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# Uttlesford District Council

Chief Executive: Dawn French

## Governance, Audit and Performance Committee

**Date:** Wednesday, 30th June, 2021

**Time:** 7.00 pm

**Venue:** Council Chamber - Council Offices, London Road, Saffron Walden,  
CB11 4ER

**Chairman:** Councillor E Oliver

**Members:** Councillors H Asker, G Driscoll (Vice-Chair), J Emanuel, M Foley,  
A Khan, B Light, S Luck and J De Vries

**Substitutes:** Councillors A Dean, P Fairhurst, V Isham, G Smith and M Sutton

### **Public Speaking**

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Public speakers will be offered the opportunity for an officer to read out their questions or statement at the meeting, and encouraged to attend the meeting via Zoom to readout their questions or statement themselves. For further information, please see overleaf. Those who would like to watch the meeting live can do so virtually [here](#). The broadcast will be made available as soon as the meeting begins.

# **AGENDA**

## **PART 1**

### **Open to Public and Press**

- 1 Apologies for Absence and Declarations of Interest**  
To receive any apologies for absence and declarations of interest.
  
- 2 Minutes of the Previous Meeting** 5 - 9  
To consider the minutes of the previous meeting.
  
- 3 Internal Audit Annual Report 2020/21** 10 - 23  
To note the content of the report.
  
- 4 Internal Audit Strategy 2021-23** 24 - 28  
To note the Internal Audit Strategy 2021-23.
  
- 5 New arrangements for Statutory Senior Officer Disciplinary Procedures** 29 - 37  
  
To consider the proposed new arrangements for Statutory Senior Officer Disciplinary Procedures.
  
- 6 Covid-19 Performance Indicator Update** 38 - 71  
To receive the Covid-19 Performance Indicator Report 7.
  
- 7 2021/22 Corporate Risk Register** 72 - 88  
To note the 2021/22 Corporate Risk Register.
  
- 8 Annual Report** 89 - 94  
To receive the Annual Report.

**9 Contract Procedure Rules**

95 - 112

To consider the Contract Procedure Rules report.

## **MEETINGS AND THE PUBLIC**

In light of the recent High Court judgement regarding the extension of remote meeting regulations, Council, Cabinet and Committee meetings will now be returning to in-person and will be held on-site from Thursday 6th May 2021. However, due to social distancing measures and capacity considerations in line with the Council's risk assessment, public access and participation will continue to be encouraged virtually until further notice. Members of the public are welcome to listen live to the debate of any of the Council's Cabinet or Committee meetings. All live broadcasts and meeting papers can be viewed on the Council's calendar of meetings webpage.

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#### **General Enquiries**

Council Offices, London Road, Saffron Walden, CB11 4ER

Telephone: 01799 510510

Fax: 01799 510550

Email: [uconnect@uttlesford.gov.uk](mailto:uconnect@uttlesford.gov.uk)

Website: [www.uttlesford.gov.uk](http://www.uttlesford.gov.uk)

# Agenda Item 2

**GOVERNANCE, AUDIT AND PERFORMANCE COMMITTEE held at COUNCIL CHAMBER - COUNCIL OFFICES, LONDON ROAD, SAFFRON WALDEN, CB11 4ER, on THURSDAY, 10 JUNE 2021 at 7.00 pm**

Present: Councillor E Oliver (Chair)  
Councillors J Emanuel, M Foley, A Khan, B Light, S Luck and M Sutton (substitute for Councillor G Driscoll)

Officers in attendance: R Auty (Assistant Director - Corporate Services), E Brooks (Internal Audit Manager), B Ferguson (Democratic Services Manager), C Gibson (Democratic Services Officer) and A Webb (Director - Finance and Corporate Services).

## **GAP1 PUBLIC SPEAKER**

Councillor Luck made a statement on behalf of Debden Parish Council. He was speaking as an independent parish councillor. The statement has been appended to these minutes.

## **GAP2 APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies were given by Councillors Asker, Driscoll and De Vries. Councillor Sutton was the substitute for Councillor Driscoll.

## **GAP3 MINUTES OF THE PREVIOUS MEETING**

In response to a question from Councillor Khan, the Assistant Director – Corporate Services confirmed that this meeting was an additional meeting and that the Risk Register item would be brought to the next scheduled GAP meeting on 30 June 2021.

The minutes of the meeting held on 16 March 2021 were approved and signed by the Chair.

## **GAP4 INTERNAL AUDIT REPORT - GRANTS TO COMMUNITY ORGANISATIONS**

The Internal Audit Manager gave a summary of the report, which detailed the outcome of the review of grants to community organisations. She specifically highlighted the two high priority recommendations on Grant Policy and Procedures and Grant Funding Terms and Conditions. She also outlined the four medium priority recommendations and said that any monitoring of grants should be proportionate and appropriate. She said that the report had been agreed by Corporate Management Team with the recommendations accepted. She said that the role of Internal Audit was not to get involved in policy matters but that Internal Audit were working with the Community Development Team in order to

move forward. She suggested that Internal Audit would follow this matter up in a few months.

Councillor Khan welcomed the report favourably; he said that it had identified clear inconsistencies and asked what more could be done in respect of contract monitoring.

The Internal Audit Manager said that each grant was monitored in its own way and that the whole area needed reviewing, with a need to design a risk-based approach.

In response to a question from Councillor Luck, the Director – Finance and Corporate Services said that he would be willing to discuss the issue of the Debden Village Hall grant with him.

The Chair said that the Debden Village Hall grant was not up for discussion and that the way forward was to look for a central grants policy.

The Director – Finance and Corporate Services clarified the position in respect of the annual Thaxted Guildhall grant in response to a question from Councillor Foley. He also acknowledged that various different monitoring processes currently operated but that he did not see this as a systemic problem. He said that he understood that UDC was by far the largest council contributor to the voluntary sector in Essex when compared to net budget figures.

Councillor Emanuel said that it would be sensible to have a single grants policy and that there was an opportunity for a good news story to highlight the scale of grants distributed to the voluntary sector.

The Chair proposed that additional wording be added to the recommendation in the report that an updated report should be received by the Committee by 30 November 2021. This proposal was seconded by Councillor Khan.

Councillor Foley said that he agreed with a date being set and referred to the need for a target date being set for resolution of the Debden Village Hall grant situation. The Chair said that this was not part of this report.

RESOLVED that GAP Committee note the contents of this report and will look to receive an updated report by 30 November 2021.

GAP5

## **LOCAL CODE OF CORPORATE GOVERNANCE AND DRAFT ANNUAL GOVERNANCE STATEMENT 2020/21**

The Internal Audit Manager gave a summary of the report, which detailed the Local Code of Corporate Governance 2021 and the Draft Annual Governance Statement (AGS) 2020/21 for publication with the Statement of Accounts. She said that the Local Code sat within the Constitution and that the AGS reflected the current in-year arrangements. She specifically referred to the Draft AGS Paragraph 4.5 Internal Audit Opinion and that she had taken CIPFA guidance in reflecting Covid 19 implications throughout the statement. She said that the

Internal Audit Annual Report would be brought to the next meeting. She also highlighted that Paragraph 4.7 that identified areas for improvement or monitoring during 2021/22 was not an exhaustive list.

In response to a question from Councillor Emanuel in respect of how objectives for improvement would be measured, the Internal Audit Manager confirmed that monitoring arrangements would be in place, and these would be reflected in the following year's statement.

Councillor Light acknowledged the work that had gone into putting the report together and how well officers had stepped up during the pandemic. She said that it was good to have a Local Code of Corporate Governance but was concerned that procedures in place might not be effective enough. She said that the AGS should not have been presented in view of the on-going investigation. She referred to the fact that the Investment Board should receive quarterly reports but that this had not happened since December 2020. She also said that the Draft AGS Principle C that referred to the Stansted Airport had not adequately reflected how the Appeal had actually been fought. She requested that two separate votes be taken in respect of adoption of each document as she supported approval of the Local Code but not the AGS.

The Director – Finance and Corporate Services said that the Draft AGS was a position statement and confirmed that the 2019/20 AGS remained outstanding. He said that the statement in respect of Stansted Airport recognised that there was on-going discussions and decisions to be taken. He said that Scrutiny Committee was also considering whether to look at this. He also said that the Investment Board would be meeting in the near future to consider appropriate reports.

Councillor Khan said that he supported the views expressed by Councillor Light. He said that at a previous meeting the External Auditor had confirmed the significance of the AGS and that the issue was around confidence, in light of the on-going police investigation. He said that if the previous year's accounts had not yet been signed off then why would this year's accounts be signed off. He said that the draft AGS should not be taken at this time.

The Director – Finance and Corporate Services said that Draft AGS Paragraph 4.6 set out the position in that BDO were unable to sign off the 2019/20 Accounts but said that there was a requirement to submit the 2020/21 draft accounts by the end of June 2021, including the AGS.

Councillor Light asked again for two separate votes to be taken and said that she would not support approval of acceptance of the AGS.

The Chair agreed to consider both documents as separate votes.

The Committee voted unanimously to approve the Local Code of Corporate Governance 2021.

The Draft AGS 2020/21 was approved with 5 votes in favour and 2 against.

RESOLVED that the Committee approve the Local Code of Corporate Governance 2021 and the Draft Annual Governance Statement 2020/21 for publication with the Statement of Accounts.

*The meeting closed at 8.00 pm.*

### **PRESENTATION BY CLLR LUCK ON BEHALF OF DEBDEN PARISH COUNCIL**

FYI the Chairman of the VHT would have liked to make a presentation to GAP members this evening but after taking advice it was agreed that any presentation should not be made in a public forum to avoid any embarrassment to stakeholders.

I will therefore represent the Parish Council in support of the VHT.

I was a long serving Parish council member working on the new hall project before and during the application process for the Grant. Later I became a UDC District Cllr to support the VHT at UDC level. I have recently been re-elected to the Parish Council.

As you will know many organisations signed up to upholding the MOD Covenant and UDC & Debden Parish was no exception. We all know the Covenant agreement is for the MOD & Civilian organisations to work together for the better good of the community.

The grant application followed a Due Process and continued following agreed process until September 2020 when it was decided by the AFCT with concurrence by UDC that the Grant should be withdrawn. They came to this decision because in their view there was no Substantial and irretrievable progress on the project.

The VHT dispute that claim and also the reports that it was wrong for the UDC CEO at the time a Mr John Mitchell to hand over the funds to Debden Village Hall Trust. He had been a signature to a project that was properly organised and costed and agreed by all stakeholders. Further to that we now doubt there was any due process for him to conform with at the time. For that reason and others Debden received the funds are holding onto the money and have taken their own legal advice.

Therefore since September 2020 Debden has only been able to make a little progress towards completion of the project its mainly because of the shadow of the withdrawal of the grant hanging over them. E.g. the Parish Responsible Financial Officer will not sign the application for a large PWLB grant because they say the facts written on the form are wrong. To explain, in their view the AFCT money is not available to support the application for that loan.

Debden village residents have monitored the GAP meetings and can't see any progress has been made towards a resolution of the uncertainties since the CEO gave her report to GAP last November.

I hope GAP members now understand Debden's situation and amend the draft governance report to make this AFCT Grant topic a live item to be dealt with properly by all parties.

Cllr Stewart Luck

Debden Parish Council member

# Agenda Item 3

**Committee:** Governance, Audit and Performance Committee

**Date:**

Wednesday, 30 June 2021

**Title:** Internal Audit Annual Report 2020/21

**Report Author:** Elizabeth Brooks, Internal Audit Manager

**Author:** EBrooks@uttlesford.gov.uk

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## Summary

1. This report summarises the work that Internal Audit has undertaken during the financial year 2020/21 and provides details on the high risk and priority issues which could impact on the effectiveness of the internal control environment, risk management and governance arrangements across the Council.

## Recommendations

2. GAP Committee are requested to note the content of this report

## Financial Implications

3. None

## Background Papers

4. None.

## Impact

- 5.

Communication/Consultation	This report was discussed and noted by CMT in June 2021.
Community Safety	None
Equalities	None
Health and Safety	None
Human Rights/Legal Implications	None
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	None

## Situation

6. The provision of a continuous internal audit service assists the Council in providing assurance on the control environment that supports the delivery of the Council's strategy.
7. The attached report summarises the work that Internal Audit has undertaken during the financial year 2020/21 and provides details on the high risk and priority issues which could impact on the effectiveness of the internal control environment, risk management and governance arrangements across the Council.
8. The Public Sector Internal Audit Standards (PSIAS) require that the Audit Manager provides an annual audit opinion and report that can be used by the organisation to inform its governance statement in respect of the adequacy and effectiveness of the organisation's framework of internal control, risk management and governance.

## Risk Analysis

9.

Risk	Likelihood	Impact	Mitigating actions
Inadequate audit coverage may lead to failure to provide an annual opinion of the Council's governance, risk and control arrangements; reputational damage and failure to comply with PSIAS	2	2	Monitoring of plan delivery and reporting to CMT and GAP, contingency built into plan for additional days if required; Quality Assurance and Improvement Programme

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.

# Internal Audit Annual Report 2020-21

## 1. Introduction

### 1.1. Purpose of this report

- 1.1.1. This report summarises the work that Internal Audit has undertaken during the financial year 2020/21 and provides details on the high risk and priority issues which could impact on the effectiveness of the internal control environment, risk management and governance arrangements across the Council.

### 1.2. The Role of Internal Audit

- 1.2.1. The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. The purpose of Uttlesford DC's Internal Audit section is to provide independent, objective assurance and consulting services to the Council (via the GAP Committee, Chief Executive, Section 151 Officer, External Audit and senior managers), relating to these arrangements, which are designed to add value and improve the Council's operations. The Council's response to Internal Audit activity should lead to the strengthening of the control environment.
- 1.2.2. Each year, we seek to adapt and enhance our audit approach in order to take in to account the Council's risk profile and changes in the system of internal control. This ensures that our work remains focused on the areas of high risk and seeks to avoid duplication of effort, where there are other sources of assurance in operation, for example, External Audit.
- 1.2.3. Internal Audit remains free from all conditions that threaten the ability of the Council's Internal Auditors to carry out their responsibilities in an unbiased manner, including matter of audit selection, scope, procedures, frequency, timing and report content. If the Audit Manager determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties. This has not arisen for 2020/21. The Council's Internal Auditors also maintain an unbiased mental attitude that allows them to perform engagements objectively. Internal Auditors have had no direct operational responsibility or authority over any of the activities audited.
- 1.2.4. Our Internal Audit Charter was presented to Senior Management and GAP Committee in February 2021 and will continue to be updated and appended to the annual Internal Audit Plan each year.

### 1.3. Overview of the Internal Audit Approach

- 1.3.1. The Public Sector Internal Audit Standards (PSIAS) require that the Audit Manager provides an annual audit opinion and a report that can be used by the organisation to inform its governance statement in respect of the overall adequacy and effectiveness of the organisation's framework of governance, risk management and internal control.
- 1.3.2. This is achieved through a risk-based plan of work, agreed with management and approved by the GAP Committee, which should provide a reasonable level of assurance, subject to the inherent limitations set out in Appendix A. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation. Internal audit work was performed in accordance with the Council's Internal Audit methodology which is in conformance with the PSIAS.

### 1.4. Overview of work done in the year

- 1.4.1. In response to the outbreak of the Covid-19 Pandemic in March 2020, Internal Audit focussed its priorities on assisting management. To this end, Internal Auditors were redeployed to the Revenues and Benefits Service to provide resources to assist in checking Covid 19 Business Grant applications and Benefits claims, which ended on 31st August 2020.
- 1.4.2. A new Audit Manager joined the Internal Audit Team in November 2020. The role is being shared between Chelmsford City Council and Uttlesford District Council, with the Audit Manager providing c.18 hours per week to UDC. The arrangement will be reviewed again in March 2022.
- 1.4.3. Current resourcing is therefore as follows: 2.1 FTE permanent staff – 0.5 FTE (Audit Manager); 1.0 FTE (Auditor) and 0.6 FTE (Auditor)
- 1.4.4. The revised audit plan for 1st September onwards was approved by GAP Committee in September 2020, then further changes were subsequently made to the plan from 1st November to focus coverage on the higher risks to the Council, and to widen the scope in some of the key areas. The final number of projects delivered for 2020/21 was 13 (10 reviews and 3 follow ups) after taking into account reviews that were cancelled or deferred to 2021/22 (see Section 5).

## 2. Internal Audit Opinion

- 2.1. In giving an opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide to the organisation is reasonable assurance there are no major weaknesses in the Council's risk management, control and governance processes.
- 2.2. In forming the opinion for 2020/21, the Audit Manager has had to take into account various factors, such as the impact of resourcing changes during the year on full plan delivery, the impact of Covid 19 and limitations of historical knowledge prior to November 2020.
- 2.3. However, on balance, whilst these factors must be taken into account when placing reliance on the opinion below, based solely on the internal audit work undertaken for the year ended 31st March 2021, **it is the Audit Manager's opinion that overall, the Council's systems for control, risk and governance are generally adequate with some improvements required. Medium risk rated weaknesses identified in individual assignments are not significant in aggregate to the system of internal control, high risk rated weaknesses identified in individual assignments are isolated to specific system or processes, and none of the individual assignment reports have an overall classification of critical risk.**

## 3. Other Sources of Assurance

### 3.1. Risk Management Framework

- 3.1.1. The Council utilises risk management as part of a package of performance management related measures to enable it to deliver its corporate priorities. By identifying and assessing risks and making informed decisions on the extent to which these risks need to be mitigated, the Council can ensure it is effectively tackling threats and maximising opportunities. The key elements underpinning this are:
- Ensuring there is an awareness and consideration of the level of risk on a service level and project delivery
  - The Council's risk management processes, which are based on the level of risk that exists, form part of effective governance arrangements which add value and give the opportunity to learn from managed risk taking
  - A culture which allows the ability to make the most of potential opportunities, whilst recognising that these may have inherent, positive or negative, risks.
- 3.1.2. The Council's Corporate Risk Register comprises the most significant risks for the Council in delivering its corporate objectives and services as set out in the Corporate Plan and Corporate Plan Delivery Plan and/or the risks that have

the potential to disrupt or stop altogether the Council's work. The Council's identified risks are managed within the corporate performance management system, Pentana. In alignment with UDC's Risk Management Policy, the 2020/21 Corporate Risk Register was refreshed by the Corporate Management Team, and risk wording redrafted in light of the Covid 19 pandemic. Whilst this review did not involve the introduction of any new corporate risks, each risk was also reviewed by considering if previously identified current controls and further actions still remained the same.

3.1.3. The Council's risk information and corporate/service plans are considered as part of Internal Audit work, in order to ensure that the Internal Audit programme is focussed on the Council's highest risks/key priorities.

### **3.2. Internal Audit View on the Risk of Fraud**

3.2.1. The Council's Counter Fraud and Corruption Strategy and Policies were refreshed in 2019 by the previous Audit Manager and sets out the Council's Fraud Response Plan, Bribery Act Policy, Prevention of Money Laundering Procedures, Whistleblowing Policy, Gifts and Hospitality Guidance, and policies for specific fraud types.

3.2.2. In addition, in line with the Internal Audit Charter, auditors will plan and evaluate their work so as to have a reasonable expectation of detecting fraud and identifying any significant weaknesses in internal controls and emerging risks.

3.2.3. The Council also took part in the mandatory 2020/21 Cabinet Office data matching NFI Exercise to prevent and detect fraud. In addition, in 2020/21, to assess and identify the level of fraud and error in Covid 19 Grant schemes, the Council have also utilised Spotlight & NFI tools in line with Government guidance for pre and post payment assurance. The Council's arrangements for Covid 19 Grants and Loans will be subject to Internal Audit review in 2021.

3.2.4. The Audit Manager will also undertake a review of the Council's Counter Fraud Strategy in 2021 and the framework for managing the risk of fraud to ensure that the Council aligns effectively and efficiently with the Fighting Fraud and Corruption Locally Framework 2020.

## 4. Summary of Findings

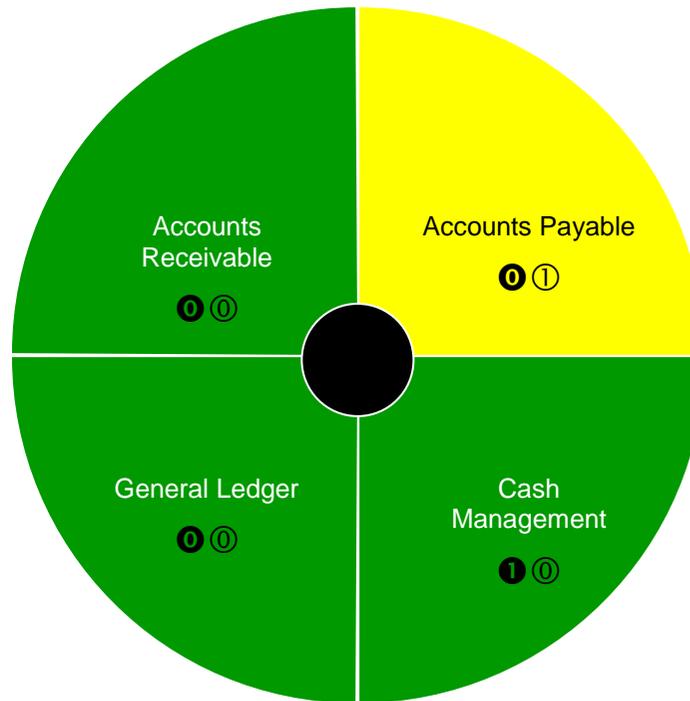
### 4.1. Key themes identified in 2020/21

The Internal Audit Opinion considers the number of limited assurance reports/high priority findings and their overall impact on the control environment. A summary of the key issues arising from these reports is presented below:

Report Title	Assurance Rating	High	Medium	Low	Key Issues Arising
Grants to Community Organisations	n/a Management Letter	2	4	-	Two high priority findings were identified relating to Grant Policy and Terms and Conditions of Funding.
S106 Obligations	Limited	2	1	-	Two high priority findings were identified relating to the Planning Obligation Policy and Reporting.
Information Governance	Moderate	1	5	-	One high priority finding was identified relating to the corporate strategy for Information Governance and management of Information Risk.
Domestic Waste and Recycling	Moderate	1	7	-	One high priority finding was identified relating to GDPR.
Key Financial Systems (Accounts Payable)	Moderate	1	-	1	One high priority finding was identified relating to Purchase/Fuel Cards.

## 4.2. Key Financial Systems (KFS)

- 4.2.1. The KFS programme is a key indicator of the overall strength of the underlying control environment. The key financial systems reviewed during 2020/21 were: Accounts Payable, Accounts Receivable, Cash Management and General Ledger. The focus was on reviewing the adequacy of the design of controls in place to reduce risk, although some operational effectiveness was also tested.
- 4.2.2. The 2020/21 overall opinion rating for the key financial systems was 'moderate' assurance i.e., the key controls in the Council's financial systems reviewed continue to operate effectively based on the sample testing performed. One high priority finding was identified relating to Purchase/Fuel Cards. The wheel below summarises the number and priority of findings.



### 4.3. Management's Response to Implementing Audit Recommendations

- 4.3.1. A key measure of success and a strong internal control environment is timely implementation of recommendations. All planned audit work undertaken is subject to a formal follow up to ensure that all agreed actions have been implemented.
- 4.3.2. Performance relating to the implementation of recommendations during 2020/21 is tabled below. In summary, there was a good rate of implementation, with no critical/high priority recommendations outstanding on follow up.

Audit Title	Outcome of Follow Up
Equality & Diversity Page 18	The scope of this audit focussed on implementation of the recommendations made in the 2019/20 review and on the controls in place to mitigate Covid-19 risks. Our audit work has confirmed that of the nine recommendations made in the 2019/20 review, eight are considered to have been implemented and one is considered to have been partially implemented, with a recommendation made to address further action required.
Health & Safety	The scope of this audit focussed on implementation of the recommendations made in the 2019/20 review and on the controls in place to mitigate Covid-19 risks. The Covid-19 emergency however had considerable impact on the resource available within the service and its ability to implement previous recommendations. Our audit work has confirmed that of the five recommendations previously made: two are considered to have been implemented; one was partially implemented with a recommendation made to address further action required; one has been superseded with a recommendation made to address further action required; and one has not been implemented due to Covid-19 priorities and the recommendation has been re-iterated.
Licensing	The scope of this audit focused on the follow-up to the original 2019/20 audit review and assessment of potential Covid-19 related risks which may have emerged during 2020. In the previous audit report, seven recommendations (three high, four medium priority) were made and accepted by management. Based on the evidence presented, our follow up confirmed that: six recommendations have been fully implemented and one recommendation (high priority) has not yet been implemented. The outstanding high priority recommendation relates to GDPR and implementation will be followed up by Internal Audit.

#### 4.4. Summary of remaining reviews

Report	Key Issues
Housing Allocations	No high priority findings were identified during the review. Six medium priority findings related to operational processes.
Insurance	No high priority findings were identified during the review. Two medium priority findings related to Corporate Policy and Management Information.
Emerging Issues from Covid-19 Response	The audit approach involved a high-level review of the Council's Coronavirus Response Lessons Learned exercise in 2020 to determine if any further actions may need to be considered by the Council to assess its robustness in managing the ongoing impact of Covid-19 on the Council's services. Due to the limited scope of this review, it is unrepresentative to issue an internal audit opinion, however, based on our review, the identified risks are being managed.
Housing Benefits	The audit approach involved a high-level review of key risks relating to Housing Benefits, specifically where the service may have been impacted by Covid-19, and the findings are based on responses provided by the Benefits Manager in the Key Control Questionnaire. Due to the limited scope, it is unrepresentative to issue an internal audit opinion, however, based on the discussions with management, the identified risks are being managed and no recommendations were required at this stage.
Community Response Hub	The audit approach involved a high-level review of key risks relating to the Response Hub set up in March 2020 with collaborative arrangements between the Council, the Community Volunteer Service Uttlesford (CVSU) and the Voluntary Bureau (VB) to assist local residents during the pandemic. The Council's participation is limited to gathering information that the voluntary sector requires to help those in need of support with shopping for basic supplies, access to prescription and medication, and advice. Due to the limited scope, it is unrepresentative to issue an internal audit opinion, however, based on the discussions with management, the identified risks are being managed and no recommendations were required at this stage.

## 5. Reconciliation between Original Plan received by GAP (September 2020) to current status

Original Plan received by GAP	Current Status
Health & Safety	Completed
Benefits	Completed
Insurance	Completed
Licensing	Completed
Equality & Diversity	Completed
Domestic Waste & Recycling	Completed
Housing Allocations	Completed
Information Governance	Completed
Section 106 Obligations	Completed
Communities Hub	Completed
COVID-19 Project	Completed
Finance - Income, Fees & Charges	Income – Completed (KFS 2020/21)
Finance - Main Accounting System	Completed (KFS 2020/21)
Uttlesford Norse	In progress. Final Report due July 2021
Human Resources	2021/22 Plan
Homelessness, Options & Voids	2021/22 Plan
Business Continuity & Emergency Planning	2021/22 Plan
Commercial Enterprises & Investments	2021/22 Plan
Contract Management	2021/22 Plan
Finance - Budgets	2021/22 Plan
Procurement	2021/22 Plan
Democratic Services	2021/22 Plan
Leisure PFI	2021/22 Plan
Waste - Income Generating Services	2021/22 Plan
Trade Waste	2021/22 Plan

Original Plan received by GAP	Current Status
Housing - Landlord Services	2021/22 Plan
ICT	2021/22 Plan
Car Parking Partnership (NEPP)	2021/22 Plan
Revenues - Business Rates	2021/22 KFS Scope
Revenues - Rents	2021/22 KFS Scope
Revenues - Council Tax	2021/22 KFS Scope
Revenues - Recovery	2021/22 KFS Scope
EU Exit	Associated risks will be considered within scopes of applicable reviews
Performance Management	Will be considered within scopes of applicable reviews
Risk Management	Will be considered within scopes of applicable reviews
Museum	Will be reassessed once reopen
Counter Fraud	Will be reviewed as part of a self-assessment against CIPFA's Managing the Risk of Fraud
Environmental Health Commercial	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Environmental Health Protection	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Housing - Supporting People	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Building Control	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Development Management	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Communication	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Consultation & Website	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan
Printing & Mailroom	Will be considered for inclusion as a result of other deferrals/cancellations or for 2022 plan

## 6. Review of the Effectiveness of Internal Audit

In order to ensure that Internal Audit continues to meet the requirements of the Public Sector Internal Audit Standards (PSIAS), the Audit Manager will undertake a full self-assessment in 2021, in readiness for the next formal external quality assessment which is due in 2022.

Quality management protocols are in place, with Audit Manager sign off and oversight at pertinent stages to ensure a consistent quality approach. In addition, the Chartered Institute of Internal Auditors (IIA) sets out mandatory Core Principles, which, taken as a whole, articulate internal audit effectiveness. For an internal audit function to be considered effective and achieve its mission, all of the following Principles must be present and operating effectively:

- Demonstrates integrity
- Demonstrates competence and due professional care
- Is objective and free from undue influence
- Aligns with the strategies, objectives and risks of the organisation
- Is appropriately positioned and adequately resourced
- Demonstrates quality and continuous improvement
- Communicates effectively
- Provides risk-based assurance
- Is insightful, proactive and future-focused
- Promotes organisational improvement

Internal Audit's QAIP (Quality Assurance and Improvement Programme) from 2021/22 onwards will cover all these aspects of the Internal Audit activity, including a suite of KPI's for the audit team to be measured for delivery of the audit plan. The programme will include an evaluation of Internal Audit's conformance with the above Principles, PSIAS and an evaluation of whether Internal Auditors apply the IIA's Code of Ethics. The programme will also assess the efficiency and effectiveness of Internal Audit and identify opportunities for improvement.

In addition, the Audit Manager will communicate to senior management and GAP on Internal Audit's (QAIP), including results of the internal self-assessment. Any instances of nonconformance with PSIAS will be included in the Internal Audit Annual Report. If there is significant non-conformance, this will be included in the Council's Annual Governance Statement.

## Limitations and Responsibilities

### Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems. Internal Audit shall endeavour to plan its work so that there is a reasonable expectation of detecting significant control weaknesses and, if detected, Internal Audit shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. Accordingly, the examinations of Internal Audit should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist, unless Internal Audit is requested to carry out a special investigation for such activities in a particular area.

### Limitations inherent to the internal auditor's work

Internal Audit work has been performed subject to the limitations outlined below:

- **Opinion**

The opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that Internal Audit are not aware of because they did not form part of our programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence, management and the GAP Committee should be aware that the opinion may have differed if the programme of work or scope for individual reviews was extended or other relevant matters were brought to Internal Audit's attention.

- **Internal control**

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

- **Future periods**

Historic evaluation of effectiveness may not be relevant to future periods due to the risk that the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate.

# Agenda Item 4

**Committee:** Governance, Audit and Performance Committee

**Date:**

Wednesday, 30 June 2021

**Title:** Internal Audit Strategy 2021-23

**Report Author:** Elizabeth Brooks, Internal Audit Manager

**Author:** EBrooks@uttlesford.gov.uk

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## Summary

1. This document sets out the Internal Audit Strategy for 2021-23.

## Recommendations

2. Committee are requested to note the Internal Audit Strategy 2021 – 23.

## Financial Implications

3. None

## Background Papers

4. None.

## Impact

- 5.

Communication/Consultation	Internal Audit Strategy 2021 – 23 was noted by the Director of Finance and Chief Executive in June 2021.
Community Safety	None
Equalities	None
Health and Safety	None
Human Rights/Legal Implications	None
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	None

## Situation

6. This document sets out the Internal Audit Strategy for 2021-23, covering how the service will be delivered and developed and is a key component of our compliance with Public Sector Internal Audit Standards. It is supported by the Internal Audit Charter (approved by Committee in February 2021) which outlines in detail the purpose, authority, responsibility and position of the Internal Audit Service within Uttlesford District Council.

## Risk Analysis

7.

Risk	Likelihood	Impact	Mitigating actions
Internal Audit service may not be delivered in line with Public Sector Internal Audit Standards which may lead to reputational damage; negative perception from External Audit; loss of engagement from audit stakeholders	2	2	Periodic internal self-assessments are designed to assess conformance with Internal Audit's Charter, PSIAS, Definition of Internal Auditing, the Code of Ethics and the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders. An external assessment will also be conducted at least every five years.

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.

# Internal Audit Strategy 2021-2023

This document sets out the Internal Audit Strategy for 2021-23, covering how the service will be delivered and developed. It is supported by the Internal Audit Charter which describes the purpose, authority, responsibility and position of the Internal Audit Service within Uttlesford District Council.



## Our Mission Statement

*The mission of Internal Audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight. Internal Audit helps Uttlesford District Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes.*

*The Council's response to Internal Audit activity should also lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation's objectives as set out in the Council's Corporate Plan to make Uttlesford the best place to live, work and play.*



## Our Goals

To deliver our Mission Statement and a successful and effective Internal Audit Service, we have four key goals for 2021-23:

- 1. Develop a planning process which identifies the Council's most significant internal and external risks and deliver an Annual Internal Audit Plan focussing on these key risks, and which meets stakeholder needs.**

*This will be met through:*

- Collaboration internally and externally with other internal control, governance and risk management functions to coordinate and align coverage of the Council's risks and governance arrangements.*
- Developing an audit planning methodology that links the Council's strategy to the auditable risks, governance and internal control arrangements.*
- Validating the methodology and annual plan with key stakeholders.*
- Being responsive to the Council's changing priorities and by adding value through proactive advisory work.*

## **2. To contribute to the Council's delivery of its governance and assurance framework**

*This will be met through:*

- *Continuing to champion the 3-Lines of Defence Assurance model, which promotes governance and management oversight responsibilities and align with the Council's Risk Management Strategy and Managing the Risk of Fraud.*
- *Contributing to the development of the Council's Annual Governance Statement.*

## **3. To be a trusted advisor to Senior Managers and the GAP Committee**

*This will be met through:*

- *Providing timely, effective and useful communications to key stakeholders.*
- *Bringing analysis and perspective on root causes of issues identified in audit findings, to help services design/take corrective actions.*
- *Providing value-added services and proactive strategic advice to services beyond the audit plan.*

## **4. To monitor the critical skills and resource blend required to ensure Internal Audit deliver their mission and objectives.**

*This will be met through:*

- *Ensuring that the audit team continually develop their skills and knowledge, which also aligns with professional CPD requirements and best practice.*
- *Participating in exploring alternative partnership models for the delivery of Internal Audit Services to determine whether there are opportunities for authorities to work together to address resourcing issues/concerns and make the best use of total resources available.*



### **Key Internal Audit Outputs**

- Production and delivery of a risk-based Annual Internal Audit Plan
- Internal Audit Annual Opinion on the Council's overall internal control, risk management framework and governance arrangements in the Internal Audit Annual Report and Annual Governance Statement.
- Interim and Annual Reports to Senior Management and GAP Committee which highlight any significant control deficiencies or potential areas for improvement in the Council's internal governance, risk and control arrangements.
- Internal Audit advice and guidance to management on risk and control issues within individual systems to improve those systems and processes where necessary.



### Measurements of success

We have established key performance indicators to measure our performance, robustness and value of Internal Audit. *Our performance against these indicators will be reported in the Annual Report.*

- At least 90% of the Annual Internal Audit Plan delivered to draft report stage by 31st March of the financial year and 100% (including applicable follow ups) to be finalised by 30th April.

Other indicators of effectiveness of Internal Audit and/or where Internal Audit has added value:

- Audit areas where the indicative level of assurance has improved from no assurance/limited assurance at the follow-up stage to demonstrate improvement in the control environment.
- Client survey results based on overall average good/excellent score each survey returned.



### Provision of the service

- 0.5 FTE Audit Manager (shared with Chelmsford City Council)
- 1.6 FTE Auditors



### Compliance with professional standards

**Public Sector Internal Audit Standards:** Our Internal Audit service will operate in compliance with PSIAS and will undertake the required formal External Quality Assessment in 2022.

**International professional standards framework:** Internal Audit will also operate in compliance with the IIA International Professional Practices Framework and Code of Ethics.



### Our associated key strategic documents include:

- Internal Audit Strategy
- Internal Audit Charter
- Annual Internal Audit Plan
- Internal Audit Annual Report
- Internal Audit Methodology
- Quality Assurance and Improvement Programme (QAIP)

# Agenda Item 5

**Committee:** Governance, Audit and Performance Committee

**Date:**

June 30<sup>th</sup> 2021

**Title:** Senior Officer Employment Procedures

**Report Author** Jane Reynolds, Locum Lawyer  
jreynolds@uttlesford.gov.uk

1. By virtue of The Local Authorities (Standing Orders) (England) Regulations 2001 the statutory officers of the council the Head of Paid Service (Chief Executive), the Chief Finance Officer (Director of Finance and Corporate Services) and the Monitoring Officer (Assistant Director Governance and Legal and Monitoring Officer), have duties to advise and protect the Council as a corporate body. In carrying out their duties at times they may be required to provide advice to members that is not welcome or popular, or to take such action in connection with that advice in order to fulfil their statutory responsibilities. Accordingly, these three statutory posts are protected by law under specific regulations from unwarranted political interference in carrying out their proper duties.

2. The Local Authority (Standing Orders) (England)(Amendment) Regulations amended the previous legislation to change the statutory process for dismissing the Head of Paid Service, Monitoring Officer and Chief Finance Officer (“the relevant officers”). Previously no disciplinary action could be taken against a relevant officer other than in accordance with a recommendation in a report made by a Designated Independent Person (DIP). The 2015 Regulations abolished the role of the DIP and outlined a new process to be followed and to be incorporated into Council Constitutions.

3. In addition to the statutory requirements, a new process for managing disciplinary and dismissal matters in relation to relevant officers was agreed by the Joint Negotiating Committee (JNC) for Local Authority Chief Executives in October 2016 and incorporated into the contractual terms and conditions of employment for Local Authority Chief Executives. In August 2017, the JNC recommended that a modified procedure for the Chief Finance Officer and Monitoring Officer should also be adopted. The JNC recommended that the relevant provisions of the Chief Executives’ Handbook should be used as a reference guide in such circumstances. On May 7<sup>th</sup>, 2019, and again on April 15<sup>th</sup>, 2021, a letter to all Local Authority Chief Executives was sent out reminding authorities to address these changes.

4. The Council’s Officer Employment Procedure Rules, contained within Councils Constitution at part 4, are not drafted to reflect the legislation or the new model procedure. At Part 4 paragraph 8.2 the Constitution states “A relevant officer may not be dismissed by an authority unless the procedure set out in the following paragraphs is complied with”. Those paragraphs following in the Constitution do not comply with the legislation or the JNC recommendations. The Council does not have in place the structures, or the standing committees required to operate these procedures. These structures must be established so that the procedure required by the Regulations and the model policy can be managed.

5. Implementation of the Regulations and the new model procedure will require the Council to agree new disciplinary procedures for relevant officers and establish a standing Investigating and Disciplinary Committee (IDC), an Appeal Committee (AC), together with an Independent Panel (IP). Officers will also require authorisation to amend

the Constitution to give effect to these changes, to effect changes to the employment contracts of relevant officers, to formulate new disciplinary procedure arrangements for the same and to organise appropriate mandatory training for members of the new committees and the persons that will comprise the Independent Panel.

6. This report provides procedural clarity in the processes to be followed in the event that a formal written complaint is to be made against one of the council's relevant officers. As in any employment situation mediation by agreement should always be considered prior to the commencement of formal action, however it is important that members have clarity in relation to the matters covered in this report so that the Council complies with the relevant Regulations and terms and conditions of employment.

7. A flow chart of the JNC procedure can be found at appendix 1.

## **Recommendations**

That GAP members recommend to Full Council:

8. That the JNC model procedure be adopted for all three relevant statutory officers and that the Council's disciplinary procedures and the Constitution be amended to reflect this.

9. The establishment of the following standalone Committees to manage the procedure:

**An Investigating and Disciplinary Committee (IDC)** to deal with disciplinary matters relating to the relevant officers. This committee is to be a politically balanced committee of at least five members, at least one of whom is to be a member of the Cabinet. There should be two reserve members in case of any conflict of interest.

**An Appeals Committee (AC)** to deal with disciplinary matters short of dismissal relating to the relevant officers. This committee is to be a politically balanced committee of at least five members, at least one of whom is to be a member of the Cabinet. There should be two reserve members in case of any conflict of interest.

**An Independent Panel (IP)** comprising of three people appointed under section 28 Localism Act 2011 to advise Council in the event of a recommendation from the IDC to dismiss a relevant officer.

10. The delegation of power to an elected Member most usually the Chair of the IDC to suspend a relevant officer immediately in an emergency.

11. That in the case of a complaint against a relevant officer, the decision whether to refer the matter to the IDC will be delegated to the Monitoring Officer or Chief Finance Officer in conjunction with the HR Manager in the case of a complaint against the Head of Paid Service and delegated to the Head of Paid Service in conjunction with the HR Manager in the case of a complaint against the Monitoring Officer or the Chief Finance Officer.

12. That the relevant officers will be given the same right to be accompanied at any disciplinary hearing as all Uttlesford District Council employees. Additionally, this will include the right to be accompanied by a legal representative at their own cost.

13. That the Assistant Director Governance and Legal and Monitoring Officer be authorised to make all necessary and consequential amendments to the constitution to give effect to these recommendations.

14. That the HR Manager in conjunction with the Assistant Director Governance and Legal and Monitoring Officer be authorised to appoint three new persons to comprise the IP.

15. That the HR Manager be authorised to arrange appropriate mandatory training for members serving on the IDC and AC and the Independent Persons serving on the IP.

16. That the HR Manager be authorised to amend the Councils disciplinary procedures and contracts of employment for relevant officers accordingly.

17. That the IDC and AC be appointed, and seats thereon allocated to political groups in accordance with the rules of proportionality and that appointments be made to Committees in accordance with the nominations received from political groups.

### **Financial Implications**

18. There are financial implications associated with this report. Members appointed to the IDC, AC and IP will all need to be trained prior to the convening of these Committees and three new IP's will need to be engaged to comprise the IP.

### **Background Papers**

19. The following papers were referred to by the author in the preparation of this report and are available for inspection from the author of the report.

- Council Constitution
- Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015
- National Salary Framework and Conditions of Service Handbook updated 13 October 2016.
- Joint Negotiating Committee (JNC) for Local Authority Chief Officers National Salary Framework and Conditions of Service Handbook updated 8 August 2017.
- Letters to Local Authority CEO dated 7.5.2019 and 15.4.2021.

### **Impact**

20.

Communication/Consultation	None
Community Safety	None
Equalities	No impact assessment has been carried out, but all relevant officers will be treated in accordance with equalities principles.
Health and Safety	None
Human Rights/Legal Implications	This report includes legal and human rights implications. The processes outlined in this report and recommended for implementation are compliant with the 2015

	Regulations and nationally agreed Joint Negotiating Committee for Local Authority Chief Executives and other relevant statutory officers. The recommendations take into account the Human Rights Act and existing law on the right to be accompanied at a disciplinary hearing. The standard contract of employment for the relevant officers refers to the JNC agreed conditions of service handbook for local authority Chief Executives. The employment contracts of all three relevant officers need to be amended accordingly. A failure to implement a disciplinary procedure based on the model could be a breach of contract. A member who has made a complaint would not be able to serve on the IDC or Appeals Committee considering that complaint due to the common law rules of bias.
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	This report recommends structures that should be put in place in order to address any disciplinary matters relating to specific posts

## **Situation**

21. The Regulations provide that the dismissal of a relevant officer in cases of disciplinary action may only take place if the proposal to dismiss is approved by way of a vote at a meeting of the authority, after they have considered:

- Any advice, views, or recommendations of a panel (IP)
- The conclusions of any investigation into the proposed dismissal and
- Any representations from the protected officer concerned.

22. Disciplinary action is defined as “any action occasioned by alleged misconduct which, if proved, would, according to the usual practice of the authority, be recorded on the member of staff’s personal file, and includes any proposal for dismissal of a member of staff for any reason other than redundancy, permanent ill-health or infirmity of mind or body, but does not include failure to renew a contract of employment for a fixed term unless the authority has undertaken to renew such a contract”.

23. The view of the JNC is that this definition includes other reasons for dismissal such as capability or some other substantial reason including a breakdown in trust and confidence between the relevant officer and the authority.

24. The procedure involves the operation of: An **Investigating and Disciplinary Committee (IDC)**, an **Appeals Committee (AC)**, the **Independent Panel (IP)** and the **Council**.

### **Investigating and Disciplinary Committee IDC.**

25. The purpose of the IDC is to investigate allegations against a relevant officer relating to (i) conduct; (ii) capability; or (iii) some other substantial issue that requires investigation. It must also determine whether an investigation is needed.

If the IDC determines that an investigation is needed it will also need to appoint an Independent Investigator (II) and consider any report of that II. Any II will be appointed from a list held by the JNC.

The IDC after considering an II Report then must decide whether to:

- impose no sanction.
- impose a sanction short of dismissal.
- or recommend dismissal to the IP and commence a dismissal process.

26. The Committee must be a standing Committee appointed by the Council and can undertake other functions as well. GAP may wish to consider whether the IDC is set up as a separate Committee or it could be incorporated into the Councils recently set up Appointments Committee. The Committee must be politically balanced, should be made up of at least five members and include at least one member of the Cabinet.

27. Arrangements for flexibility will be required, including the use of reserve members or substitutes, in the event that a member of the IDC has a conflict of interest in the matter to be considered.

### **An Independent Panel IP.**

28. The purpose of the IP is to review a recommendation of the IDC proposing dismissal of the relevant officer and any representations made by the relevant officer.

29. Its role is also to provide advice, views, or recommendations via a report to Council before a relevant officer can be dismissed, for any reason other than redundancy, permanent ill health, or the expiry of a fixed term contract, unless the authority has undertaken to renew that fixed term contract.

30. The IP is only used if the IDC, having received the report of the II and held a hearing, is minded to recommend dismissal to full Council. If the recommendation is for a lesser sanction such as a written warning, the IDC has the power to impose this without referring to either the IP or full Council. The relevant officer can then appeal the sanction to the AC.

31. If the IDC recommendation is dismissal, the Cabinet will be given the opportunity to make any objections that are both material and well founded. Following this, the IP will hold a hearing where it will listen to both the chair of the IDC and the relevant officer and will then give their advice/views/recommendations to Council.

32. The IP should be comprised of at least two independent persons who have been appointed by the Council, for the purposes of the Council Members' conduct regime under *section 28(7) of the Localism Act 2011*.

33. Uttlesford currently have three existing long standing Independent Persons appointed by the Council under section 28(7) Localism Act 2011 to support the Standards Committee. Good practice guidance recommends that the terms of office

of Independent Persons are reviewed two yearly and these are due for review. In order not to disrupt the current continuity of appointment and the need to put these new procedures in place with some degree of urgency it is proposed that GAP recommended the appointment of three new further Independent Persons to supplement those already in position and so that continuity can be maintained whilst the current appointments are reviewed.

34. The matter then goes to full Council for a decision. This is in effect an appeal hearing for the relevant officer who is allowed to put his or her case to council before a decision is taken.

**Appeals Committee AC.**

36. The purpose of the AC is to hear appeals against action taken by the IDC on Sanctions (except for dismissal) and then decide whether to confirm the sanction; impose no sanction; or impose a lesser sanction.

37. The AC has a fairly limited role, but its decision is final.

38. The AC must be politically balanced, made up of five members and include at least one member of the Cabinet. The Members of the AC cannot be members of the IDC.

39. Arrangements for flexibility will be required, including the use of reserve members or substitutes, in the event that a member of the IDC has a conflict of interest in the matter to be considered.

**Elected member with the designated power to suspend the Chief Executive.**

40. An elected Member with the delegated power to suspend a relevant officer immediately in an emergency or if an exceptional situation arises whereby allegations of misconduct by the relevant officer are such that their continued presence at work poses a serious risk to the health and safety of others or the resources, information, or reputation of the authority.

41. It is recommended by the JNC that this appointment should be given to the same member that is appointed as the Chair of the IDC.

**Risk Analysis**

42.

Risk	Likelihood	Impact	Mitigating actions
The council does not adopt the recommended structures and is therefore unable to meet the requirements of the Regulations	1 – it is a recommended model that is proposed	3 – it is important that any disciplinary matters relating to these statutory posts are dealt with appropriately	Adoption of recommended structures and policy

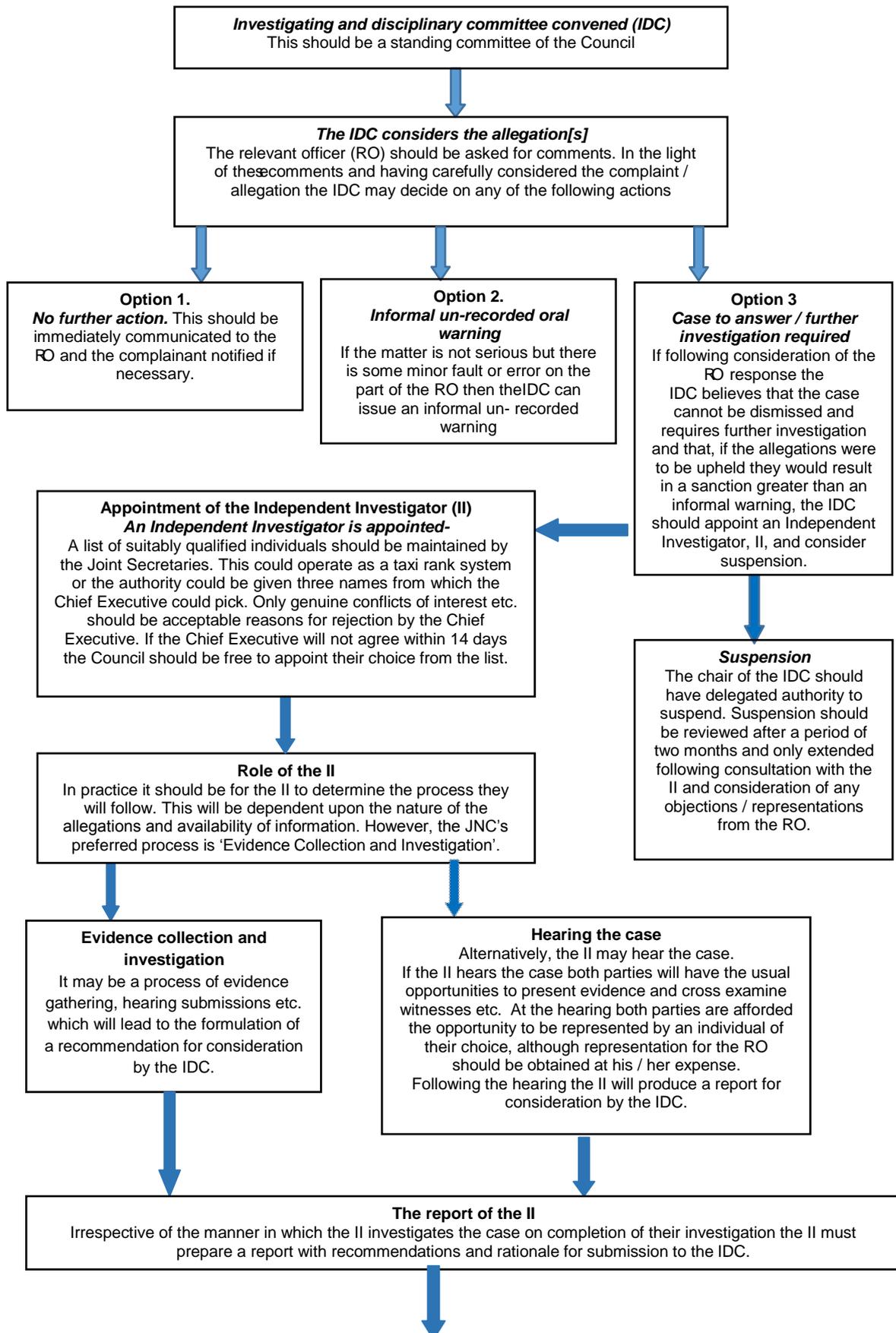
1 = Little or no risk or impact

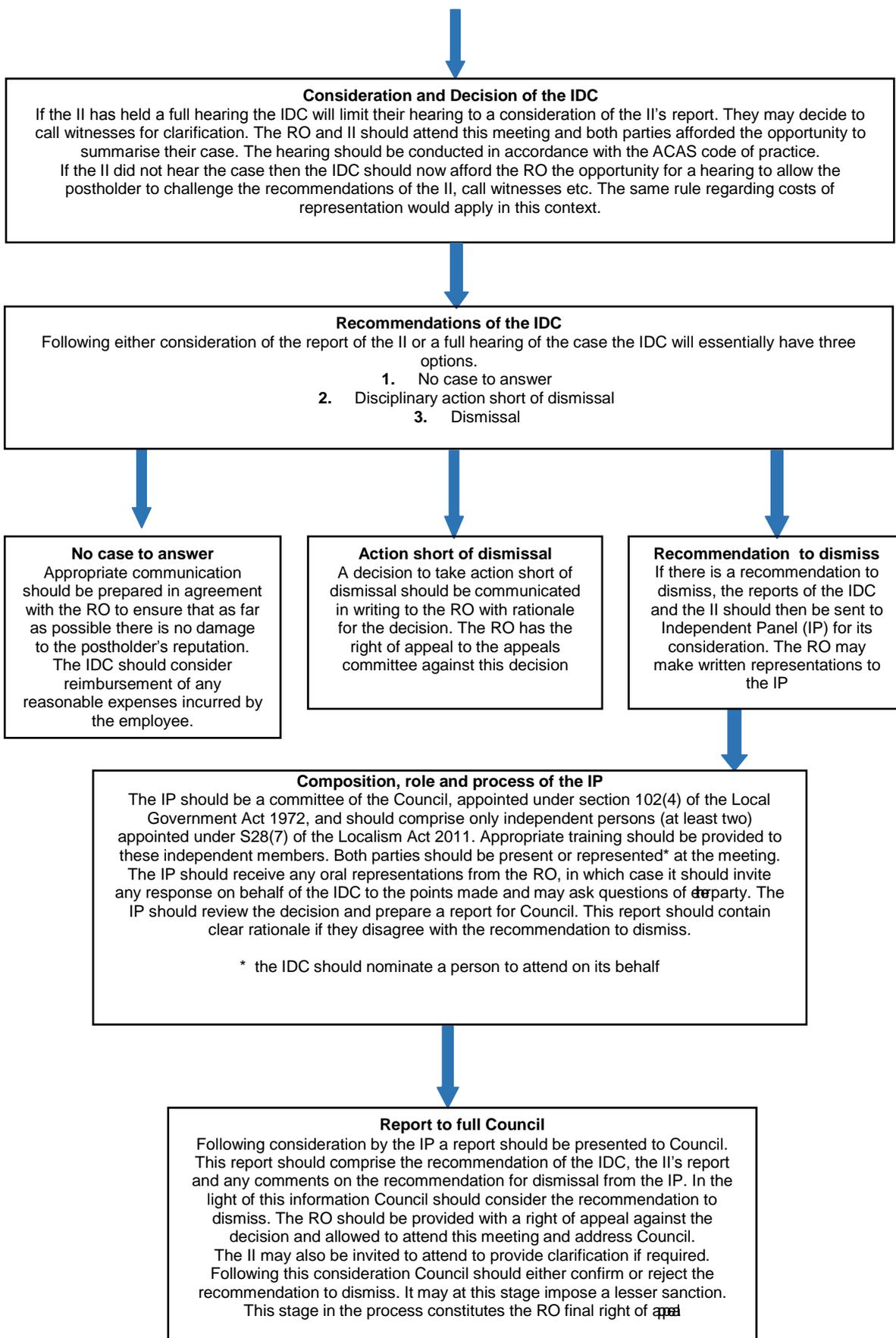
2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.

**Disciplinary Procedure for Local Authority Relevant Officers**





# Agenda Item 6

**Committee:** Governance, Audit & Performance Committee      **Date:** Wednesday 30<sup>th</sup> June 2021  
**Title:** COVID-19 Performance Indicator Report 7  
**Report Author:** Oliver Knight, PFI & Performance Officer      **Key Decision:** No  
[oknight@uttlesford.gov.uk](mailto:oknight@uttlesford.gov.uk)

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## Summary

1. This report presents the outturn data for all COVID-19 performance indicators for the period Monday 3<sup>rd</sup> May 2021 to Sunday 6<sup>th</sup> June 2021.
2. As we progress through Quarter 1 of the 2021/22 year, pressures continue on both service delivery and resources due to the ongoing Covid-19 pandemic. However, in spite of these circumstances, data outturns attest that services have sustained performance levels since the timeframe of the previous report. Year-on-year comparisons to Quarter 4 2019/20 & Quarter 1 2020/21 also confirm this.
3. In the final section of this report, members are asked to consider the ongoing presentation of performance indicator data to the Governance, Audit & Performance Committee.

## Recommendations

4. To note the performance of services during the COVID-19 pandemic, as attached in Appendix 1.

## Financial Implications

5. Some performance indicators measure services where income has been severely affected due to the COVID-19 pandemic. As such, monitoring their ongoing progress will aid wider budget monitoring processes.

## Background Papers

6. None

## Impact

- 7.

Communication/Consultation	None
Community Safety	None beyond indicators reporting the work of the Community Shield Hub (CV 23, CV 24, CV 25, CV 26 & CV 27).

Equalities	None
Health and Safety	Any health and safety implications arising from this monitoring are assessed and addressed by the Council's Gold and Silver Command.
Human Rights/Legal Implications	Any human rights or legal implications arising from this monitoring are assessed and addressed by the Council's Gold and Silver Command.
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	Any workforce or workplace implications arising from this monitoring are addressed and assessment by the Council's Gold and Silver Command.

## Situation

8. A new set of performance indicators were introduced in April 2020 in light of the COVID-19 pandemic which have been monitored throughout 2020/21 and into the 2021/22 performance year. Whilst primarily these indicators have been introduced to monitor how COVID-19 is affecting service delivery, more broadly they also highlight how services are performing during current circumstances.
9. The indicators were originally selected through a review of the Daily Situation Reports which are provided by Service Managers to the Council's Covid-19 Gold & Silver Command. These reports identify impacts on normal activities and priority/critical services, alongside detailing longer-term service risks and items that need to be considered from a strategic perspective.
10. Whilst there are other methods of monitoring performance during the pandemic (for example analysing customer feedback, or FOI response times), the quantitative measures included focus specifically upon aspects of service delivery which have been identified as being particularly affected by the pandemic. Many more indicators could have been identified, but those selected were considered to be the most significant in the circumstances.
11. A review of the effectiveness of all existing Covid-19 PIs was undertaken by the Performance Team towards the end of the 2020/21 performance year. An analysis of Quarter 3 2020/21 local performance measures monitored by the Corporate Management Team was undertaken, however no additional PIs were identified to be brought into the Covid-19 basket for more frequent monitoring. However, given the continuing effect of the pandemic on services

and further lockdowns, it was decided that the majority of indicators would continue to be reported.

12. No targets have been introduced for any of the COVID-19 indicators included here, instead they have been established as 'information-only' performance indicators.
13. The indicators cover varying services throughout both the Corporate Services and Public Services directorates, and some are cross-cutting involving service delivery from multiple departments. Frequencies of data collection vary; some are monitored weekly or daily, whilst others are monitored on a monthly basis.
14. Appendix 1 presents COVID-19 PI data for the period Monday 3<sup>rd</sup> May 2021 to Sunday 6<sup>th</sup> June 2021. Alongside indicators where daily or weekly outturns are presented, data for March 2021, April 2021 & May 2021 are also presented for monthly indicators where available.
15. Whilst accompanying narratives have not been requested from Service Managers, notes have been provided where relevant by the Performance Team to contextualise performance, and explain the reasons for monitoring and relevant methods of calculation. Year-to-date comparisons where possible have been included, and longer term performance trends identified through comparing to Quarter 4 2019/20 and where possible Quarter 1 2020/21 outturn values.
16. Graphical and pictorial representations of the data are also presented, which portray performance fluctuations since January 2021; the beginning of Quarter 4 of the 2020/21 performance year.
17. All data and performance notes included in Appendix 1 have been reviewed by the Council's Covid-19 Gold & Silver Command. Despite the lessening of restrictions, the Gold & Silver teams are still meeting on a fortnightly basis to evaluate the ongoing effect of the pandemic upon service delivery and the broader organisation.
18. As we continue into 2021, pressures on service delivery and service resources remain due to the Covid-19 pandemic. Despite these challenging circumstances, data outturns attest that services have sustained performance levels. Direct Quarter 1 2020/21 to Quarter 1 2021/22 comparisons are not possible thus far, but nevertheless longer term comparisons show a positive performance image. The following points are drawn to members' attention as being of particular note:
  - a.) As attested by year-on-year comparisons, the car park performance indicators continue to highlight a recovery to pre-pandemic performance levels. During May 2020, total Pay & Display sales were £10,783.65 whilst during May 2021 the total was £62,238.71 (**CV 29**). Value for May 2021 therefore represents a 477.2% increase in income in comparison to last year (as a further comparison, the May 2019 total Pay and Display sales was £83,364.75). During May 2020, no PCNs were issued as all Enforcement Officers were taken off duties owing to

restrictions and a national lockdown. In May 2021, 362 were issued which represents a 362% increase (**CV 33**). As a further comparison, there were 230 PCNs issued in April 2019.

- b.) The number of Test and Trace Support Payments made has considerably reduced over recent weeks as a very small quantum of applications have been received (**CV 48**). Indeed, some weeks within May have only seen one application being received. Nevertheless the swift processing of applications should be noted. Since the commencement of the scheme during w/c 12th October 2021, we have made 221 awards – composed of 65 statutory awards, and 156 discretionary awards.
- c.) The Amount Paid in Localised Restrictions Support Grants & Restart Grants (**CV 51**) on a weekly basis highlights the work of the Revenues Team to process the many applications received. Including payments made during W/C 31<sup>st</sup> May 2021, we have paid £398,699.00 in Strand 1 Restart Grants (130 payments) and £2,986,000.00 in Strand 2 Restart Grants (305 payments).

19. As the 2021/22 performance year progresses, members are asked to consider the ongoing presentation of performance indicator data to this committee. Prior to the Covid-19 pandemic, Members agreed targets for a range of Key Performance Indicators (KPIs) & Performance Indicators (PIs) on an annual basis, and were then provided with quarterly updates on performance.

The onset of the pandemic required the introduction of a new basket of Covid-19 PIs, monitoring specific areas of service delivery which have been affected by the pandemic. Outturns for Covid-19 PIs have since been presented to this committee. Whilst the standard quarterly data has also been collated and reviewed by the Corporate Management Team and also used to manage and monitor the performance of Service Plans throughout the authority, this has not been presented to Governance, Audit & Performance Committee during the 2020/21 year.

It is requested that members confirm if they wish for the reporting of the Covid-19 PIs to continue, or if reporting should revert to the standard corpus of corporate KPIs & PIs from Q1 onwards.

## Risk Analysis

d.)

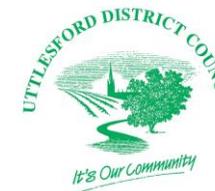
Risk	Likelihood	Impact	Mitigating actions
If the performance of services is not monitored	1 – The majority of service areas are performing	3 – The majority of service areas in the Council	The COVID-19 performance indicators are monitored by the

<p>during these current unprecedented circumstances, then areas such as customer satisfaction and statutory adherence to government led requirements could be affected leading to a loss in reputation for the Council.</p>	<p>well, despite pressures on resources. measures</p>	<p>are customer-facing.</p>	<p>Council's Gold &amp; Silver command. The inclusion of data from previous weeks and months helps to identify trends.</p>
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- 1 = Little or no risk or impact
- 2 = Some risk or impact – action may be necessary.
- 3 = Significant risk or impact – action required
- 4 = Near certainty of risk occurring, catastrophic effect or failure of project.

Appendix 1: COVID-19 PI Report – 3<sup>rd</sup> May 2021 to 6<sup>th</sup> June 2021

# COVID 19 Performance Indicators – Appendix 1



## Report Timeframe

Start Date	Monday 3 <sup>rd</sup> May 2021
End Date	Sunday 6 <sup>th</sup> June 2021

Please note:

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This report contains data for all COVID-19 performance indicators being monitored to consider the effect of COVID-19 on service delivery. Data included represents the timeframe Monday 3<sup>rd</sup> May 2021 to Sunday 6<sup>th</sup> June 2021.

For indicators where data is monitored monthly, monthly data is now available for April 2020 to May 2021 (inclusive).

For indicators where data is recorded weekly, data is presented on a weekly basis from Week Commencing Monday 3<sup>rd</sup> May 2021 to Sunday 6<sup>th</sup> June 2021.

Whilst accompanying narratives have not been requested from Service Managers, notes have been provided where relevant to contextualise performance and explain the reasons for monitoring and relevant methods of calculation. Comparison to attainment during previous quarters or this year's PI target are narrated where possible to contextualise performance.

- Where relevant, trend arrows have been included in accordance with guidance below for weekly & daily data. As no targets have been set for these performance indicators, these trends provide an overview of the performance trajectory for each PI. Varying graphs have been included to provide a pictorial representation of performance over time.

## Trends

Short Term 	For daily and weekly data, the short-term trend arrow evaluates the most recent outturn in comparison to the preceding outturn.
Long Term 	For weekly data, the long-term trend arrow evaluates this week's data in comparison to the outturn four weeks ago. For daily data, the long-term trend arrow evaluates the most recent outturn to the same date of the previous month.

## Benefits

### CV 01 – Time taken to process Housing Benefit/Local Council Tax Support New Claims

April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
13.38 days	20.7 days	16.28 days	14.95 days	18.50 days	16.70 days	12.92 days	17.59 days	17.83 days
January 2021		February 2021				March 2021		
20.69 days		11.85 days				14.39 days		
April 2021				<b>May 2021</b>				
13.41 days				<b>TBC</b>				

- *Reason for monitoring:* Claims received are becoming more complex and therefore taking potentially longer to process.
- For April 2021, numerator – 1,113 (number of days), and denominator – 83 (number of applications received).
- CV 01 is also monitored as part of UDC’s formal quarterly and annual performance monitoring processes (KPI 06a).
- For Quarter 4 2019/20 KPI 06 (a) outturn was 12.0 days – numerator 4,570 (number of days) and denominator 381 (number of change events received).

### CV 02 – Time taken to process Housing Benefit/Local Council Tax Support Change Events

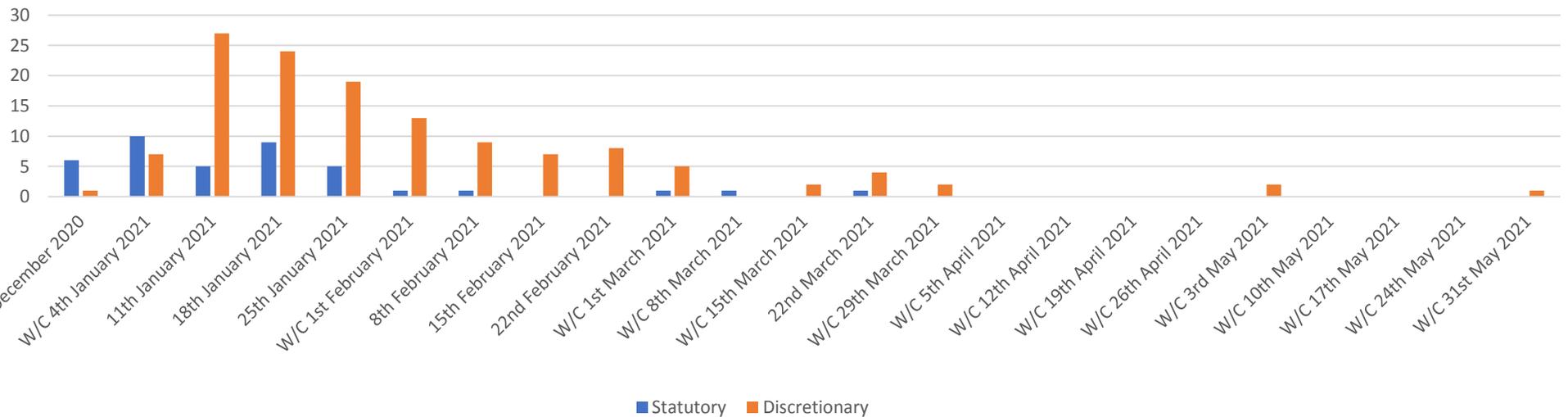
April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
4.02 days	10.5 days	7.90 days	4.60 days	6.08 days	9.08 days	5.09 days	4.30 days	5.84 days
January 2021				February 2021			March 2021	
7.81 days				2.04 days			4.00 days	
April 2021				<b>May 2021</b>				
5.58 days				<b>TBC</b>				

- *Reason for monitoring:* Given increasing number of universal credit applications, it is probable there will be more changes to existing Housing Benefit & Local Council Tax Support Claims.
- For April 2021, numerator – 9,865 (number of days) and denominator – 1,767 (number of applications received).
- CV 02 is also monitored as part of UDC’s formal quarterly and annual performance monitoring processes (KPI 06b). For Quarter 4 2019/20 KPI 06 (b) outturn was 3.3 days – numerator 27,403(number of days) and denominator 8,363 (number of change events received).

## CV 48 – Number of Test & Trace Support Payments Awarded (Discretionary & Statutory)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: UDC's Benefits department is responsible for administering the award and payment of the Test &amp; Trace Support Payments.</li> <li>➤ This PI reports the number of Test and Trace Support Payments which have been awarded on a weekly basis; and the outturn reported is total of Statutory and Discretionary payments. Every award has the value £500.00.</li> <li>➤ During Week Commencing 31<sup>st</sup> May 2021, one application was received, and one discretionary award was made.</li> <li>➤ Since the commencement of the scheme during w/c 12<sup>th</sup> October, we have made 221 awards (65 Statutory; 156 Discretionary).</li> </ul>	Short Term	↑
						Long Term	↓
2 (0 Statutory; 2 Discretionary)	0 (0 Statutory; 0 Discretionary)	0 (0 Statutory; 0 Discretionary)	0 (0 Statutory; 0 Discretionary)	<b>1 (0 Statutory; 1 Discretionary)</b>			

CV 48 - Number of Test & Trace Support Payments Awarded



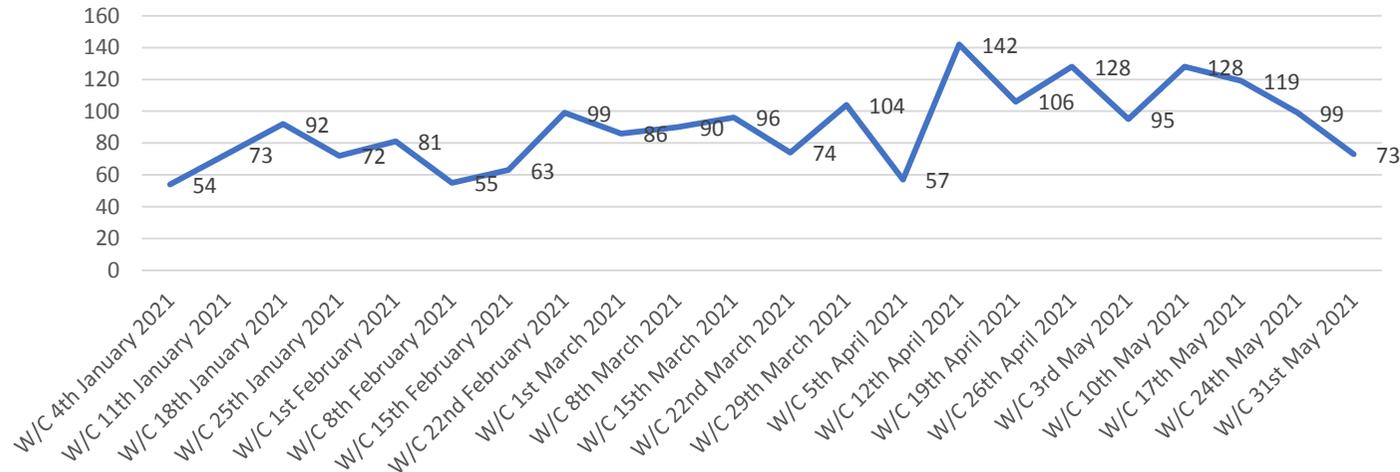
## Building Control

### CV 03 – Number of Building Control site visits completed

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	<b>W/C 31<sup>st</sup> May 2021</b>	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: Building Control’s Inspection Service has been greatly reduced in alignment with guidance.</li> <li>➤ This PI reports the number of site visits completed by the Building Control Service on a weekly basis, to portray the effect of COVID-19 on demand for the service.</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, the quantity of inspections completed decreased by 26.26% in comparison to the previous week.</li> <li>➤ Year-to-year comparison: whilst during w/c 31<sup>st</sup> May 2021, 73 site visits were completed, during the comparable week in the 2020/21 year 76 site visits were completed. As such, the amount of site visits completed during w/c 31<sup>st</sup> May 2021 represents 96.05% of the site visits completed during a comparable week in the 2020/21 year.</li> </ul>
95 site visits completed	128 site visits completed	119 site visits completed	99 site visits completed	<b>73 site visits completed</b>	

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CV 03 - Number of site visits completed



Short Term	↓
Long Term	↓

## CV 50 – Percentage market share for Building Control work in the District

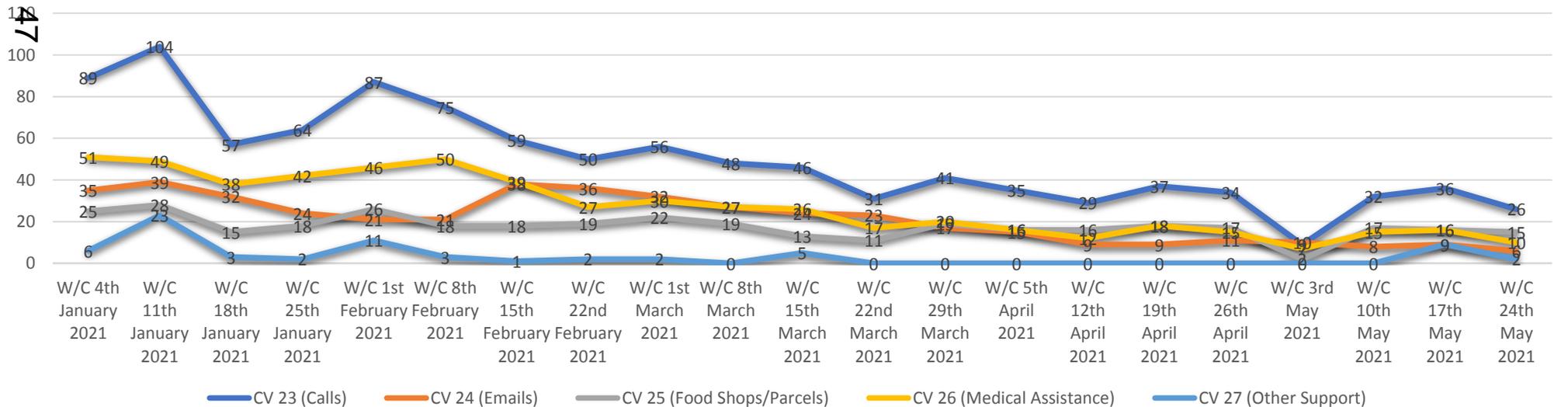
October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
79%	65%	88%	76.6%	78.22%	80.00%
April 2021			<b>May 2021</b>		
79.25%			<b>79.81%</b>		

- Reason for monitoring: to monitor the effect of Covid-19 pandemic on the Building Control work in the district.
- **CV 50** is monitored as part of UDC's quarterly performance monitoring as **BC 01**. For Quarter 2 2020/21, outturn was 78.49% and target was 82.00%.
- For May 2021, numerator was 83, and denominator was 104. Therefore outturn value is 79.81%.

## Communities

### Community Shield Hub

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### CV 23 – Number of calls received directly into the Community Shield hub

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	➤ Reason for monitoring: Provides an overview of the number of people directly contacting the hub by telephone for support.	Short Term	↑
9	32	36	26	28		Long Term	↑

### CV 24 – Number of emails received directly into the Community Shield hub

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	➤ Reason for monitoring: Provides an overview of the number of people directly contacting the hub by email for support.	Short Term	▬
10	8	9	6	6		Long Term	↓

### CV 25 – Number of unique food shops/parcels delivered (food assistance)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	➤ Reason for monitoring: Provides an overview of the number of people requiring food assistance due to the pandemic.	Short Term	↑
2	17	16	15	17		Long Term	↑

### CV 26 – Number of pharmacy unique collections/deliveries (medical assistance)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	➤ Reason for monitoring: Provides an overview of the number of people requiring medical delivery assistance during the pandemic.	Short Term	↓
7	15	16	10	3		Long Term	↓

### CV 27 – Number of people requiring 'other' support (transport, posting mail, dog walking, gardening)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	➤ Reason for monitoring: Provides an overview of the number of people requiring miscellaneous support during the pandemic.	Short Term	↓
0	0	9	2	0		Long Term	▬

## Customer Services

### CV 04 – Calls answered as a percentage of calls received

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to ascertain effect of COVID-19 on call volumes.</li> <li>➤ Outturn values represent the percentage of calls answered by the Customer Services Team as a percentage of total calls received. For week commencing 31<sup>st</sup> May 2021, 1,742 calls were answered out of a total of 1,913 calls received.</li> </ul>	Short Term	
						Long Term	
96%	97%	98%	86%	91%			

### CV 05 – Calls abandoned as a percentage of calls received

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to ascertain effect of COVID-19 on call volumes.</li> <li>➤ CV 05 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (CS 08).</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, 171 calls were abandoned out of a total of 1,913 calls received.</li> </ul>	Short Term	
						Long Term	
4%	3%	2%	14%	9%			

### CV 06 – Number of Out-Of-Hours Calls Received (excluding Housing Repairs)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to understand use of out-of-hours service during the pandemic.</li> <li>➤ Outturn values report the total of all out-of-hours calls for all services, apart from Housing Repairs (Norse Uttlesford).</li> </ul>	Short Term	
						Long Term	
1	3	4	3	8			

### CV 07 – Number of emails received into UConnect & WasteAware email boxes

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: To ascertain effect of COVID-19 on email queries.</li> <li>➤ Outturn values represent total of all emails received to Uconnect &amp; WasteAware email boxes relating to all service areas.</li> </ul>	Short Term	↓
						Long Term	↑
394	245	534	717	657			

### CV 08 – Percentage of payments received via ATP or website

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to comprehend the use of ATP and online payments through the website.</li> <li>➤ From week commencing 12<sup>th</sup> October 2020, this performance indicator has been changed so that it reports the percentage of payments received via ATP or website as a proportion of total payments received.</li> </ul>	Short Term	↑
						Long Term	↑
57% (1,020 out of 1,792)	36% (490 of 1,349)	20% (335 of 1,661)	26% (538 of 2,070)	62% (992 of 1,604)			

## Democratic Services

### CV 49 – Percentage of minutes from meetings published within 10 working days

October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: the monitor the percentage of minutes from meetings published within 10 working days.</li> <li>➤ CV 49 is monitored as part of UDC's quarterly performance monitoring as PI 21. For Quarter 2 2020/21, outturn was 78.00% and target was 95.00%.</li> <li>➤ During May 2021, 9 sets of minutes were published, of which 5 were within 10 working days. Therefore, 55.56% of minutes were published within 10 working days.</li> </ul>
50.00%	50.00%	83.33%	100%	72.73%	70.00%	83.33%	
<b>May 2021</b>							
<b>55.56%</b>							

## Development Management

### CV 30 - Processing of Planning Applications: Major Applications (within 13 weeks or including any agreed extension of time)

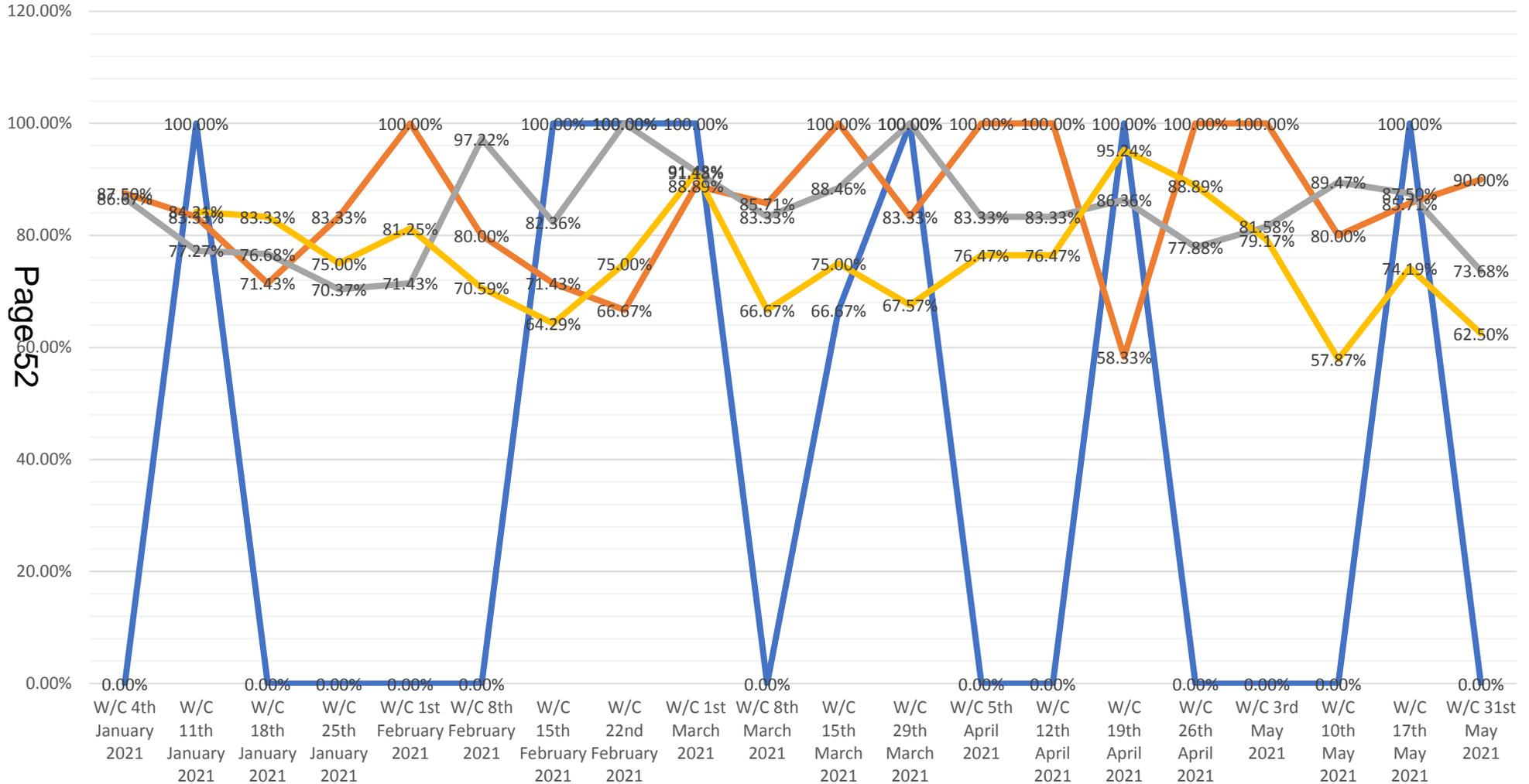
W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021		Short Term	N/A
No decisions made	No decisions made	100.00%	Data is not available due to Annual Leave	<b>No decisions made</b>	<ul style="list-style-type: none"> <li>➤ For week commencing 24<sup>th</sup> May 2021, no application decisions were made. Since the beginning of April 2021, 3 applications decisions were sent out, of which 3 were in time (100%). During Quarter 4 2019/20, 6 out of 9 (66.67%) applications were decided within time. Performance therefore seems improved during the pandemic.</li> <li>➤ It should be noted that this PI only monitors the timeliness of the decisions made during this specific week (i.e. w/c 31<sup>st</sup> May 2021). Another 37 other applications (for major/minor/other/all other applications) decisions went out of time during week commencing 31<sup>st</sup> May 2021.</li> </ul>	Long Term	N/A

### CV 31 - Processing of Planning Applications: Minor applications (within 8 weeks or including any agreed extension of time)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021		Short Term	N/A
100.00%	80.00%	85.71%	Data not available due to Annual Leave	<b>90.00%</b>	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> To assess the impact of the pandemic on authority's ability to process planning applications to required timescales.</li> <li>➤ CV 31 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (KPI 12).</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, 9 of 10 applications were decided in time. During Quarter 1 2021/22 thus far, 49 out of 78 applications (62.82%) have been decided on time.</li> <li>➤ It should be noted that this PI only monitors the timeliness of the decisions made during this specific week (i.e. w/c 31<sup>st</sup> May 2021). Another 37 other applications (for major/minor/other/all other applications) decisions went out of time during week commencing 31<sup>st</sup> May 2021.</li> </ul>	Long Term	

# Development Management: Planning Applications

CV 30 (Majors)   CV 31 (Minors)   CV 32 (Others)   CV 34 (All Other)



### CV 32 – Processing of Planning Applications: Other applications (within 8 weeks or including any agreed extension of time)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021					
89.47%	89.47%	87.5%	Data not available due to Annual Leave	<b>73.68%</b>	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: To assess the impact of the pandemic on authority's ability to process planning applications to required timescales.</li> <li>➤ CV 32 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (KPI 13).</li> <li>➤ 'Other applications' include applications for Listed Building Consent; Householder Applications; Adverts; Change of Use; Other LB Consents &amp; Other Conservation Area Consents.</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, 14 out of 19 applications were decided in time. Thus far during Quarter 1 2020/21, 185 out of 205 applications have been decided in time (90.24%). During Quarter 4 2019/20, 70.22% of other applications were decided in time. Performance therefore seems improved comparative this time last year.</li> <li>➤ It should be noted that this PI only monitors the timeliness of the decisions made during this specific week (i.e. w/c 31<sup>st</sup> May 2021. Another 37 other applications (for major/minor/other/all other applications) decisions went out of time in w/c 31<sup>st</sup> May.</li> </ul>				
Page 53					<table border="1"> <tr> <td>Short Term</td> <td>N/A</td> </tr> <tr> <td>Long Term</td> <td></td> </tr> </table>	Short Term	N/A	Long Term	
Short Term	N/A								
Long Term									

### CV 34 – Processing of Planning Applications: All other types of applications (within prescribed limits)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021					
79.17%	57.87%	74.19%	Data not available due to Annual Leave	<b>62.50%</b>	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: To assess the impact of the pandemic on authority's ability to process planning applications to required timescales.</li> <li>➤ CV 33 has been introduced from Week Commencing 10<sup>th</sup> August 2020 to consider the processing of all other types of application other than major (CV 30), minor (CV 31) &amp; other (CV 32).</li> <li>➤ CV 34 therefore considers the processing of Discharge of Conditions; Certificates of Lawfulness Proposed; Certificates of Lawfulness Existing; Certificates of Lawfulness for works to Listed Building; Prior Notifications; Large Householder</li> </ul>				
					<table border="1"> <tr> <td>Short Term</td> <td></td> </tr> <tr> <td>Long Term</td> <td></td> </tr> </table>	Short Term		Long Term	
Short Term									
Long Term									

					<p>Extensions and Permissions in Principle.</p> <ul style="list-style-type: none"> <li>➤ For week commencing 31<sup>st</sup> May 2021, 5 out of 8 applications have been processed in time (62.5%). Thus far during Quarter 1 2021/22, 128 out of 165 all other applications have been processed in time (77.58%).</li> <li>➤ It should be noted that this PI only monitors the timeliness of the decisions made during this specific week (i.e. w/c 31<sup>st</sup> May 2021). Another 37 other applications (for major/minor/other/all other applications) decisions went out of time during week commencing 31<sup>st</sup> May 2021.</li> </ul>
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### CV 35 – Number of outstanding applications

Page 54	W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> To assess the impact of the pandemic on authority's ability to process planning applications to required timescales.</li> <li>➤ At the end of Week Commencing 31<sup>st</sup> May 2021, 837 applications were outstanding (365 North; 472 South). This includes applications both in and out of time.</li> <li>➤ 344 applications are out of time, but can request Extensions of Time (121 North &amp; 223 South)</li> <li>➤ An additional 37 applications went out of time during Week Commencing 31<sup>st</sup> May 2021; 1 Major; 2</li> <li>➤ 7 Minor, 20 Other and 9 Everything Else.</li> <li>➤ 39 decisions were sent out during week commencing 31<sup>st</sup> May 2021; during a comparative week during 2020/21 57 decisions were sent out.</li> </ul>	Short Term	N/A
							Long Term	
	820	851	813	Data not available due to Annual Leave	<b>837</b>			

### CV 39 (DC 02) Percentage of non-major decisions sent to delegated officer within 7 weeks of validation (Max)

Page 54	W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> To assess the impact of the pandemic on authority's ability to process planning applications to required timescales.</li> <li>➤ CV 39 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (DC 02).</li> </ul>	Short Term	N/A
							Long Term	

14.63%	43.18%	56.4%	Data is not available due to Annual Leave	<b>20.69%</b>	<ul style="list-style-type: none"> <li>➤ For week commencing 31<sup>st</sup> May 2021, 6 out of 29 Decisions were sent to the delegated officer within 7 weeks of validation. Thus far during Quarter 1 2021/22, 93 out of 309 applications (30.10%) decisions were sent to the delegated officer within 7 weeks of validation. During Quarter 4 2019/20, 70 out of 329 (21%) were decided within time. Performance therefore appears to have remained at similar levels year-on-year, but weekly fluctuations are evident.</li> </ul>
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### CV 40 (DC 06) Percentage of Pre-Application Responses Completed within 28 Days (Max)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	<b>W/C 31<sup>st</sup> May 2021</b>	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> To assess the impact of the pandemic on authority's ability to process pre-planning applications to required timescales.</li> <li>➤ CV 40 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (DC 06).</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, 0 out of 2 Pre-application responses were completed within 28 days. During Quarter 1 2021/22 thus far, 15 out of 58 responses (25.86%) were completed in 28 days. No comparative data is available for the 2019/20 year, as this PI was not collected until the 2020/21 year.</li> </ul>	Short Term	N/A
						Long Term	
Page 55 5.00%	66.67%	0.00%	Data is not available due to Annual Leave	<b>0.00%</b>			

### CV 45 (PI 46) Quality of Decisions: Percentage of Appeals Upheld for Major Planning Applications as a Proportion of Appeals Raised

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	<b>W/C 31<sup>st</sup> May 2021</b>	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> To assess the impact of the pandemic on authority's ability to decide upon major planning applications effectively.</li> <li>➤ CV 45 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (PI 46).</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, no appeals decided. During Quarter 1 2021/22 thus far, zero appeals have been allowed out of one appeal decision received.</li> </ul>	Short Term	N/A
						Long Term	N/A
No appeals decided	0.00%	No appeals decided	Data is not available due to Annual Leave	<b>No appeals decided</b>			

**CV 46 (PI 47) Quality of Decisions: Percentage of Appeals Upheld for Non-Major Planning Applications as a Proportion of Appeals Raised**

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: To assess the impact of the pandemic on authority's ability to decide upon non-major planning applications effectively.</li> <li>➤ CV 46 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (PI 47).</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, out of 3 appeal decisions received, one was allowed. Thus far during Q1 21/22, 2 of 18 (11.11%) of appeals were upheld.</li> <li>➤ During Quarter 4 2019/20, 27 out of 37 (31.58%) appeal decisions were upheld. Performance therefore during the 2021/22 year appears to have improved year-on-year.</li> </ul>	Short Term	N/A
						Long Term	
0.00%	20.00%	0.00%	Data is not available due to Annual Leave	<b>33.33%</b>			

**Economic Development**

**CV 29 – Car Parks: Percentage increase/decrease in total Pay & Display sales (year-on-year comparison)**

April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: To ascertain how COVID-19 is affecting income from the car parks across the district.</li> <li>➤ These year-on-year comparisons are calculated using the total of MiPermit ticket sales via the MiPermit app, and cash sales through Flowbird car park ticket machines. Whilst the amounts used in calculation are the exact amounts reported to UDC, it is important to note that the reliability of cash sales from the Flowbird car park ticket machines can vary due to Wifi connections.</li> <li>➤ During May 2020, total Pay &amp; Display sales were £10783.65 whilst during May 2021 the total was £62238.71. Value for May 2021 therefore represents a 477.2% increase in income in comparison to last year (as a further comparison, the May 2019 total Pay and Display sales was £83364.75)</li> </ul>
-90.83%	-87.06%	-69.65%	-40.50%	-34.65%	-24.8%	-26.93%	-51.01%	-29.29%	
January 2021		February 2021			March 2021		April 2021		
-71.2%		-68.1%			-33.30%		630.60%		
<b>May 2021</b>									
<b>477.20%</b>									

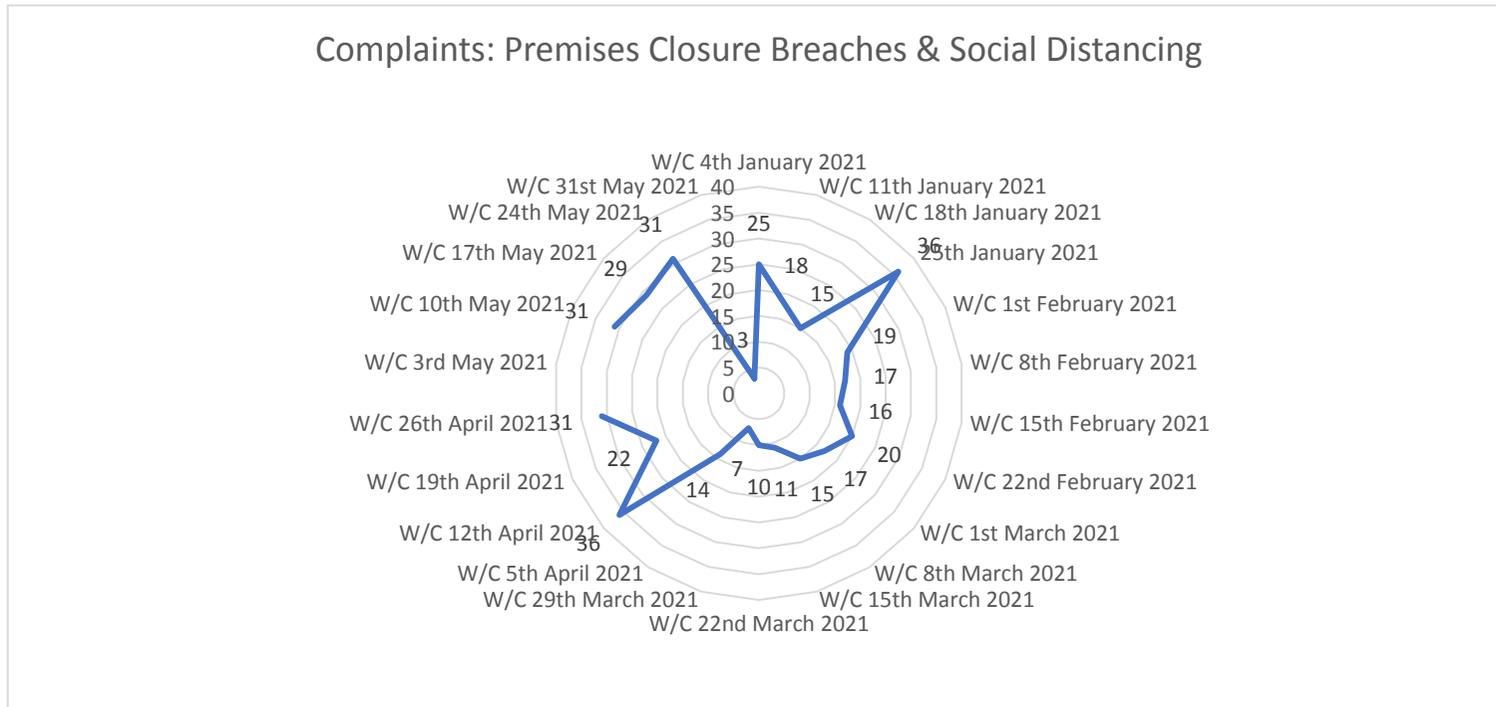
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### CV 33 – Percentage increase/change in Penalty Charge Notices issued (year-on-year comparison)

April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
-100%	-100%	24.9%	40.32%	36.17%	46.59%	-15.06%	-86.63%	-2.37%
January 2021				February 2021		March 2021		April 2021
-53.45%				-52.20%		-5.40%		286.00%
<b>May 2021</b>								
<b>362.00%</b>								

- *Reason for monitoring:* To ascertain how COVID-19 is affecting the issuing of Penalty Charge Notices (PCNs) across the district.
- Data on PCNs issued is supplied directly by the North Essex Parking Partnership's Enforcement department.
- During May 2020, no PCNs were issued as all Enforcement Officers were taken off duties owing to Government pandemic restrictions and a national lockdown. In May 2021, 362 were issued which represents a 362% increase. As a further comparison, there were 230 PCNs issued in April 2019.

**Environmental Health (Commercial)**



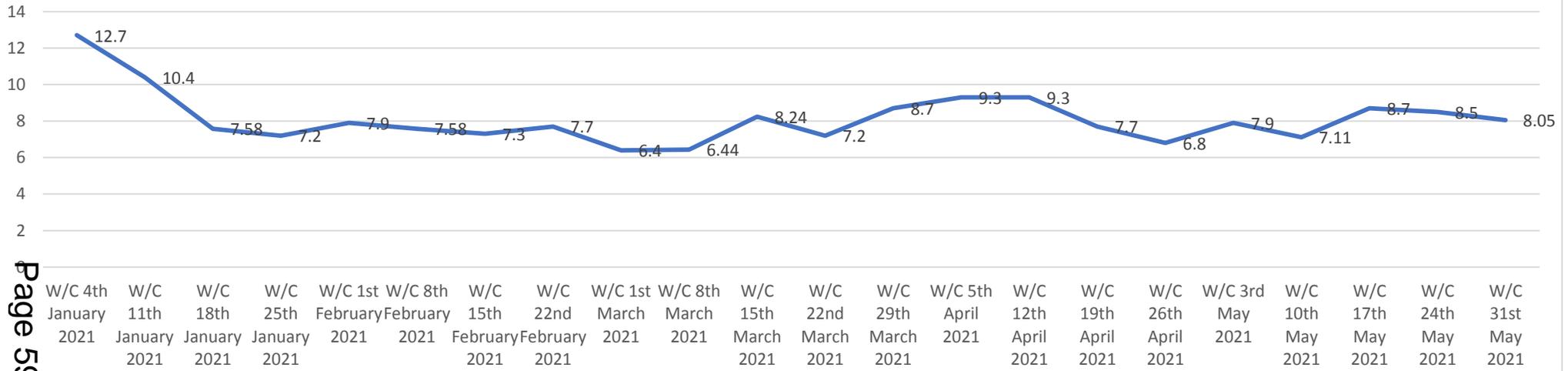
**CV 09 – Number of enquiries/complaints received regarding potential premises closures breaches, and social distancing (including proactive contact with businesses by Environmental Health/Licensing).**

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to ascertain compliance across the district with government guidance relating to closure of restaurants/pubs and also social distancing.</li> <li>➤ The outturn represents total of enquiries received; including complaints relating to social distancing/premises closure breaches (1 for W/C 31<sup>st</sup> May 2021), and Covid-19 case advice/action (2 for W/C 31<sup>st</sup> May 2021). Data now also includes proactive contacts with businesses and advice (0 for w/c 31<sup>st</sup> May 2021); including the Licensing Team.</li> </ul>
TBC	31	29	31	3	

Short Term	↓
Long Term	N/A

**Finance**

Average time to pay invoice (Days)



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**CV 12 – Average time (Days) to pay supplier invoices**

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to indicate compliance with the Cabinet Office’s guidance to pay suppliers as quickly as possible during the pandemic.</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, numerator was 733 (number of payment days), and denominator 91 (number of invoices paid); averaging at 8.05 days per invoice. During Quarter 1 2020/21, the average time to pay invoices was 19.8 days (PI 02 data). As such, this week’s outturn highlights performance has improved year-on-year as average payment times have reduced.</li> </ul>
7.90 days	7.11 days	8.7 days	8.5 days	<b>8.05 days</b>	

Short Term	
Long Term	

### CV 52 – Average Time Taken to pay supplier invoices, from when received by departments to paid date

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> to indicate compliance with the Cabinet Office’s guidance to pay suppliers as quickly as possible during the pandemic.</li> <li>➤ Unlike CV 12 which monitors average time to pay an invoice between when received by creditors to paid date, CV 52 monitors the average time taken between when received by <i>individual departments</i> to paid date. This will therefore highlight if there are any other factors within UDC (external to Finance) which are affecting the processing of payments.</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, numerator was 1,424 (number of payment days), and denominator 85 (number of invoices paid); averaging at 16.75 days per invoice.</li> </ul>	Short Term	
						Long Term	
18.90 days	43.02 days	20.9 days	33.0 days	<b>16.75 days</b>			

### Housing Strategy & Operations

### CV 13 – Number of people making homelessness approaches

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> People who are homeless may find it more difficult to self-isolate and therefore may be more at risk from COVID-19.</li> <li>➤ CV 13 is also monitored as part of UDC’s formal quarterly and annual performance monitoring processes (HSG 44a). During Quarter 1 2021/22 thus far, 105 homeless approaches have been made.</li> <li>➤ During Quarter 1 2020/21 we received a total of 53 homelessness approaches. As we have already received twice that quantity only two months into the Quarter, this data indicates a year-on-year increase in the quantity of homelessness approaches received.</li> </ul>	Short Term	
						Long Term	
10	15	15	10	<b>10</b>			

### CV 14 – Number of people registered on HomeOptions

April 2020	May 2020	June 2020	July 2020	August 2020	Sept 20	Oct 20	Nov 20	Dec 20	➤ Reason for monitoring: Freesheets on HomeOption have been suspended as we have suspended the allocation of voids until property sign-ups can recommence and voids turned around.
1,034	1,054	1,128	1,166	1,203	1,209	1,231	1,271	1,216	
January 2021		February 2021		April 2021			<b>May 2021</b>		
1,248		1,293		1,314			<b>1,263</b>		

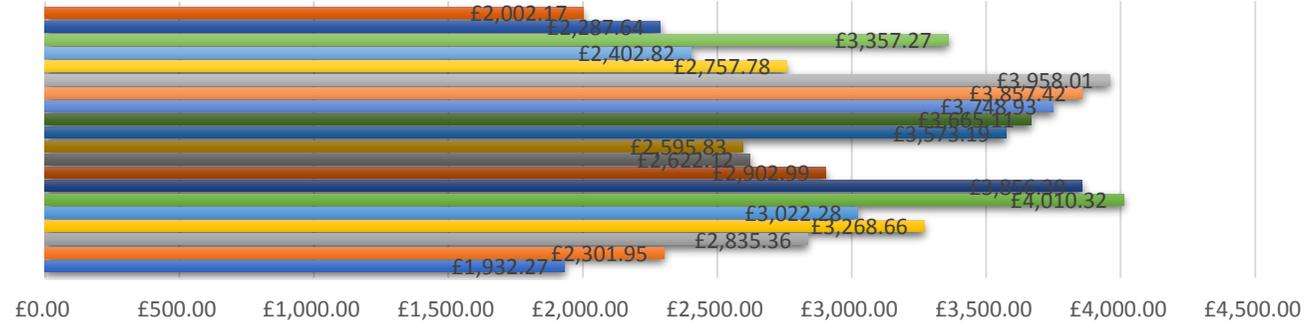
### CV 15 – Rent lost on voids available to let (excluding development opportunities)

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	➤ Reason for monitoring: This performance indicator is intended to quantify the amount of rent lost for properties which are vacant. During the COVID-19 pandemic, all property letting has been suspended until property sign-ups can recommence and voids turned around. ➤ For the purposes of clarity, properties which are part of UDC's development programme are not included in this calculation. ➤ For w/c 31 <sup>st</sup> May 2021, £2,002.17 (19 properties) was lost due to voids. Thus far, since the beginning of the 2021/22 year, £25,983.67 has been lost on voids available to let.
£1,757.78	£2,402.82	£3,357.27	£2,287.64	<b>£2,002.17</b>	

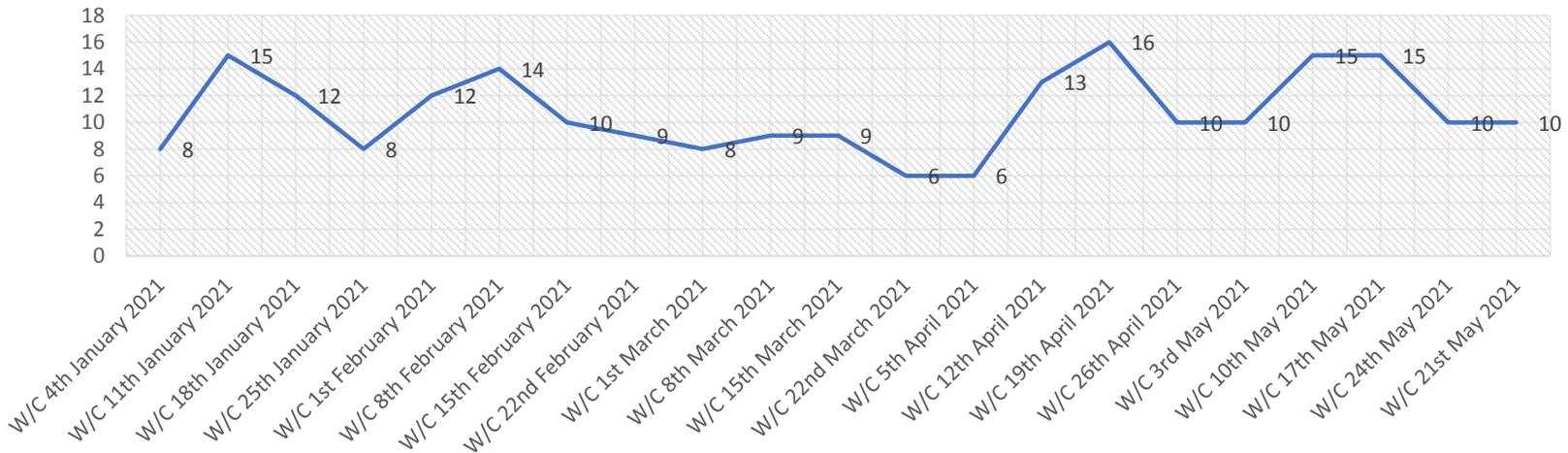
Short Term	
Long Term	

### Rent lost through dwellings being vacant

- W/C 31st May 2021
- W/C 24th May 2021
- W/C 17th May 2021
- W/C 10th May 2021
- W/C 3rd May 2021
- W/C 26th April 2021
- W/C 12th April 2021



### Number of Homelessness Approaches



## Information Communication Technology

### CV 16 – Percentage of IT Helpdesk Calls which relate to the COVID-19 pandemic (e.g. due to change in working arrangements, procedures and processes).

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to consider the impact on IT helpdesk service.</li> <li>➤ For week commencing 31<sup>st</sup> May 2021, out of a total of 85 helpdesk calls raised, 31 related to the COVID-19 pandemic (e.g. change in working arrangements). Outturn for this week therefore highlights that a significant reduction in the amount of Helpdesk calls relating to the COVID-19 pandemic, despite the most previous two weeks showing a significant increase.</li> </ul>				
7% (98 calls)	39% (57 calls)	46% (59 calls)	45% (61 calls)	<b>36% (31 calls)</b>		<table border="1" style="float: right;"> <tr> <td>Short Term</td> <td style="text-align: center;">↓</td> </tr> <tr> <td>Long Term</td> <td style="text-align: center;">↑</td> </tr> </table>	Short Term	↓	Long Term
Short Term	↓								
Long Term	↑								

## Revenues

### CV 51 – Amount paid in Localised Restrictions Support Grants/Restart Grants

<ul style="list-style-type: none"> <li>➤ Reason for monitoring: To ascertain the value of relief granted by UDC to businesses in alignment with government guidance.</li> </ul>			Short Term	↓
			Long Term	↓
Week Commencing 26 <sup>th</sup> April 2021	Week Commencing 3 <sup>rd</sup> May 2021	Week Commencing 10 <sup>th</sup> May 2021		
Strand 1 - £276,689 (92 payments) Strand 2 - £1,830,000 (189 payments)	Strand 1 - £9,334 (3 payments) Strand 2 - £248,000 (26 payments)	Strand 1 - £17,335.00 (6 payments) Strand 2 - £322,000 (32 payments) LRSG (Closed) - £5,334 (1 payment) ARG - £91,000 (24 payments)		
Week Commencing 17 <sup>th</sup> May 2021	Week Commencing 24 <sup>th</sup> May 2021	<b>Week Commencing 31<sup>st</sup> May 2021</b>		
Strand 1 - £41,337.00 (14 payments) Strand 2 - £200,000 (19 payments)	Restart Grants - Strand 1 = £38,670 (12 payments) Restart Grants - Strand 2 = £276,000 (27 payments) ARG - £46,000 (19 payments)	<b>Strand 1 - £2,667.00 (1 payment)</b> <b>Strand 2 - £58,000 (6 payments)</b> <b>ARG - £1,000 (1 payment)</b>		

### CV 17 - Percentage of non-domestic rates collected

April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	Nov 2020	December 2020
4.39%	13.05%	19.62%	27.84%	36.78%	44.88%	55.36%	64.37%	68.10%
January 2021			February 2021				March 2021	
80.33%			86.53%				93.01%	
<b>May 2021</b>								
<b>19.95%</b>								

- Reason for monitoring: To ascertain how COVID-19 is affecting UDC's high collection rates.
- For May 2021, numerator is £7,509,424.88 and denominator £37,647,866.61.
- Data for April 2021 is not available due to system upgrades.
- CV 17 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (KPI 03). By the end of Quarter 4 2019/20, we had collected 99.54% of NNDR. As such, it was clear that the collection of non-domestic rates has significantly reduced year-on-year.

### CV 18 - Percentage of council tax collected

April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
10.35%	19.23%	28.42%	37.97%	47.00%	56.15%	65.57%	74.81%	83.98%
January 2021				February 2021			March 2021	
92.92%				95.28%			97.92%	
<b>May 2021</b>								
<b>20.24%</b>								

- Reason for monitoring: To ascertain how COVID-19 is affecting UDC's high collection rates.
- For May2021, numerator is £14,546,263.64 and denominator £71,894,484.49.
- Data for April 2021 is not available due to system upgrades.
- CV 18 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (KPI 05). By the end of Quarter 4 2019/20, we had collected £57,399,478.91 out of £66,815,927.24 (98.80%). In comparison to Quarter 4 2019/20, it appears that collection has only been slightly affected during the pandemic. Year-on-year collection has reduced from 98.80% at the end of the 2019/20 year to 97.92% at the end of the 2020/21 year.

### CV 20 – Percentage of sundry debtor income overdue

April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
2.40%	4.24%	8.36%	8.15%	9.24%	12.26%	2.43%	0.90%	0.93%
January 2021				February 2021			March 2021	
2.39%				1.77%			1.44%	
<b>May 2021</b>								
<b>1.78%</b>								

- *Reason for monitoring:* To ascertain effect of COVID-19 on debtors' ability to pay.
- For May 2021, numerator is £11,792.28 and denominator £661,657.95. Following May's, it is clear that performance has improved comparative to earlier on in 2021. Given the outturn at the end of Quarter 4 2019/20 was comparatively 0.6%, it appears current performance is now slightly worse year-on-year, but does still represent a significant improvement to other months during the pandemic.
- Data for April 2021 is not available due to system upgrades.
- CV 20 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (PI 03).

### CV 21 – Local Council Tax Support Collection Rate

April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
8.84%	15.95%	23.56%	30.72%	38.30%	46.17%	55.41%	61.91%	68.62%
January 2021				February 2021			March 2021	
76.94%				79.54%			93.83%	
<b>May 2021</b>								
<b>17.41%</b>								

- *Reason for monitoring:* As deductions from DWP have been suspended for 3 months, it is possible that council tax collection rates for LCTS claimants may be affected.
- For May 2021, numerator is £153,106.95 and denominator is £879,169.70. Collection rates over previous months have improved greatly in comparison to early months of 2021. The collection rate for this PI has been enhanced by Government Grants for Covid relief.
- CV 21 is also monitored as part of UDC's formal quarterly and annual performance monitoring processes (KPI 17). By the end of Quarter 4 2019/20, we had collected 86.97%. Comparing year-on-year, collection rates have therefore improved in the 2020/21 year in comparison to 2019/20 year.

PI 03

**CV 28 – Rent Collected as a Percentage of Rent Owed (excluding arrears b/f)**

April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
97.24%	96.10%	99.75%	99.80%	97.96%	99.45%	99.83%	98.79%	98.99%
January 2021				February 2021			March 2021	
98.80%				99.19%			99.06%	
April 2021				<b>May 2021</b>				
111.83%				<b>102.45%</b>				

- *Reason for monitoring:* Measures the effectiveness and efficiency of rent collection service, and identifies the impact of the pandemic on collection.
- For May 2021, numerator is £2,523,954.92 and denominator is £2,463,577.03
- CV 28 is also monitored as part of UDC’s formal quarterly and annual performance monitoring processes (RB 02).
- May 2021’s shows sustained improvement in performance in comparison to Quarter 4 2020/21. Rent collection appears to have drastically during the 2021/22 year.

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**Street Services**

**CV 11 – Percentage of collections of waste and recyclables successfully made on first visit**

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	<b>W/C 31<sup>st</sup> May 2021</b>
99.98%	99.99%	99.99%	99.98%	<b>99.99%</b>

- *Reason for monitoring:* to ascertain the effect of COVID 19 on both service provision and crews. This PI follows calculation metrics of KPI 15(b), and therefore does not include garden waste collections.
- For week commencing 31<sup>st</sup> May 2021, out of a total of 38,898 bins to be collected, a total of 38,894 were collected.
- CV 11 is also monitored as part of UDC’s formal quarterly and annual performance monitoring processes (KPI 15b). To achieve target at the end of Quarter 1 2021/22, the minimum outturn should be 99.97%. Given this, and that during Quarter 4 2019/20 the outturn was 99.96%, recent data outturns show performance has been largely sustained despite the pandemic and weekly fluctuations.

Short Term	↑
Long Term	↑



**CV 41 – Number of accidents reported (Min) #**

October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to monitor the number of accidents reported during the Covid-19 pandemic.</li> <li>➤ Within May 2021, one accident was reported.</li> <li>➤ CV 41 is monitored as part of UDC’s quarterly performance monitoring as <b>SS 02</b>. For Quarter 4 2019/20, outturn was 5 and target was 2. Hence, performance seems to have worsened year-on-year.</li> </ul>
1	2	0	1	2	3	
April 2021			<b>May 2021</b>			
1			<b>1</b>			

**CV 42 – Percentage of vehicles passing MOT without additional work (Max)**

October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to monitor the percentage of vehicles passing MOT without additional work during the Covid-19 pandemic.</li> <li>➤ Within May 2021, the successful number of MOT tests carried out was 1 out of 1 tests completed.</li> <li>➤ CV 42 is monitored as part of UDC’s quarterly performance monitoring as <b>SS 15</b>. For Quarter 4 2019/20, 100.00% of vehicles passed MOT – therefore showing that performance has been sustained in the longer term.</li> </ul>
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
April 2021			<b>May 2021</b>			
67%			<b>100%</b>			

**CV 43 – Percentage of defects reported which are not rectified or signed off during the quarter (Min)**

October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	<ul style="list-style-type: none"> <li>➤ Reason for monitoring: to monitor the percentage of defects reported which are not rectified or signed off during the Covid-19 pandemic.</li> <li>➤ Within May 2021, 28 defects out of 211 reported were not rectified or signed off during the month. This equates to 4.07%.</li> <li>➤ CV 43 is monitored as part of UDC’s quarterly performance monitoring as <b>SS 20</b>. For Quarter 4 2019/20, 0.14% of defects reported were not rectified or signed off during the quarter. As such, performance appears to have worsened year-on-year.</li> </ul>
4.17%	4.02%	1.78%	9.55%	28.44%	6.14%	
April 2021			<b>May 2021</b>			
4.07%			<b>13.27%</b>			

### CV 44 – Percentage of overweight vehicles tipped (Min)

October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
4.18%	6.55%	6.54%	7.47%	5.48%	5.25%
April 2021			<b>May 2021</b>		
4.54%			<b>4.27%</b>		

- *Reason for monitoring:* to monitor the percentage of overweight vehicles tipped during the Covid-19 pandemic.
- Within May 2021, 16 overweight vehicles were tipped out of 375 vehicles tipped overall. Therefore, percentage of overweight vehicles tipped during May 2021 was 4.27%.
- **CV 44** is monitored as part of UDC's quarterly performance monitoring as **SS 19**. For Quarter 4 2019/20, outturn was 4.58% and therefore it appears performance has slightly improved in the longer term.

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### CV 47 – Percentage of Fly Tips cleared within 4 days report

October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
62.96%	57.78%	80.00%	40.00%	86.36%	97.92%
April 2021			<b>May 2021</b>		
100%			<b>93.75%</b>		

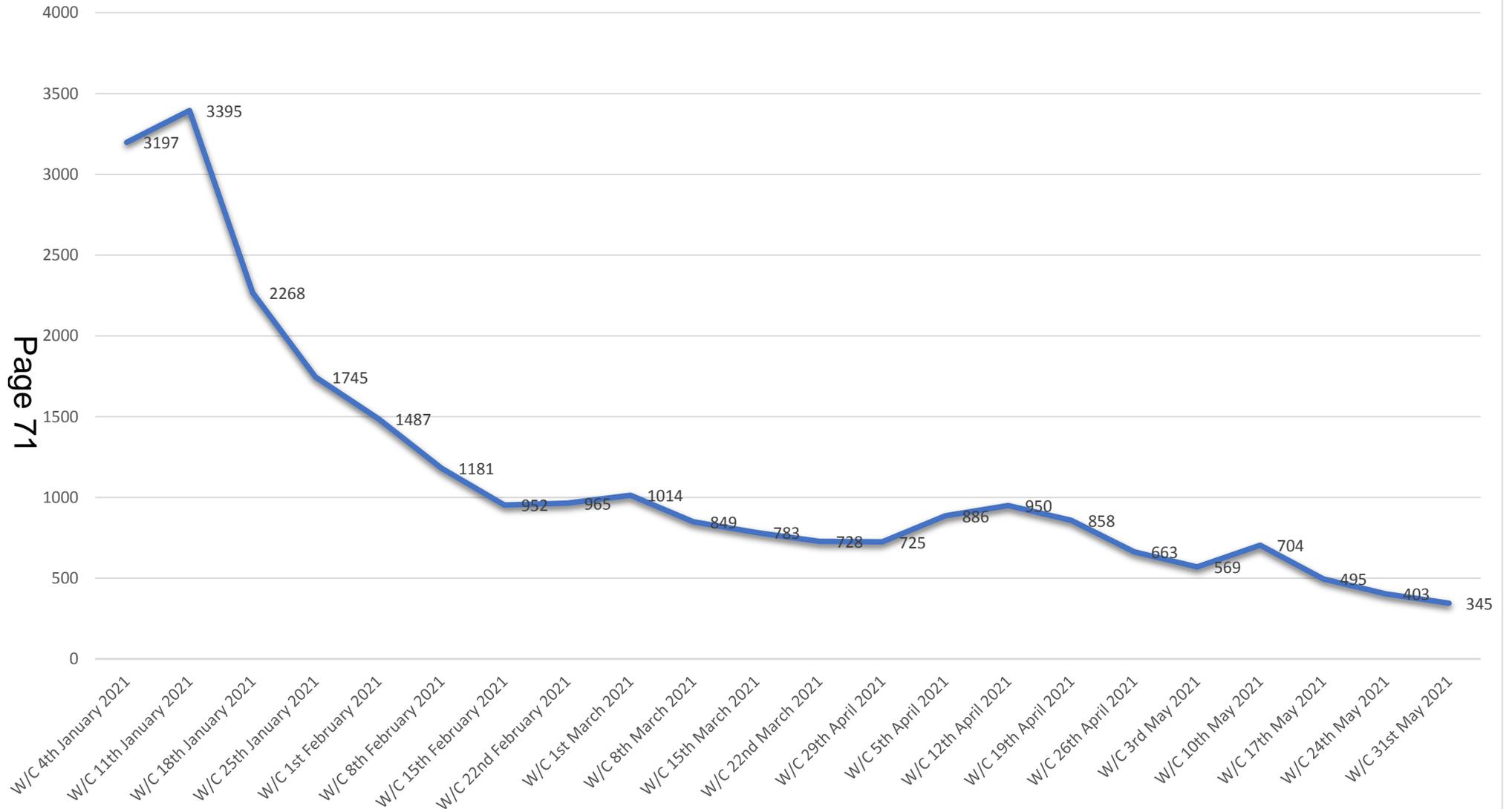
- *Reason for monitoring:* to monitor the percentage of overweight vehicles tipped during the Covid-19 pandemic.
- Within May 2021, 15 flytips were cleared within four working days out of a total of 16 flytips reported. Therefore the percentage of flytips cleared within 4 working days is 93.75%.
- **CV 47** is monitored as part of UDC's quarterly performance monitoring as **SS 12**. For Quarter 4 2019/20, outturn was 61.04%. Performance therefore seems to have improved during the pandemic in the longer term.

## Website & Consultation

### CV 22 – Number of visits to UDC website pages with Coronavirus information from all devices

W/C 3 <sup>rd</sup> May 2021	W/C 10 <sup>th</sup> May 2021	W/C 17 <sup>th</sup> May 2021	W/C 24 <sup>th</sup> May 2021	W/C 31 <sup>st</sup> May 2021	<table border="1"> <tr> <td data-bbox="1736 343 1953 386">Short Term</td> <td data-bbox="1960 343 2078 386"></td> </tr> <tr> <td data-bbox="1736 391 1953 434">Long Term</td> <td data-bbox="1960 391 2078 434"></td> </tr> </table>	Short Term		Long Term	
Short Term									
Long Term									
<p>Page 70</p> <p>569 hits on the grant applications page, are still relatively high with almost one in three people going there. Vaccination information, by contrast, sees hardly any traffic (just 2% or all hits) as does the testing information (3% of all hits).</p>	<p>704 Well over a third of all those visitors have been looking at information on the Restart Grant Scheme and an additional four in ten people trawled the general coronavirus resource page. By comparison, just 2% of people went to the Test and Trace support payments page and even fewer looked for resources on vaccination sites/testing.</p>	<p>495 Of those pages that were visited, the Restart Grant scheme continues to be one of the most popular, accounting for over 25% of all traffic in this section. Other financial support pages are less popular now - the Future Fund information only taking some 2% of hits and Test and Trace payments climbing to barely double that with just 3.8% of the total traffic.</p>	<p>403 As the country continues along the government's roadmap to full opening up, we are seeing fewer visitors to the coronavirus resources on the council's website. This week witnesses a further drop in traffic of 18.6%, compared to the previous week. Many pages now receive very few hits - for example, the bereavement support and the Future Fund pages each only registered 4 visits apiece in the last 7 days. Even the Coronavirus Restart Scheme now only accounts for just under 20% of the traffic to this section of the site.</p>	<p><b>345 Continuing the trend of recent weeks, we once again see a drop in visits to the coronavirus resources section of the website; during this period, it is down 14.4% on the previous one. Interest has tailed off most notably in the business grant section as more of the funding streams come to an end. Elsewhere, formerly popular pages, such as that covering Test and Trace Support Payments, now only receive hits in single figures.</b></p>	<ul style="list-style-type: none"> <li>➤ <i>Reason for monitoring:</i> Provides an overarching impression of public engagement with UDC via the website during the COVID 19 pandemic.</li> <li>➤ Outturn data provides the number of UDC's coronavirus pages from all devices. Pages included are ones which contain substantial coronavirus content only. Alongside these quantities, text in italics cites the most-visited pages.</li> <li>➤ Week Commencing 17<sup>th</sup> May 2021: National restrictions were further relaxed from the start of this week as part of the government's roadmap. With that release we've seen a 29.7% decline in traffic to the coronavirus resources on the council's website</li> </ul>				

## CV 22 - Number of visits to UDC website pages with COVID-19 information



# Agenda Item 7

<b>Committee:</b>	Governance, Audit & Performance Committee	<b>Date:</b>	Wednesday 30 <sup>th</sup> June 2021
<b>Title:</b>	2021/22 Corporate Risk Register		
<b>Report Author:</b>	Oliver Knight, PFI & Performance Officer <a href="mailto:oknight@uttlesford.gov.uk">oknight@uttlesford.gov.uk</a> Paula Evans, Customer Services & Performance Manager <a href="mailto:pevans@uttlesford.gov.uk">pevans@uttlesford.gov.uk</a>	<b>Key Decision:</b>	No

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## Summary

1. This report provides members with an update of the 2021/22 Corporate Risk Register (CRR), which includes corporate-level risks that have been identified and managed during the 2021/22 year. The 2021/22 CRR has been thoroughly reviewed as a result of the ongoing Covid-19 pandemic to reflect the current circumstances and ensure appropriate mitigating actions are being progressed. An update is also provided regarding how risks will be monitored at a service level during the 2021/22 performance year within the authority and how these are intended to be managed in conjunction with the CRR. .

## Recommendations

2. The 2021/22 CRR is noted.

## Financial Implications

3. There are no direct financial implications associated with this report, other than the risk directly addressing Financial Control (21-CR-01).

## Background Papers

4. The following papers were referred to by the author in the preparation of this report:
  - Governance, Audit & Performance Committee Reports, providing previous updates on Uttlesford District Council's Corporate Risk Register.
  - Risk Management Strategy

## Impact

- 5.

Communication/Consultation	Internal communication on risk management is required through CMT and SMT meetings.
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Community Safety	None
Equalities	None beyond general management of equality and diversity impacts for identified risks.
Health and Safety	A corporate risk has been identified relating directly to Health & Safety ( <b>21-CR-03</b> ), and impacts are considered as part of this risk's update and review.
Human Rights/Legal Implications	None
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	None

## Situation

6. Appendix A presents the 2021/22 CRR, its current scores and information regarding the status of any current controls and mitigating actions in place.
7. The CRR consists of a number of strategic cross-cutting risks which if not controlled could have a serious impact on the council's ability to carry out both its statutory and non-statutory duties to residents.
8. The risks included in the CRR are considered to be those which are most critical for control, and which could affect the organisation at a corporate level if not managed effectively.
9. Whilst the Performance Team co-ordinate the review and update process for the CRR, the Chief Executive Officer and Directors have responsibility for the register and specific risks contained therein. Control of the risks and the implementation of associated mitigating actions is co-ordinated through the Corporate Management Team (CMT) and relevant Service Managers.
10. The structure, format and control of risks is consistent through both corporate and service-level registers. Each risk is structured to initially identify the basis of the risk occurring, its causative event and potential impacts on the council and/or service area. This structure is derived from the Risk Management Policy, which was adopted in the 2017/18 year.
11. The 2020/21 CRR was last reviewed in Autumn 2020, and presented to this committee in November 2020. This review was the first since the Covid-19 pandemic commenced.

12. The 2021/22 CRR has been produced through a review of risks identified in the 2020/21 register; ensuring all corporate risks included reflect the current position with regards to Covid-19. As a result in some cases, risk wording has been slightly revised. Whilst their structure has remained predominantly the same, particular emphasis has been placed on the potential impacts given current circumstances. As a fundamental part of this review, all risk owners were required to review Current Controls in place, and consider any Further Actions which need to be implemented to mitigate the risk.
13. All risk management data contained within Appendix A has been reviewed by CMT. A written progress update has also been included for each individual risk by the risk owner; providing further detail on relevant risk mitigation measures.
14. Members are asked to note the inclusion of a new risk to the CRR for 2021/22; **21-CR-11**. Focusing upon the climate emergency, this risk has been introduced by CMT following the council's declaration of the Climate Emergency. This will ensure the council is managing risks related to the implementation of actions identified as part of the Climate Change Action Plan. Relevant related service-level risks are also being introduced into 2021/22 service plans for appropriate service areas to ensure there is transparency of the management of these risks at an operational level.

### **Service-Level Risk Management**

15. The council has a newly-identified series of service-level risks which have been identified as part of the 2021/22 service planning process. These risks are focused on operational threats that could impact on day-to-day service provision. Service Managers have responsibility for both identifying these risks and also monitoring any control actions or mitigating measures.
16. At the end of Quarter 1 2021/22, Service Managers will be asked to provide a quarterly update for each service-level risk. This will involve a review of risk scorings, and consideration of Current Controls and Further Actions identified. It is intended this will be reported in July/August 2021 to CMT; providing re-assurance that operational risks are being managed effectively by Service Managers. The Performance Team will facilitate this update process, and provide advice as necessary.
17. Where relevant links to CRR risks will be made to provide further transparency and assurance regarding the management of necessary mitigating controls and actions.

### **Other Points**

18. The Performance Team intend to refresh UDC's Risk Management Policy during Quarter 2 2021/22. This policy update will enable the inclusion of the new service-level risk management process introduced for the 2020/21 & 2021/22 years, and incorporate lessons learnt regarding risk management during the Covid-19 pandemic.

## Risk Analysis

19.

Risk	Likelihood	Impact	Mitigating actions
<p>If risks are not properly identified or managed then preventable problems could occur and affect the council's finances, reputation or resources. Conversely, opportunities to improve these aspects may be underutilised</p>	<p>1</p>	<p>3</p>	<p>The Council's Risk Management Policy and Corporate Risk Register ensure effective risk management is placed centrally within its operations, both at a corporate level and service-level.</p>

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.

Appendix 1: 2021/22 Corporate Risk Register



## Corporate Risk Register 2021/22

### Governance, Audit & Performance – 30<sup>th</sup> June 2021

#### Likelihood Scores

Score	Probability
1 (Little Likelihood)	Less than 10%
2 (Some Likelihood)	10% to 50%
3 (Significant Likelihood)	51% to 90%
4 (Near Certainty)	More than 90%

#### Impact Scores

Score	Impact Level on Strategic Objectives
1	Minor impact/delay/difficulty
2	Small impact/delay/difficulty
3	Considerable impact/delay/difficulty
4	Extreme impact/delay/Difficulty

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Each risk score for likelihood and impact is plotted onto a risk matrix to produce its score. A green score indicates risks which the organisation is most prepared to accept and red those which are less likely to be accepted.

		1	2	3	4
LIKELIHOOD	4	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8
	1	1	2	3	4
		1	2	3	4
		IMPACT			

**Current Score Summary**

Current Alert Level	Risk Names
0 risks	-
10 risks	21-CR-01 Financial Control 21-CR-02 Business Continuity 21-CR-03 Health & Safety 21-CR-04 People 21-CR-05 Data Protection 21-CR-06 Information Technology 21-CR-07 Governance 21-CR-08 Service Delivery 21-CR-09 Local Plan 21-CR-10 Fraud 21-CR-11 Climate Emergency
0 risks	-

21-CR-01 FINANCIAL CONTROL						
<p><b>If the council does not implement and sustain a robust 5 year financial strategy, including effective mitigation of the impacts of the Covid-19 pandemic, then reserves may be inadequate to meet unforeseen circumstances leaving the council with undue financial pressures</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	AW	2	4	8	<ul style="list-style-type: none"> <li>• Monthly budget monitoring – Revenue and Capital (including HRA)</li> <li>• Quarterly budget monitoring to Members</li> <li>• Covid spend reporting the MHCLG</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		1	4	4	<ul style="list-style-type: none"> <li>• Actively seeking one more major investment</li> <li>• Revised MTFS</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	4	4	AK	31.03.2022		
<p><b><u>Progress Update (May 2021)</u></b></p> <ul style="list-style-type: none"> <li>➤ The Commercial Strategy, approved as part of the budget set in February 2020, allocates £300million for commercial investments, which will underpin the costs of service delivery over the next 5 years. This strategy will reduce the need to draw upon Reserves.</li> <li>➤ Six investments completed with another one under discussion.</li> <li>➤ 2021 - 2026 MTFS approved by Council in February 2021, which identifies that the Covid-19 financial challenges and the ongoing pre-pandemic financial challenges have been almost entirely resolved by the investments made.</li> </ul>						

21-CR-02 BUSINESS CONTINUITY						
<p><b>If the council does not have sufficient and robust corporate resilience and Business Continuity management then a major disruptive event such as the Covid-19 pandemic could impact staff, property, or systems and networks leading to a reduction in service delivery, damage to organisational reputation or significant financial loss</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	RH	<b>2</b>	<b>3</b>	<b>6</b>	<ul style="list-style-type: none"> <li>• Existing Business Continuity Plans</li> <li>• Covid-19 emergency response structure</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		<b>2</b>	<b>4</b>	<b>8</b>	<ul style="list-style-type: none"> <li>• Update corporate and service BCPs annually and schedule regular exercising.</li> <li>• Continuous learning from emergency response to pandemic (and future incidents) will strengthen business continuity arrangements.</li> <li>• Develop and approve Crisis Communications Plan (for both external and internal communications).</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
<b>1</b>	<b>3</b>	<b>3</b>	RM	31.03.2022		
<p><b><u>PROGRESS UPDATE (May 2021)</u></b></p> <ul style="list-style-type: none"> <li>• CMT approved Corporate Business Continuity Plan.</li> <li>• Service Business Continuity Plans have been reviewed/prepared by service managers for approval.</li> <li>• Testing of existing Business Continuity Plans was undertaken throughout the pandemic – including a recent major power outage CMT exercise run by our shared EPO with ECC.</li> </ul>						

21-CR-03 HEALTH AND SAFETY						
<p><b>If the council does not manage the Health and Safety and welfare of its general public, visitors and staff then it will not be meeting its statutory organisational responsibilities leading to a loss of reputation as a responsible employer, potential involvement in legal action or loss of life or serious injury. The Covid-19 pandemic has placed additional responsibilities on the council both as an employer and as a custodian of the district's welfare</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	AW	1	4	4	<ul style="list-style-type: none"> <li>• Regular H&amp;S Audits/Training/Risk Assessments</li> <li>• Up-to-date Policies and Procedures</li> <li>• New procedures for staff welfare due to Covid-19 pandemic</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		1	4	4	<ul style="list-style-type: none"> <li>• Ongoing maintenance of systems, procedures and reporting</li> <li>• Further monitoring of staff welfare</li> <li>• Local level track and trace responsibilities</li> <li>• Uttlesford Moving Forward initiative</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	4	4	RM/TC	31.03.2022		
<p><b>Progress Update (May 2021)</b></p> <ul style="list-style-type: none"> <li>➤ Staff procedures to address Covid-19 pandemic and working practices have been kept under review as circumstances have developed.</li> <li>➤ Council providing advice to businesses and individuals across district to ensure Covid-secure procedures are in place for the public, with the implementation of the government's road map for the scaling back of restrictions safely providing fresh impetus.</li> <li>➤ Representation on key groups, from Essex wide to town-specific, in order to support the welfare of district residents has continued.</li> <li>➤ The council has facilitated a PCR testing station by making available its site in London Road Saffron Walden, and is seeking to provide a site for a rapid LFT &amp; PCR station in Great Dunmow.</li> <li>➤ As part of Uttlesford Moving Forward initiative, all relevant HR policies and procedures will be updated to reflect any changes to working arrangements.</li> </ul>						

## 21-CR-04 PEOPLE

<p><b>If there is insufficient flexibility in the council's working policies and practices and among its workforce, then this may hinder the effectiveness of recovery and transformation projects, leading to an impact on future service delivery</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	AW	2	3	6	<ul style="list-style-type: none"> <li>Transformational projects identified corporate planning process and staff resources identified to deliver.</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		2	3	6	<ul style="list-style-type: none"> <li>Recovery workstream established to create new way of working following Covid pandemic. Staff volunteers being recruited to work with key senior managers.</li> <li>Workforce Strategy ("People Plan") to be developed as per LGA peer review recommendation in order to identify organisational needs for the coming years and put in place actions to address those needs. These recommendations will need further refinement due to impact of pandemic on the way the council operates.</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	3	3	RA	31.03.2022		

**Progress Update (May 2021)**

Staff Voice group established to help steer the future direction of workforce engagement. The Uttlesford Moving Forward (UMF) project is designed to look at workforce engagement alongside customer requirements. New HR policies will be designed to reflect the new ways of working with hybrid (part home part office) being the most likely form of employment. This form of flexible working will allow employees to split their time between attending the workplace and working remotely. It involves equipping staff to facilitate this, providing safe working spaces with a range of suitable meeting and training facilities.

## 20-CR-05 DATA PROTECTION

<p><b>If the council does not adopt and implement Data Protection controls then there may be a loss of data, inadequate data handling, unlawful sharing of data or security breaches leading to loss of public and partner confidence, reputational damage, breach of legislation and financial loss due to fines</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	DF	2	4	8	<ul style="list-style-type: none"> <li>E-learning module for all staff</li> <li>Use, storage and sharing protocols</li> <li>Building and IT security</li> <li>Enhanced data validation processes due to additional document processing requirements during the pandemic.</li> <li>Appointment of DPO</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		2	4	8	<ul style="list-style-type: none"> <li>Learning, reflection and sharing of good practice arising from implementation of GDPR, in particular advice from the ICO; monitoring of subject access requests; monitoring of new procedures introduced to the organisation especially given COVID-19 pandemic; establishment of Information Governance Group; regular reports to the Corporate Management Team.</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	4	4	AW	31.03.2022		

**Progress Update (May 2021)**

Work continues in general to promote awareness and deal with any data protection issues arising. A key area of concern is the use by councillors of personal emails and the retention of data on non-council systems. Members have been reminded of their duties but this practice continues; this will be raised again at the next meetings of Group Leaders.

## 21-CR-06 INFORMATION TECHNOLOGY

<p><b>If the council does not ensure resilient and robust IT security is in place (particularly the monitoring of applications for remote access due to COVID restrictions) then the organisation may be exposed to network vulnerabilities such as cyber-attacks and system failures leading to reputational damage, liability issues, loss of service provision and reputation</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	AW	3	4	12	<ul style="list-style-type: none"> <li>• The majority of ICT systems are held off site in data centres</li> <li>• Windows operating system security patches are updated</li> <li>• Members of CERT-UK WARP (<b>W</b>arning, <b>A</b>dvice and <b>R</b>eporting <b>P</b>oint) part of the Centre for protection of National Infrastructure. It provides us with privileged access to cyber threats.</li> <li>• All existing controls functioning despite remote working required by the pandemic.</li> <li>• Attendance at regular national security briefings, as relevant.</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		2	4	8	<ul style="list-style-type: none"> <li>• Further investment in system security, cyber security and training given the COVID pandemic; all incorporating the system diversification/modification resulting from the COVID-19 pandemic.</li> <li>• Robust recovery plan, taking into account additional requirements given the pandemic.</li> <li>• Continued investment in cyber security and training.</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
2	4	8	NW	31.03.2022		

**Progress Update (May 2021)**

ICT is a key workstream of the Uttlesford Moving Forward (UMF) project. Having several bases will aid resilience and recovery in the event of any cyber-attack. Each new site is being evaluated and setup with robust ICT security and monitoring in place to minimise the risk of compromise in the event of an attack. Ongoing monitoring of existing sites is being undertaken.

20-CR-07 GOVERNANCE						
<p><b>If the council does not have a clear and robust governance framework that includes any protocols to facilitate the implementation of COVID recovery plans that is understood and adhered to by councillors and officers, then this could lead to ineffective and potentially unlawful decision-making, resulting in financial and reputational loss, a detrimental impact on residents health and wellbeing, ineffective service provision, maladministration and potential legal challenge.</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	DF	2	4	8	<ul style="list-style-type: none"> <li>Annual Governance Statement</li> <li>Have a documented constitution, which is regularly reviewed</li> <li>Adopted corporate plan and service plans; under review on a quarterly basis.</li> <li>Decision-making processes adapted swiftly during the pandemic and committees now being delivered via Zoom.</li> <li>Authority-wide COVID Recovery Plan.</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		2	4	8	<ul style="list-style-type: none"> <li>Review corporate governance framework in accordance with CIPFA guidance notes</li> <li>Continue to ensure compliance with all altered/extended governance requirements due to the pandemic</li> <li>Inclusion of COVID references in CMT &amp; Committee Report templates.</li> <li>Update training/awareness</li> <li>Roll out the use of mod.gov to all staff and members including the recording and public of key decisions</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	4	4	JR	31.03.2022		
<p><b><u>Progress Update (May 2021)</u></b></p> <p>Officers worked swiftly (again) to revert to in-person meetings, following the end of the provisions for virtual meetings, ensuring Covid secure arrangements and continued access by the public virtually, as appropriate. The Council's review of governance arrangements is due to conclude in a report to Council in July 2021; this will enable the corporate governance framework to be updated (and which is included in a number of individuals' UPerforms). Training has been provided on the new model code contents but will progress to formal adoption with the roll out of training to all members in September.</p>						

20-CR-08 SERVICE DELIVERY							
<p><b>If the council does not identify and implement a robust COVID recovery plan to support achievement of its key priorities, corporate plan, service plans and objectives, then opportunities to improve the wellbeing of the community and safeguard the character of the district will be missed leading to dissatisfied residents and stakeholders, reputational damage and potential government intervention</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls		
	DF		<b>1</b>	<b>4</b>	<b>4</b>	<ul style="list-style-type: none"> <li>• Identification and implementation of the COVID Recovery Plan</li> <li>• Adopted corporate plan, delivery plan and service plans</li> <li>• Budget and MTFs to support delivery</li> <li>• Regular performance monitoring and reporting to CMT, Cabinet &amp; GAP. Additional COVID-19 performance indicators introduced to monitor effect of pandemic on service delivery</li> </ul>	
			Current Likelihood	Current Impact	Current Score	Further Action	
			<b>1</b>	<b>4</b>	<b>4</b>	<ul style="list-style-type: none"> <li>• Produce corporate governance framework</li> <li>• Ensure service plans are reviewed and updated on a quarterly basis, reflecting current operational requirements</li> <li>• Ensuring compliance with government mandated alterations/additions to service delivery during the pandemic</li> <li>• Continue review and adaption of COVID recovery plan</li> </ul>	
			Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
	<b>1</b>	<b>4</b>	<b>4</b>	DF	31.03.2022		
<p><b><u>Progress Update (May 2021)</u></b></p> <p>The Corporate Plan was refreshed in February 2021 and a new corporate plan delivery plan for 21/22 approved in March 2021; this includes a programme of work on economic recovery. A basket of Covid-19 PI's continue to be monitored, as well as staff absences arising from Covid directly and/or absence arising from vaccine related side effects. The staff survey was repeated at the beginning of 2021, with the findings demonstrating a continued high levels of performance, productivity and satisfaction reported by staff, despite the impact of winter, post- Christmas and continued lockdown restrictions; the results have been shared widely and an action plan is in place to address the issues raised. Environmental Services are preparing to move to their new operation site at Little Canfield Business Park and plans are advanced to ensure the service continues to be delivered with as little disruption to the services as possible.</p>							

## 21-CR-09 LOCAL PLAN

<p><b>If the council does not have an approved local plan then it could impact on finances, planning resources and application decisions, leading to a loss of reputation; speculative and unsustainable development; potential intervention by the MHCLG; the inability to bid for government funding and the inability to recruit and retain high calibre staff</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	RH	2	4	8	<ul style="list-style-type: none"> <li>Local Plan Project Board</li> <li>Corporate Overview Board</li> <li>Local Plan Leadership Group</li> <li>Cabinet</li> <li>Effective Risk and Project Management</li> <li>Quarterly reports to MHCLG</li> <li>Representation to Government on proposed changes to housing methodology and also 'Planning for the Future' White Paper</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		2	4	8	<ul style="list-style-type: none"> <li>Effective community engagement through all key stages</li> <li>Maintain comprehensive and live Local Plan Risk Register</li> <li>Regular monitoring of Local Plan Project Management by Scrutiny Committee</li> <li>Complete and up to date Evidence Base</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	4	4	GG	30.10.2022		

**Progress Update (May 2021)**

- Strategic Infrastructure Delivery Group established and following its programme of work
- Community Stakeholder Forum established and has informed the work on the Strategic Objectives of the Plan
- The government introduced a new standard methodology from assessing the number of new homes needed.
- The Queen's Speech confirmed that the government intends to take forward its Planning for the Future planning reform proposals
- A multi-disciplinary team has been maintained to resource the Plan preparation process, including transport and infrastructure planners and an urban designer.

## 21-CR-10 FRAUD

<p><b>If the council does not prevent, detect and respond effectively to incidents of fraud and corruption particularly those COVID-related this could result in financial loss, detrimental impact on services, risks to residents' health and wellbeing and ultimately reputational loss.</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	DF	3	2	6	<ul style="list-style-type: none"> <li>• Ongoing work of the Counter Fraud &amp; Corruption Working Group to raise aware across the authority</li> <li>• Corporate Policies in place, e.g. Corporate Counter-Fraud &amp; Corruption Strategy</li> <li>• Participation in National Fraud Initiative</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		3	2	6	<ul style="list-style-type: none"> <li>• Review and Implementation of Management Action Plan, following Fraud Risk Assessment 2019</li> <li>• Inclusion of COVID related fraud actions</li> <li>• NFI 2020/21 Main Exercise</li> <li>• Revision of the Whistleblowing Policy</li> <li>• Counter Fraud Awareness Publicity Campaign</li> <li>• COVID fraud awareness campaign</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
2	2	4	AW	31.03.2022		

**PROGRESS UPDATE (May 2021)**

Work continues within the Revenues Department in assessing all applications for business grants, and ensuring fraud checks are carried out wherever necessary. There has been a significant amount of applications to assess, for the different strands of funding available (for example – Local Restrictions Support Grants & Restart Grants). The Management Action Plan following the Fraud Risk Assessment 2019 also continues to be reviewed, and relevant actions identified.

**21-CR-11 CLIMATE EMERGENCY**

<p><b>If the council does not respond effectively and proportionately to the climate emergency, then relevant strategies and plans contributing towards a more sustainable environment may not be developed/implemented, which could result in environmental benefits not being achieved for the council or the district, not capitalising on available resource efficiencies, a lack of organisational resilience and a loss of reputation.</b></p>	Owner	Original Likelihood	Original Impact	Original Score	Current Controls	
	RH	2	3	6	<ul style="list-style-type: none"> <li>• Dedicated Climate Change Officer now in post</li> <li>• Dedicated resource allocated within budgets</li> <li>• Climate Change Strategy &amp; detailed action plan being developed to address current issues</li> <li>• Climate Change Officer working closely with Local Plan team to inform climate-related development policies</li> </ul>	
		Current Likelihood	Current Impact	Current Score	Further Action	
		2	3	6	<ul style="list-style-type: none"> <li>• Performance Indicators to be identified and monitored, to effectively report upon progress against the Climate Change Strategy/Action Plan to address current issues.</li> <li>• The Local Plan is being drafted with an understanding of, and need for action on, the Climate Emergency at its core.</li> <li>• Review of HR policies where relevant to harness all environmental benefits through new ways of working.</li> <li>• Improving UDC's carbon literacy.</li> </ul>	
		Target Likelihood	Target Impact	Target Score	Action owner	Planned Completion date
1	2	2	GG	31.03.2022		

**PROGRESS UPDATE (June 2021)**

This Climate Emergency Risk has been included by the Corporate Management Team in the 2021/22 Corporate Risk Register. The risk remains at an Amber score for the time being; primarily because addressing issues requires competitive funding bids from central government. As yet, there is no guarantee of future rounds of funding is released, or of course that we are successful. With a dedicated officer now in post, work continues through liaising with other local authorities and broader LGA wide groups; contributing to our understanding of how the organisation can address the Climate Emergency. A Climate Change Strategy and detailed action plan is currently being developed.

# Agenda Item 8

**Committee:** Governance, Audit and Performance Committee

**Date:**

Wednesday, 30  
June 2021

**Title:** Annual Report

**Report Author:** Richard Auty, Assistant Director - Corporate Services

rauty@uttlesford.gov.uk

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## Summary

1. There is a requirement under the Council's Constitution for the Chairman of the Committee to report annually to Full Council.
2. This report summarises the Committee's work in 2020/21.

## Recommendations

3. None

## Financial Implications

4. None

## Background Papers

5. None

## Impact

- 6.

Communication/Consultation	The Annual Report helps the committee inform other councillor and the public of their work.
Community Safety	None
Equalities	None
Health and Safety	None
Human Rights/Legal Implications	None
Sustainability	None

Ward-specific impacts	None
Workforce/Workplace	None

## Situation

7. The Covid-19 pandemic did impact on the Committee's ability to meet during 2020/21 as some reports at the beginning of the pandemic were circulated by email after the March 2020 meeting was cancelled.
8. The Committee adapted well to virtual meetings and has continued to discharge its duties.

## External Audit

9. BDO remains the Council's auditors following their appointment last year.
10. BDO undertook the audit of the 2019/20 accounts, with an extended deadline for completion due to the Covid 19 pandemic.
11. The Council published its draft accounts by the 31 May deadline and following the audit republished them with some minor changes by the post-audit 20 November deadline.
12. Members received a report in November setting out those changes. There were two financial errors identified, totalling £125,000, which were corrected. By comparison, in the previous year there were two errors totalling £2.148m. In addition, there were 12 narrative and formatting changes plus rounding and casting corrections to ensure consistency throughout the document.
13. Three further errors totalling £627,000 were not adjusted. By comparison, the previous year there were three such errors totalling £724,000. These are known as "unadjusted misstatements" and occur where the totals are not material but correcting the error would affect a significant number of other tables to such an extent that the auditor would need to revisit a large part of the audit.
14. Members were told that in the view of the Section 151 Officer, the 2019/20 financial audit has achieved a better outcome than the 2018/19 one. The 2018/19 audit achieved an 'unmodified audit opinion', which is a new audit term for unqualified.
15. However, as Members will be aware, BDO was unable to give its opinion on the Statement of Accounts due to an issue relating to the Annual Governance Statement, which forms part of it.
16. BDO supplied the following words as explanation, which were reported to the Committee at the November meeting:
17. "BDO have received information that has relevance to our consideration of the Council's Annual Governance Statement (AGS) and arrangements for use of

resources (UoR). This is being investigated. Until this has concluded, we are unable to issue our opinion on the Statement of Accounts (because the opinion includes the Annual Governance Statement) or conclusion on the Council's arrangements for use of resources."

18. By the end of the 2020/21 year, the Statement of Accounts remained in draft due to the investigation.

### **Internal Audit**

19. During the first half of 2020/21, the Committee received progress reports on the work of Internal Audit, which had been impacted by the Covid 19 pandemic as Internal Auditors had been redeployed within the Revenues and Benefits services to provide assistance in checking Business Grant applications and Benefit claims. The Committee then reviewed the Internal Audit Strategy and Work Programme for 2020/21, following Internal Audit work resuming from September 2020.
20. Following the retirement of the Audit Manager in October, the Committee was advised of future service provision arrangements; the Audit Manager role is now being shared between Chelmsford City Council and Uttlesford District Council, with the Audit Manager providing 18 hours per week to UDC.
21. In February 2021, the Committee received an Interim Report by the new Audit Manager covering the work that Internal Audit had undertaken between April and December 2020 and setting out the planned work to the end of March 2021. Changes had been made to the revised audit plan in order to focus on the higher risks to the Council. The draft Annual Internal Audit Plan for 2021/22 and the Internal Audit Charter was also presented to Committee.

### **Constitutional and Electoral Matters**

22. During 2020/21 the Committee was asked to consider two such matters.
23. The Committee was asked to consider proposed changes to the Council Procedure Rules in respect of the time permitted for questions to the executive and committee chairs at meetings of Full Council. Comments had been made at Full Council about the increased number of Cabinet Members and therefore a question was asked of the committee by a member as to whether the committee could look at amending the relevant procedure rule to increase the amount of time.
24. After debating various points, the committee opted to establish a task and finish group comprising councillors Driscoll, Isham, Jones and Khan. Cllr Barker was also enlisted an advisor, given her extensive experience at Essex County Council.
25. This task and finish group reported back at the following meeting with the recommendations that the time period be extended to 30 minutes and that written answers to questions should be published with the agenda. It was felt that this would help aid order, bring clarity and improve the tone of meetings. The task and finish group recommended these changes be trialled for two

meetings. The committee endorsed the recommendations and send the report to Full Council for a decision.

26. During the year the Committee authorised the commencement of a Community Governance Review of parish ward boundaries, by approving the terms of reference and timetable for the review.
27. The Council had originally given permission for the review, which was at the request of three parish councils, in 2013 but in order to avoid conflict with the electoral review by the Local Government Boundary Commission for England, it was delayed. Officer resource issues meant it had not been possible to pick up the work again until now.
28. The Committee endorsed the timetable, which sees the review getting underway after the May 2021 elections and reporting back to the Committee ahead of the publication of the register of electors in December 2021, in which any parish boundary changes would be reflected.

### **Performance and Risk**

29. A new set of performance indicators (called Covid-19 PIs) were introduced for monitoring during 2020/21 in light of the Covid-19 pandemic. These indicators were introduced to monitor how Covid-19 was affecting service delivery, and more broadly to highlight how services were performing in unprecedented circumstances. The Covid-19 PIs covered varying aspects of service delivery which were identified as being particularly affected by the pandemic and/or particularly important to the Council's operations.
30. Six reports were presented to the Committee during the year, providing a consecutive picture of PI outturns. Where possible, notes were included to narrate the circumstances surrounding performance. Long-term comparisons were also included, to reflect on the effect of the pandemic upon service delivery.
31. Whilst some indicators show that performance had inevitably decreased due to the current circumstances (e.g. **CV 17 Percentage of NNDR collected**), reports primarily highlighted that services continued to perform well during the pandemic. Indeed, monthly data at times demonstrated performance improvement in comparison to the 2019/20 year. Following the review of PI data, areas of discussion during the meetings included planning application processing times, car park data and the processing of Housing Benefit & Local Council Tax Support New Claims and Change Events.
32. The Committee also reviews the Council's Corporate Risk Register. The 2020/21 revised Corporate Risk Register was presented in November 2020. All existing corporate risks identified were reviewed in light of the pandemic. As a fundamental component of this, the wording for most risk entries was changed. Whilst the structure of risks remained predominantly the same, particular emphasis was placed upon reviewing current controls and further actions identified in light of the pandemic to mitigate each risk. The main issues raised during the meeting focused on the Governance risk, and whether the risk scoring reflected the current situation.

## Annual Reports

33. The committee receives annual reports on the PFI contract for the leisure centres, the findings of the Local Government Ombudsman and, new for 2020/21, Data Governance.
34. With regard to the PFI contract, the main focus of the discussion was in relation to how the contract had been managed during the Covid 19 pandemic, which necessitated the closure of all three leisure centres for parts of the year.
35. Among the matters discussed were the waiver of the £14,500 a month operator fee normally payable to the Council by operator 1Life, the way risk assessments were reviewed to ensure the safety of centre users when open, and the work being done to ensure financial sustainability in the face of the pandemic.
36. A report containing the annual review letter from the Local Government Ombudsman was presented in October 2020. This detailed complaints against the Council which were dealt with by the Ombudsman's office in the year ending 31 March 2020. The report also covered complaints and compliments received directly by the Council in the same period.
37. In the letter there were four complaints that had been closed by the Ombudsman following initial enquires and two cases relating to Planning where the Council had been found at fault.
38. For complaints dealt with directly by the Council, there were 106, of which 16 had been upheld. Over the same period, 55 formal compliments had been received for good service.
39. The Committee noted that all the recommendations by the Ombudsman had been enacted by the Council.
40. The Committee received the first Information Governance Annual Report in September 2020. This report provides assurance with regards to data protection and information governance matters. The Committee heard how positive steps had been taken by the Council following the introduction of the new Data Protection Act 2018 and the General Data Protection Regulation (GDPR) to improve information governance in the Council and to promote better awareness of data protection issues to staff.
41. The Data Protection Officer said that the CMT approved recommendations included Service managers taking ownership of FOI's requests within their areas, the nominations of FOI liaison officers to work alongside the FOI team as well as training being provided by the Data Protection Officer.
42. Concern was expressed about Freedom of Information (FOI) Act response rates and the steps that were being taken to improve the picture, including further training and establishing FOI liaison officers within service areas, were

outlined. It was accepted that the Covid 19 pandemic may mean some FOI enquiries were taking longer to deal with because of pressures on services and the public were warned of this when contacting the Council.

## **Grants Governance**

43. Following a request from a member, a report was taken to the Committee by the Chief Executive regarding a grant received by the Council some five years earlier from the Armed Forces Covenant Fund Trust for the benefit of the Debden Village Hall Trust to build a new village hall.
44. A member of the Committee expressed significant concerns about governance arrangements with the grant, due to it having been passported to the Debden Village Hall Trust in its entirety, rather than any staged payment plan being put in place.
45. Following the discussion the Committee requested Internal Audit produce a report on grant governance in the Council. The Committee discussed the Terms of Reference for the review at its final meeting of 2020/21.
46. Separately during the year, the Committee discussed the Council's new Grant Allocation Policy (Sports Provision – Major Projects) ahead of it being considered by Cabinet. The policy set out the governance arrangements, procedures and monitoring process to be followed when awarding a Community Grant for a major sports project.
47. While the Committee accepted the principal of the policy, some members expressed disquiet that they were being asked to recommend the policy for approval when it appeared to them that a decision had already been made as to who was to receive it.
48. In recommending the policy to Cabinet, the Committee put forward a series of questions on matters members felt should be clarified, including whether the same organisation could apply in subsequent years and whether the timescales for spending the grant stipulated in the policy was realistic.

## **EU Exit**

49. In October 2020 the committee received a requested report on the potential implications on the council from the end of the EU Exit transition period. The report set out the various impacts on council services and on the community. The committee heard how an internal officer group had been meeting to mitigate against these impacts, with work focusing on the Border Inspection Point at Stansted Airport, data management, procurement, potential fuel and labour shortages and supporting local businesses.

**Committee:** Governance, Audit and Performance Committee

**Date:**

Wednesday, 30  
June 2021

**Title:** Contract Procedure Rules

**Report Author:** Angela Knight, Assistant Director - Resources

aknight@uttlesford.gov.uk

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## Summary

1. The Procurement Manager retired from her role in April 2021 and the Council entered into a shared service agreement with Chelmsford City Council.
2. The shared service has provided the Council with access to a large, multi-skilled team, joint procurement opportunities leading to economies of scale, a service budget saving and this has removed the risk of a single point of failure within the service.
3. The Contract Procedure Rules sets the Council's processes and procedures for all contractual commitments for goods and services, these form part of the Financial Regulations.
4. As part of the new service agreement Chelmsford's Chief Procurement and Risk Officer, with the Assistant Director of Resources, has reviewed the current Contract Procedure Rules and this report sets out the proposed amendments.
5. The amended rules include reducing the administrative input required by Chief and Deputy Chief Officers for low value goods and services, simplifying procedures and modernising the language to promote understanding and engagement of the requirements.

## Recommendations

6. The Committee is requested to recommend to Council the Approval of the updated Contract Procedure Rules as set out in this report.

## Financial Implications

7. None

## Background Papers

8. None

**Impact**

9.

Communication/Consultation	Corporate Management Team and Joint Executive Team
Community Safety	N/A
Equalities	N/A
Health and Safety	N/A
Human Rights/Legal Implications	N/A
Sustainability	N/A
Ward-specific impacts	N/A
Workforce/Workplace	N/A

**Situation**

10. The amended Contract Procedure Rules are attached as Appendix 1 and the proposed changes are summarised below;

- Proposed new limits of delegation as set out in table on the following page
- Streamlined process for exceptions – under £50k requiring Procurement Team approval only – to ensure professional skills are being utilised not only seniority of officers.
- Updated compliant methods of procurement - reflected through the use of frameworks, DPS and eAuctions – these do not require a tender or advertisements.
- References to EU removed and updates with PCR 2015 terminology
- Modern and easier to understand language, with simplified procedures
- Updated Bribery and Corruption statement
- Any spend over £100k to be published as a key decision

Contract Spend	Current Arrangements			Proposed Arrangements		
	Method	Authority	Exemptions	Method	Authority	Exemptions
PCR and above (£189k)				PCR Process	CO or DCO - CMT	PCR 2015 Only
£50,001 to £189k	Sealed Bid Tender	CO or DCO	CFO	Compliant Process with Procurement Team	Procurement Team Approval	CO or DCO
£10,001 to £50k	3 Quotes required	Any Officer gaining quotes		3 Quotes advisable	Service Managers	Procurement Notification
£0 - £10K Total	2 Quotes advisable			Best Value Principles	Officers	

## Risk Analysis

11.

Risk	Likelihood	Impact	Mitigating actions
No compliance with the Contract Procedures Rules	1 – separation of duties – requisitioner and separate authoriser	2 – Best value not achieved disaggregation of goods Possible legal challenges for high level goods/services	Monitoring of goods and services ordered ensuring that the Procurement Team have been involved where appropriate. High level spend requires authorised signatory

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.



# **Uttlesford District Council**

## **Contract Procedure Rules**

*Approved by Council*

July 2021

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## Contract Procedure Rules

### 1) Introduction, Scope and Principles

These Contract Procedure Rules are made under the provisions of section 135 of the Local Government Act 1972 and govern the making of contracts for and on behalf of the Council. The purpose of these Rules is to provide clear guidance for the processes that result in the award of a contract for:

- Goods
- Services
- Works
- Concessions
- Public Sector to Public Sector Trading

These Rules do not apply to:

- contracts for the purchase or sale of any interest in land, (including leasehold interests)
- contracts of employment for the appointment of individual members of staff, including members of staff sourced through employment agencies
- sponsorship agreements
- supply of works or services from Statutory Bodies where no competition exists (e.g. Essex County Highways, Essex Police & Crime Commissioner)

These Rules look at the various methods and procurement routes the Council can employ in order to reach contract award. They are:

- Procurement Card
- Quotation
- Tender
- External / Internal Framework
- External / Internal Dynamic Purchasing System (DPS)
- eAuction

The Rules are intended to promote good purchasing practice, value for money, public accountability and deter bribery and corruption. They aim to ensure:

- True and fair competition
- Clear and auditable procedures
- Accountable and compliant processes

- The Council to use its purchasing power for the benefit of the local economy, environment and community under its jurisdiction.

The Rules refer to the responsibilities of Chief Officers (COs) and Deputy Chief Officers (DCOs). In this context COs are the Chief Executive and Chief Officers as defined by the Local Government & Housing Act (LGHA) 1989. In practice this means the Monitoring Officer, Section 151 Officer (CFO) and Directors. DCOs are as defined in the LGHA 1989 and are those senior officers responsible for managing services and who report directly to a CO.

## **2) Key Considerations**

Before commencing any procurement using public money, officers must understand the following:

- 1) The contract value – this dictates which procurement routes can be used.
- 2) Strategic nature and public interest in the procurement - this influences which of the allowable routes is most appropriate.

### **Estimating Contract Value**

The value of a contract is the total amount the Council expects to pay (or receive), net of VAT, over the length of the agreement, including any extension period or stated add-ons such as maintenance and support costs.

If the contract is for an uncertain or unfixed term, the value is the amount the Council expects to pay (or receive) over four years. This could be, for example, the monthly value multiplied by 48. If the contract is broken into lots, all lots must be factored into the total.

For Internal Framework Agreements / DPS, the value should be based on the level of anticipated spend from all parties with access.

### **Aggregation/Disaggregation**

The Council is required to aggregate need whenever it is possible to do so. Aggregation groups together demand for commonly purchased goods and services to harness greater economies of scale and seek better value for money. Aggregation results in a single contract to manage as opposed to several smaller contracts.

Disaggregation, an offence under the Regulations, is the reverse; dividing up similar requirements into smaller contracts to remain below the relevant procurement threshold.

### 3) Procurement Thresholds

#### i. External Thresholds

The Public Contract Regulations 2015 (PCR) require a fully compliant process to be undertaken when the value of the contract exceeds a set level. The tender has to be advertised in Find a Tender Service (FTS) and follow guidelines provided in the PCR. These thresholds are reviewed every two years. There is threshold for each category of spend.

Category	Threshold (2018-19)	Example
<b>Works</b>	£4,733,252	Constructions, repairs, maintenance
<b>Goods / supplies</b>	£189,330	Stationery
<b>Services</b>	£189,330	Cleaning
<b>Concessions</b>	£4,733,252	Bailiffs, catering
<b>Light Touch Regime</b>	£633,540	Education e.g. Apprenticeships
<b>Land Lease &amp; Property</b>	Neither the procurement rules stated here, or the Procurement Regulations apply to contracts of this type	

## ii. Internal Thresholds

Below the PCR thresholds the Council has set its own spend limits. These limits provide guidelines for the method of procurement that should be used, and the associated authority needed to undertake it. The table below provides a broad outline with further detail provided in section 5 Procurement Activity Guidance.

Threshold	Notes	Level of Authority Required	Exemption Request Authority
Up to £10,000	Best value principles	Service Manager/ Officer in line with financial delegations	Procurement Team notification
£10,001 to £50,000	3 Quotes to be requested from the market	Service Managers	
£50,001 to £189,330	Procurement team involvement is required. Route to Market Assessment to be carried out.	Senior Officer/ Service Manager and Procurement Team approval	Chief Officer or Deputy Chief Officer approval following Procurement Team approval.
Spend over £189,330 <i>Goods &amp; Services</i>	Falls under the PCR Regulations, a fully compliant process is required Procurement team involvement is mandatory to ensure compliance with Regulations. Route to Market Assessment to be carried out	Chief Officer or Deputy Chief Officer and Procurement Team approval.	
Spend over £100,000	All contracts with a value of £100,000 or above will be a key decision. <i>To ensure the publication of the key decision does not delay the award this will be published alongside the stand still period or at an alternative point during the procurement process to ensure timescales are met.</i>		

## **Strategic / Public Interest Considerations**

Regardless of the contract value, Service Managers must consider the likely impact of the procurement on internal and external stakeholders. If the proposed activity is of a contentious nature (perceived or actual), high risk or relating to matters that affect public sensitivities, then advice should be taken from Procurement Team.

## **4) General Notes – Apply to all Procurement Procedures**

### ***a. eProcurement***

eProcurement is a requirement under the Regulations; all communication with potential contractors must be in electronic format. eProcurement provides a comprehensive and complete audit trail, enabling the Council to meet its accountability and compliance obligations. Officers must remain mindful of commercial confidentiality and Data Protection legislation in all dealings with suppliers and external bodies.

### ***b. Procurement Documentation & Retention Thereof***

The Procurement Team will work with Services to produce ITTs (Invitations to Tender) and RFPs (Requests for Proposals) for procurements above the PCR threshold and of strategic importance. PCR procedures require a specific set of documents to be published as part of the tender pack. The Legal Services Team will provide appropriate support and guidance as and when required in conjunction with Procurement Team.

All relevant documentation should be retained in line with the Council's Document Retention Policy.

### ***c. Responsible Procurement***

The Council is required to consider how a procurement project might improve the economic, social and environmental wellbeing across its area.

Procurements that may result in pollution, waste management issues, high energy use or have any other notable environmental impact should have relevant mitigating requirements built into the specification. Evaluation and scoring schemes should contain criteria that enable Council staff to fully consider and score these elements in each submission.

### ***d. Terms and Conditions of Contract***

All agreements must be in written English, price must be stated in British currency and subject to the jurisdiction of English Law.

British standards must be used where they are applicable to the subject of a contract.

Where the Procurement Team has undertaken a process on behalf of a Service Manager, the

Lead Procurement Officer will take responsibility for instructing the Legal Team to prepare or approve the terms and conditions of a contract if required. This applies whether the contract: was created by the Council; is based on the supplier's terms and conditions; or forms the basis of a call off agreement.

#### **e. In-house Services**

Where the Council has an in-house service, external companies must not be used for these services unless the Service Manager responsible for the in-house service confirms specifically that they are unable to meet the requirements on that occasion.

#### **f. Public to Public Trading**

If the Service Manager is considering entering into a contract with another public body, early advice must be sought from the Procurement Team. It should not be assumed that arrangements entered between the Council and other public bodies are outside the scope of the Regulations.

#### **g. Contract Award / Value for Money**

The Council operates under the 'Duty of Best Value' which requires overall value, including economic, environmental and social value, to be considered when reviewing any service provision.

Social Value is a statutory duty of the Council for services over the PCR threshold, however, these principles should be applied to all the Council's procurement activity. Social value considerations should be built in at the pre-procurement stage.

Due Diligence checks are undertaken to review performance, reputation and financial stability of prospective suppliers, and can be part of the award criteria or used as a pass/fail criterion.

### **5) Procurement Activity Guidance**

#### **a. Contracts up to £10,000**

The Service Manager is responsible for these procurements using best value principles, and principles of fairness, transparency and equal treatment.

Managers and officers may access Procurement Team support as required. Quotations are the main method used at this level of spend.

#### **b. Contracts up to £50,000**

The Service Manager is responsible for these procurements but may access Procurement Team support as required. Quotations, frameworks and DPS (Dynamic Purchasing Systems) are all possible procurement options.

If the procurement is for non-critical, non-strategic goods, services or works the minimum requirement is for three quotations known as RFQ (Request For Quotations)

If the procurement is strategic in nature, high risk, impacts on other services or has wider implications across the Council and/or the provision of its services, apply the guidance under section c.

**c. Contract Value above £50,000 (and any strategic procurement) but below PCR 2015 threshold**

Prior to undertaking any type of procurement exercise, the service must engage with the Procurement Team to seek advice on the best and most appropriate process to meet the identified need. This will result in a Route to Market Assessment being prepared.

For strategic level contracts a Business Case may also be required. This could involve all, or some, of the following actions/plans:

1. Needs assessment
2. Route to market assessment
3. Plan for stakeholder engagement
4. Market assessment
5. Risk assessment
6. Financial implications assessment
7. Social value assessment
8. Environmental and Ecological Impact assessment

The Business Case must be signed off by the Service Manager and Procurement Services Manager.

Framework and DPS options will be investigated as part of the Route to Market Assessment. If the expected contract value is below the EU threshold by 10% or less please speak to the Procurement Team before taking any further action.

**d. Contract Value above PCR 2015 Threshold**

A fully compliant process is required. This process must only be undertaken with the full involvement of the Procurement Team.

Please be aware that a full tender process takes around 12 weeks to complete. Please ensure you advise the Procurement Team of your plans in a timely manner to enable a schedule to be put in place.

Framework and DPS options will be investigated as part of the Route to Market Assessment which will require approval by the Procurement Services Manager and Chief Officer approval.

### **e. Executive Decision / Key Decision**

An Executive Decision is taken by the Leader, the Cabinet or delegated to a committee of the Cabinet, a Cabinet member or an officer, and is publicly notifiable 28 days prior to being taken. For the purpose of procurement a key decision is defined as expenditure of above £100K, authorisation is delegated to Chief Officers as set out in the Constitution.

## **6) Use of Frameworks, DPS, eAuctions**

### **a. External Agreements**

The Council is eligible to use a wide range of Frameworks and DPS created by other public sector bodies. The Procurement Lead must ensure that the Council is lawfully able to use the Framework or DPS; the Procurement Team can provide advice and assistance on use. They must also establish that there is a clear benefit to the Council of using a Framework or DPS over other procurement options.

For procurements exceeding £100k or those of a particularly strategic nature, a Route to Market Assessment must be undertaken.

The Framework or DPS rules must be adhered to at all times.

Where the use of a Framework/DPS is subject to signing an Access Agreement, this document should be authorised by the Procurement Manager.

The Procurement Team must be advised of any contracts entered into via a Framework Agreement, regardless of value.

### **b. Internal Agreements**

Where it is in its best interests to do so the Council can create its own Framework, DPS or eAuction, using its eProcurement software.

Use of the Framework/DPS will be mandatory across the Council for all goods, services and works that have been included in the scope of the arrangements.

Should the supply be of a significantly higher than normal value, the Procurement Manager should be consulted to establish if new rates should be sought, or an alternative procurement method used.

Frameworks can only be created with the agreement of the Procurement Manager.

### **d. Value Engineering & Negotiation**

The PCR (allow, in some circumstances, a tender process to be switched to a negotiated procedure. This can only be used where the nature of the original competition is not substantially altered and does not artificially restrict competition.

## **7) Contracts**

### **a. Contract Award**

The Council requires all relevant spend to be placed against a formal and legally binding contract and supported by a purchase order to enable payment.

A contract is a defined set of requirements, Terms and Conditions, specified by the Council, regarding how both parties will engage during the contract period.

All significant amendments to contract terms shall be agreed by the relevant Chief Officer or Deputy Chief Officer and Procurement following advice from Legal and Procurement Teams prior to the procurement commencing.

A contract can only be awarded by those with delegated authority to do so (see Scheme of Delegation within the Constitution) and in appendix 2

For service contracts a Contract Manager should be designated (who may be mentioned in the contract itself) to monitor the Supplier's performance.

The Procurement Team will produce and publish information regarding contract award on all platforms required by the Regulations.

### **b. Contract variation, modification or termination**

A contract can be varied, post award, if agreed by both parties.

During the term of a contract modifications may be proposed, which, if adopted, would result in additional works, goods or services. There are significant limitations upon the Council's ability to make such modifications, especially when the Regulations apply. There are tolerances allowed within contract variations under Reg 72.

A contract cannot be varied where the additional value would either:

- cause it to breach the PCR threshold, where it was procured as a below PCR tender or;
- breach the provisions of the PCR where the contract was awarded as an PCR tender

Before discussing any variation or modification with the Supplier, the Service Manager must seek advice from the Procurement and Legal Teams

### **c. Contract Extension**

If an extension period is clearly stated in the contract, the option is available to extend. Before exercising a contractual right to extend the Service/Contract Manager must consider whether it is in the best interests of the Council to continue with the contract by examining performance to date and any changes in cost both under the terms of the contract and also in

the wider market. Variations.

Any extension will require the agreement of both parties. Please contact the Procurement team for further advice.

## **8) Exemptions to Contracts Procedure Rules**

The Council can consider a request for an exemption from the procedural requirements for spend below PCR Limits.

Officers can request an Exemption where it is demonstrated that:

- there is only one supplier in the market,
- the time required to seek quotes could cause environmental or health and safety risks; and/ or
- the time required to seek quotes could result in funding being lost.

All exemptions must be submitted via council's standard form to the Procurement Team in the first instance.

Approval may only be granted by the Chief Officers as detailed in Appendix 1.

## **9) Officer responsibilities - Compliance**

### **a) Compliance**

Each Chief Officer and Deputy Chief Officer is responsible for ensuring that their department complies with these Contract Procedure Rules, the Financial Regulations and all applicable legislation.

All Officers and consultants engaged in any capacity in the procurement of any works, goods or services for the Council must comply with these Contract Procedure Rules.

Non-compliance with these rules may constitute grounds for disciplinary action.

All Council spend must have a valid purchase order raised and approved in the Council's Financial Management System before delivery of the works, goods or services commence; where the level of risk or value of spend also requires a formal contract, work must not begin until the contract document has been appropriately completed by both parties. Any exemptions from this process must be approved and signed-off by the Deputy Chief Officer with delegated responsibility for finance before commencement.

### **b) Conflicts of Interest**

All members of staff must avoid any conflict between their own interests and the interests of the

Council, this includes but is not limited to:

- not accepting gifts or hospitality from organisations or suppliers with whom the Council has dealings, full guidance can be found in HRP 62 - Gifts and Hospitality
- not working for, or having a pecuniary shareholding in organisations or suppliers with whom the Council has dealings
- If an officer has links with (e.g. they previously worked for, or a family member or close friend works for) an organisation or supplier who is tendering or quoting for a contract with the Council or already has a contract with the Council they must notify the Chief Officer, Deputy Chief Officer or Procurement as appropriate. Further guidance relating to this can be found in HRP 38 – Code of Conduct

All consultants engaged to act on behalf of the Council must declare that:

- they will avoid any conflict between their own interests or those of any of their other clients and the interests of the Council
- they will notify the Chief Officer or Deputy Chief Officer if they have any links with (e.g. a family member or close friend works for) an organisation or supplier who is tendering or quoting for a contract with the Council or already has a contract with the Council

Elected Members of the Council or Officers having an interest, financial or otherwise, in a contract or proposed contract, must declare it in writing to either the Chief Officer or Deputy Chief Officer as soon as they become aware of the interest. An elected Member or Officer who has an interest in a contract must not take part in the procurement or management of that Contract.

A shareholding in a body not exceeding a total nominal value of £1,000 or 1% of the nominal value of the issued share capital (whichever is less) is not a pecuniary interest for the purpose of this Rule.

### **c) Prevention of Bribery and Corruption**

The Council takes bribery and corruption very seriously. This includes, any gift, consideration or inducement during any procurement process. Officer terms and conditions of employment detail the responsibilities of all officers.

All contractors and suppliers are required to declare that they will not attempt any bribery or corruption and any evidence to suggest this has occurred will result in termination of contract or

services immediately.

- The Contractor shall not offer or give, or agree to give, to the Council or any other public body or any person employed by or on behalf of the Council or any other public body any gift or consideration of any kind as an inducement or reward for doing, refraining from doing, or for having done or refrained from doing, any act in relation to the obtaining or execution of the Contract or any other contract with the Council or any other public body, or for showing or refraining from showing favour or disfavour to any person in relation to the Council or any such contract.
- The Contractor warrants that it has not paid commission or agreed to pay commission to the Council or any other public body or any person employed by or on behalf of the Council or any other public body in connection with the Contract.

Where evidence suggests inappropriate action or events have occurred, a contract may be terminated immediately, and any losses to the Council arising from the termination recovered from the supplier.

A declaration to this effect must be included in all Invitations to Tender (ITT).

Any elected Member of the Council, Officer or consultant who becomes aware or has reason to believe that a supplier or potential supplier has committed one of the improper acts listed, must report that to the Monitoring Officer and the Head of Internal Audit.

#### **d) Duties and Powers of Delegation**

Where the proposed contract award is greater than the approved and available budget, the officer is required to submit a report to the Chief Officer or the Deputy Chief Officer to seek additional funding.

Under the scheme of delegation, Officers have the authority to delegate to Heads of Service, the ability to procure, subject to a budget having been approved.

Where the value of the contract is level 3 and below, this power of delegation includes the ability for the Chief Officer to delegate to the Deputy Chief Officers, the ability to award the contract subject to compliance with these procedures.

Both the Chief Officer and the Deputy Chief Officer have the authority to delegate the practical delivery of the procurement process to any officer deemed suitably competent; however, responsibility for compliance with these procedures is the joint responsibility of the Chief Officer and Deputy Chief Officer accordingly.

### **e) Separation of Duties**

A contract or purchase order cannot be raised or recommended and then approved by the same person.

The Council requires that the procurement process and any resultant awards are authorised by separate officers; most usually by the Officer's line manager.

Where a Deputy Chief Officer manages the practical element of a procurement process, completes an Exemption form or makes another recommendation, the award must be agreed by a Chief Officer.

### **f) Government Procurement Cards**

The Council operates a Government Procurement Card scheme; these are available, with the approval of the Deputy Chief Officer.

Purchase cards are to be used for low value or one-off incidental spend where it is not efficient to add the suppliers to the Finance Information System. The use of cards is just an alternative method of payment.

The principle of disaggregation applies to spend on purchase cards both in relation to the individual and the Council as a whole.

### **g) Bonds & Parent Company Guarantees**

The requirement for a bond or parent company guarantee (and its value) is at the discretion of the Deputy Chief Officer with advice from Legal as part of the procurement process.

Where the project is deemed as a high risk for service failure (likelihood and/ or impacts), advice should be sought from Procurement and Finance to consider the benefits versus the costs of requiring a bond.

Where a bond or parent company guarantee is deemed necessary it shall be in a form acceptable to the Council.