



INTERNAL AUDIT – QUARTERLY PROGRESS REPORT

1 PURPOSE OF REPORT

- 1.1 To update the Audit and Governance Committee on progress made in delivering the Internal Audit Strategy for 2024/25.

2 LINKS TO COUNCIL'S PRIORITIES AND OBJECTIVES

- 2.1 Audit work contributes to the delivery of all the Council's Priorities and Objectives.

3 RECOMMENDATION

- 3.1 It is proposed that the Committee **RESOLVES**

To note the progress made in delivering the 2024/25 Internal Audit Strategy.

4 INTERNAL AUDIT PLAN STATUS

- 4.1 Appendix 1 sets out the current status of the audit work planned for the year as at 14 January 2025.

- 4.2 There have been three changes to the audit plan since the last update to Audit Committee in September 2024:

- a) The advice and support work relating to the Planning Peer Review has been removed, as the planned Peer Review has not yet been scheduled; and
- b) Two further advice and support pieces of work have been added (Housing Improvement Programme Assurance and Health and Safety) in order to support the Council on its improvement journey in these areas.

5 PERFORMANCE TARGETS

- 5.1 As outlined in the Strategy presented to the April 2024 Committee meeting, the team will be reporting on a more limited set of indicators this year given the amount of work that is still being contracted out.

5.2 As at 7 January 2025:

- a) For the period since 1 April 2024 the team has had an average of 5.4 days of sickness absence. This figure is higher than expected because of one member of the team being unwell for an extended period of time, and as the number currently in the team is lower, this impacts the average.
- b) Of the 26 jobs in the plan, including those brought forward from the previous year:
 - eight are fully complete
 - four are at draft report stage
 - six are work in progress
 - three are having terms of reference developed and agreed
 - one is in the initial planning stage
 - four are yet to start

5.3 Stakeholder surveys are paused currently as they are being reviewed to ensure they align with the new Global Internal Audit Standards (GIAS). This review will be completed once the consultation on public sector considerations for the GIAS has been completed, at which point the surveys will re-commence and be completed throughout the rest of the year as audits are finalised.

6 RESOURCING

6.1 Since the last report to the Audit and Governance Committee in September 2024 there have been no further changes to the staffing of the team. The team currently has four vacancies and work is ongoing to recruit to the vacant Audit Manager position. The salaries of the vacant posts are being used to fund audit resource brought in from suitable accountancy firms to assist with delivery of the audit plan.

7 RISK IMPLICATIONS

7.1 Failure to operate a robust assurance process (which incorporates the internal audit function) increases the risk that there are inadequacies in the internal control framework that may impact on the Council's ability to deliver its Corporate Aims, Targets and Objectives. A key mitigating factor is the work of the Good Governance Group. Assurance provided by the Good Governance Group is summarised in the regular Monitoring Report on the Council's Governance Arrangements.

7.2 The main risks the team continues to manage are the:

- a) loss of in-house staff and the ability of the service to replace this resource at all or in a timely manner;
- b) lack of management capacity to support and process work in a timely manner and provide strategic leadership to the team;

- c) possibility that the external suppliers won't deliver contracted out work within the required deadlines or to the expected quality standards; and
- d) need to maintain relationships with clients / partners.

8 FINANCIAL IMPLICATIONS

- 8.1 The Audit Plan will be delivered within the approved budget.
- 8.2 Any financial implications arising from identifying and managing fraud risk will be considered through the normal financial management processes.

9 LEGAL IMPLICATIONS

- 9.1 The Accounts and Audit Regulations 2015 require that the Council undertakes an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. The UK Public Sector Internal Audit Standards require the Audit and Governance Committee to approve (but not direct) the annual Internal Audit Plan and then receive regular updates on its delivery. This report contributes to discharging this duty.

10 HUMAN RESOURCES IMPLICATIONS

- 10.1 Human Resource issues that are relevant to an audit within the Audit Plan will be considered as part of the review.
- 10.2 Regular updates will be provided to the Audit and Governance Committee on how the service is being resourced (as required by the Standards).

11 EQUALITY AND DIVERSITY IMPLICATIONS

- 11.1 The relevance of equality and diversity will be considered during the initial planning stage of each audit before the Terms of Reference are agreed.



Andrew Barnes

Head of Internal Audit

Background Papers:

- The Accounts and Audit Regulations 2015
- UK Public Service Internal Audit Standards
- CIPFA: Local Government Application Note for the UK Public Sector Internal Audit Standards

Appendices

- Appendix 1: Internal Audit Plan 2024/25
- Appendix 2: Opinions and Themes – Partial Assurance
- Appendix 3: Audits Revisited

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Appendix 1: Internal Audit Plan 2024/25

Dept.	Service Activity	Fraud risk	Status as at 14 January 2025
Managing the Business			
All Aims			
All	<p>Transforming Together</p> <p>To assess the robustness of arrangements in place to move the Council's transformation programme into business as usual, while continuing to achieve the anticipated benefits.</p>	Low	Draft report with the Head of Internal Audit
All	<p>Contract management (brought forward)</p> <p>To assess the robustness of arrangements in place to support compliance with legislation and good practice, while ensuring the contracts deliver the appropriate quality of services and achieve value for money.</p>	High	Completed September 2024
All	<p>ICT Strategy</p> <p>To assess the suitability of the Council's ICT strategy and the effectiveness of its application to support and enable achievement of the Council's strategic goals.</p>	Low	<p>Phase one completed and memo being drafted.</p> <p>Phase two planned for Q4</p>
All	<p>Performance Management (brought forward)</p> <p>To assess the adequacy of arrangements in place to monitor and manage the effective delivery of services, objectives, targets and outcomes in line with Corporate Plan.</p>	Low	<p>Completed October 2024</p> <p>(See Appendix 2)</p>
C&C	<p>ICT audit work: utilisation, usage and skills (brought forward)</p> <p>To assess the adequacy of arrangements to implement new digital tools and solutions and integrate these effectively into the Council's ways of working.</p>	Low	Draft report with the business

Appendix 1: Internal Audit Plan 2024/25

Dept.	Service Activity	Fraud risk	Status as at 14 January 2025
C&C	<p>ICT audit work: projects and contracts (brought forward)</p> <p>To assess the adequacy of arrangements to develop and implement projects to maximise the impact of digitalisation opportunities to drive improvements in service delivery and increased efficiency.</p>	Medium	Completed January 2025 (See Appendix 2)
All	<p>Procurement (brought forward)</p> <p>To assess the robustness of arrangements in place to support compliance with legislation and good practice, while ensuring procurement enables the delivery of quality services and achieves value for money.</p>	High	Completed September 2024
All	<p>Data Governance</p> <p>To assess the adequacy of arrangements to ensure the quality, integrity, availability and security of data within the Council.</p>	Low	Draft report with the Audit Manager
C&C	<p>Complaints</p> <p>To assess the robustness of arrangements to ensure complaints are dealt with effectively, within relevant timeframes and in line with the required policies, procedures and / or codes.</p>	Low	Planned for Q3
All	<p>Emergency Planning</p> <p>To assess the robustness of arrangements in place for responding to a civil emergency, allowing the Council to fulfil its legal responsibilities and comply with other relevant good practice.</p>	Low	Terms of reference agreed. Fieldwork planned for Q4
<i>Implementing Action Plans</i>			
All	<p>REMOVED: Procurement</p> <p>To check that actions agreed have been effectively implemented and have been embedded into the day-to-day operation of the service.</p>	High	Audit removed and pushed to 2025/26 due to the timing of when recommendations fall due.
C&C	<p>Cyber Security Incident Management</p> <p>To check that actions agreed have been effectively implemented and have been embedded into the day-to-day operation of the service.</p>	High	Planned for Q4

Appendix 1: Internal Audit Plan 2024/25

Dept.	Service Activity	Fraud risk	Status as at 14 January 2025
Managing Service Delivery Risks			
Aim: People			
All	<p>Sickness Absence Management (brought forward)</p> <p>To assess the robustness of management arrangements to address sickness absence, to appropriately support both the individual and the organisation.</p>	Low	Completed September 2024 (See Appendix 2)
P&C	<p>Licensing</p> <p>To assess whether licence applications are appropriately and promptly processed, and all due income is received.</p>	Medium	Work in progress
Aim: Place			
P&C	<p>S106 & CIL Agreements</p> <p>To assess the robustness of arrangements to ensure income from CIL and S106 contributions is maximised, and funds are utilised to the benefit of the borough.</p>	Medium	Planning underway
<i>Implementing Action Plans</i>			
P&C	<p>Fire Safety</p> <p>To check that actions agreed have been effectively implemented and have been embedded into the day-to-day operation of the service.</p>	Low	Completed November 2024 (See Appendix 3)
P&C	<p>Housing Health and Safety Compliance</p> <p>To check that actions agreed have been effectively implemented and have been embedded into the day-to-day operation of the service.</p>	Low	Completed November 2024 (See Appendix 3)

Appendix 1: Internal Audit Plan 2024/25

Dept.	Service Activity	Fraud risk	Status as at 14 January 2025
Aim: Environment			
C&A	<p>REMOVED: Estate and Asset Management</p> <p>To assess the suitability of arrangements to manage the Councils assets and enable them to support delivery of the Council's duties, vision, priorities, objectives and plans for the borough.</p>	Low	Removed from plan and pushed to 2025/26 to allow new arrangements within the service to embed.
<i>Implementing Action Plans</i>			
C&A	<p>Waste Service Delivery</p> <p>To check that actions agreed have been effectively implemented and have been embedded into the day-to-day operation of the service.</p>	Low	Planned for Q4
Aim: Economy and Growth			
P&C	<p>Castle Point Place Partnership (CPPP)</p> <p>To assess the effectiveness of the CPPP governance arrangements in supporting the Council to effectively deliver transformative regeneration within the borough, alongside its key Partners.</p>	Low	Work in progress
Key Financial Systems: All Aims			
P&C	<p>Housing Rent Collection and Arrears Management (brought forward)</p> <p>To assess the effectiveness of arrangements to ensure billing is accurate and income to the Council is maximised, while ensuring financial errors are prevented and / or detected in a timely manner so information can be relied upon when producing the Council's statement of accounts.</p>	Medium	Completed July 2024

Appendix 1: Internal Audit Plan 2024/25

Dept.	Service Activity	Fraud risk	Status as at 14 January 2025
C&C	<p>Treasury Management (brought forward)</p> <p>To assess the effectiveness of key controls to ensure compliance with the Treasury Management Strategy and prevent or detect material errors, so that this information can be relied upon when producing the Council's statement of accounts.</p>	High	Work in progress
C&C	<p>General Ledger</p> <p>To assess the effectiveness of arrangements to prevent and / or detect financial errors, on a timely basis so that this information can be relied upon when producing Castle Point Borough Council's (the Council) Statement of Accounts.</p>	Medium	Terms of reference being developed
Advice and Support			
C&C	<p>Financial sustainability (brought forward)</p> <p>Provide ongoing support and challenge of the arrangements to deliver a balanced budget for 2024/25 and medium-term financial strategy.</p>	Low	Draft report with the business
P&C	<p>REMOVED: Planning Peer Review</p> <p>To provide advice, support and challenge over any actions resulting from the anticipated peer review, helping to ensure plans are SMART and address any recommendations made.</p>	Low	Work removed from plan and replaced with Health and Safety below
All	<p>NEW: Health and Safety</p> <p>To provide advice, support and challenge over the organisation's initial response to the PHSC Ltd Health and Safety Audit Report, to ensure that updates to arrangements address all concerns identified and are suitably designed to ensure ongoing compliance with health and safety requirements.</p>	Low	Work in progress
C&A	<p>Events Service Level Agreement</p> <p>To provide advice and support on the arrangements to ensure the Council receives all monies due from the new Event's SLA.</p>	Low	Planned for Q4

Appendix 1: Internal Audit Plan 2024/25

Dept.	Service Activity	Fraud risk	Status as at 14 January 2025
C&C	<p>CRM Project</p> <p>To provide advice, support and challenge over project processes and key documents as they are established to ensure the new CRM system is fully operational within the intended timeframes and budget, as well as achieving the expected benefits.</p>	Low	<p>Feedback provided on initial business case</p> <p>Further work planned for February 2025</p>
P&C	<p>NEW: Housing Improvement Programme Assurance</p> <p>To provide advice, support and challenge over key project processes and governance arrangements as they are developed to help support the organisation achieve the necessary service improvement objectives.</p>	Low	<p>Terms of reference being produced</p>
Managing Delivery of the Audit Plan			
	Audit Planning and Resourcing		
	Managing Audit Plan Delivery		
	External Quality Assessment		
	Reporting to Executive Management Team and Audit Committee		

Key: Fraud Risk

- **High risk:** increased likelihood of fraudulent activity occurring, with potentially severe consequences. High fraud risk scenarios often involve significant potential financial loss, reputational damage, or legal implications. These risks require robust mitigation controls to prevent and minimise impact
- **Medium risk:** moderate probability of fraud occurring, with a noticeable but not catastrophic impact. Medium fraud risks may result in financial losses or operational disruptions that are manageable but still require attention and preventative controls
- **Low risk:** low probability of fraud, with minimal potential impact. Low fraud risks are less likely to cause significant harm and may involve minor financial losses or operational issues. These risks require standard monitoring and basic preventative controls

Appendix 1: Internal Audit Plan 2024/25

Audit Activities	Resource allocation
Managing the Business	37%
Managing Service Delivery Risks	21%
Key Financial Systems	5%
Implementing Action Plans	13%
Grant Claims	0%
Advice and Support	16%
Managing Delivery of the Audit Plan	7%
Total	100%
Total Council Audit Plan Days	
	267

The days required to revisit and retest action plans from previous reports are included under each heading. Please note, these figures don't include works brought forward from previous years.

Analysis Over Departments		
C&C	Corporate and Customer	119
P&C	Place and Communities	87
C&A	Commercial and Assets	10
All	Cross cutting	31
All	Managing Delivery of the Audit Plan	20
	Total	276

Appendix 1: Internal Audit Plan 2024/25

Risk Watch List	
All	Council Commercialisation
All	Corporate Data Strategy
All	Information Governance
All	Risk Management
C&C	ICT Data Security and Management
C&C	ICT Steering Group
C&C	ICT Contract
C&C	Housing Benefits
P&C	Community Safety Partnership
C&A	The Paddocks
P&C	Food Premises Inspections
P&C	Private Sector Housing
P&C	Grounds Maintenance and Street Scene
P&C	Housing Strategy
P&C	Damp, Mould and Condensation
P&C	Sheltered Housing
P&C	Housing Allocations
C&C	Sustainability of the Housing Revenue Account
P&C	Management of Void Properties
P&C	Responsive Repairs
C&A	Regeneration
P&C	Building Control
C&C	Financial Management and Budgetary Control
C&C	Business Planning, Service Planning and linkage to delivery of Corporate Plan
C&C	Payroll

Appendix 1: Internal Audit Plan 2024/25

These are other potential audits that may be considered for inclusion in the Audit Plan during the year should resources permit or the risk profile change.

Appendix 2: Audit Opinion and Themes

Assurance



Sickness Absence Management

Objective

To assess the robustness of management arrangements to address sickness absence, to appropriately support both the individual and the organisation.

Themes

This audit focussed on the management arrangements in place to address sickness absence, to appropriately support both the individual and the organisation, including Policy and Procedures, compliance across the organisation, and monitoring and reporting processes.

Sickness Absence Policy and Procedures are present within the organisation, provide clear roles, responsibilities, and expectation for relevant parties, and detail the procedures to follow. The Policy requires some clarifications and inclusions, to ensure consistency and compliance across the organisation, and updates are required in line with new and current practices.

There would be a benefit to introducing staff and line manager training covering the Sickness Absence Policy and Procedures, to ensure compliance and consistency of action across the organisation, and ensure suitable knowledge and skills are held by line managers to make appropriate decisions, and support staff members.

There are opportunities to improve sickness record keeping practices, to ensure that appropriate information is held to support both individuals and the organisation where escalation processes are required.

Reporting of Performance Indicators (PIs) to Cabinet is completed quarterly, as required by the Corporate Plan. There is scope for improvement to corporate reporting, to ensure appropriate oversight and scrutiny of PI setting and under-achievement.

It was noted that operational reporting of sickness absence performance is being newly reported at a senior officer level, within quarterly business review meetings. The details provided in respect to the first of these meetings shows appropriate consideration to required information, and organisational improvement discussions.

CPBC have recently changed the sickness absence management system in use, and as such, relevant new system processes and controls have not been evaluated within this audit.

Number of actions agreed: 10

Appendix 2: Audit Opinion and Themes

Assurance



Performance Management

Objective

To assess the adequacy of arrangements in place to monitor and manage the effective delivery of services, objectives, targets and outcomes in line with the Corporate Plan.

Themes

Key Performance Indicators (KPIs) are currently managed locally by service areas. This has created inconsistency and irregularity in respect of the validation, review and scrutiny of performance. The Council does not have a written procedure for performance management processes and responsibilities, and given the ongoing changes in staff, this may reduce retention of knowledge and business continuity.

KPIs are reported on a quarterly basis to Cabinet and the Leadership Team via the Corporate Scorecard, however we noted a lack of discussion and challenge of performance by Cabinet.

Staff performance appraisals are carried out via annual Personal Performance and Development Plans (PPDPs), as well as probation forms for new joiners. Sample testing of a batch of current staff members found that PPDPs could not be evidenced, or were last completed between 2019-2022. One of the reasons was due to the Council not having a set appraisal year or deadlines in which appraisals are due to be completed on a regular basis which makes it more difficult for senior management to hold those responsible for undertaking the PPDPs to account to ensure that they are happening as expected.

Number of actions agreed: 9

ICT Projects and Contracts

Objective

To assess the adequacy of arrangements to develop and implement IT projects to maximise the impact of digitalisation opportunities to drive improvements in service delivery and increased efficiency, with a specific focus on the Council's implementation of the Council's multi-factor authentication (MFA) project.

Themes

The audit has reviewed the adequacy of Castle Point Borough Council's arrangements to develop and implement IT projects to maximise the impact of digitalisation opportunities to drive improvements in service delivery and increased efficiency, with a specific focus on the Council's implementation of its multi-factor authentication (MFA) project.

Appendix 2: Audit Opinion and Themes

Assurance



The Council outsource management of their IT services to Bramble Hub and ABS IT Services. As part of the contract in place, ABS IT Services develops and implements a number of IT projects on behalf of the Council, which included the Council's MFA project. This review therefore looked at the Council's arrangement for overseeing and managing the delivery of the MFA project by ABS IT Services. Overall, clear methodology was found to be in place by ABS IT Services for the MFA project and no findings have been raised with regards to this. However, we found that there were some gaps in the Council's processes and controls for the management of the MFA project, stemming from lack of review and documentation.

The identified process and control gaps below hinder the Council's ability to deliver on the objectives of IT projects and maximise their impact. Addressing these issues through the recommended improvements will enhance the Council's IT project management practices, thereby help to enable improvements in service delivery and increasing efficiency.

There is an opportunity to further strengthen the controls and processes as follows:

1. The Council did not set out clear planned benefits, nor did they establish baselines and measurable targets or conduct regular reviews, undermining accountability and communication.
2. The capacity and capability to deliver the project were not formally evaluated, with only brief mentions of resources and costs, and no detailed documentation of responsibilities or project capabilities.
3. Significant gaps were found in risk management practices, with no formal process in place, risking project delays and budget overruns.
4. There was no defined governance and reporting structure, and the only update was an informal email, emphasising the need for regular reporting mechanisms and a formal governance structure.

Points 1 to 3 above form key components of the Council's standard project methodology, which was not used or followed for the MFA project. Going forward, all projects (IT or otherwise) should use the Council project methodology which would ensure compliance and consistency.

Number of actions agreed: 5

Appendix 3: Audits Revisited

Purpose of these audits

To assess whether the actions agreed in the original audit have been implemented and are now effectively embedded into the day-to-day operation of the service.

Fire Safety (Housing)

Original Objective

To assess the adequacy of arrangements in place to ensure fire safety within residential properties is proactively and effectively managed in order to reduce the risk of harm to residents.

Results

Fully implemented	Substantially implemented	Partially implemented	Not implemented	Closed
-	-	-	15	-

Summary

Since the original audit report was issued in September 2022 there has been limited progress made towards implementing the recommendations. There have been significant changes to staffing within the housing service since the original audit which is reported to have impacted progress. The new Assistant Director of Housing, Health and Partnerships joined CPBC in June 2024 and a temporary staff structure is in place while the service review is undertaken, with some responsibilities designated to staff on an informal basis.

Policies and Procedures

CPBC's policy framework in relation to fire safety remains out of date and in need of review. There is an overarching corporate health and safety drive throughout CPBC currently and while this does not solely relate to housing and fire safety, it will support aspects of the recommendations originally made in the audit.

Management have advised that the Council have appointed an external resource to urgently review and update all Repairs and Maintenance documents, including FRA activities, and that the Council have also appointed a new Fire Risk Assessor who will urgently review these policies and processes.

Reconciliations

The original audit highlighted the need for a regular reconciliation to ensure accuracy and completeness between the Fire Risk Assessment (FRA) program and the Housing Management System, OHMS. To date, this has not taken place.

There is a plan to introduce a new Compliance System, with a view to having the software procured by December 2024 and implemented by April 2025. This is very ambitious and management need to ensure that all appropriate considerations are undertaken so that a compliant procurement process is followed that will secure a system that will provide the required solution for the Council.

Appendix 3: Audits Revisited

There will be a temporary manual system in place by mid November 2024 which will remain in place until the new system is fully operational. It is anticipated that the new Compliance system will give better oversight of the FRA programme and remedial actions arising from them. It will also allow CPBC, South Essex Homes (SEH) and other contractors to update the system directly with the results of FRAs and other fire related activities (i.e. servicing of equipment), which should also allow for easier reconciliations.

In the interim, manual reconciliations should be performed between the FRA program and OHMS. These should then continue between the new Compliance System and the FRA program. Management have advised that the Council are in the process of reviewing new ICT Compliance systems with capability for swift implementation in Q4 of 2024/25. As such, compliance monitoring for FRAs will take place outside of the OHMS system

FRAs

The processes and procedures relating to how FRAs are conducted and remedial actions managed are not fully implemented and reviewed by CPBC to ensure compliance with the regulations. Management have advised that this task is assigned to the Temporary Fire Risk Specialist resource.

There is no formalised agreement with SEH as to how FRAs are to be conducted, and there are no formal arrangements for how CPBC manages the contract and quality of work, although the Councils contractual arrangements with South Essex Homes, to provide Repairs and Maintenance services to the Council, is due to expire in April 25. A remedial action tracker has not been implemented meaning that if actions are not resolved or FRAs are inaccurate or incomplete, this may not be identified. An approach to categorise the actions ensuring the issues with the greatest risk are actioned first also needs introducing.

Performance Reporting

Regular performance reporting has not been introduced. While we understand that the new Compliance System will assist with this in the future, this should be introduced as a manual report in the interim to allow for better oversight by management.

Appendix 3: Audits Revisited

Housing Health and Safety Compliance

Original Objective

To assess the adequacy of arrangements in place to ensure ongoing compliance with Health and Safety legislation within the Council's housing stock.

Results

Fully implemented	Substantially implemented	Partially implemented	Not implemented	Closed
-	-	-	12	-

Summary

Since the original audit report was issued in March 2024 there has been limited progress made towards implementing the recommendations. There have been significant changes to staffing within the housing service since the original audit which is reported to have impacted progress. The new Assistant Director of Housing, Health and Partnerships joined CPBC in June 2024 and a temporary staff structure is in place while the service review is undertaken, with some responsibilities designated to staff on an informal basis.

Policies and procedures

CPBC policies relating to the big six areas of landlord health and safety remain out of date and in need of review. There is an overarching corporate health and safety drive throughout CPBC currently and while this does not solely relate to housing, it will support aspects of the recommendations made in the original audit.

Consideration should also be given to arrangements and policies for Damp, Mould and Condensation as new legislation and requirements of the authority have come in since the original audit took place.

Policies will need to be reviewed, scrutinised and approved by senior members of staff to ensure they are suitable and robust and management advise that the Council have appointed an external resource to review and update all Repairs and Maintenance documents, including Landlord H&S activities.

Roles and responsibilities

It is anticipated that a temporary restructure within Housing will be in place by April 2025. Management have advised they are currently scoping three of the eight new roles including Repairs Manager, Housing Operations Manager and Housing Options Manager with roles and responsibilities for the areas of landlord health and safety to be defined within these. All new staff will be expected to demonstrate experience, skills and relevant qualifications for their respective roles. A review of the current delegation will also be carried out simultaneously to ensure alignment with the Service Review. A skills mapping exercise is not being undertaken as part of this work, but is planned as part of the permanent restructure. New Job Descriptions will include details on competency, qualification and skills required.

Appendix 3: Audits Revisited

The Council has also brought in a corporate Learning and Development resource to develop a training regime for all staff across the Council.

Reconciliations

There is a plan to introduce a new Compliance System, with a view to have the software procured by December 2024 and implemented by April 2025. This is very ambitious and management need to ensure that all appropriate considerations are undertaken so that a compliant procurement process is followed that will secure a system that will provide the required solution for the Council. There will be a temporary manual system in place by mid-November 2024 which will remain in place until the new system is fully operational by October 2025. It is anticipated that it will allow for easier reconciliations of landlord health and safety elements by acting as a central database for documents such as compliance certificates and management of remedial actions. In the meantime, a remedial action tracker should be implemented to allow for better oversight of incomplete actions.

As part of the original audit, there were data anomalies identified within the Landlord Gas Safety Record (LGSR) program and Electrical Installation Condition Report (EICR) program. To date, this has not been corrected meaning reliable reconciliations between the systems cannot take place.

Management have advised that an initial reconciliation of housing stock has taken place and results have been shared with SEH. The plan is for this to be a quarterly exercise moving forward, with two more full reconciliations planned before the new Compliance System is in place.

Delivery is heavily dependent on staffing resource being present to facilitate and action the data captured. In the meantime the Council will retain access to the South Essex Homes' APEX system. Council staff have been trained by APEX and South Essex Homes and have access to the system. South Essex Homes have also advised they remain on hand to provide general support in relation to data/APEX queries that may arise.

KPIs

Regular performance reports have not been introduced meaning that management do not have a clear oversight of Landlord Health and Safety performance and the potential risks relating to this.

Management have advised that this is forming part of the corporate health and safety drive using iDeaGen as the corporate reporting mechanism, the Housing Business Support Manager will take the lead on forming the KPIs for the Housing Department in conjunction with the Housing Improvement Board. Relevant Housing staff will be tasked with defining and uploading suitable KPI's with the AD highlighting key data sets which will be relevant to Corporate Leadership Team.

This will be part of the Tenants Satisfaction Measures Survey being undertaken by the Council.

The Council has undertaken a root cause analysis as part of the Housing Improvement Program. Information on this is detailed in the Councils website and has been shared with the Regulator for Social Housing.