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21 October 2009

S U M M O N S

MEETING: Standards and Governance Committee
DATE: 29 October 2009
TIME: 6.00 p.m.
PLACE: Committee Room 1, Town Hall, Gosport
Democratic Services contact: Chris Wrein

LINDA EDWARDS
BOROUGH SOLICITOR

MEMBERS OF THE COMMITTEE

Mr R V Perry
(Independent Member)
(Chairman)

Mr G A Lidgley
(Independent Member)
(Vice-Chairman)

Councillor Burgess
Councillor Cully
Councillor Forder

Councillor Gill
Councillor Kimber
Councillor Wright

FIRE PRECAUTIONS

(To be read from the Chair if members of the public are present)

In the event of the fire alarm (single continuous sound) being activated, please leave the room immediately.

Proceed downstairs by way of the main stairs or as directed by GBC staff, follow any of the emergency exit signs. People with disability or mobility issues please identify yourself to GBC staff who will assist in your evacuation of the building.

IMPORTANT NOTICE:

- If you are in a wheelchair or have difficulty in walking and require access to the Committee Room on the First Floor of the Town Hall for this meeting, assistance can be provided by Town Hall staff on request

If you require any of the services detailed above please ring the Direct Line for the Democratic Services Officer listed on the Summons (first page).

NOTE:

- i. Members are requested to note that if any member wishes to speak at the meeting then the Borough Solicitor is required to receive not less than 24 hours prior notice in writing or electronically and such notice shall indicate the agenda item or items on which the member wishes to speak.
- ii. Please note that mobile phones should be switched off for the duration of the meeting.

AGENDA

RECOMMENDED
MINUTE
FORMAT

PART A ITEMS

1. APOLOGIES FOR NON-ATTENDANCE

2. DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter, any personal or personal and prejudicial interest in any item(s) being considered at this meeting.

3. MINUTES

To approve as a correct record the Minutes of the Committee meeting held on 10 September 2009 (copy attached)

4. DEPUTATIONS – STANDING ORDER 3.5

(NOTE: The Committee is required to receive a deputation(s) on a matter which is before the meeting of the Committee provided that notice of the intended deputation and its object shall have been received by the Borough Solicitor by 12 noon on Tuesday, 27 October 2009. The total time for deputations in favour and against a proposal shall not exceed 10 minutes).

5. PUBLIC QUESTIONS – STANDING ORDER 3.6

(NOTE: The Committee is required to allow a total of 15 minutes for questions from Members of the public on matters within the terms of reference of the Committee provided that notice of such Question(s) shall have been submitted to the Borough Solicitor by 12 noon on Tuesday, 27 October 2009).

6. COMPLAINTS PROCEDURES AND ANALYSIS

Part II

To monitor the formal complaints received during 2008/9 financial year.

Contact Officer:
Ken Lucking
Ext 5305

7. LOCAL ASSESSMENT MONITORING

Part II

To advise the Committee on the operation of the arrangements for Local Assessment.

Contact Officer:
Linda Edwards
Ext 5400

8. INTERNAL AUDIT – PROGRESS REPORT FROM 1ST JULY 2009 TO 30TH SEPTEMBER 2009

Part II

To table the performance of the Internal Audit Section in the three months of 2009/10 (1st July 2009 – 30th September 2009) against the agreed audit plan to the Members with responsibility for governance and to provide

Contact Officer:
Chris Davis
Ext 5316

Standards and Governance Committee
29 October 2009

Members with an update on other key internal audit business within that same period.

9. UPDATING THE INTERNAL AUDIT CHARTER

Part II

To update the Internal Audit Charter in line with good practice.

Contact Officer:
Chris Davis
Ext 5316

10. STANDARDS AND GOVERNANCE COMMITTEE WORKPLAN

Part II

Workplan attached.

Contact Officer:
Linda Edwards
Ext 5400

11. ANY OTHER ITEMS

-which by reason of special circumstances the Chairman considers should be considered as a matter of urgency

AGENDA ITEM NO. 6

Board/Committee:	STANDARDS AND GOVERNANCE COMMITTEE
Date of Meeting:	29 OCTOBER 2009
Title:	COMPLAINTS PROCEDURES AND ANALYSIS
Author:	CORPORATE SERVICES MANAGER
Status:	FOR DECISION

Purpose

To monitor the formal complaints received during 2008/9 financial year.

Recommendation

It is recommended that the Committee, having given due consideration to the contents of the report, provide feedback as appropriate to the Council Management Team on the management of the formal complaints received in 2008/9.

1 Background

- 1.1 In accordance with usual procedures a report is submitted outlining the operation of the Council's formal complaints procedure, together with an analysis of complaints for the 2008/9 financial year.
- 1.2 The Committee has previously resolved that Officers be required to prepare a monitoring report on a six-monthly basis to enable Members to consider the operation of the Complaints Procedures, identify trends in complaints and recommend remedial action if necessary. A report on formal complaints received in the first 6 months of 2008/9 was considered by the Committee at its meeting on 22 January 2009.

2 Report

- 2.1 All formal complaints received, either on-line or in writing, are managed and monitored by staff in the Corporate Services Unit. Initially the complaint is dealt with as a Stage 1 and is allocated to the appropriate Service Unit Manager for a response. If the complainant remains dissatisfied, the complaint is escalated to Stage 2 and arrangements are made for an independent Manager to investigate the matter and write directly to the complainant with their findings and conclusions. If the complainant remains dissatisfied after the Stage 2 process they can request that their complaint is escalated to Stage 3 whereby it is considered by a Panel of 3 Councillors. The complainant has an ultimate right to refer their complaint to the Local Government Ombudsman at any time, however the Ombudsman will

not normally consider a complaint until and unless the local authority's internal complaints procedures have been exhausted.

- 2.2 An analysis of Stage 1, 2 and 3 formal complaints across Service Units is shown in Appendix A. As can be seen there were 49 complaints overall of which is a significant decrease on the 2007/8 figure of 91 complaints. However, the figures are somewhat distorted for 2007/8 as 41 Stage 1 complaints were received relating to the same Planning issue. Of the 49 complaints 15 progressed to Stage 2 and 7 to Stage 3, although 3 from the same complainant were dealt with at a single meeting of the Panel.
- 2.3 Of the 49 complaints 37 were responded to within the 10 day target, a performance of 76%, a small reduction from the figure of 82% for 2007/8.
- 2.4 An analysis of the subject of complaints received during 2008/9 is attached as Appendix B. It is not considered that there is any particular trend which would give cause for concern and the overall number of complaints is encouragingly low, averaging at one formal complaint a week. The most common types of complaint relate to housing and benefits matters which is perhaps to be expected given the nature of these services. No complaints were received in respect of equality or diversity issues.
- 2.5 A qualitative analysis of complaints for 2008/9 has also been carried out to determine whether the process has had a positive effect in either identifying improvements in procedures or in the way services are delivered. A summary of the results of the exercise is shown in Appendix C and does indicate that, where appropriate, changes have been made to prevent recurrences of a problem. The Council has tried to assist complainants in circumstances where the Council was not responsible for the problem, but has referred it to or taken it up with the relevant third party agency or company. In a number of cases Service Units have liaised with other relevant Units to achieve a satisfactory outcome.
- 2.6 A survey of complainants, asking for opinions and comments on the complaints procedures (rather than the outcome) has also been carried out and an analysis is shown in Appendix D. The results are somewhat mixed but people's views are often influenced by the outcome of their complaint rather than the efficiency of the process. Most of the critical comment related to dissatisfaction with the fact that the complaint was not upheld. Nevertheless the feedback has proved useful in assessing the effectiveness of the complaints procedures.

3 Guidelines for Staff

- 3.1 The Guidelines for staff are included as Appendix E.

4 Risk Assessment

- 4.1 There is no identifiable business risk associated with this report.

5 Conclusion

- 5.1 The current formal complaints arrangements have now been in place for over 3 years. The number of formal complaints is relatively low and there are no particular or unexpected trends. Complaints have been reviewed and analysed to identify opportunities for improving services and procedures and wherever possible appropriate action has been taken.
- 5.2 The Complaints processes and procedures appear to be operating satisfactorily and it is not recommended that any changes are made although further reviews will take place on a regular basis.
- 5.3 Further work needs to continue to be done, as part of an on-going process to determine how effective the complaints process has been in improving service delivery.
-

Financial Services comments:	There are no financial implications.
Legal Services comments:	There are no legal implications.
Service Improvement Plan implications:	There are none.
Corporate Plan:	The effective management of complaints procedures contributes to the strategic priority of enhanced customer service.
Risk Assessment:	There are no business risks associated with this report.
Background papers:	None
Appendices/Enclosures:	
Appendix 'A'	Complaints analysis across Service Units 2008/9
Appendix 'B'	Analysis by type of complaint 2008/9
Appendix 'C'	Complaints 2008/9 Qualitative Analysis
Appendix 'D'	2008/9 Complainant survey
Appendix 'E'	Guidelines for Staff
Report author/ Lead Officer:	Ken Lucking, Corporate Services Manager

APPENDIX A

COMPLAINTS ANALYSIS

	Stage 1 Service Manager	Stage 2 Independent Manager	Stage 3 Members' Panel
BUSINESS UNIT MANAGER			
Chief Executive	2	0	0
Development Services	3	3	2
Financial Services	11	4	3
Housing Services	19	6	1
Legal and Democratic Services	1	0	0
Leisure and Cultural Services	1	0	0
Environmental Services	11	1	0
Corporate Services	1	1	1
TOTAL	49	15	7
Number responded to within target 10 working days	37		
Percentage that met target	76%		

APPENDIX B

COMPLAINTS BY SERVICE AREA

SERVICE AREA	NO.
Housing (various)	19
Benefits	6
Planning	3
Council tax	3
Stokes Bay Festival	3
Grounds maintenance	2
Dog fouling/attack	2
General environmental	2
Taxis	2
Car parking	2
Bus tokens	2
Refuse Collection/recycling	1
Noise complaint	1
Data protection/Fol	1
TOTAL	49

APPENDIX C

QUALITATIVE ANALYSIS

	No. of complaints	Complaint <i>against GBC</i> was justified	Was any action proposed as a result?	Was action implemented?	Has this been successful?	Were there any corporate implications (other units?)	If so have these been followed up?
SERVICE UNIT							
Chief Executive	2	0/2	Yes	Yes	Yes	No	N/A
Development Services	3	0/3	Yes (2 minor)	Yes	Yes	No	N/A
Financial Services	11	3/11	Yes	Yes	Yes	No	N/A
Housing Services	19	3/19	Yes	Yes	Yes	No	N/A
Legal and Democratic Services	1	1/1	Yes	Yes	Yes	No	N/A
Leisure and Cultural Services	1	0/1	No	N/A	N/A	No	N/A
Environmental Services	11	5/11	Yes	Yes	Yes	No	N/A
Corporate Services	1	1/1	Yes	Yes	Yes	No	N/A
TOTAL	49						

APPENDIX D

Survey Analysis	Surveys returned 7		Surveys sent 44		16%							
	very satisfied		satisfied		neither satisfied or dissatisfied		dissatisfied		very dissatisfied		No opinion	
Complaints Leaflet												
How satisfied were you with: The information in the complaints leaflet?	1	14%	4	57%	1	14%		0%		1	14%	
How easy the complaints leaflet was to understand?	1	14%	5	71%		0%		0%		1	14%	
Handling your complaint												
The helpfulness of the complaints staff	1	14%	2	29%	1	14%		0%		3	43%	
How we kept you informed	1	14%	2	29%		0%		0%		4	57%	
The quality of our communications e.g. easy to understand	1	14%	2	29%		0%		0%		4	57%	
The way we handled your complaint	1	14%		0%		0%	1	14%		5	71%	
The Outcome of your complaint												
How satisfied were you with... Our understanding of your complaint			3	43%	1	14%	1	14%		2	29%	
How we explained the outcome	1	14%	2	29%	1	14%		0%		3	43%	
The final outcome	1	14%	1	14%	1	14%		0%		2	29%	2 %
The complaints procedure	1	14%	1	14%		0%	1	14%		4	57%	

6. Monitoring

These optional questions are included to help us ensure that we provide services fairly and equally to all of our residents and service users. Please remember that your answers are anonymous and will not be linked to you as an individual in any way

	very satisfied		satisfied		neither satisfied or dissatisfied		dissatisfied		very dissatisfied		No opinion
a. How satisfied are you that you are able to access GBC's services as necessary?	1	14%	1	14%		0%		0%	5	71%	
b. if you were dissatisfied with your ability to access GBC's services, could you please state why?											
e. are you male or female											
Male	3	43%									
Female	3	43%									

f. what was you age on your last birthday?

Average age of responders: 49

g. do you have any long-standing illness, disability or infirmity?

Yes

0%

No

5 71%

h. does this illness limit your activities in any way?

Yes

No

i. Which of these groups do you consider you belong to?

6 86% White British

APPENDIX E

GUIDELINES FOR STAFF

STAGE 1 - INVESTIGATION BY RELEVANT SERVICE UNIT MANAGER

Manager to *personally* carry out the following tasks within 10 working days of the request (unless a later date due to leave has been notified to the Complaints Officer):

1. Request appropriate Section Head or Supervisor to provide a summary of the case
2. Obtain all relevant information – correspondence, e-mails, file notes, forms etc
3. Interview relevant staff and obtain written statement(s) if necessary
4. If required contact the complainant and obtain their views and clarify any areas of confusion
5. Review all aspects of the case, reach conclusion
6. Write to (or email if appropriate) the complainant clearly setting out findings, conclusions, any action to be taken and whether there is a need for any follow-up, advise of right to a Stage 2 review
7. If complaint is justified consider whether any action needs to be taken to prevent any recurrence
8. If there is an agreement to follow-up make appropriate reminder note
9. Consider whether there are any corporate or other Unit implications and take action accordingly

STAGE 2 – REVIEW BY INDEPENDENT MANAGER

1. Obtain all relevant information – correspondence, e-mails, file notes, forms etc
2. Interview relevant staff and obtain statement(s) if necessary
3. Contact the complainant and obtain their views and clarify any areas of confusion
4. Review all aspects of the case, reach conclusion
5. Write to (or email if appropriate) the complainant, within 20 working days of request, clearly setting out findings, conclusions, any action to be taken and whether there is a need for any follow-up, advise of right to Stage 3 review
6. If complaint is justified consider whether any further action or follow-up needs to take place to prevent any recurrence and discuss with Service Unit Manager

STAGE 3 – REVIEW BY COMPLAINTS PANEL

1. Complaints Officer to convene a Panel Hearing, within 30 working days of request
2. Complaints Officer to ensure appropriate officers will be present – including the relevant Service Unit Manager and Stage 2 Manager

3. Compile all relevant case documentation and circulate to all those required to attend the Panel meeting, at least 5 working days prior to the Hearing
4. All relevant officers to fully prepare to present their case to the Panel and answer any questions from those present
5. The Complaints Officer to take notes of the Hearing and circulate within 5 working days
6. The Chief Executive or Corporate Services Manager to write formally to the complainant within 5 working days, setting out the findings and conclusions of the Panel and enclosing payment of any compensation that may have been agreed by the Panel

Agenda item no. 7

Board/Committee:	Standards and Governance Committee
Date of meeting:	29 October 2009
Title:	Local Assessment Monitoring Report
Author:	Borough Solicitor and Monitoring Officer
Status:	FOR INFORMATION

Purpose

To advise the Committee on the operation of the arrangements for Local Assessment.

Recommendation

That the Standards and Governance Committee notes the report.

1. Background

- 1.1 The Standards and Governance Committee became responsible for local assessment of complaints regarding allegations of breaches of the code of conduct in May 2008.
- 1.2 At its meeting in March 2009 the Committee received the first monitoring report on how the arrangements were operating.

2. Report

- 2.1 Since the last report a further 4 complaints have been received making a total since May 2008 of 25 complaints alleging breaches of the Code of Conduct.
- 2.2 Of these 4 complaints, 2 were made by Councillors, one by a member of the public and one by the Council's 3 statutory officers. All of these complaints were referred to the Standards Board for England who decided to take no action on one complaint, investigate in another and refer the other 2 complaints back to the Monitoring Officer.
- 2.3 In relation to the complaints referred to the Monitoring Officer an investigation is currently being undertaken by an independent person appointed by the Deputy Monitoring Officer.
- 2.4 Members may recall that a number of complaints were investigated by the Standards Board and they concluded that the Code of Conduct had been breached and that the case should be referred to the Adjudication Panel for England (APE). In July 2009 the APE agreed that the code had been breached and imposed a sanction of a 2 year disqualification from being a councillor. This decision is currently the subject of a High Court appeal and, pending the outcome of the appeal, the President of the APE has reinstated the Member pending the outcome of the appeal.

2.5 Details of complaints and investigations are kept confidential but copies of the decisions of the Assessment Sub-Committee are open to public inspection. In addition, the Members sitting on the relevant Sub-Committee are now being separately informed of the decision of the Standards Board following a referral to them. The outcome of the Standards Board investigations and APE hearings may be found on their respective websites.

2.6 Training on the Code of Conduct and an overview of the local assessment regime was well attended by members on 25 March 2009 and a further session on local assessment criteria and conducting investigations and hearings was attended by members of the committee on 31 March 2009.

3. Risk assessment

3.1 It is important that the Council has in place appropriate systems to deliver high standards of governance which minimises the risk of loss of tangible resources and reputation to the Council. Regular monitoring reports is part of this system

4. Conclusion

4.1 This is the second monitoring report and at present I have not identified any particular areas of concern with members understanding of the code of conduct or local assessment. Further training on the code of conduct has been offered to all members and the Committee. Feedback from these sessions will be extremely useful in helping to identify what additional work/resources need to be made available to members and the Committee.

Financial Services comments:	None
Legal Services comments:	Included in report
Service Improvement Plan implications:	
Corporate Plan:	
Risk Assessment:	<i>Refer to paragraph no. 3</i>
Background papers:	Decisions of Assessment Sub-Committee

AGENDA ITEM NO. 8

Board/Committee:	Standards & Governance Committee
Date of Meeting:	29 October 2009
Title:	Internal Audit – Progress Report from 1st July 2009 to 30th September 2009
Author:	Head of Internal Audit & Risk Assurance
Status:	For Decision

Purpose

To table the performance of the Internal Audit Section in the three months of 2009/10 (1st July 2009 – 30th September 2009) against the agreed audit plan to the Members with responsibility for governance.

Secondly, to provide Members with an update on other key internal audit business within that same period.

Recommendation

That the Committee reviews the performance of Internal Audit from July 2009 to September 2009.

That the Committee note the Head of Internal Audit's other key business in that period.

1 Background

- 1.1 To enhance the Council's corporate governance arrangements, in line with the Audit Commission's Use of Resources test, the report outlines the performance of the Internal Audit Section against its overall agreed annual plan for 2009/10.
- 1.2 In addition, the work performed in the first six months of 2009/10 by the Internal Audit section allows an early indication on the Council's overall internal control environment that supports the annual governance statement.

2 Report

2.1 Position after six months 2009/10

2.1.1 The current workload position of internal audit is on target against its projected plan as at the 30th September 2009. All planned fundamental work has begun and other works are in line with projected targets and no material weaknesses have been detected, following our work, against the expected control environment. Excellent support from the team has meant good progress against a tightly set audit plan for 2009/10 has continued. All work on service reviews (the final third year of programmed reviews) have been completed and the future role of these reviews and direction (including resource implications) have been discussed and agreed with senior management.

2.1.2 In the three months (July to September 2009) the section has provided 192 days to Gosport Borough Council (GBC) and the Head of Internal Audit provided Eastleigh Borough Council (EBC) with 32½ days in management support again in line with expectations. The next six months will be challenging for the team with the Principal role currently vacant but it is anticipated that this post will be filled within the next 12 weeks. Due to this vacancy the audit plan has been reviewed and the revised plan highlights that through additional support from all the team that all reviews will be covered (some minor reviews in less depth) in quarter three. The start date for the new appointment will determine whether the section will require some additional external support (using savings from the Principal Auditor salary) to assist in the delivery of the 2009/10 internal audit plan. Development of the 2010/11 audit plan will commence in January 2010 with scheduled meetings with all Service Managers and Directors and a further three year strategic audit plan will also be developed looking longer term against resources available. This year (2009/10) includes a new external auditor team (Audit Commission replacing Mazars) who will review the internal audit work in April 2010. It is planned to discuss working methodologies that may differ from the previous external auditors with the Audit Commission over the next month to ensure the internal audit team are delivering to required standards. Finally, the remaining work allocation has been issued to all the remaining team to the end of the financial year (March 2010).

The section's mid year status against the annual plan (as at 30th September 2009) places a good degree of assurance that the agreed audit plan will be delivered for 2009/10.

2.2 Eastleigh Partnership

- 2.2.1 The current arrangement has progressed extremely well over the six months of 2009/10. The future of the arrangement will be discussed with both Chief Financial Officers in January 2010. It is anticipated that the partnership arrangement will continue into 2010/11. Training budget savings are anticipated in the current year with shared expenditure being utilised for the Head of Internal Audit. In addition, the partnership is delivering savings to both partners in attendance at County wide internal audit networking groups. The level of support, as already reported to the Committee, is anticipated to reduce to management support alone (130 days) from 2011/12 with an approximate £43,000 income being generated against the overall internal audit overhead. No additional auditor support will be required from April 2010.

2.3 Other internal audit developments

- 2.3.1 A number of days have been used to develop and enhance the current risk management arrangements within the Council. With support from the Financial Services Manager an updated risk management strategy and corporate risk register are under development (to support the Council's use of Resources assessment) with supporting operational risk registers being further developed with all Line Managers. A programme of awareness and development work is scheduled over the next three months to enhance this key area of business, reducing the Council's risk exposure and improving accountability. Training in risk management will be scheduled with Members in the new year and it may be possible to use the Council's insurers Zurich to assist in this task. A full paper on risk management will be brought to the Committee early in 2010.

3 Risk Assessment

- 3.1 The report has a minimal direct impact on the overall risk of the Council.

4 Conclusion

- That the Committee notes the on-going strong performance of the Internal Audit Section in the first six months of 2009/10 to

the 30th September 2009.

- That the Committee note the update and current status of the internal audit partnership with Eastleigh Borough Council.

Financial Services comments:	Nil
Legal Services comments:	Nil
Service Improvement Plan implications:	The information provided within the report has a direct link to improving the overall governance arrangements within the Council. The performance of the Internal Audit section is a key operational indicator monitored closely against the agreed Annual Audit Plan through the embedded performance management framework.
Corporate Plan:	Internal Audit's work supports all Council Services in pursuit of their overall corporate and strategic priorities.
Risk Assessment:	See Section 3
Background papers:	Nil
Appendices/Enclosures:	Nil
Report author/ Lead Officer:	Chris Davis 023 9254 5306

AGENDA ITEM NO. 9

Board/Committee:	Standards & Governance Committee
Date of Meeting:	29 October 2009
Title:	Updating the Internal Audit Charter
Author:	Head of Internal Audit & Risk Assurance
Status:	For approval

Purpose

To update the Internal Audit Charter in line with good practice.

Recommendation

That the Committee approves the updated Charter and Terms of Reference for Internal Audit.

1 Background

- 1.1 The requirement for local authorities to have an internal audit function is determined by section 151 of the Local Government Act 1972, which requires that authorities 'make arrangements for the proper administration of their financial affairs'. The Accounts and Audit Regulations 2003 (SI 2003/533), regulation 6, more specifically requires that a 'relevant body shall maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control in accordance with proper practices in relation to internal control'.
- 1.2 Laid below (in section 2) is the updated Charter and Terms of Reference for Internal Audit.

2 Internal Audit Charter and Terms of Reference

2.1 This Charter describes the purpose, authority and principal responsibilities of the Council's Internal Audit Section.

2.2 Purpose

Internal Audit is an independent assurance function to examine and evaluate activities as a service to the organisation and to contribute advice at an early stage in the implementation of any developments / amendments to processes.

The Head of Internal Audit & Risk Assurance provides elected members with an annual assurance statement on the adequacy and effectiveness of the Council's internal control arrangements.

2.3 Authority

The Head of Internal Audit & Risk Assurance:

- reports to the Deputy Chief Executive & Borough Treasurer and has open access to the Council's Chief Executive;
- liaises with Council Members on such matters as appropriate, and
- reports to the Council Committee charged with the responsibility for overseeing audit on matters of significance affecting the Council in terms of achieving its key objectives.

Internal Audit's authority is derived from policies, procedures, rules and regulations established by the Council. These include Financial Regulations, Contract Standing Orders, Conditions of Service, Whistleblowing Policy, Anti Fraud & Corruption Policy and Code of Conduct. Similarly, the Internal Audit Section takes due cognisance of the standards promoted by external bodies including the Chartered Institute of Public Finance and Accountancy, Institute of Internal Auditors (UK & Ireland) and the Audit Commission.

The Head of Internal Audit & Risk Assurance produces the Audit Plan, in consultation with senior management, and manages its implementation. The Audit Plan is presented for approval to the Members of the Standards & Governance Committee, which will normally be prior to the start of the financial year.

Internal Audit has unrestricted access to all Council records whether manual or computerised, cash, stores and other property, can obtain explanations, may enter Council property or land and has unrestricted access to all locations and officials, where necessary on demand and without prior notice. Internal Audit also has access consistent with the Head of Internal Audit & Risk Assurance's requirement to produce an annual governance statement.

2.4 Terms of Reference

All Directors and Service Unit managers are responsible for ensuring that internal control arrangements are sufficient to address the risks facing their Services.

Internal Audit's terms of reference include but are not limited to:

1. examining and evaluating the adequacy of the Council's system of internal control and providing an annual assurance statement to members;
2. ensuring the Council approved Whistleblowing Policy is implemented and kept under review;
3. reviewing the reliability and integrity of financial and operating information and the means used to identify, measure, classify and report such information;
4. a) reviewing the systems previously established to ensure compliance with policies, plans, procedures, laws and regulations including but not limited to Data Protection, Information Technology, Risk Management, Procurement, Governance and;
b) assisting in the formulation of policies and procedures to maintain a secure control environment;
5. reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
6. working with external agencies to ensure that a Best Value Service is delivered;
7. assisting in the verification of performance measures;
8. working with external agencies to ensure a managed audit approach;
9. examining and evaluating the corporate governance arrangements within partnerships established with the Council;
10. working with private sector partners to ensure that specialist skills are available, and
11. participating in the National Fraud Initiative and other data matching exercises with external bodies.

In meeting its responsibilities, Internal Audit activities will be conducted in accordance with Council strategic objectives and established policies and procedures and with the working procedures incorporated in the Audit Manual.

In addition, Internal Auditors will comply with the Code of Ethics and the Code of Practice for Internal Audit in Local Government promulgated by the Chartered Institute of Public Finance and Accountancy and the Institute of Internal Auditors (UK & Ireland).

Internal Audit will take cognisance in its work of Freedom of Information, Data Protection and Human Rights legislation.

2.5 Review

The charter is to be reviewed annually and approved by the Deputy Chief Executive & Borough Treasurer. The charter will be reviewed and approved by the Standards & Governance Committee as part of the annual review of the effectiveness of the Councils system of internal audit.

3 Risk Assessment

- 3.1 The report has a minimal direct impact on the overall risk of the Council.

4 Conclusion

- That the Committee agree without amendment the updated Internal Audit Charter and Terms of Reference.

Financial Services comments:	Nil
Legal Services comments:	Nil
Service Improvement Plan implications:	The information provided within the report has a direct link to improving the overall governance arrangements within the Council.
Corporate Plan:	Internal Audit's work supports all Council Services in pursuit of their overall corporate and strategic priorities.
Risk Assessment:	See Section 3
Background papers:	Nil
Appendices/Enclosures:	Nil
Report author/ Lead Officer:	Chris Davis 023 9254 5306

STANDARDS AND GOVERNANCE COMMITTEE WORKPLAN
AS AT 29 OCTOBER 2009

Work Area	Report To Committee	Lead Officer
Complaints Procedures and Analysis	29 Oct 09	Ken Lucking
Update on Internal Audit Charter	29 Oct 09	Chris Davis
Local Assessment Monitoring Report	29 Oct 09	Linda Edwards
Internal Audit 6 monthly position statement	29 Oct 09	Chris Davis
Contract Standing Orders	21 Jan 10	Peter Wilson/ Chris Davis
Risk Management Update	21 Jan 10	Chris Davis/ Julian Bowcher
Feedback on Gosport BC & Eastleigh BC partnership	21 Jan 10	Chris Davis
Strategic Audit plan 2010/13	21 Jan 10	Chris Davis
Monitoring Statement Oct – Dec 2009	21 Jan 10	Chris Davis
Fraud & Corruption Strategy update	21 Jan 10	Linda Edwards/ Chris Davis
Use of Resources progress monitor	21 Jan 10	Peter Wilson
Internal Audit 9 monthly position statement	21 Jan 10	Chris Davis
Member/Officer Protocol	21 Jan 10	Linda Edwards
New Member Induction	21 Jan 10	Linda Edwards
Local Assessment Monitoring Report	18 March 10	Linda Edwards

Annual Internal Audit Plan 10/11	18 Mar 10	Chris Davis
Risk Management	18 Mar 10	Chris Davis/ Julian Bowcher
Draft AGS 2009/10	22 Apr 10	Chris Davis
Annual Audit Report 2009/10	22 Apr 10	Chris Davis