

Internal audit work completed

- 4 Since the last Committee meeting in January 21 a further three audits have commenced and now all work to be delivered as part of the 2020/21 work programme is underway.
- 5 In the last report to this Committee we advised that two audits (ICT and Environmental Health) had been deferred to 2021/22. The report updated the Committee on the difficulties that the Council has been experiencing in prioritising the work of internal due to coronavirus response and recovery efforts. These same difficulties, which have continued during 2021, have meant that a further three audits have been deferred to 2021/22, as follows.
 1. **Health and Safety:** it was agreed with senior management that the audit be rescheduled for 2021/22 when there is likely to be more capacity within the Council to support an audit in this area and so that it can provide assurance on arrangements following an eventual return to the office.
 2. **Information Governance:** the vast majority of staff have been working remotely and, through the year, the Government's guidance has remained to work from home wherever possible. In light of this, it was agreed with senior management that the audit be rescheduled to 2021/22 when it is more appropriate to perform an audit of physical information security arrangements.
 3. **Debtors:** we were advised by Resources when scoping main financial system audits that the level of sundry debt is low and that collection activity has also been low. Other main financial system audits (main accounting system, creditors and payroll) were therefore prioritised for review in 2020/21. Debt collection and enforcement, taking a wider view of the Council's receivables and the impact of Covid-19 on these, is a priority area for inclusion in the 2021/22 work programme.

- 6 While these audits are currently classed as deferred, the need for their inclusion will be reassessed as part of preparing the 2021/22 work programme.
- 7 Days from deferred audits have been used during 2020/21 to fund the work of internal audit in delivering the business grant scheme post payment assurance work alongside Veritau's counter fraud team and to also allow additional work to be undertaken on a small number of key audits in the plan, for example on Waste & Street Scene and Creditors. In addition, we have been providing support and advice to the Council's Change Advisory Board and other stakeholders in the redesign of the lettings management system.
- 8 Good progress has been made with our work supporting the continued development of the Council's risk management framework. A refreshed risk management guidance document has been prepared in consultation with the Governance team and is currently under review by Strategic Management Board before being launched. Further work will seek to embed risk management at the service level through delivery of training on fundamental concepts, review of existing service risk registers, and facilitation of risk identification workshops where required.
- 9 We currently have no matters to report as a result of our follow-up work.
- 10 As has been reported to this Committee previously, Strategic Management Board recognise that, given the response to the coronavirus and recovery efforts and the consequent impact on availability of staff, timelines for completion of audit work have slipped. Therefore, we will continue to finalise remaining audit work in the early part of 2021/22.
- 11 Strategic Management Board also recognise that we will need to reflect the reduction in the scope and volume of assurance work completed in 2020/21 in our annual opinion. The extent of this limitation is still being determined and will depend on the amount of 2020/21 work that is able to be concluded prior to taking the Head of Internal Audit annual report to the 28 July meeting of this Committee; and on assurances we are able to obtain from other sources.
- 12 Further information on the progress in delivering the 2020/21 work programme is included in appendix A.

Table of audit assignments to 12 April 2021

Audit	Status	Assurance level (if completed) / Planned start date (if not started)	Audit Committee
2020/21			
Strategic risks			
Health & Safety	Deferred	-	
Information Governance	Deferred	-	
ICT	Deferred	-	
Contract Management and Procurement	In progress	-	
Fundamental / material systems			
Payroll	In progress	-	
Creditors	In progress	-	
Debtors	Deferred	-	
Main Accounting System	In progress	-	
Operational / regularity			
Waste & Street Scene	In progress	-	
Risk Management	In progress	-	
Local Code of Corporate Governance	In progress	-	
Environmental Health	Deferred	-	
Technical / projects			
Insurance	In progress	-	
Covid-19 response			
Risk assessments; general support and advice	Completed	N/A	October 2020
Business grant post-assurance checks	Completed	N/A	April 2021
Follow-ups			
	Ongoing	-	
2019/20			
Operational Policies Review	Draft report	-	



Ryedale District Council
Counter Fraud Progress Report
Period to 28 February 2021

Assistant Director – Corporate Fraud: Jonathan Dodsworth
Head of Internal Audit: Max Thomas

Circulation List: Members of the Overview and Scrutiny Committee
Chief Finance Officer (s151)

Date: 22 April 2021



Background

- 1 Fraud is a significant risk to the public sector. Annual losses are estimated to exceed £40 billion in the United Kingdom.
- 2 Financial loss due to fraud can reduce a council's ability to support public services and cause reputational damage.
- 3 Veritau are engaged to deliver a corporate fraud service for Ryedale District Council. A corporate fraud service aims to prevent, detect and deter any fraud and related criminality affecting an organisation.

Covid-19 Grant Fraud

- 4 The Covid-19 pandemic continues to create working issues and new types of fraud for the team to address. In the final quarter of 2020/21 the counter fraud team are providing support with the Council's post-event assurance plan. Post-assurance checks on the first grant schemes rolled out in 2020 are reaching their conclusion in line with government targets. This work will be supplemented by outputs from the National Fraud Initiative that will be reviewed and investigated as necessary.
- 5 Veritau are continuing to support the Council through the sharing of national and regional intelligence as well as undertaking investigation in cases of suspected fraud.
- 6 The counter fraud team has completed two investigations relating to Covid-19 grant applications. Both were found to be fraudulent and were stopped before payment was made. There are five ongoing investigations in this area.

Counter Fraud Performance 2020/21

- 7 Up to 28 February, the counter fraud team achieved £19k in savings for the Council and blocked £30k of fraudulent Covid-19 grant payments. There are currently 16 ongoing investigations. A summary of counter fraud activity is included in the tables below.

COUNTER FRAUD ACTIVITY 2020/21

The tables below shows the total number of fraud referrals received and summarises the outcomes of investigations completed during the year to date.

	2020/21 (As at 28/2/20)	2020/21 (Target: Full Year)	2019/20 (Full Year)
% of investigations completed which result in a successful outcome (for example benefit stopped or amended, sanctions, prosecutions).	67%	30%	55%
Amount of actual savings (quantifiable savings - e.g. CTS) identified through fraud investigation.	£19,029	£20,000	£32,641
Amount of savings from the prevention of Covid-19 grant fraud.	£30,000	n/a	n/a

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Caseload figures for the period are:

	2020/21 (As at 28/2/20)	2019/20 (Full Year)
Carried forward at start of financial year	63	75
Referrals received	39	41
Referrals rejected ¹	45	32
Number of investigations completed	9	21
Active cases and awaiting investigation ²	48	63

¹ This figure represents new referrals rejected and previously accepted cases that have been removed from backlog

² As at 28/2/21 and 31/3/19 respectively.

Summary of counter fraud activity:

Activity	Work completed or in progress
Data matching	<p>The 2020/21 National Fraud Initiative (NFI) is underway. An initial set of 505 matches have been received from the NFI which cover a range of council services. Work on reviewing these matches is ongoing.</p> <p>The NFI will also conduct data matching exercises on Covid-19 grant payments to detect fraud and error, but the results of this part of the exercise have not been released yet.</p>
Fraud detection and investigation	<p>The service continues to use criminal investigation techniques and standards to respond to any fraud perpetrated against the Council. Activity to date includes the following:</p> <ul style="list-style-type: none">• Covid-19 Grants – Seven referrals relating to potential Covid-19 grant related fraud have been referred to the team. Two investigations resulted in grant payments being blocked. There are currently five investigations ongoing.• Council Tax Support fraud – To date the team has received 24 referrals for possible CTS fraud and £11k of savings has been identified through fraud investigation in the current financial year. One person was formally cautioned for an offence in this area. There are currently nine cases under investigation.• Council Tax fraud – Eight referrals for council tax fraud have been received in 2020/21. There are currently two cases under investigation.• NNDR fraud – Three referrals for potential NNDR fraud has been received to date.• Internal fraud – There have been no reports of internal fraud against the Council this year.

Activity	Work completed or in progress
Fraud liaison	The counter fraud team acts as a single point of contact for the Department for Work and Pensions for fraud issues and is responsible for providing data to support their investigations. The team has received four requests for information to date.
Fraud Management	<p>In 2020/21 a range of activity has been undertaken to support the Council's counter fraud framework.</p> <ul style="list-style-type: none"> • The counter fraud team alerts council departments to emerging local and national threats through a monthly bulletin and specific alerts over the course of the year. • Throughout the Covid-19 pandemic, the counter fraud team have provided support to the Council in preparing for and administering government funded grant schemes. This has included reviewing government guidance and advising on best practice. • In May, the Council's counter fraud transparency data was updated to include data on counter fraud performance in 2019/20, meeting the Council's obligation under the Local Government Transparency Code 2015. • The Council participated in the annual CIPFA Counter Fraud and Corruption Tracker (CFaCT) survey in September 2020. The information will contribute to a CIPFA national report detailing the extent fraud against local authorities. • In October, the counter fraud team ran a cybercrime awareness week, delivering cybercrime awareness information to council employees through a number of bulletins provided over the course of the week. • In November, the counter fraud team raised awareness of fraud internally and amongst the general public as part of International Fraud Week.

Activity	Work completed or in progress
	<ul style="list-style-type: none"><li data-bbox="481 245 2011 336">• In March, an anti-fraud leaflet was included with annual council tax bills encouraging residents to report any concerns they have about fraud against the Council.



REPORT TO: OVERVIEW AND SCRUTINY COMMITTEE

DATE: 22 April 2021

REPORT OF THE: SECTION 151 OFFICER (ANTON HODGE)

TITLE OF REPORT: COUNTER FRAUD PLAN 2021/22

WARDS AFFECTED: ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

1.1 The Council's counter fraud service is delivered by Veritau. The service aims to take action against any fraud directed against the Council, to provide a deterrent to those seeking to defraud the Council, and to prevent fraud by raising awareness of the issue both internally and with the public. Oversight of counter fraud activity is provided by the Overview and Scrutiny Committee. The purpose of this report is to present to the 2021/22 counter fraud plan to the committee for information.

2.0 RECOMMENDATION

2.1 It is recommended that the counter fraud plan for 2021/22 be noted.

3.0 REASONS FOR RECOMMENDATION

3.1 To ensure that the committee is aware of the scope and extent of counter fraud work to be undertaken.

4.0 SIGNIFICANT RISKS

4.1 None.

5.0 POLICY CONTEXT AND CONSULTATION

5.1 Counter fraud work supports the Council by preventing, detecting and deterring fraud. Fraud committed against the Council can deprive it of funds which could otherwise be used to support its overall aims and objectives.

6.0 REPORT DETAILS

6.1 The Council's counter fraud plan is produced annually. Annex A to this report sets out planned areas of work for the counter fraud team in 2021/22 as well as proposed targets for the team.

6.2 The plan includes a broad allocation of days for the main areas of counter fraud work expected to be undertaken during the year. However, this is intended to be flexible and will be updated as required during the year if priorities or risks change. For example, depending

on levels of suspected fraud cases referred to the team or any need to deliver fraud awareness training in areas of emerging risk. It is also likely that changes may be required to reflect Covid-19 related fraud risks, as the Council continues to recover from the pandemic.

- 6.3 Counter fraud team performance has been measured by two performance targets over the last three years, actual savings achieved and the percentage success rate for cases investigated. While the team has met and often exceeded these targets, they have had unintended consequences. For example by focussing the team's work towards reactive investigations, at the expense of other important activity such as proactive work and fraud awareness training. While the value of this type of work is more difficult to quantify, good practice guidance (and experience) suggests that it can provide greater benefit through helping to prevent and deter fraud from occurring. It is proposed to stop managing performance against the previous targets from 2021/22. This will ensure the counter fraud team can provide a more balanced service to the Council. As well as providing additional flexibility, for example to meet further anticipated work relating to Covid-19 grant funding.
- 6.4 The total planned days for counter fraud work in 2021/22 is 105, which is unchanged from the previous year.

7.0 IMPLICATIONS

- 7.1 The following implications have been identified:
- a) Financial
None
 - b) Legal
None
 - c) Other (Equalities, Staffing, Planning, Health & Safety, Environmental, Crime & Disorder)
None

Anton Hodge
Section 151 Officer

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The Veritau Group
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Background Papers:
RDC Counter Fraud and Corruption Strategy Action Plan (January 2021)



Ryedale District Council

Counter Fraud Plan 2021/22

Assistant Director – Corporate Fraud: Jonathan Dodsworth
Deputy Head of Internal Audit: Richard Smith

Circulation List: Members of the Overview and Scrutiny Committee
Section 151 Officer

Date: 22 April 2021



Introduction

- 1 This plan sets out proposed counter fraud work for Ryedale District Council, for 2021/22.
- 2 The Counter Fraud Plan is based on an estimate of the amount of resource required to provide the range of counter fraud activities required by the Council. A total of 105 days of counter fraud work has been agreed for 2021/22.

2021/22 Performance Targets

- 3 Counter fraud team performance has been measured by two performance targets over the last three years, actual savings achieved and the percentage success rate for cases investigated. While the team has met and often exceeded these targets, they have had unintended consequences. For example by focussing the team's work towards reactive investigations, at the expense of other important activity such as proactive work and fraud awareness training. While the value of this type of work is more difficult to quantify, good practice guidance (and experience) suggests that it can provide greater benefit through helping to prevent and deter fraud from occurring. It is proposed to stop managing performance against the previous targets from 2021/22. This will ensure the counter fraud team can provide a more balanced service to the Council. As well as providing additional flexibility, for example to meet further anticipated work relating to Covid-19 grant funding. The savings figure and success rate will continue to be reported to the Committee as part of regular progress reports, for information.

2021/22 Counter Fraud Plan

- 4 A summary of planned areas of work is set out in the table below.

Fraud Area	Days	Scope
Counter Fraud General	10	Monitoring changes to regulations and guidance, review of counter fraud risks, and support to the council with maintenance of the counter fraud framework. This will include completion of the annual counter fraud risk assessment and review of the counter fraud policy and strategy.

Fraud Area	Days	Scope
Proactive Work	20	<p>This includes:</p> <ul style="list-style-type: none"> • raising awareness of counter fraud issues and procedures for reporting suspected fraud - for example through training and provision of updates on fraud related issues. • targeted proactive counter fraud work - for example through local and regional data matching exercises. • support and advice on cases which may be appropriate for investigation and advice on appropriate measures to deter and prevent fraud.
Reactive Investigations	40	Investigation of suspected fraud affecting the council. This includes feedback on any changes needed to procedures to prevent fraud recurring.
Covid-19 response work	10	Undertake post assurance activities and investigation of potential fraud highlighted through this work. Assisting the council to recover money lost to fraud through grants.
National Fraud Initiative (NFI)	15	Coordinating submission of data to the Cabinet Office for the NFI national fraud data matching programme and investigation of subsequent matches.
Fraud Liaison	10	Acting as a single point of contact for the Department for Work and Pensions, to provide data to support their housing benefit investigations.
Total Days	105	

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PART A:	MATTERS DEALT WITH UNDER DELEGATED POWERS
REPORT TO:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	22 APRIL 2021
REPORT OF THE:	HEAD OF CORPORATE GOVERNANCE SIMON COPLEY
TITLE OF REPORT:	UPDATE ON RISK MANAGEMENT
WARDS AFFECTED:	ALL

EXECUTIVE SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 This report provides an update on work to review and revise the Council's Corporate Risk Register, attached at Appendix 1.

2.0 RECOMMENDATION(S)

- 2.1 It is recommended that the Committee notes the contents of this report and comments on the format and details of the Corporate Risk Register.

3.0 REASON FOR RECOMMENDATION(S)

- 3.1 This report provides an update on work to revise and review the Corporate Risk Register. Risk Management has been highlighted as a key improvement issue in recent years, and this paper is evidence of improvements made in the process and reporting to members.

4.0 SIGNIFICANT RISKS

- 4.1 The risk of not managing corporate risks are as identified in the Register.

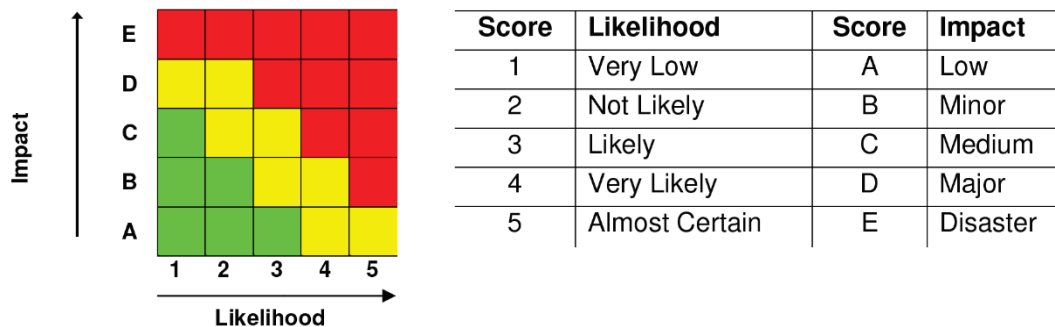
5.0 POLICY CONTEXT AND CONSULTATION

- 5.1 The Authority has a duty to manage Risk.

6.0 BACKGROUND AND INTRODUCTION

Introduction

- 6.1 A revised approach to managing risk has been adopted in recent years. This has led to an overhaul of the Corporate Risk Register and the development of Service Risk Registers. Advice and guidance has been provided by Veritau and in some cases by North Yorkshire County Council.
- 6.2 This work has been recognised and endorsed by members who see it as an important part of the Council's improvement strategy. As part of that, an update on Risk Management, including the Corporate Risk Register, will be presented to Audit Committee twice a year.
- 6.3 The updating of the Corporate Risk Register over the past year has demonstrated the Council's improvement journey, showing how risks are being managed and generally downgraded over that period. However Risk Management is an ongoing process and the papers presented here will continue to be updated. Alongside work on the Corporate Risk Register, a refreshed risk management guidance document has been prepared in consultation with Veritau and is currently under review by Strategic Management Board before being launched. Further work with internal audit will seek to embed risk management at the service level through delivery of training on fundamental concepts, review of existing service risk registers, and facilitation of risk identification workshops where required.
- 6.4 The Corporate Risk Register is a key strategic document setting out the medium to long term goals and objectives of the Council and the associated risks. The register is a live document and is updated on a regular basis to set out the controls and mitigations in place to control identified risks.
- 6.5 To assist with consideration of the register, Members are reminded that the current scoring matrix is defined as below:



- 6.6 Each risk has two elements: the probability of the event occurring (likelihood) and the consequence if it does occur (impact).
- 6.7 The Council uses a 5x5 matrix which means that there are five levels of likelihood (*very low, not likely, likely, very likely and almost certain*) and five levels of impact (*low, minor, medium, major and disaster*). The intersection of the likelihood and impact of a specific risk on the matrix will decide its score and, in turn, the requirements for its management. This is known as 'risk analysis' and is the quantitative element of the risk assessment process which takes place following risk identification.

- 6.8 The aim of risk analysis is to estimate the likelihood and impact of the risk on three different levels. The first level is the original risk (also known as the 'gross risk' or the 'inherent risk'). This is an estimation of the impact and likelihood of the risk *before* the effects of any controls that have been put in place are taken into account. The significance of this score is that it provides clear indication as to whether or not the risk has the potential to have a disastrous impact on the Council. Equally importantly, if not more so, is that the score enables an assessment of the importance of the controls acting on the risk. A control is any preventative / proactive (i.e. help to reduce the likelihood of the event) or mitigating / reactive (i.e. help to reduce the impact of the consequences of the event) measure that is put in place to reduce the likelihood and/or impact of the risk.
- 6.9 The second level is the current risk (also known as the 'net risk' or the 'residual risk'). This is the analysis of the impact and likelihood of the risk occurring with all the controls and mitigating actions in place. It is the assessment of the risk at the time the risk analysis was undertaken.
- 6.10 The third level is the target risk. This is a score which reflects the analysis of the impact and likelihood of the risk when all desired controls are fully implemented and are operational. Wherever possible, the target risk score should be set at or below the risk appetite for the risk being analysed. However, the nature of the risk might mean that this not possible. In these circumstances the risk should be managed to a level that is as low as reasonably practicable.
- 6.11 Members are requested to review the current Corporate Risk Register at Appendix 1 and feed back any comments to officers.

7.0 IMPLICATIONS

- 7.1 The following implications have been identified:
- a) Financial
As set out in the Corporate Risk Register
 - b) Legal
Failure to manage risk can result in legal action and costs
 - c) Other (Climate Change, Equalities, Staffing, Planning, Health & Safety, Environmental, Crime & Disorder)
Failure to manage risk can result in legal action and costs

Simon Copley
Head of Corporate Governance

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Background Papers:
None

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RYEDALE DISTRICT COUNCIL: CORPORATE RISK REGISTER

CRR01: Covid - 19	Risk Owner: Stacey Burlet	Risk Score
<p>Description</p> <p>Failure to support and protect lives and livelihoods in Ryedale during the response and recovery stages of the Covid -19 pandemic and to plan and deliver measures to ensure organisational and staffing resilience though the Covid/post-Covid recovery period</p>	<p>Causes</p> <p>Spread of virus cannot fully be controlled / contained</p> <p>Partnership response means that multiple bodies have overlapping accountabilities and responsibilities</p> <p>Legislation means that the district council has additional accountabilities and responsibilities; frequently determined at short notice</p> <p>Fast paced and constantly changing policy environment necessitating the development of immediate procedures</p> <p>Standardised policies and procedures are not be fit for purpose</p> <p>Lack of understanding, buy in and consistency across the Council</p> <p>Inadequate recording</p> <p>Lack of proactive actions</p> <p>Lack of adequate training</p> <p>Subcontractors and commissioned organisations fail / cannot fulfil agreed obligations</p> <p>Lack of / inadequate equipment</p> <p>Poverty, unemployment and economic recession resulting from the impact of Covid - 19</p> <p>Staff fatigue and sickness, resulting in an inability to deliver critical services and deliver required actions</p> <p>Vulnerable residents not being able to access sustained support</p> <p>Voluntary and community sector fatigue and potential funding crisis</p> <p>Failure to secure sufficient Government funding to address key issues and deliver required actions</p> <p>Lack of effective strategic planning to address response and recovery</p> <p>Lack of effective engagement with partner agencies within and beyond Ryedale</p> <p>Lack of access to testing and vaccination</p> <p>Need for sustained activity to avoid multiple lockdown in response to virus surge</p>	<p>Original</p> <p>5E</p>

CRR01: Covid - 19		Risk Owner: Stacey Bulet		Risk Score
Consequences	Proactive Controls	Reactive Controls	Current	
<p>Rate and spread of Covid-19 increases locally</p> <p>Increased deaths</p> <p>Lack of test, trace, vaccination and compliance capacity locally</p> <p>Increased risk of and potential consequences of local lockdown</p> <p>Increased levels of poverty, unemployment, business failure and homelessness across the district</p> <p>Failure to plan for and deliver a strong post-Covid recovery</p> <p>Failure to ensure that vulnerable people are supported through and beyond the Covid emergency</p> <p>Decline in community resilience and physical and mental health of residents</p> <p>Pressures resulting in reduced voluntary and community sector capacity and sustainability</p> <p>Potential for community tensions</p>	<p>Full engagement with district, regional and national partners to support COVID response and recovery, including Government and funding agencies</p> <p>Proactive engagement upon mutual aid issues/biding or additional government funding through regional working groups - including the Yorkshire and Humber Assembly and York and North Yorkshire Local Resilience Forum - SCG, TCG, public health</p> <p>Organisational workstreams with lead officers – Economy; Community; Healthy People, Healthy Council programme. - Each enacts and plans for response and recovery. Progress on actions are monitored and reported.</p> <p>Increased focus on staff welfare, well-being and mental health including personal and workplace based risk assessments; Pulse survey, additional capacity sourced and implemented (e.g. Customer Services Advisors; COVID marshal); access to PPE; weekly staff meetings with the CX; email and intranet based communications; health assured activity.</p>	<p>Additional control measures as identified and put in place as required to ensure COVID secure workplaces, service delivery and to ensure that the district council’s role in protecting lives and livelihoods is fully acquitted in the community e.g. in town centres to support the reopening of the high street</p> <p>Daily scrutiny of data and intelligence to determine any actions required</p> <p>Briefings and communications for Elected Members, Strategic Management Board, and all staff</p> <p>Ongoing participation in district, regional and national working groups, that are coordinating response and recovery</p> <p>Ongoing activity to ensure that strategic plans reflect emerging policy direction Update of Business Continuity Plans to take into account of ongoing Covid/post-Covid demands</p>	3D	

CRR01: Covid - 19	Risk Owner: Stacey Bulet		Risk Score
<p>Failure to deliver key Council services and performance reduction as a consequence of increased demands on Council services from customers and businesses</p> <p>Adverse social and health consequences for staff including increased absence/productivity and decreased well-being and mental health</p> <p>Reputational risks – to the Council and to the wider district resulting in a loss of public confidence</p> <p>Breach of obligations relating to legislation e.g. civil contingency, health and safety, data protection, with the risk of claims, prosecution and financial penalties for the organisation and prosecution and personal liability of senior officers (HSE)</p> <p>Loss of revenue to the council and use of reserves to offset the financial consequences of Covid -19</p>	<p>Additional support for the voluntary and community sector including emergency grants; close coordination with the local Community Support organisation; development and delivery of a comprehensive Ryedale Covid Community Connect partnership support programme and post-Covid recovery plan; and participation in regional and national partnerships to identify and support the district’s most vulnerable residents</p> <p>Finance tracker and MHCLG returns are maintained to assess the financial impact of Covid-19 mitigation. This is complemented by proactive lobbying to ensure that the maximum amount of Government funding is secured and appropriate resources are in place. 2021/22 MTFS includes budgeting to October 2022 via use of Council reserves.</p> <p>Development and delivery of a comprehensive Ryedale post-Covid economic recovery plan</p> <p>Vaccinations and testing access for staff, communities and businesses has been facilitated.</p> <p>Proactive advice and guidance is provided to businesses to support survival and the recovery of key sectors of the economy</p>	<p>Regular performance monitoring, with mitigating actions taken</p> <p>Report on an ongoing basis to central Government on Covid/post EU transition community impacts</p>	

CRR01: Covid - 19	Risk Owner: Stacey Bulet	Risk Score
	Virtual meetings are facilitated in accordance with virus prevalence to mitigate the need for the next predicted surge in Autumn 2021	
Mitigating Actions		Target
<p>Targeted interventions are being undertaken where required by officers</p> <p>Increased staffing capacity in stress / high volume areas - e.g. Customer Service Advisors, Waste Operatives, Environmental Health, Revenues and Benefits</p> <p>Proactive monitoring of staff and community contraction rates</p> <p>COVID - 19 actions are proactively and reactively addressed as required following guidance and, on occasions, instruction for Government and the Director of Public Health, as well from strategic command arrangements that require response from the Local Resilience Forum.</p> <p>Work with businesses, partner agencies, community support organisations and Government to ensure that funding is maximised, support is in place and plans are delivered to support communities through Covid, through the post Covid/post-EU transition periods. This includes community support/recovery initiatives.</p> <p>Continual delivery of effective communications for businesses/Ryedale residents upon the implications of the end of the EU transition period/required actions</p> <p>Increased investment in resources is required to support ongoing good staff mental and physical health and well-being; including continuing to ensure that key messages/information on support for staff is publicised internally</p> <p>Ensure provision of appropriate PPE for staff for specific activities such as facilitating elections and that appropriate home working facilities and support are in place</p>		3C

CRR01: Covid - 19	Risk Owner: Stacey Bulet	Risk Score
<p>Ensure staff resilience/appropriate resourcing in the event of concurrent incidents (eg. winter flooding)</p> <p>Put in place appropriate plans to ensure health and safety in all council premises for staff and visitors, including when office based working at RDC facilities takes place</p>		

CRR02: Health and Safety	Risk Owner: Louise Wood		Risk Score
<p>Description</p> <p>Failure to comply with and embed health and safety policy and procedures in the council</p>	<p>Causes</p> <p>Policies and procedures outdated or not fit-for-purpose</p> <p>Lack of understanding, buy in and consistency across the Council</p> <p>Inadequate recording</p> <p>Lack of proactive actions</p> <p>Weak action planning</p> <p>Lack of support capacity</p> <p>Lack of adequate training</p> <p>Subcontractors and commissioned organisations</p> <p>Lack of /inadequate equipment</p> <p>Public health incidents / pandemics</p>		<p>Original</p> <p style="background-color: red; color: white; text-align: center;">5E</p>
Consequences	Proactive Controls	Reactive Controls	Current
<p>Resulting in injuries, fatalities, claims</p> <p>Reputational damage</p> <p>Impact on service delivery</p> <p>Risk of prosecution and financial penalties for the organisation</p>	<p>Health and safety policy</p> <p>Health and Safety Action Plan</p> <p>Quarterly Corporate Health , Safety and Wellbeing Group</p> <p>Mandatory training (SMB monitored) and service-specific training</p>	<p>Accident reporting procedure</p> <p>Annual health and safety report</p> <p>Daily COVID-secure workplace monitoring</p>	3C

CRR02: Health and Safety		Risk Owner: Louise Wood	Risk Score
<p>Prosecution and personal liability of senior officers and consequences for Leader/Dep Leader</p> <p>Lack of containment of public health emergencies</p>	<p>Covid -19 risk assessment and controls in place with regards to service delivery, employee welfare and democratic meetings</p> <p>Democratic meetings policy and risk-assessments</p>		
Mitigating Actions			Target
<p>All staff required to confirm understanding of policy on annual basis</p> <p>Delivery of action plan monitored on quarterly basis</p> <p>Provision of specialist health and safety advice to provide up-to-date guidance and lead progression on health and safety activity</p> <p>Communications rolled out across staffing and employee groups and on intranet</p> <p>Fortnightly meetings with UNISON and service managers on COVID-secure workplace</p> <p>Targeted intervention programme in place in Waste and Environmental Services using additional capacity</p> <p>Ongoing health and Safety audit of facilities</p> <p>Implementation of COVID guidance/instruction from government, public health and Local Resilience Forum.</p>			2B

CRR03: Staffing Resilience and Capacity		Risk Owner: Haroon Rashid	Risk Score
<p>Description</p> <p>Lack of resilience or capacity to achieve strategic and/or operational objectives</p>	<p>Causes</p> <p>Lack of staffing resource to support delivery against strategic and operational objectives</p> <p>Lack of staff development to support succession planning, retention and successful delivery</p> <p>Inadequate budget to fund an appropriate staffing structure</p> <p>Poor reputation as an employer</p> <p>Failure to recruit, particularly in specialist areas where the market is highly competitive</p> <p>Lack of or inadequate workforce strategy</p>		<p>Original</p> <p>5D</p>

CRR03: Staffing Resilience and Capacity		Risk Owner: Haroon Rashid		Risk Score
		Covid-19 pandemic Unprecedented circumstances requiring the reallocation of resources to meet urgent, reactive need e.g. COVID outbreak, natural emergency , BREXIT Failure to plan for any staff/organisational impacts from the EU exit		
Consequences Customer and local resident detriment Service failure Special measures if statutory or legislative expectations are unmet Poor customer satisfaction, leading to complaints and requests for compensation Low staff morale Poor productivity among staff Increasing sickness levels Higher staff turnover LGO decisions Damage to reputation Staff wellbeing suffers Legal action Financial penalties Failure to meet legislative requirements, election and electoral register responsibilities Increasing levels of sickness absence as a result of COVID-19 contraction rates Inability to meet increased service demand as a consequence of additional accountabilities and increased service demand brought about by COVID -19	Proactive Controls Refreshed approach to recruitment and resourcing to address current 'gaps' in establishment. Learning Zone access for all employees. Job evaluation process in place. Financial monitoring and reporting - including a new approach to budget strategy development and oversight. Regular CX, SMB, manager & staff communication and engagement sessions taking place to ensure that the pulse of the organisation is taken and responded to. Graduate trainees programme in place. HR/OD service ensures that organisational development and the employee journey is increasingly focused upon. Elections Risk Register. All staff complete mandatory training requirements, with accelerated levels for managers. Shared service arrangements in place to support organisational resilience where this represents best value and ensures that a	Reactive Controls Outsourcing to specialist agencies where there is a need to ensure that statutory, legislative or important service need is met e.g. legal advice, dog breeder accreditation Re-prioritisation of service delivery Turn the service off if practical - this course of action has been taken when extreme staff shortages have occurred (e.g. street sweeping so that bin collections occurred) Overtime – exceptional and by agreement. Service Risk Registers incorporate mitigations for resilience and capacity risks Historical bullying allegations relating to staff and have reported back to members; zero tolerance actions rolled out Additional control measures as identified / required to ensure COVID secure workplaces and service delivery	Current 3C	

CRR03: Staffing Resilience and Capacity	Risk Owner: Haroon Rashid	Risk Score
	<p>focus can be maintained on both short and longer term objectives.</p> <p>Health checks completed in core areas of the business to ensure organisation is fit for purpose (IT, customer service, programmes and projects, strategy and performance, information governance, democratic services, legal services), with increased capacity investment following thereafter People and Culture Plan developed and rolled out with ongoing review of effectiveness.</p> <p>Organisational Development programme initiated with manager & staff involvement as appropriate.</p> <p>New collective agreement and revised pay, terms and conditions package implemented for Grade 10 and below directly employed by the organisation.</p> <p>Senior management appraisal process rolled out.</p> <p>Delivery of HR/OD actions in the corporate delivery programme of the Council Plan.</p> <p>Council Plan and corporate programme in place to determine strategic objectives and the delivery plan for achieving them</p> <p>New partnership arrangement in place for Procurement support.</p> <p>Adoption of new policies and procedures such as zero tolerance</p>	

CRR03: Staffing Resilience and Capacity	Risk Owner: Haroon Rashid	Risk Score
	Budget strategy development, financial monitoring and reporting includes a strong focus on workforce related issues Covid 19 procedures and arrangements	
<p>Mitigating Actions</p> <p>Appraisal process Grades 10 and below has been refreshed and revised to ensure that there is a focus on issues such as performance against strategic and operational goals and a training, learning and development plan linked to professional and personal goals. This will be rolled out from October 2020 onwards.</p> <p>Training Needs analysis completed; new training and development programme in place for employees and so that managers support and fulfil their responsibilities to employees.</p> <p>Review of commissioned and third party arrangements and obligations.</p> <p>New partnership arrangement in place for Legal support.</p> <p>Rolling programme of review of policies and procedures underway to ensure they are fit for purpose.</p> <p>Undertake review of Senior Manager structure to determine an appropriate operating model to drive forward quality and standards.</p>		<p>Target</p> <p>2B</p>

CRR04: Strategic Planning and Leadership	Risk Owner: Stacey Bulet	Risk Score
<p>Description</p> <p>Failure to establish, review or deliver against strategic / corporate priorities so that the long-term aspirations and ambitions of Ryedale are achieved, resulting in sub-optimal performance and/or failure to deliver the agreed Council Plan</p>	<p>Causes</p> <p>Lack of and / or inadequate political direction</p> <p>Misalignment of resources and priorities due to unrealistic / undefined targets and objectives relating to timescales, capacity or remit</p> <p>Capacity and skills of the workforce are lacking or inadequate to support the delivery of targets</p> <p>Lack of officer advice taken to inform Committee or Council decision-making</p>	<p>Original</p> <p>5D</p>

CRR04: Strategic Planning and Leadership		Risk Owner: Stacey Bulet	Risk Score
		<p>Unprecedented circumstances requiring the reallocation of resources to meet urgent, reactive need e.g. COVID outbreak, natural emergency , EU exit, flooding</p> <p>Inadequate training and development programmes for member and senior officers</p> <p>Inability of staff to focus on core work areas due to capacity issues</p> <p>Lack of clarity or confidence in strategic direction</p> <p>Democratic and other decision-making processes ineffective</p> <p>Poor elected member / officer relationships and/or boundaries</p> <p>Significant national policy changes / direction e.g LGR, the future of planning</p>	
<p>Consequences</p> <p>Lack of direction</p> <p>Lack of delivery progress</p> <p>Failure to achieve long term improvements for local residents and businesses</p> <p>Resources not aligned to priorities/misuse of resources</p> <p>Loss of opportunities (e.g. financial - business rates)</p> <p>Lack of accountability</p> <p>Poor customer and stakeholder satisfaction</p> <p>Low staff morale and motivation</p> <p>Poor performance</p>	<p>Proactive Controls</p> <p>Council Plan and associated delivery programme in place</p> <p>Officer guidance and advice on corporate and strategic matters provided via Committee and Council reports; elected member briefings etc.</p> <p>CEX communications, including weekly staff meeting</p> <p>Regular updates to relevant Committees to focus on key areas of development</p> <p>MTFS in place to ensure appropriate levels of resourcing are in place to progress key workstreams defined within the Council Plan</p>	<p>Reactive Controls</p> <p>As an interim measure, existing performance management indicators are reviewed regularly at Committee</p> <p>Red and amber performance ratings are investigated and addressed where possible, with appropriate elected member scrutiny</p>	<p>Current</p> <p>3C</p>

CRR04: Strategic Planning and Leadership		Risk Owner: Stacey Bulet		Risk Score
<p>Reputational damage / poor reputation among stakeholders, communities and partners</p> <p>Poor officer/elected member relationships</p>	<p>Proactive learning and development programme for officers, with regular monitoring in place</p> <p>Learning and development programme for elected members</p>			
<p>Mitigating Actions</p> <p>A Council Plan was agreed by Council in September 2020. Now adopted, a new performance framework and corporate delivery programme will be developed to support the tracking of key indicators, milestones and delivery outcomes for 2021/22. Development has been delayed due to the need to prioritise COVID response and recovery. However, key workstreams continue to be progressed so the Council Plan progresses. This includes affordable housing, enforcement activity, IT modernisation, car parking.</p>				<p>Target</p> <p>1A</p>

CRR05: Financial Management		Risk Owner: Anton Hodge		Risk Score
<p>Description</p> <p>Failure to have adequate financial management within the Council</p>		<p>Causes</p> <p>Lack of data or poor system output</p> <p>Finance staff capacity</p> <p>Political/management perception</p> <p>Lack of informed decision making</p> <p>Lack of confidence, engagement, experience and awareness within managers across the council</p>		<p>Original</p> <p>5E</p>
<p>Consequences</p> <p>Over or underspend</p> <p>Lack of investment</p> <p>Damage to reputation</p> <p>Qualified audits</p>	<p>Proactive Controls</p> <p>Budget monitoring and reporting</p> <p>Root and branch reviews</p> <p>External support</p> <p>Financial Performance Reports</p> <p>Budget Managers' access to Pentana</p>	<p>Reactive Controls</p> <p>Budget monitoring and reporting, including capital</p> <p>Continuous cycle of Root and branch reviews</p>	<p>Current</p> <p>3C</p>	

CRR05: Financial Management		Risk Owner: Anton Hodge		Risk Score
<p>Lack of awareness of resources, leading to impact on performance (spending in 'wrong' areas) Possible external intervention Weak long term planning</p>	<p>Financial Strategy Capital Plan Treasury management Report to committees Review and update reports on financial performance</p>	<p>Review of Audit arrangements to ensure correct focus on areas of risk Prioritisation of funding/use of reserves Review of commissioned and third party arrangements and obligations</p>		
	<p>More member involvement and transparency in Financial Strategy and Capital Plan</p> <p>Review capacity of financial support Focussed reviews on areas of budget vulnerability, including overspends and where savings are expected</p> <p>Work with partners and other LAs to determine medium term impact of Covid on income streams and build into refreshed Financial Strategy – ongoing piece of work</p>	<p>In-year review to ascertain impact of Covid and assess reliance on reserves to ensure a balanced outturn for 2020-21</p> <p>Additional External support where appropriate</p>		
<p>Mitigating Actions Deliver training/agree expectations of role of budget managers Use of Benchmarking – including financial and service performance Review all financial procedures including contract procedures Further work with service managers to ensure required savings are agreed and understood and production of “budget book” for senior managers</p>				<p>Target 2B</p>

CRR06: Information Governance		Risk Owner: Louise Wood	Risk Score
Description Ineffective data governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FOI requests, and inability to locate key data upon which the Council relies, resulting in loss of reputation and poor decision-making		Causes Lack of staff and expertise Lack of staff development Governance not embedded in organisational culture Information governance arrangements not in place for shared services Simple mistakes	Original 5E
Consequences Service user detriment Service failure Special measures Poor customer and/or staff satisfaction Staff turnover ICO decisions LGO decisions Damage to reputation Staff wellbeing suffers Legal action Financial penalties	Proactive Controls Training, policies in place, regular CIGG meetings, access to expert advice, monitoring systems and audits, information asset register, DPIA template in place Continue to emphasise personal responsibility of staff for all information and consider disciplinary action against breaches Continue to review information asset registers Ensure individual data sharing arrangements are completed for each activity Ensure Data Protection risks are managed to comply with GDPR Separate Information Governance Risk Register Online mandatory training completed by existing staff and by new starters as part of induction	Reactive Controls Breach process in place, FOI review process in place, lessons learnt considered, CIGG reviews	Current 3C
Mitigating Actions Ensure individual data sharing arrangements are completed for each activity Ensure Data Protection risks are managed to comply with GDPR - specifically around contracts and other service agreements Continue communications to staff and continue regular training			Target 3C

CRR07: ICT		Risk Owner: Louise Wood		Risk Score	
Description Ability to deliver public services is severely compromised or reduced due to ICT failure		Causes Outdated or inappropriate policies Poor corporate controls over ICT system Inadequate contractual arrangements, and poor contract management Over-reliance on third party suppliers Outdated, ineffective or ill-configured ICT infrastructure Ill-configured or inadequate software Limited internal capacity Lack of adequate training in effective system use Lack of/inadequate equipment Inadequate disaster recovery planning System security is compromised through inadequate security controls or cyber attack Insufficient investment reduces ICT capacity and effectiveness		Original	5E
Consequences		Proactive Controls	Reactive Controls	Current	
Citizens do not receive a service or a poor service Services are unable to operate, or must operate at a reduced level, for a protracted period of time Services are unable to operate efficiently Data is lost or irretrievable Organisation loses PSN connection Systems are breached		PSN compliance healthcheck and certification Disaster recovery plans Contract audit Centralization of IT decision-making and budgets IT policies and procedures	DR site available if required Third party support	3C	
Mitigating Actions				Target	
External service review and reporting Annual third party healthcheck and implementation of actions Maintenance of software and systems within service support dates Ongoing investment in cloud and SaaS				2B	

CRR07: ICT	Risk Owner: Louise Wood	Risk Score
Training and development of staff in appropriate use of systems and software, including security Links with National Cyber Security Centre Testing of DR arrangements		

CRR08: Contracts and Procurement	Risk Owner: Simon Copley		Risk Score
Description	Causes		Original
Failure to ensure that effective procurement and contract management is carried out across the Council Brexit risk to procurement and supply chain	Lack of awareness and ownership across the Council Outdated policies and procedures The UK leaving the EU (Brexit) with no trading deals in place		5D
Consequences	Proactive Controls	Reactive Controls	Current
Inability to deliver Value for Money Risk of breaking procurement law and regulation Financial penalties Less effective contracts/contract management Missed opportunities The result of the Brexit negotiations could have a negative impact on the Council's supply chain, both with direct tier 1 suppliers and their sub-contractor network. Existing supply contracts may be impacted by changes in regulation, or legal requirements. Assurance of Supply - risk that a complete failure in supply of the goods / service (e.g. Carillion) from key suppliers could be felt.	Contracts Register Quarterly update and review Wider Partnership arrangements Supply chain assessment Increasing the regularity of supplier risk assessments, from annual to bi-annual or quarterly. Work with legal services to understand the impact. Early engagement with supply markets when we are looking to tender. Review of the services the council delivers to assess the potential impact on specific supply chains. Early supplier engagement should identify areas of cost increase that need to be factored into budget control and or change in requirements.	Review of expired contracts Retrospective permissions applied for Review of projects due out to the market at the time the UK leaves the EU	3C

CRR08: Contracts and Procurement		Risk Owner: Simon Copley	Risk Score
<p>Service levels may be impacted negatively by any changes in the Supply Chain or access to workers, particularly in low skilled categories.</p> <p>Financial risk need to consider if any supply changes will drive up costs of the Goods / Services/Works in the short/medium/long term.</p>	<p>New partnership in place with NYCC to deliver procurement services</p> <p>New Procurement and Contract Management Plan (taking into account healthcheck) to ensure that Value of Money is a key requirement and that relevant staff take a commercial approach to purchasing.</p>		
<p>Mitigating Actions</p> <p>Review contract procedure rules</p> <p>Ensure all staff with authority for procurement and contracts are appropriately trained and are aware of their responsibilities</p> <p>A detailed spend analysis to identify and deliver savings.</p> <p>Networking with relevant groups and other local authorities to ensure we are aware of important developments and to share and learn from good practice and review shared agreements</p> <p>Regular reporting on performance</p> <p>Review of shared service arrangements to ensure they are fit for purpose, including Internal Audit reports</p> <p>Undertake Supplier analysis, segment and understand our supplier base. See where your critical suppliers are, and even look at who supplies our suppliers. If there are EU companies in that mix, understand how that could impact the rest of our flow.</p>			<p>Target</p> <p style="background-color: green; color: black; font-weight: bold;">2B</p>

CRR09: Major Events/Incidents (non-Covid)		Risk Owner: Phillip Spurr	Risk Score
<p>Description</p> <p>Failure to respond to major regional, national and global events and incidents – and to learn from previous incidents</p>	<p>Causes</p> <p>Lack of senior officer and workforce capacity</p> <p>Lack of business support</p> <p>Poor networking</p> <p>Lack of IT capacity</p> <p>Lack of policy and horizon scanning function</p>		<p>Original</p> <p style="background-color: red; color: black; font-weight: bold;">5E</p>

CRR09: Major Events/Incidents (non-Covid)		Risk Owner: Phillip Spurr	Risk Score
		Unknown and unpredicted events e.g. pandemic/natural weather events Concurrent events Failure to plan for, resource and deliver incident recovery Potentially foreseeable events – Pandemic incidents Carbon emissions Local Government reorganisation Government policy – major change of direction Scale of natural events e.g. flooding Sustained periods of inclement weather	
Consequences	Proactive Controls	Reactive Controls	Current
Death and / or failure to protect public health Lack of staff capacity to deliver services Lack of funding to deliver services Unable to cope with reduced (or increased) funding Not able to lobby appropriately Delays in responding to / implementing new requirements Costs arising from lack of pre-agreements and agreed policy/process e.g. potential supplier costs at end of EU transition period Missed opportunities Increased risk of flooding and other natural disasters Lack of ability to acquit civil contingency partnership accountabilities	Membership of regional/sub-regional response structures –Membership of expert bodies that lobby Government and provide updates and guidance during period of crisis e.g. DCN, LGA Allocation of finance to address key issues Cross department and cross-agency working Membership of expert bodies to guide our response to policy development Attendance at seminars, workshops and professional development Attendance of various Yorkshire and the Humber/ NY and Yorkshire-wide meetings i.e. Leaders, Chief Executives Group Regular liaison with partnership bodies e.g. the LEP Climate Change Action Plan	Briefing papers for Strategic Management Board and Elected Members on immediate and urgent issues relating to major change and incidents Participation in civil contingency planning and delivery – Strategic Command Group, Tactical Command Group for York and North Yorkshire Participation in region/sub-regional response groups Learning from table top exercises/previous events	5D

CRR09: Major Events/Incidents (non-Covid)		Risk Owner: Phillip Spurr	Risk Score
Inability to support local communities and businesses to recover from major changes or incidents	Participation in civil contingency planning and delivery – Strategic Recovery Group for York and North Yorkshire Learning from previous incidents		
Mitigating Actions			Target
Networking with relevant groups and other local authorities to ensure we are consistent and sharing and learn from good practice. Formal incident review processes to identify and implement lessons learned.			4D

CRR10: Safeguarding	Risk Owner: Margaret Wallace	Risk Score
Description	Causes	Original
Failure to ensure Safeguarding (Children and Adults). Risk of death or injury to children/adults, through inappropriate practices, care or attention.	<p>Lack of awareness and ownership across the Council</p> <p>Outdated policies and procedures</p> <p>Lack of assurance that written policies and procedures are actually being followed</p> <p>Contact details in the Safeguarding Policy are not up to date</p> <p>Training records are not adequate</p> <p>Compulsory attendance at safeguarding training for members has not been monitored and enforced.</p> <p>No clear list of DBS Checks necessary for staff</p> <p>Updating the guidance available to employees in respect of convictions.</p> <p>Safeguarding arrangements are not included in contracts as standard</p> <p>Regular refresher training about information security and internet usage</p> <p>The Whistleblowing Policy needs to be updated.</p>	5D

CRR10: Safeguarding		Risk Owner: Margaret Wallace		Risk Score
Consequences		Proactive Controls	Reactive Controls	Current
<ul style="list-style-type: none"> - Poorer outcomes for children and adults. - Impact on statutory responsibilities and regulatory judgement. - Complaints/claims/litigation - Increased costs - Adverse publicity - Reputation damage - Adverse effect on the Council's partners and providers - Adverse effect on morale 		<p>Audit undertaken Quarterly update and review meeting in place with management team Safeguarding action plan in place to mitigate risk and address any issues Safeguarding lead updated Quarterly reports to SMB on safeguarding HR policies updated Training records updated Safeguarding policy read and understood by employees recorded</p>	<p>Annual check on safeguarding terms or reference/ policy Annual review of contract management for safeguarding clause. Annual review of safeguarding training Policies and procedures will be reviewed on an annual basis to ensure they are kept up to date with new legislation/guidance version control will be introduced to ensure annual review undertaken Safeguarding action plan/report will report quarterly to SMB and Overview and Scrutiny council committee</p>	3C
Mitigating Actions				Target
<p>Quarterly meeting set up and attend by all manager to highlight awareness and ownership across the Council New policy and procedure drafted and distributed to all managers and staff. Record of employee having read and understood the new safeguarding policy recorded across the council Contact details in the Safeguarding Policy are now updated Guidance drafted from HR of necessity for DBS checks and assessment, all managers checking JD, risk assessing and ensuring safe recruitment practices put in place. The Whistleblowing (Speaking out) policy updated. Senior Management/Heads of service/ managers to include safeguarding in their Team meetings, service/team plans All Head of service/ managers will ensure that all staff have undertaken mandatory safeguarding training and ensured they have been given the policy and procedures This will be recorded at 1-2-1 and PRDs Review arrangements for the recovery of the systems following a software crash in line with business continuity/risk plans</p>				2B

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RDC Forward Plan

Date of Meeting	Committee	A/B	Service Area	Report Title	Draft Deadline	Final Deadline	Draft Press Release	Implement Date	Full Council	Reporting Officer	Annual Y/N
May											
June											
10-Jun-21	Overview and Scrutiny Committee	OS	Financial Services	Draft Annual Governance Statement	19-May-21	01-Jun-21				AH	Y
10-Jun-21	Overview and Scrutiny Committee	OS	Corporate Governance	Scrutiny Reviews Progress Report and Identification of Future Topics	19-May-21	01-Jun-21				SC	Y
10-Jun-21	Overview and Scrutiny Committee	OS	Customer Services	Customer Complaints and Compliments Q4 2020/21	19-May-21	01-Jun-21				MW	Y
10-Jun-21	Overview and Scrutiny Committee	OS	Economic Development, Business and Partnerships	Progress on Implementations of recommendations of the Climate Change Action Plan report for 2020/21	19-May-21	01-Jun-21				JL	N
10-Jun-21	Overview and Scrutiny Committee	OS	Corporate Governance	Standards Complaints Overview and Annual Report	19-May-21	01-Jun-21				SC	Y
10-Jun-21	Overview and Scrutiny Committee	OS	Corporate Governance	Appointment of Corporate Governance Standards Sub-Committee	19-May-21	01-Jun-21				SC	Y
July											
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Statement of Accounts 2020/21	06-Jul-21	19-Jul-21				AH	Y
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Treasury Management Annual Report 2020/21	06-Jul-21	19-Jul-21				AH	Y
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Internal Audit and Counter Fraud Annual Report 2020-21	06-Jul-21	19-Jul-21				Veritau	Y

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Agenda Item 10

Date of Meeting	Committee	A/B	Service Area	Report Title	Draft Deadline	Final Deadline	Draft Press Release	Implement Date	Full Council	Reporting Officer	Annual Y/N
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Counter Fraud Framework Update	06-Jul-21	19-Jul-21				Veritau	Y
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Internal Audit Plan 2021/22	06-Jul-21	19-Jul-21				AH	Y
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Risk Management Update	06-Jul-21	19-Jul-21				SC	Y
28-Jul-21	Overview and Scrutiny Committee	Au	Financial Services	Annual Governance Statement	06-Jul-21	19-Jul-21				AH	Y
28-Jul-21	Overview and Scrutiny Committee	OS	Economic Development, Business and Partnerships	Everyone Active Annual Report	06-Jul-21	19-Jul-21				AT	Y
28-Jul-21	Overview and Scrutiny Committee	OS	Corporate Governance	Review of Workplan	06-Jul-21	19-Jul-21				SC	Y
30-Sep-21	Overview and Scrutiny Committee	OS	Customer Services	Customer Complaints and Compliments Q1 2021/22	08-Sep-21	21-Sep-21				MW	Y
30-Sep-21	Overview and Scrutiny Committee	OS	Customer Services	LGO Annual Review Letter 2020/21	08-Sep-21	21-Sep-21				MW	Y
30-Sep-21	Overview and Scrutiny Committee	OS	Corporate Governance	Scrutiny Review Progress Report	08-Sep-21	21-Sep-21				SC	Y
30-Sep-21	Overview and Scrutiny Committee	OS	Corporate Governance	Review of Workplan	08-Sep-21	21-Sep-21				SC	Y
30-Sep-21	Overview and Scrutiny Committee	OS	Economic Development, Business and Partnerships	Implementation of recommendations of the Climate Change Action Plan	08-Sep-21	21-Sep-21				JL	Y
October											
21-Oct-21	Overview and Scrutiny Committee	OS	Corporate Governance	Timetable of Meetings 2022-2023	29-Sep-21	12-Oct-21				SC	Y

Date of Meeting	Committee	A/B	Service Area	Report Title	Draft Deadline	Final Deadline	Draft Press Release	Implement Date	Full Council	Reporting Officer	Annual Y/N
21-Oct-21	Overview and Scrutiny Committee	Au	Financial Services	First Internal Audit and Counter Fraud Progress Reports 2021/22	29-Sep-21	12-Oct-21				Veritau	Y
21-Oct-21	Overview and Scrutiny Committee	Au	Financial Services	Update of Internal Audit Charter	29-Sep-21	12-Oct-21				Veritau	Y
21-Oct-21	Overview and Scrutiny Committee	Au	Financial Services	External Audit Annual Audit Letter 2020/21	29-Sep-21	12-Oct-21				AH	Y
21-Oct-21	Overview and Scrutiny Committee	Au	Financial Services	External Audit Annual Fee Letter 2021/22	29-Sep-21	12-Oct-21				AH	Y
21-Oct-21	Overview and Scrutiny Committee	Au	Financial Services	Treasury Management Mid Year Review	29-Sep-21	12-Oct-21				AH	Y
November											
18-Nov-21	Overview and Scrutiny Committee	OS	Corporate Governance	Standards Complaints Overview and Annual Report	27-Oct-21	09-Nov-21				SC	Y
18-Nov-21	Overview and Scrutiny Committee	OS	Customer Services	Customer Complaints and Compliments Q2 2021/22	27-Oct-21	09-Nov-21				MW	Y
December											
January											
20-Jan-22	Overview and Scrutiny Committee	Au	Financial Services	Second Internal Audit and Counter Fraud Progress Reports 2021/22	29-Dec-21	11-Jan-22				AH	Y
20-Jan-22	Overview and Scrutiny Committee	Au	Financial Services	Internal Audit Plan 2022/23 - Consultation	29-Dec-21	11-Jan-22				AH	Y
20-Jan-22	Overview and Scrutiny Committee	Au	Financial Services	External Audit Plan	29-Dec-21	11-Jan-22				AH	Y

Date of Meeting	Committee	A/B	Service Area	Report Title	Draft Deadline	Final Deadline	Draft Press Release	Implement Date	Full Council	Reporting Officer	Annual Y/N
20-Jan-22	Overview and Scrutiny Committee	Au	Corporate Governance	Update on the use of RIPA	29-Dec-21	11-Jan-22				SC	Y
20-Jan-22 17-Feb-22	Overview and Scrutiny Committee Council	B	Financial Services	Treasury Management Strategy Statement and Investment Strategy 2022-23	29-Dec-21	11-Jan-22	11-Jan-22		17-Feb-22	AH	Y
February											
10-Feb-22	Overview and Scrutiny Committee	OS	Customer Services	Customer Complaints and Compliments Q3 2021/22	19-Jan-22	01-Feb-22				MW	Y
March											
24-Mar-22	Overview and Scrutiny Committee	OS	Customer Services	Safer Ryedale and Community Safety Plan	02-Mar-22	15-Mar-22				MW	Y
24-Mar-22	Overview and Scrutiny Committee	OS	Financial Services	CIPFA Financial Management Code	02-Mar-22	15-Mar-22				AH	Y
24-Mar-22	Overview and Scrutiny Committee	OS	Economic Development, Business and Partnerships	Implementation of recommendations of the Climate Change Action Plan	02-Mar-22	15-Mar-22				PS	Y
April											
21-Apr-22	Overview and Scrutiny Committee	Au	Financial Services	External Audit Progress Report	30-Mar-22	12-Apr-22				AH	Y
21-Apr-22	Overview and Scrutiny Committee	Au	Financial Services	Third Internal Audit and Counter Fraud Progress report	30-Mar-22	12-Apr-22				AH	Y
21-Apr-22	Overview and Scrutiny Committee	Au	Financial Services	Internal Audit and Counter Fraud Governance Plans 2022/23	30-Mar-22	12-Apr-22				AH	Y