

# Audit and Standards Committee

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**Thursday 11 January 2018 at 5.00 pm**

**To be held at the Town Hall, Pinstone  
Street, Sheffield, S1 2HH**

**The Press and Public are Welcome to Attend**

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## **Membership**

Councillors Josie Paszek (Chair), Adam Hanrahan (Deputy Chair), Dianne Hurst, Alan Law, Pat Midgley, Peter Price and Paul Scriven.

## **Independent Co-opted Members**

Liz Stanley.

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## **PUBLIC ACCESS TO THE MEETING**

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The Audit and Standards Committee oversees and assesses the Council's risk management, control and corporate governance arrangements and advises the Council on the adequacy and effectiveness of these arrangements. The Committee has delegated powers to approve the Council's Statement of Accounts and consider the Annual Letter from the External Auditor.

The Committee is also responsible for promoting high standards of conduct by Councillors and co-opted members.

A copy of the agenda and reports is available on the Council's website at <http://democracy.sheffield.gov.uk>. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information.

Recording is allowed at meetings of the Committee under the direction of the Chair of the meeting. Please see the website or contact Democratic Services for details of the Council's protocol on audio/visual recording and photography at council meetings.

If you require any further information please contact Simon Hughes in Democratic Services on 0114 273 4014 or email [dave.ross@sheffield.gov.uk](mailto:dave.ross@sheffield.gov.uk).

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## **FACILITIES**

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There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

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**AUDIT AND STANDARDS COMMITTEE AGENDA  
11 JANUARY 2018**

**Order of Business**

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- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of the Press and Public**  
Item 10 - 'Strategic Risk Management'- is not available to the public and press because it contains exempt information described in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended) relating to the financial or business affairs of any particular person.
- 4. Declarations of Interest** (Pages 1 - 4)  
Members to declare any interests they have in the business to be considered at the meeting.
- 5. Minutes of Previous Meeting** (Pages 5 - 10)  
To approve the minutes of the meeting of the Committee held on 16 November 2017.
- 6. Update on the General Data Protection Regulation/Data Bill** (Pages 11 - 20)  
Report of the Executive Director, Resources
- 7. Progress on High Opinion Audit Reports** (Pages 21 - 88)  
Report of the Senior Finance Manager, Internal Audit.
- 8. Standards Annual Report** (Pages 89 - 98)  
Report of the Director of Legal and Governance.
- 9. Regulation of Investigatory Powers Act** (Pages 99 - 128)  
Report of the Director of Legal and Governance
- 10. Strategic Risk Management** (Pages 129 - 160)  
Report of the Corporate Risk Manager.
- 11. Work Programme** (Pages 161 - 166)  
Report of the Director of Legal and Governance.
- 12. Dates of Future Meetings**  
To note that meetings of the Committee will be held at 5.00 p.m. on:-  
  
8 February 2018 (Additional meeting if required).  
8 March 2018 (Additional meeting if required)  
12 April 2018

14 June 2018  
26 July 2018

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period\* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

\*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
  - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
  - (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email [gillian.duckworth@sheffield.gov.uk](mailto:gillian.duckworth@sheffield.gov.uk).

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## SHEFFIELD CITY COUNCIL

### Audit and Standards Committee

#### Meeting held 16 November 2017

**PRESENT:** Councillors Josie Paszek (Chair), Dianne Hurst, Pat Midgley and Peter Price

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#### **1. APOLOGIES FOR ABSENCE**

1.1 An apology for absence was received from Liz Stanley.

#### **2. EXCLUSION OF THE PRESS AND PUBLIC**

2.1 No items were identified where resolutions may be moved to exclude the press and public from the meeting.

#### **3. DECLARATIONS OF INTEREST**

3.1 As Councillors, all Members of the Committee declared personal interests in items 6 – ‘Consultation on the Disqualification Criteria for Councillors’ and item 7 – ‘Revised Procedure for Dealing with Standards Complaints’.

#### **4. MINUTES OF PREVIOUS MEETINGS**

4.1 The minutes of the meeting of (a) the Committee held on 14 September 2017 and (b) the Consideration Sub-Committee held on 25 September 2017, were approved as correct records.

#### **5. CONSULTATION ON THE DISQUALIFICATION CRITERIA FOR COUNCILLORS**

5.1 The Monitoring Officer/Director of Legal and Governance submitted a report in relation to a Consultation on the Disqualification Criteria for Councillors and Mayors. The Government had issued a consultation paper, which set out its proposals for updating the criteria disqualifying individuals from being elected, or holding office, as a local authority Member or directly elected Mayor. The Committee was asked to consider a response to the consultation.

5.2 David Hollis, Assistant Director, Legal and Governance, introduced the report. He commented that the Government were consulting on widening the scope for disqualification to include any conviction related to sexual offences or anti-social behaviour. The Government was proposing that this criteria did not include sexual risk orders which was a Civil Order.

4.3 As there were no Members present from the main opposition party, Members asked that their responses to the consultation be shared with them for their input.

4.4 **RESOLVED:** That: (a) the Council’s response to the consultation should be as

outlined below:-

“Q1. Do you agree that an individual who is subject to the notification requirements set out in the Sexual Offences Act 2003 (i.e. is on the sex offenders register) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

**Agreed**

Q2. Do you agree that an individual who is subject to a Sexual Risk Order should not be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or the London Mayor?

**Disagree – They should be prohibited. The highest standards should be expected from those in public office and this is also a safeguarding issue as elected members can have contact with vulnerable individuals. As a Sexual Risk Order is made by a court after considering evidential submissions, it has the necessary safeguards for the individual.**

Q3. Do you agree that an individual who has been issued with a Civil Injunction (made under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014) or a Criminal Behaviour Order (made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

**Agreed but see response to Q6 below.**

Q4. Do you agree that being subject to a Civil Injunction or a Criminal Behaviour Order should be the only anti-social behaviour-related reasons why an individual should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

**Agreed**

Q5. Do you consider that the proposals set out in this consultation paper will have an effect on local authorities discharging their Public Sector Equality Duties under the Equality Act 2010?

**No**

Q6. Do you have any further views about the proposals set out in this consultation paper?”

**In making the comments above, it has had to be assumed that all orders are based on proper process and any convictions are correct. However, it has to be recognised that there can be wrongful convictions and we are**

**concerned that some forms of legitimate protest can lead to incidents that have arrests and prosecutions. We want to be assured that the proposals will not have the effect of preventing or discouraging elected members and those seeking election from taking part in legitimate protest and think that a safeguard would be that any prohibition would only be effective at the end of any appeal process that was being pursued; and**

(b) the Director of Legal and Governance and Monitoring Officer be requested to formally submit the Committee's response to the Department for Communities and Local Government.

## **6. REVISED PROCEDURE FOR DEALING WITH STANDARDS COMPLAINTS**

6.1 The Monitoring Officer/Director of Legal and Governance submitted a report in relation to proposed revisions to the Council's procedure for dealing with Standards Complaints. The procedure for dealing with standards complaints was approved by Full Council on 25 March 2016 following a recommendation from the former Standards Committee.

6.2 A revised procedure was approved by the Audit and Standards Committee in January 2017 in the light of the experience of dealing with complaints over the previous 14 months. However, a number of further revisions were now proposed arising from a review of the complaints considered this year.

6.3 Members requested that the revised procedure be circulated to Members of the Committee from the main opposition party prior to its submission to the Full Council meeting to be held on 6 December 2017.

6.4 **RESOLVED:** That:-

(a) the Committee recommends that Full Council adopt the revised procedure at its meeting to be held on 6 December 2017 and that the Constitution be amended accordingly; and

(b) the revised procedure be referred to the Parish and Town Councils for consideration and adoption.

## **7. REVIEW OF THE MONITORING OFFICER PROTOCOL**

7.1 The Monitoring Officer/Director of Legal and Governance submitted a report providing details of proposed changes to the Monitoring Officer Protocol which was to be submitted to Full Council for approval at its meeting to be held on 6 December 2017.

7.2 **RESOLVED:** That the Committee recommends to Full Council the adoption of the revised Monitoring Officer Protocol at its meeting to be held on 6 December 2017 and that the Constitution be amended accordingly.

## **8. ANNUAL OMBUDSMAN AND COMPLAINTS REPORT 2016/17**

8.1 The Director of Human Resources and Customer Services and the Director of Legal and Governance submitted a joint report providing an overview of the complaints received, and formally referred and determined by the three Ombudsmen (Local Government Ombudsman, Parliamentary & Health Service Ombudsman and Housing Ombudsman) during the twelve months from 1 April 2016 to 31 March 2017. The report also identified future developments and areas for improvement in complaint management.

8.2 Andrew Fellows, Customer Services Manager, responded to questions from Members of the Committee as follows:-

- Despite numbers of formal complaints to the Council going down, complaints were still being made. However, these may be being dealt with through an informal route. It was difficult to conclude this definitely, however, as complaints resolved informally were not recorded.
- Officers undertook post-closure monitoring and would liaise with service managers to ensure that a complaint had been addressed. The complaint was kept open until officers were satisfied this was the case.
- Evidence such as the large number of complaints received regarding tree felling showed that people were aware of the Council's complaints process.

8.3 **RESOLVED:** That the report, now submitted, be noted.

## 9. **UPDATE ON THE 2016/17 STATEMENT OF ACCOUNTS AND LETTER OF MANAGEMENT REPRESENTATIONS**

9.1 Tim Cutler, representing KPMG, circulated the External Audit report for 2016/17 in relation to the Statement of Accounts. He commented that the first stage of this process had been completed and there would now be a further stage of work in relation to objections received.

9.2 Mr Cutler added that the main changes related to the work on the objections and an adjustment to the accounts had been identified. This had no bearing on the financial health of the Local Authority. He had undertaken work in relation to both of the objections and was satisfied that this would not have an impact on being able to sign off the accounts.

9.3 Mr Cutler responded to questions from Members of the Committee as follows:-

- It was hoped that responses to the objectors would be provided within weeks.
- Objections, similar to the ones received, had been submitted nationally and auditors were working together to apply consistent judgements.

9.4 **RESOLVED:** That;-

(a) the report, now submitted, be noted; and

(a) the Executive Director, Resources, be authorised to sign off the management letter.

## **10. MID-YEAR REVIEW OF THE INTERNAL AUDIT PLAN**

10.1 The Senior Finance Manager, Internal Audit, submitted a report presenting to the Committee the outcomes of a mid-year review of Internal Audit's annual workplan.

10.2 Kayleigh Inman, Senior Finance Manager, Internal Audit, introduced the report and commented that the service had not been able to deliver many of the planned audits due to changes within the services that were to be audited.

10.3 There had been a number of vacancies within the Internal Audit team as a result of internal secondments. There were, however, sufficient mitigations in place for all vacancies. Any audits deferred would be back in the planning process for the 2018/19 plan.

10.4 In response to questions from Members of the Committee, Ms. Inman responded that the issue of vacancies had been a result of resources being required elsewhere and the internal secondments which had taken place as a result. This issue would be reduced in the future and the Internal Audit team would have sufficient resources to carry out the work planned.

10.5 **RESOLVED:** That:-

(a) the Committee notes the report, now submitted; and

(b) the Committee agrees the revised Internal Audit 2017/18 work plan included in the report.

## **11. WORK PROGRAMME**

11.1 The Director of Legal and Governance submitted a report providing details of an outline work programme for the Committee to July 2018.

11.2 **RESOLVED:** That the work programme now submitted be approved, subject to the inclusion of the External Auditor's report in the programme for the meeting to be held in January 2018.

## **12. DATES OF FUTURE MEETINGS**

12.1 It was noted that meetings of the Committee would be held at 5.00 p.m. on:-

- 14 December 2017 (additional meeting if required)
- 11 January 2018
- 8 February 2018 (additional meeting if required)
- 8 March 2018 (additional meeting if required)
- 12 April 2018
- 14 June 2018
- 26 July 2018

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## Audit and Standards

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**Report of:** Executive Director, Resources

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**Date:** 11 January 2018

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**Subject:**

UPDATE ON WORK UNDERTAKEN AND FUTURE WORK PLANNED TO ADDRESS THE REQUIREMENTS OF THE DATA PROTECTION ACT 2018.

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**Author of Report:** JOHN L CURTIS, HEAD OF INFORMATION MANAGEMENT, INFORMATION MANAGEMENT, BUSINESS CHANGE AND INFORMATION SOLUTIONS, RESOURCES

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**Summary:**

This report provides an update on work undertaken and planned to address the requirements of the forthcoming Data Protection Act 2018 which will be introduced on the 25<sup>th</sup> May 2018.

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**Recommendations:**

To note and continue to support the ongoing work.

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**Background Papers:**

Reference should be made to the internet links detailed within the report, and initial paper presented to the Audit Committee on 27<sup>th</sup> April 2017.

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**Category of Report:** OPEN

## Statutory and Council Policy Checklist

<b>Financial Implications</b>
NO
<b>Legal Implications</b>
YES
<b>Equality of Opportunity Implications</b>
NO
<b>Tackling Health Inequalities Implications</b>
NO
<b>Human rights Implications</b>
NO
<b>Environmental and Sustainability implications</b>
NO
<b>Economic impact</b>
NO
<b>Community safety implications</b>
NO
<b>Human resources implications</b>
NO
<b>Property implications</b>
NO
<b>Area(s) affected</b>
None
<b>Relevant Cabinet Portfolio Member</b>
Councillor Olivia Blake, Cabinet Member for Finance
<b>Is the item a matter which is reserved for approval by the City Council?</b>
NO
<b>Press release</b>
NO



## **UPDATE ON WORK UNDERTAKEN AND FUTURE WORK PLANNED TO ADDRESS THE REQUIREMENTS OF THE DATA PROTECTION ACT 2018.**

### **1. INTRODUCTION**

- 1.1.** This report provides a further update on the project to meet the requirements of the forthcoming Data Protection Act 2018. This comes into force on the 25th May 2018.
- 1.2.** The Data Protection Act 2018 will replace the existing Data Protection Act 1998 and will ensure that the United Kingdom meets the legal requirements of the EU General Data Protection Regulation (GDPR).
- 1.3.** Further information about this project and proposed changes in legislation can be found within the initial report presented to the Audit Committee on 27 April 2017. A copy of this initial report can be found [here](#).

### **2. BACKGROUND**

- 2.1.** As outlined in the initial Audit Committee report on GDPR, the European Union Commission proposed a General Data Protection Regulation (GDPR) in 2012. This was to achieve the following objectives:
  - Bring data privacy legislation up to speed with globalisation and technological advancements; and
  - Have a coherent approach to data privacy within Europe with all EU Member States following the same rules.
- 2.2.** To meet the requirements of the GDPR, the United Kingdom has introduced the Data Protection Bill which is currently going through its parliamentary stages. Further information about the Data Protection Bill and its stages through parliament can be found [here](#).
- 2.3.** More details about the proposed changes in legislation can be found within the initial GDPR report Initial Report to the Audit Committee on GDPR.
- 2.4.** To address these changes the Council has put in place a project team. This project team includes membership from across the Council,

with support from Zurich, the Council's insurers. Their role is to quality assure the project from a risk management perspective.

### **3. PROJECT UPDATE AND STAGES OF THE PROJECT**

**3.1.** At high level, there are 3 key stages to the project. These stages are explained within this section and include a description of the work undertaken, findings and actions, as well as any work already completed or planned.

#### **3.2. Stage One - Discovery & Awareness**

3.2.1. This stage one was from April to December 2017 and has been completed. The purpose of this stage was to review and audit in more detail what personal data we collect and hold; the purpose(s) for that processing; the legislation allowing that processing and addressing other questions regarding consent and retention.

3.2.2. This information was collected through the distribution of two council-wide surveys to managers regarding personal data collected by that service area, as well as a further survey that was sent to IT system administrators regarding the technology used and its capability.

3.2.3. The project team initially received over 170 completed surveys regarding the processing of personal data and over 77 completed surveys in relation to IT systems used to process personal data. These surveys have been validated and have provided an insight into where work needs to be undertaken to address the changes in Data Protection legislation.

3.2.4. This stage also included raising awareness to all suppliers by making them aware of the changes in legislation which maybe applicable to the service they provide to the Council. It also outlined that where they are processing personal data on our behalf of the Council we will more than likely have to update existing contracts. This will take place in January 2018, and be an ongoing activity.

3.2.5. Raising staff awareness of the changes in legislation has been important. Staff have been updated through the managers brief; intranet communications, and a series of workshops, and weekly drop in clinics. The Council also intends to roll out and refresh Information Governance e-learning content, which includes a short engaging video explaining more about the Act and your role and responsibilities as a council employee.

3.2.6. The Councils Internet content has also been updated to inform the public of the work we are undertaking and what these changes mean for them. We also do intend to run some consultation forums with the public about how we use their data next year.

3.2.7. Within this phase, we have also updated our security/ data breach reporting process, which will support the mandatory timescale of reporting to the Information Commissioners Office (ICO) within 72 hours.

### 3.3. Stage Two – Gap Analysis

3.3.1. This stage started in July and will continue into early 2018. This stage has partially run in parallel to stage one and has primarily consisted of reviewing the results from the two surveys and identifying what changes need to be made. It also includes completing where necessary Data Privacy Impact Assessments (DPIA) which assesses privacy, risks and controls that need to be in place to support fair, lawful and appropriate processing. The work around completing DPIA's will continue into stage three and be an ongoing activity.

3.3.2. The analysis undertaken within this stage has shown that further changes need to be made in particular which is detailed in table one. The areas of work primarily form activities within stage 3 of the project which commences in earnest in January 2018.

**Table One:** Some key changes that were identified as part of stage 2

Area	Main actions identified	Status
Consent	Only use when there is no legal power/ statutory duty available. This is in line	As part of stage one the council

	<p>with the Information Commissioner's Office advice.</p> <p>Update communications in line to the Act so that when consent is used it's clear to the person consenting what they are consenting too, and includes for example the ability to opt out at any time.</p> <p>Ensure that only "Opt In" is adopted when consent is required and that when consent has been provided it is through an affirmed action.</p>	<p>assessed where we have asked individuals for their consent to use their personal data.</p> <p>From January onwards we intend to update communications and guidance so that when Consent is required it adheres to the requirements of the new legislation.</p>
Subject Access Requests (request for personal data)	<p>Update communications and Standard Operating Procedures (SOP) to reflect changes, e.g. statutory period to complete a Subject Access Request.</p> <p>Ability to provide that request electronically to the customer.</p>	<p>Communications and operational guidance will be updated as part of stage 3.</p>
Retention	<p>Embed existing retention periods into working procedures for paper and electronic information.</p> <p>Raise awareness and update schedules within existing retention policy.</p> <p>Commence further work around Records Management to support access and retrieval and disposal. (paper and electronic information).</p>	<p>Some initial work has already taken place regarding our existing retention policies.</p> <p>Further work will continue as part of stage 3.</p>
Contracts	<p>Review and update existing contracts where personal data is processed / shared.</p> <p>Adopt when available Crown Commercial Services terms and conditions to new contracts.</p>	<p>Commercial Services informed existing suppliers of the changes in Data Protection legislation.</p> <p>Within Stage 3 changes in</p>

		contracts will be put into place where required.
Privacy Notices	<p>Review and update privacy notices so that they are in line with the requirements of the new Data Protection legislation.</p> <p>Update the Councils main privacy notice and adopt a tiered approach to privacy notices, as outlined by the Information Commissioners Office.</p>	<p>We have assessed some existing privacy notices and rewritten some initial guidance based on ICO guidance.</p> <p>Workshops are planned in January and February with staff that may need to rewrite privacy notices.</p>
Capability of IT system/ technical and non-technical controls.	<p>Ensure that technology used can delete and manage records in line with retention/ consider workarounds where there is no alternative.</p> <p>Ensure that appropriate controls (technical and non- technical) are in place to safeguard personal data.</p>	<p>An initial assessment was undertaken in stage one.</p> <p>We aim to address any necessary changes through contractual changes so that any new requirements are detailed appropriately.</p>
Information Governance Policies and Procedures/ Dashboard	<p>Refresh existing Information Governance policies and procedures in line.</p> <p>Development of a dashboard to support reporting on compliance to the Act that aligns to risk management reporting.</p> <p>Create new Information Governance policies that will support the accountability principle of the Data Protection Act.</p>	<p>This will be developed in stage 3.</p>
Data Protection	<p>Ensure that reporting from the DPO is embedded into existing risk</p>	<p>Discussions have already taken</p>

Officer (DPO)	<p>management audit and annual governance procedures. This includes the councils Annual Governance Statement.</p> <p>Ensure that Data Privacy Impact Assessments are signed off and the necessary controls in place.</p>	<p>place with Internal audit and legal to ensure that any reports from the DPO align to existing risk management procedures.</p> <p>Report produced by April detailing the responsibilities of the DPO and overall governance.</p>
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### 3.4. Stage Three – Implement Changes and review

- 3.4.1. This stage will commence in earnest in January 2018 and will primarily focus on the actions in the previous section. Other related actions which are specific to processing personal data will become apparent through the completion of Data Privacy Impact Assessments (DPIA).
- 3.4.2. We will continue to monitor and report progress made to the Executive Management Team and Audit Committee and will report any risks/ issues associated with this project.
- 3.4.3. Currently the project is reporting an Amber status due to the project slipping by approximately four weeks, and the volume of work required.
- 3.4.4. It is important that the evidence base created to support this work is maintained and that overall we embed into working practices the new requirements of this legislation. This will support the new principle of accountability. We will ensure that ongoing work for this project is aligned to existing risk, audit and governance practices.
- 3.4.5. There will be a review of the work undertaken by the designated Data Protection Officer (DPO) in early April 2018 to ensure that, where required, further actions are undertaken to meet the

requirements of the Act. This will be reported to the Executive Management Team and where appropriate and requested Audit Committee.

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## Audit and Standards Committee Report

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**Report of:** Senior Finance Manager, Internal Audit

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**Date:** 13<sup>th</sup> January 2018

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**Subject:** Progress on High Opinion Audit Reports

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**Author of Report:** Kayleigh Inman, Senior Finance Manager, Internal Audit

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**Summary:** The attached is the report of the Senior Finance Manager, Internal Audit providing an updated position on implementation of recommendations contained in audit reports issued with a high opinion.

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**Recommendations:**

Members are asked to:

To note the contents of the report and agree to remove the following items from the tracker.

That the Audit and Standards Committee agrees to the removal of the following reports from the tracker:

- External Funding (Corporate Review)
  - Intermediate Care Assessment Team (ICAT) to Short Term Intervention Team (STIT)
  - Delivery of Capital Schemes and Capital Gateway Approvals (Place)
  - Strong Economy Projects (Place)
  - Deprivation of Liberties Safeguards (DOLS) (People)
- 

**Background Papers:**

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**Category of Report:** Open

\* Delete as appropriate

If Closed, the report/appendix is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).'

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## Statutory and Council Policy Checklist

<b>Financial implications</b>
<del>YES</del> /NO      Cleared by: K Inman
<b>Legal implications</b>
<del>YES</del> /NO
<b>Equality of Opportunity implications</b>
<del>YES</del> /NO
<b>Tackling Health Inequalities implications</b>
<del>YES</del> /NO
<b>Human rights implications</b>
<del>YES</del> /NO
<b>Environmental and Sustainability implications</b>
<del>YES</del> /NO
<b>Economic impact</b>
<del>YES</del> /NO
<b>Community safety implications</b>
<del>YES</del> /NO
<b>Human resources implications</b>
<del>YES</del> /NO
<b>Property implications</b>
<del>YES</del> /NO
<b>Area(s) affected</b>
<b>Relevant Scrutiny Committee if decision called in</b>
Not applicable
<b>Is the item a matter which is reserved for approval by the City Council? <del>YES</del>/NO</b>
<b>Press release</b>
<del>YES</del> /NO

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**REPORT TO SHEFFIELD CITY COUNCIL AUDIT AND STANDARDS COMMITTEE**  
**11<sup>th</sup> January 2018**

**Internal Audit Report on Progress Against High Opinion Audit Reports.**

**Purpose of the Report**

1. The purpose of this 'rolling' report is to present and communicate to members of the Audit and Standards Committee progress made against recommendations in audit reports that have been given a high opinion.

**Introduction**

2. An auditable area receiving a high opinion is considered by internal audit to be an area where the risk of the activity not achieving objectives is high and sufficient controls were not present at the time of the review.
3. This report provides an update to the Audit and Standards Committee on high opinion audit reports previously reported. Where Internal Audit has yet to undertake follow up work, the relevant Portfolio Directors were contacted and asked to provide Internal Audit with a response. This included indicating whether or not the recommendations agreed therein have been implemented to a satisfactory standard. Internal Audit clearly specified that as part of this response, directors were to provide specific dates for implementation and that this was required by the Audit and Standards Committee.
4. This report also details those high opinion audits that Internal Audit propose to remove from future update reports. The Audit and Standards Committee is asked to support this.

**FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from the report.

**EQUAL OPPORTUNITIES IMPLICATIONS**

There are no equal opportunities implications arising from the report.

**RECOMMENDATIONS**

1. That the Audit and Standards Committee notes the content of the report.
2. That the Audit and Standards Committee agrees to the removal of the following reports from the tracker:
  - External Funding (Corporate Review)
  - Intermediate Care Assessment Team (ICAT) to Short Term Intervention Team (STIT)
  - Delivery of Capital Schemes and Capital Gateway Approvals (Place)
  - Strong Economy Projects (Place)
  - Deprivation of Liberties Safeguards (DOLS) (People)

**SHEFFIELD CITY COUNCIL  
UPDATED POSITION ON HIGH OPINION AUDIT REPORTS AS AT JANUARY 2018**

The following table summarises the implementation of recommendations, by priority, in each audit review.

Audit Title	Total				Complete				Ongoing				Outstanding	
	Critical	High	Medium	Ec/eff	Critical	High	Medium	Ec/eff	Critical	High	Medium	Ec/eff	High	Medium
Parking Services -cash income collection contract		7	5			2	2			5	3			
Training Centres		12	12	3		3	5	2		1		1	8	7
Subject Access Requests		7				4				3				
Controls in Town Hall Machine Room	2	3			1	2			1	1				
Continuing Health Care in Learning Disabilities	1	14	10	2		5	2	1	1	9	8	1		
Strong Economy Projects		5	4			5	4							
PCIDSS Compliance	2	1			1				1	1				
Apprenticeship Service	1	5	2		1	2	2			3				
IC&S to STIT		1	2			1	2							
SCDS - Residential and Nursing Agreements		1	2				1			1	1			
The Markets Service		4				2				2				
Council Processes for Management Investigations		5	1			1				4	1			
Payroll Pension Arrangements			1								1			
Capital Schemes and Capital Gateway Approvals		2				2								
DOLs	1				1									
Safeguarding Administration		2	3				3			2				
External Funding		1				1								
<b>Total</b>	<b>7</b>	<b>70</b>	<b>42</b>	<b>5</b>	<b>4</b>	<b>30</b>	<b>21</b>	<b>3</b>	<b>3</b>	<b>32</b>	<b>14</b>	<b>2</b>	<b>8</b>	<b>7</b>

Shaded items to be removed from the tracker

In total, updates have been provided on 124 recommendations. Of these, 58 (47%) have been implemented and 51 (41%) are ongoing, indicating work has been started but not yet fully completed. 15 recommendations were considered to be outstanding (12%).

**1. Pro-Active Work - Staff Expenses Claims (Corporate)** (issued to Audit and Standards Committee 13.7.17)

**As at Jan 2018**

This report was issued to management on the 16.6.17 with the latest agreed implementation date of 31.12.17. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

**2. Pro-Active Work – Declaration of Interests (Corporate)** (issued to Audit and Standards Committee 16.8.17)

**As at Jan 2018**

This report was issued to management on the 7.8.17 with the latest agreed implementation date of 31.3.18. An update on progress with recommendation implementation will be included in the next tracker report.

**3. Revenues and Benefits Contact Centre (Resources)** (issued to Audit and Standards Committee 24.10.17)

**As at Jan 2018**

This report was issued to management on the 10.10.17 with the latest agreed implementation date of 31.12.17. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

**4. Executor Services (People)** (issued to Audit and Standards Committee 27.11.17)

**As at Jan 2018**

This report was issued to management on the 13.11.17 with the latest agreed implementation date of 30.4.18. An update on progress with recommendation implementation will be included in the next tracker report.

**5. Pro-Active Fraud Work - Appointeeships (People)** (issued to Audit and Standards Committee 4.12.17)

**As at Jan 2018**

This report was issued to management on the 13.11.17 with the latest agreed implementation date of 31.1.18. An update on progress with recommendation implementation will be included in the next tracker report.

**6. The Licensing Service (Place)** (to be issued to Audit and Standards Committee 22.11.17)

**As at Jan 2018**

This report was issued to management on the 22.11.17 with the latest agreed implementation date of 31.3.18. An update on progress with recommendation implementation will be included in the next tracker report.

**7. Parking Services Cash Income Collection Contract (Place)** (issued to Audit and Standards Committee 7.11.17)

**As at Jan 2018**

This report was issued to management on the 30.6.17 with the latest agreed implementation date of 30.9.17. An Internal Audit follow-up review has been completed and the results are included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position as a result of Internal Audit follow-up work 27.11.17.
7.1	All relevant Parking Service's SOPs should be reviewed and revised to account for changes arising due to the cash collection contract. Once revised, these should be rolled out and issued to all staff involved in the procedures in question.	Medium	Parking Services Manager	31.7.17  Revised implementation date 30.11.18	All SOPs now updated and distributed.  <u>Internal Audit opinion</u> Internal Audit viewed the updated SOPS, held on the G drive. Additionally, management informed Internal Audit that 4 out of 7 staff had signed and returned acceptance of the SOPS. The 3 remaining staff was to action these on Monday 27 <sup>th</sup> November.  <b>Action ongoing</b>
7.2	The contractor should be required to provide a deadline for the immediate review and implementation of cash collection routes. This should be monitored by Parking Services and escalated where necessary.  On-going monitoring arrangements should be established to confirm the quarterly review in line with the contract.	High	Parking Services Manager	31.7.17  <b>Revised Timescale</b> 31.12.17	The contractor couldn't provide a confirmed date for completion of collection routes at the Q2 meeting. They have been asked to supply date by week commencing 20 November 2017.  The contractor has already taken the step to collect data that will help inform the new routes. They have installed electronic tags in the machines that accurately track date & time when a machine is visited. This data will help inform new route proposals.  <u>Internal Audit opinion</u>  <b>Action ongoing</b>
7.3	Management should look to re-establish the interface with the parking company back-office system as soon as possible, thereby enabling the identification of (and collection from) parking machines holding	Medium	Parking Services Manager	31.7.17  <b>Revised Timescale</b> 31.3.18	Place Change Programme has now started. The initiative to replace pay and display machines and connect all the back office systems to the cloud has begun.



	<p>excessive cash balances.</p> <p>The facility should also be used for contract performance monitoring purposes - to determine whether individual machines were being emptied in line with the predetermined routes.</p>				<p>The next steps are to go to Capital Programme Group and Cabinet for approval to spend capital and run procurement.</p> <p>Expected completion subject to this timescale but likely to be towards start of next financial year. Current processes to manually plan cash collection will continue until then.</p> <p><u>Internal Audit opinion</u></p> <p><b>Action ongoing</b></p>
7.4	<p>Spot checks should be carried out to ensure that the contractor maintains appropriate key security arrangements.</p> <p>Management should consider security options to minimise the risk of loss of keys.</p> <p>Recommendations relating to the increased incidence of damaged keys are raised as contract performance monitoring issues elsewhere in this report.</p>	High	Parking Services Manager	31.7.17	<p>First key spot check took place in October. Key safes purchased for 3 maintenance vans. To be fitted after vehicles changed for new fleet in November. Pouch and belt purchased for keys to be clipped to an individual.</p> <p>Bluetooth tracking device fitted to one set of regularly used keys, awaiting 3 more devices to cover all key use.</p> <p>Damaged keys raised in meeting with the contractor on 15 August 2017. Further training for staff agreed.</p> <p><u>Internal Audit opinion</u></p> <p>Internal Audit viewed the purchase order for the items listed, evidence of a spot key check in October 2017 and an email between the team and the contractor showing the points agreed at the meeting dated 15 August 2017.</p> <p><b>Action complete</b></p>
7.5	<p>The Parking Services Risk Management Plan should be reviewed to take account of the revised cash collection arrangements as well as the impact of service reviews.</p> <p>Risk Management Plans and Registers should be</p>	Medium	Parking Services Manager	31.8.17	<p>Service level risk plan was reviewed and updated on 17 November 2017.</p> <p>PLACE risk register last reviewed 17 November 2017.</p> <p><u>Internal Audit opinion</u></p>

	reviewed at least annually to ensure that the risk profiles are accurate and that mitigation strategies are operational and effective.				Internal Audit viewed the risk management plan at service and portfolio level and found that the risks were reviewed in November 2017.  <b>Action complete</b>
7.6	<p>Parking Services management should work with the contractor to develop a basket of suitable performance indicators for the collection contract.</p> <p>Once defined, independent source documentation should be used, or Parking Services management be given access to the contractor's management systems to validate and verify the figures quoted (e.g. customer complaints procedures).</p>	High	Parking Services Manager	<p>30.9.17</p> <p><b>Revised Timescale</b> 31.12.17</p>	<p>Request for updated suite of KPI's was sent 7 July 2017. Contractor agreed to review on 10 July 2017.</p> <p>As part of the Parking Services MER the manager responsible for Maintenance and Cash collection left Parking Services 27 July. Interim acting up arrangements have been put in place since then. Those interim arrangements have been focussed on resolving the key risks in this report. So although new KPI's have been discussed and agreed regular reporting hasn't yet taken place.</p> <p>This will begin with the arrival of the new manager on 4<sup>th</sup> December. It is expected the first review of KPI's then takes place.</p> <p><u>Internal Audit opinion</u> Internal Audit was provided with an email confirming that KPI's were to be agreed and an example of possible KPI's.</p> <p><b>Action ongoing</b></p>
7.7	<p>The contractor should be required to formally report back to the Parking Services Manager:</p> <ul style="list-style-type: none"> <li>• Setting out the reasons for the failure to meet the contractual KPIs; and</li> <li>• Providing an agreed action plan for the improvement in performance within a defined</li> </ul>	High	Parking Services Manager	<p>31.7.17</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p>The contractor was contacted on 7 July and responded on 10 July.</p> <p>They clarified that the contact spec. was for 77 boxes per day, based on 1 visit to cashiers per day to deliver the boxes. They identified Parking Services now required 2 deliveries to cashiers, which impacted on amount of boxes that can be collected in the second delivery period. This equates to approximately 7 collections. This means they can collect 70 boxes on average per</p>

	<p>deadline.</p> <p>The action plan should set out a timetable for the provision of revised collection routes and the attainment of agreed target of 80 cash box pulls per day. This should form the basis for monitoring by Parking Services management.</p> <p>Consideration should be given to whether the contractor has shown sufficient commitment to improvement or whether contractual penalties should be levied.</p>				<p>day based on Parking Services altered requirements.</p> <p>This new target doesn't significantly increase the risk to the quantity of cash held in machines as long as the revised route developed by Parking Services is adhered to.</p> <p>Actions still to take place are to formally amend the contract with procurement to reflect change in specification.</p> <p>It is relevant to note that the acting manager and her supervisor in Parking Services responsible for managing this contract have identified a further issue to manage regarding collections. They have identified that in order to attain the target figures required, cash collection operatives were not always following the recommended routes. This meant a greater risk of larger cash amounts building up in machines.</p> <p>This has been addressed in a meeting on 15 August 2017, and adherence to routes as well as number of boxes collected will be measured and discussed at the quarterly contact meetings.</p> <p><u>Internal Audit opinion</u> Internal Audit was provided with an excel spreadsheet showing the tracking of machine collections and evidence of the meeting outcomes for 15 August 2017 which supported the comments made.</p> <p><b>Action ongoing</b></p>
7.8	Applicable recommendations are raised at 7.10, below.	Medium	Parking Services Manager	31.7.17  <b>Revised Timescale</b> 31.3.18	See 7.10 for manager's progress comments.  <b>Action ongoing</b>

7.9	<p>Parking Services management should review the need for, and frequency of, the contract performance meetings. Following this diary entries should be established for the meetings with the contractor's nominated officer.</p>	Medium	Parking Services Manager	31.7.17	<p>Quarterly dates have been established for contract meetings. The first of which took place in August. Agendas produced and action points produced and shared with contractors, although this was on email as opposed to a minute template.</p> <p>In summary this has begun, but to be improved upon when the new Operations Manager for maintenance and cash collection beginning on 4 December 2017</p> <p><u>Internal Audit opinion</u> Internal Audit viewed the agenda template and an email with meeting actions from the meeting held on 02.08.17.</p> <p><b>Action completed</b></p>
7.10	<p>An appropriate contract performance monitoring framework should be established. This should include:</p> <ul style="list-style-type: none"> <li>• Regular scheduled meetings with named officers from the contractors management team;</li> <li>• A defined agenda for those meetings;</li> <li>• The incorporation of comment and feedback relating to contractor performance from TT&amp;PS Business Management and Cashiers;</li> <li>• The review of current performance indicators;</li> <li>• Formal minutes setting out issues discussed and actions agreed, together with any applicable deadlines and officer responsibilities;</li> <li>• Escalation procedures for contract disputes.</li> </ul>	High	Parking Services Manager	<p>31.7.17</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p>As above at 7.9. Transport Traffic and Parking Services (TT&amp;PS) business management and Cashiers were contacted for input prior to August meeting.</p> <p>The escalation procedure has been clarified. In summary this has begun, but to be improved upon when the new Operations Manager for Maintenance and Cash collection beginning on 4 December 2017.</p> <p><u>Internal Audit opinion</u> Internal Audit viewed the agenda template and an email with meeting actions from the meeting held on 02/08/17.</p> <p>Further work is required to ensure that the meetings held are recorded in line with the original recommendations made.</p> <p><b>Action ongoing</b></p>

	<p>Minutes should be approved by both parties and made available for review by the Parking Services Manager.</p> <p>Over and above this, the Parking Services Manager should seek assurances from the contractor that the issues noted at 7.8 will be addressed as part of the required contract performance improvements.</p>				
7.11		High	Parking Services Manager	30.6.17	<p>A form to analyse the contractor’s performance has been devised. It includes expected number of box “pulls”. Number of box “pulls” reported by the contractor and number of box “pulls” reported by cashiers. It allows analysis of where discrepancies lie, and the ability to analyse trends through excel.</p> <p>It has been used to challenge invoiced figure from the contractor.</p> <p>Further discussion has taken place, following advice from Commercial Services, on detail in contracts which allow the contractor to charge for visits to “pull” boxes from machines, which the contractor can access through no fault of their own. e.g. the machine door is stuck and Parking Services maintenance team is required to open the door with the assistance of tools.</p> <p>Parking Services are recording these instances and using their existing maintenance recording system to check any instances of this of this happening as part of the invoice price agreement process.</p> <p><u>Internal Audit opinion</u> Internal Audit was provided with performance analysis sheets and email evidence of challenge.</p>

					<b>Action complete</b>
7.12	<p>Given the audit findings, the Parking Services Manager should further investigate whether the Transport, Security and Maintenance Manager validated the figures provided in the contractor's invoices without sufficient evidence or authority.</p> <p>Discrepancies should then be taken up with the contractor and adjustments made in subsequent invoices for any overpayments made.</p> <p>Invoices should not be authorised as complete, or approved for payment were the figures provided as the basis for invoice calculation cannot be verified to independently obtained source totals.</p>	High	Parking Services Manager	30.6.17 <b>Revised Timescale:</b> 31.3.18	<p>Investigations have been taking place and final totals will be agreed by both parties before payment is agreed.</p> <p>The contractor agreed that payment could only be made against the treasury totals when further investigations had taken place.</p> <p><u>Internal Audit opinion</u> Internal Audit was provided with an email that showed the actions agreed from the August meeting which confirmed the above statement. However, due to the fact that further investigations have yet to take place this action is considered ongoing.</p> <p><b>Action ongoing</b></p>

**8. Training Centres - Recovery Planning and Monitoring (People Services)** (issued to Audit and Standards Committee 27.6.17)

<b>As at Jan 2018</b>
This report was issued to management on the 13.6.17 with the latest agreed implementation date of 30.9.17. An Internal Audit follow-up review has been completed and the results are included below. 15 of the original 27 recommendations remain outstanding and this is largely linked to the changing context of SCC and the People Portfolio priorities and the refreshed vision for Learning, Skills and Employment. In addition both the previous Director and the Assistant Director have retired.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position as a result of Internal Audit follow-up work 10.11.17.
8.1	<p>Service Management need to agree and articulate the key financial objectives of the training centres – be that to achieve a balanced budget, or be self-financing/sustainable.</p> <p>A 'recovery plan' for 17/18 and 18/19, setting out the</p>	High	C.Charnley - Operations & Development Manager, CYPF Business Strategy.	30.6.17 <b>Revised Timescale:</b> 31.12.17	<p><b>Outstanding</b></p> <p>Since the original audit both the Director of Lifelong Learning, Skills and Communities (LLSC) and the Assistant Director for Lifelong Learning have retired.</p>

	<p>detailed actions required that would achieve the financial objectives need to be developed as soon as possible.</p>		<p>Dee Desgranges - Assistant Director for LLSC (retired) Replaced by Emma Beal – Assistant Director for LLS.</p> <p>Eve Waite - Head of Employment and Skills, CYPF</p>		<p>The initial findings of the incoming Director indicated the need to reconsider the recovery plan in the context of changing SCC and People Portfolio priorities and a refreshed vision for Learning, Skills and Employment.</p> <p>The 2016-19 recovery plan, that was approved by the Recovery Group on 27 April 2017 and submitted as part of the original audit requires review. It is to be replaced with a Lifelong Learning &amp; Skills (LLS) development plan which reflects the planned actions going forward and the impact on the financial position. The plan will be further developed to cover three years from April 2017.</p> <p>The full three year plan to be completed for approval at the Strategic Group by 31 December 2017.</p>
8.2	<p>An 'action plan' containing all ongoing actions relating to the production of a viable recovery plan and also reflecting the latest position of any key financial targets should be created and reviewed/updated on at least a monthly basis as part of the planning and development group meetings.</p> <p>To accompany any narrative recovery plan and budget forecast, specific savings targets should be documented in a tabular 'monitoring document' and progress of these should then be monitored and updated monthly, to ensure that where there are issues/shortfalls, alternative proposals can also be considered, documented and monitored.</p>	High	<p>C.Charnley - Operations &amp; Development Manager, Business Strategy. Dee Desgranges - Assistant Director for LLSC. (retired) Eve Waite - Head of Employment and Skills.</p>	<p>30.6.17</p> <p><b>Revised Timescale:</b> 31.12.17</p>	<p><b>Outstanding</b></p> <p>A new timeline for key milestones will be developed to reflect the new Lifelong Learning &amp; Skills development plan.</p> <p>The initial timeline to be completed for approval by the strategic group by 30 November 2017 with the full three year timeline by 31 December 2017.</p>
8.3	<p>Details of budget assumptions that have historically proved to be incorrect should be thoroughly reviewed before they are used to in subsequent recovery plans. Any assumptions found to be unachievable should be revised, and the new assumptions clearly</p>	High	<p>C.Charnley - Operations &amp; Development Manager, Business</p>	<p>30.6.17</p> <p><b>Revised Timescale:</b></p>	<p><b>Outstanding</b></p> <p>These will be reviewed as part of the Lifelong Learning &amp; Skills development plan.</p>

	documented.		Strategy. Dee Desgranges - Assistant Director for LLSC (retired). Eve Waite - Head of Employment and Skills	31.12.17	
8.4	The recovery plan should be adjusted to reflect the current known position regarding income from room hire at Sheaf.	High	C.Charnley - Operations & Development Manager, Business Strategy	30.6.17 <b>Revised Timescale:</b> 31.12.17	<b>Action ongoing</b>  Adjustments in all income are reflected in Q Tier budgets for 2017-18.  The Lifelong Learning & Skills development plan will reflect these together with any other income changes.
8.5	When learner targets and profiles are being set for 17/18, and used as the basis for future recovery plans/budgets, lessons learned from the actual take-up in 16/17 should be taken into account.	High	D.Desgranges - Assistant Director for LLSC (retired)  E.Waite - Head of Employment and Skills.	30.6.17 <b>Revised Timescale:</b> 31.12.17	<b>Outstanding</b>  Work is underway by the leadership team to redefine the vision Lifelong Learning & Skills (LLS). This will then drive choices over the range of programmes to be delivered for the 2018-19 academic year, commencing September 2018. These will be underpinned by resource plans that the heads of service will produce, in accordance with the overall timeline for the revised recovery plan.  For the current financial year assumptions there is clarity as to the number of learners that we need to recruit to maximise available income within contract allocations, ensure sufficient additional Study Programme learners to increase future “lagged” allocations and to provide sufficient growth in apprenticeship and traineeship numbers.



					<p>The operational group will retain oversight for the ongoing recruitment to programmes which start within year. Resource plans to be completed for approval by the Strategic Group by 31 December 2017.</p>
8.6	<p>Management need to ensure that the reasons as to why the 2015 MER did not achieve the planned savings, are fully understood and documented, in order to ensure that lessons can be learned and applied to any future MER's.</p>	Medium	<p>C. Charnley – Operations &amp; Development Manager, Business Strategy – to document lessons learnt in revised Recovery Plan, 2017 and D.Desgranges - Assistant Director for LLSC to incorporate lessons learnt into MER process</p>	31.8.17	<p><b>Implemented</b></p> <p>The 2015 MER has no relevance to the current situation. However as part of the handover process for the incoming Director a timeline of the training unit history was produced which does provide the reasons why the 2015 MER did not make the original level of planned savings. A copy of this document has been provided to Internal Audit.</p> <p>In terms of the current year's MER, this will not now be launched until January 2018 (as per the Lifelong Learning and Skills development plan) as we need to link our revised staff resource to our planned delivery from September 2018.</p> <p>The MER also needs to cover the wider remit of Learning Skills and Employment.</p> <p>Draft MER document to be completed for Strategic group approval by 30 November 2017.</p> <p><u>Internal Audit opinion</u> The LLSC, Learning, Skills and Employment – Training Unit Recovery History was reviewed by Internal Audit and records the 2015 MER and issues encountered.</p> <p><b>Action complete</b></p>
8.7	<p>Going forward, as part of any budget setting/recovery planning process, Management should document all of the assumptions used to compile their budget and submit this to their Finance Business Partner (FBP)</p>	Medium	<p>C.Charnley - Operations &amp; Development Manager,</p>	30.6.17	<p><b>Recommendation related to specific issue for 2016/17 and therefore no longer relevant</b></p> <p>This was a specific issue for 2016-17 financial</p>

	and the Strategic Support Manager within LLSC to obtain their review/feedback and confirmation that the assumptions being made are 'reasonable', before formally setting their budget/recovery plan.		Business Strategy. S.Bulman - Strategic Support & Development Manager, LLS		year and as such no longer applies.  <u>Internal Audit opinion:</u> <b>Action complete</b>
8.8	Given the overlap of content, and the ongoing deficit position of the training centres, the FBP should be included on the circulation of all meeting minutes and provided with performance documentation used as part of the planning and development group meetings.	Efficiency/ Effectiveness	A.Scott - Head of Strategic Development and Support, LLS	30.5.17	<b>Implemented</b>  Finance Business Partner has been attending both Strategic and Operational Group meetings since June 2017.  We are continuing to redefine the governance and associated meeting structure for the recovery plan process to become a Lifelong Learning & Skills development plan process which integrates and aligns with governance structures for the wider Learning, Skills and Employment service.  This will take into account the findings at 2.2, 2.3 and 8.11.  <u>Internal Audit opinion:</u> Meeting minutes for both the operational and strategic group meetings were provided and FBP had been invited to both.  <b>Action complete</b>
8.9	A spreadsheet should be created in order to provide a log/record of all ongoing action points and their status. These should contain clear deadlines and allocated responsibility to individually named officers where possible. Follow up/review of progress should then take place on at least a monthly basis, and narrative updates recorded to evidence this. To provide a full history and comprehensive audit trail of	Efficiency/ Effectiveness	A.Scott - Head of Strategic Development and Support, LLS	30.5.17  <b>Revised Timescale:</b> 30.11.17	<b>Implemented</b>  An Action Log has been developed and presented to Recovery Group meetings  <u>Internal Audit opinion</u> A copy of the Recovery Group Action Log (updated 15.11.17) was provided to Internal

	action taken to date, the spreadsheet should contain separate worksheets for current and closed actions.				Audit and considered adequate.  <b>Action complete</b>
8.10	There should be a standard agenda item within the recovery and planning group meetings (on at least a monthly basis) to report the ongoing financial position of the training centres and of any positive action taking place to drive costs down and increase income.	Medium	A.Scott - Head of Strategic Development and Support, LLS	30.6.17  <b>Revised Timescale:</b> 31.3.18	<b>Outstanding</b>  The revised governance structure will link in reports from the monthly revenue reporting process produced by Finance Business Partner to the Strategic Group  Dawn Shaw Head of Libraries, Communities and Learning and Skills. Emma Beal Assistant Director of LLS. Eve Waite Head of Employment and Skills
8.11	Management should look to develop a simple, concise 'financial performance dashboard/report' that can be prepared on a more regular/timely basis. If possible the information included should still include a breakdown of the actual expenditure and forecasted outturn position for individual areas of income and expenditure, as this provides useful information that Management can use when evaluating progress against recovery plans, and determining areas where further savings could potentially be made (if necessary).	High	S.Bulman - Strategic Support and Development Manager, LLS	31.7.17  <b>Revised Timescale:</b> 31.3.18	<b>Outstanding</b>  This requires review as the previous version that was under development is no longer fit for purpose. This needs to take into account the difficulty of providing real time information due to the time lag between learner recruitment, learner commencement and learner registration on the system  It is unlikely to be resolved without the planned replacement data system.  Position to be reviewed by the Strategic Group by 31 March 2018.
8.12	Given the current financial position of the training centres as a whole, consideration should be given to treating each as a separate 'trading centre' and coding income and expenses accordingly. This will enable Management to obtain a more accurate picture of the costs/income associated to each centre.	High	C.Charnley - Operations & Development Manager, Business Strategy	30.6.17  <b>Revised Timescale:</b> 31.12.17	<b>Outstanding</b>  Progress in this area has been hampered by the lack of clarity around how the apprenticeship and non-apprenticeship budgets would be split. This has been redefined by the new Leadership Team and work is underway to prepare proposals.

					A structure to be proposed to the Strategic group for approval by 31 December 2017.
8.13	Management should ascertain and document the reasons why the reported outturn is significantly higher in 16/17 than the original recovery plan. The issues identified should then be addressed where possible or taken into consideration as part of 'lessons learned' when producing all future recovery plans, in order that the plans are realistic and achievable.	Medium	C.Charnley - Operations & Development Manager, Business Strategy.	30.6.17	<p><b>Implemented</b></p> <p>As part of the handover process for the incoming Director a timeline of the training unit history was produced this summarises the key assumptions made at budget setting each year and any assumptions that proved to be incorrect.</p> <p>A copy of this document was provided to Internal Audit.</p> <p><u>Internal Audit opinion:</u> The Learning, Skills and Employment – Training Unit Recovery History was reviewed by Internal Audit and records the assumptions.</p> <p><b>Action complete</b></p>
8.14	A cost/benefit exercise, and consideration of the mid/long term future of the training centres should be undertaken prior to committing to the procurement of any new systems for the training centres.	Medium	E.Waite - Head of Employment and Skills	30.8.17 <b>Revised Timescale:</b> 31.3.18	<p><b>Outstanding</b></p> <p>This remains work in progress.</p>
8.15	<p>Mitigation action/systems should be put in place to ensure that there is no reoccurrence of eligible funding not being claimed due to a lack of awareness by staff.</p> <p>There should be a documented audit trail created where decisions are taken to utilise existing reserve balances.</p> <p>Reserves that are held to cover any risk of future clawback, should not be used to offset against training centre losses, and should be documented within the LLSC risk management plan.</p>	High	S.Bulman - Strategic Support and Development Manager, LLS. P.Jeffries – Finance Business Partner now Karen Hesketh – Finance Business Partner.	30.6.17 <b>Revised Timescale:</b> 31.12.17	<p><b>Outstanding</b></p> <p>Current assumptions around the use of reserves will form part of the new Lifelong Learning &amp; Skills development plan.</p>

8.16	<p>Management should take steps to clarify with their FBP whether this funding is in addition to their 'known balances' that are available within reserves. Any over achievement of income during the year should be used to off-set in year expenditure, where losses are forecast. Steps should be undertaken to ensure transparency, and prompt/timely notification of such balances in future.</p>	Medium	S.Bulman - Strategic Support and Development Manager, LLS.	<p>30.6.17</p> <p><b>Revised Timescale:</b> 31.3.18</p>	<p><b>Outstanding</b></p> <p>This is an historic issue.</p> <p>FBP will be fully engaged with both the operational and strategic group meetings within the new governance structure as well as producing monthly revenue budget reports to feed into the group.</p>
8.17	<p>All rooms/locations at each of the training centres should be recorded on the utilisation calendar, in order to provide a complete picture of room usage across the sites.</p> <p>To aid Management review, and ensure that rooms are being used in the most efficient manner, details of the room capacity, and also of the numbers of learners booked to attend the individual sessions should be recorded on the utilisation calendar.</p>	Efficiency/ Effectiveness	<p>A.Scott - Head of Strategic Development and Support, LLS.</p> <p>Emma Beal Assistant Director LLS.</p>	<p>31.7.17</p> <p><b>Revised Timescale:</b> 31.3.18</p>	<p><b>Action ongoing</b></p> <p>This remains work in progress but will be an operational level issue in terms of future governance.</p>
8.18	<p>Whilst awaiting the return of signed SLA's, invoices to the schools using Sheaf should still be raised on a quarterly basis.</p> <p>Once invoices have been raised, these should be actively pursued to ensure that the income is received promptly by the training centres, as a proportion of any income received after 60 days is retained centrally.</p>	High	S.Bulman - Strategic Support and Development Manager, LLS.	30.6.17	<p><b>Implemented</b></p> <p>Completed for 16/17 academic year.</p> <p>2 schools rent rooms at Sheaf Training Centre. Invoices have been raised for both; however 1 is being disputed and has been referred to the Deficit Steering Group for a decision about the payment of outstanding amounts.</p> <p>The current position to be reported to the Operational Group to confirm that invoicing is up to date by 30 November 2017.</p> <p><u>Internal Audit opinion</u> SLA provided for Bents Green dated 11.9.17 for period 11.9.17 – 20.7.18 and outlined costings. Invoices were not provided so assurance based on manager comments.</p> <p><b>Action complete</b></p>

8.19	Management should consider whether 'partners' should be given an indication as to the likelihood, and of the maximum potential financial liability that they could face if strategic funding cannot be secured, in order for them to make an informed decision as to whether they wish to sign the SLA's that are outstanding and continue with their use of Sheaf.	High	D.Desgranges - Assistant Director for LLSC (retired)  Emma Beal Assistant Director for LLS.	30.8.17	<p><b>Implemented</b></p> <p>Agreements reviewed by Assistant Director for the 17/18 academic year with this reference removed.</p> <p><u>Internal Audit opinion</u> This paragraph has been removed from the SLA provided for Bents Green dated 11.9.17.</p> <p><b>Action complete</b></p>
8.20	Quarterly invoices should be raised with the school in respect of ongoing room hire incurred, whilst awaiting confirmation (or otherwise) as to whether the costs will be paid centrally going forward. The school themselves can then liaise with SEN to recover invoices paid to date.	Medium	C.Charnley - Operations & Development Manager, Business Strategy.  S.Bulman - Strategic Support & Development Manager, LLS.	30.6.17  <b>Revised Timescale:</b> 31.3.18	<p><b>Outstanding</b></p> <p>This remains an outstanding issue but is part of a more complex scenario involving other parts of the portfolio.</p> <p>Emma Beal, Assistant Director is going back to School Deficit Group on 14 November for a further discussion which will inform service decisions on future arrangements for this tenant.</p>
8.21	Given the 'relatively' small number of times that the Red Tape studio has been hired, Internal Audit recommend the potential to increase income is explored by looking at ways to actively market/advertise this facility, including making the facility available during non-working hours in the week and on weekends.	Medium	A.Scott - Head of Strategic Development and Support.  Emma Beal Assistant Director for LLS.	30.6.17	<p><b>Implemented</b></p> <p>This was reviewed by the Recovery Group on 22.6.17 but not felt to be a viable option in terms of significant income levels.</p> <p>However, this will continue to be reviewed and considered as part of the plan for delivery for the 2018-19 financial year.</p> <p><u>Internal Audit opinion</u> Planning and Development Group meeting held on 22nd June, 2017 had an agenda item discussing 'Review of Red Tape rental income and charging Policy across all Training Centres' which costs were reviewed and action agreed.</p>

					<b>Action complete</b>
8.22	The annual revision of the schedule of charges should take place before 1st April each year, or alternatively move it to commence on 1st September each year and then ensure the policy is updated and re-issued over the summer.	Medium	A.Scott - Head of Strategic Development and Support, LLS. Emma Beal Assistant Director for LLS.	30.6.17	<b>Implemented</b>  This was reviewed by Recovery Group 22.6.17 when it was agreed to increase by level of inflation for 17/18.  Charges will continue to be reviewed on an annual basis and will be considered as part of the plan for delivery for the 2018-19 financial year. However, it is not significant in terms of the level of income possible.  <u>Internal Audit opinion</u> Refer to 8.19 above.  <b>Action complete</b>
8.23	To mitigate the risk of fraud/irregularity and ensure good governance arrangements are in place, Management need to perform periodic independent review/reconciliation of income and banking.	Medium	A.Scott - Head of Strategic Development and Support, LLS.  S. Bulman Strategic Support and Development Manager, LLS.	30.6.17  <b>Revised Timescale:</b> 31.3.18	<b>Outstanding</b>  Recovery Group agreed 22.6.17 to transfer to Pay.NET and following recruitment of new Project Support and Development Officer this will be actioned by 31 <sup>st</sup> March 2018.
8.24	Benchmarking of staff cost ratios should be undertaken on a regular basis, and where Sheffield appears high, action should be undertaken to identify and document the reasons why, and to take action to reduce costs where possible.	Medium	D.Desgranges - Assistant Director for LLSC (retired)  E.Waite - Head of Employment and Skills.	30.6.17  <b>Revised Timescale:</b> 31.3.18	<b>Outstanding</b>  The central issue here, is the affordability of staff structures set against the profitability of individual programmes, with a need to cover the overhead of three centres. This will be addressed in the resource plans that the heads of service will produce, in accordance with the overall timeline for the revised recovery plan.

8.25	Management should consider whether staff time spent on delivery/admin elements needs to be revised to be in line with benchmarking data, or whether any future staff requirement calculations/ MER's take into account 'actual time' spent, in order to ensure that these are as accurate as possible.	Medium	D.Desgranges - Assistant Director for LLSC (retired) and E.Waite - Head of Employment and Skills.	30.5.17 <b>Revised Timescale:</b> 30.9.18	<b>Outstanding</b>  Plans to inform an MER to be launched in January 2018 for resources required to deliver from September 2018.
8.26	The staff utilisation spreadsheet should be updated on at least a quarterly basis and produce information relating to the profitability (or otherwise) of subject areas resulting from the actual costs and learner numbers to enable analysis/review at the planning and development group meetings.	High	S.Bulman - Strategic Support and Development Manager, LLSC	30.7.17	<b>Recommendation no longer relevant</b>  This analysis was designed to inform the split of resources and budgets as part of separating the apprenticeship and non-apprenticeship delivery.  We have a sufficiently clear picture now and the level of overlap of staff between apprenticeship and non-apprenticeship is now minimal negating the need for this analysis to continue.  <u>Internal Audit opinion</u> <b>Action complete</b>
8.27	Management should review the viability of courses which do not cover their direct costs, and consider increasing the minimum numbers of learners to ensure that value for money is improved. The uplift percentages applied should also be reviewed to assess whether the value created is sufficient, if it is to be used as a benchmark as to a courses viability.	High	D.Desgranges - Assistant Director for LLSC (retired) and E.Waite - Head of Employment and Skills  S.Bulman - Strategic Support and Development Manager, LLS	30.6.17 <b>Revised Timescale:</b> 31.3.18	<b>Outstanding</b>  Please refer to the response at 8.24



**9. Subject Access Requests (CYPF)** (issued to Audit and Standards Committee 28.4.17)

**As at July 2017**

This report was issued to management on the 18.1.17 with the latest agreed implementation date of 31.10.17. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

**As at Jan 2018**

A follow-up audit was undertaken in December 2017. The results are reproduced below. Of 7 agreed recommendations, 4 are complete and 3 are ongoing.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position as a result of Internal Audit follow-up work 2.12.17.
9.1	<p>The Corporate SAR process should be reviewed and roles and responsibilities clearly re-defined where necessary.</p> <p>The specialised role of the Information Governance team in the process should be fully defined and documented. This role should be advisory in nature and not form part of the business as usual process.</p> <p>Any issues noted should be recorded to try to ensure that they can be included in future training and development.</p>	2 - High	Elyse Senior-Wadsworth, Service Manager - Business Support	31.10.17  <b>Revised Timescale</b> 31.3.18	<p><b>Action Ongoing</b></p> <p>A review has been undertaken whilst the CYPF portfolio was still in place.</p> <p>There are still separate SAR processes in place for the ‘children and adult services’ which have now been amalgamated under ‘People portfolio’, but we intend to review and combine these in the longer term.</p> <p>Defining the role of the Information Governance team is an area that is still outstanding.</p>
9.2	Subject access requests should be recorded and monitored on one system only (preferably the SharePoint site). All officers who are involved in the SAR process should have appropriate access to the SharePoint site.	2 - High	Elyse Senior-Wadsworth, Service Manager - Business Support	31.10.17	<p><b>Implemented</b></p> <p>A single CYPF tracker is now held on Sharepoint.</p> <p>We intend to create a single ‘People’ tracker in the longer term.</p> <p><b>Action complete</b></p>
9.3	A Portfolio data map should now be produced for responding to subject access requests. This should	2 - High	Elyse Senior-Wadsworth,	31.10.17	<b>Ongoing</b>

	clearly detail the routine information that should be checked when a subject access request is received, where this can be located and who is responsible for this source of information.		Service Manager - Business Support	<b>Revised Timescale</b> 31.3.18	A 'basic' CYPF portfolio data map is now in existence, however, we feel that this should be a living document and in the longer term, could expend it to reflect the location of, and retention periods for historical data.  We also intend to create a single 'People' map in the longer term.  <b>Action ongoing</b>
9.4	Management should now consider the need to have in place an officer with the designated responsibility of 'triaging' SAR requests as they are received, ensuring that they are sent appropriately to the relevant officers/services for information gathering/response and monitoring responses as deadlines approach. The officer responsible should have the necessary professional knowledge to undertake this role.  This is a co-ordination role and would likely fit with an officer's main responsibilities. However, the demands of the role need to be clearly assessed and then attributed to one officer. However, it is important that there are adequate cover arrangements in place to ensure continuity.	2 - High	Elyse Senior-Wadsworth, Service Manager - Business Support /John Curtis, Head of Information Management.	31.10.17	<b>Implemented</b>  The triage role (as recommended) is now in place.  In the longer term, we would like to see an expansion of the tasks this role performs to include more 'initial fact finding'.  <b>Action complete</b>
9.5	It is recommended that current staffing arrangements are reviewed for resilience in light of the fact that the numbers of SARs are unlikely to decrease over time.  Appropriate continuity arrangements should be in place for when the Access to Information Officer is on leave/absent.	2 - High	Elyse Senior-Wadsworth, Service Manager – Business Support /John Curtis, Head of Information Management.	31.10.17  <b>Revised Timescale</b> 31.1.18	<b>Alternative action undertaken</b>  Some progress with this has been made, as the main body of redaction is now undertaken by Business Managers.  In the short term, backlogs are being addressed via external contractors, and regarding longer term solutions, PLT have asked for an options appraisal by January 2018. <b>Action ongoing</b>
9.6	The issues of inconsistencies in the quality of responses should now be reviewed. The need for a	2 - High	Elyse Senior-	31.10.17	<b>Alternative action undertaken</b>

	quality check prior to information being sent out should be considered. If this is not deemed feasible, the training requirements of staff involved in this process need to be reviewed and where gaps are identified, appropriate training put in place.		Wadsworth, Service Manager – Business Support.		<p>The main body of redaction is no longer part of the Information Governance Team, and so this has freed up resource for them to undertake Quality Assurance.</p> <p>At the present time, there are no longer plans in place to recruit Social Work Support Officers.</p> <p><b>Action complete</b></p>
9.7	Internal Audit recommends that the role of the social worker is reviewed in the subject access request process, ensuring that this involvement is as effective as possible and takes in to account the workloads of social work colleagues.	2 - High	Elyse Senior-Wadsworth, Service Manager – Business Support.	31.10.17	<p><b>Implemented</b></p> <p>Following workload review, the involvement by Social Workers has been revised, and they now advise on impact only. Redaction is undertaken by the Business Support Manager, and this process is working well.</p> <p><b>Action complete</b></p>

**10. Controls in Town Hall Machine Room (Resources)** (issued to Audit and Standards Committee 24.5.17)


<b>As at July 2017</b>
This report was issued to management on the 27.4.17 with the latest agreed implementation date of 31.12.17. An update on progress with recommendation implementation will be included in the next tracker report.

<b>As at Jan 2018</b>
An update on progress with recommendation implementation was requested. It is acknowledged by Internal Audit that not all the recommendations are due for implementation as at the date of update.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Senior Technical Solutions Architect, BCIS 15.11.17.
10.1	Senior Managers should now work with Capita to ensure that the roles and responsibilities in relation to the Town Hall server room/machine room are clearly documented and agreed. This should be communicated to all relevant Officers.	1 - Critical	Mike Weston, Assistant Director ICT Service Delivery	Full review to be completed by the end of June 2017 (this will be undertaken by	<p>The roles and responsibilities for the Town Hall Machine room have now been established.</p> <p>The process to report faults with equipment supported by SCC Facilities Management, Air-</p>

	<p>As part of the definition of roles and responsibilities, only one Officer/service should be responsible for the access processes and policy. This is vital if access to the room is to be strictly controlled.</p>		<p>Mark Cummins, Facilities Manager – to confirm process should Capita wish to raise issues with the air conditioning/ gas suppression systems.</p>	<p>officers from Capita/BCIS/UTC and Facilities Management).</p> <p>Access policy/procedures to be updated fully by end September 2017.</p> <p><b>Revised Timescale</b> 19.12.17</p>	<p>Conditioning, Fire Suppression, Intruder Alarm, Mains Power and back-up generator has been confirmed and will be documented in a Room Management Safety file. The file will also include the induction process for individuals on the access control list.</p> <p>In addition should one stakeholder notice an issue with another's equipment, the reporting procedure is also included in the document.</p> <p>Notices have been up in the machine room confirming the reporting procedures.</p> <p>The process managing requests to be added to the Machine Room access control list has been reviewed.</p> <p>Capita are responsible for the upkeep of the access control approval procedure, authorising addition/removal of individual to the access control list. Changes to passes are physically made by SCC Facilities, providing a dual approval step.</p> <p>The contract change has not been raised to transfer formal responsibility of the room to Capita, however the service is operating in the spirit that the change has been made for access control.</p> <p><b>Remaining Actions:</b></p> <p><b>Documentation</b> <b>Action One:</b> The documentation is scheduled to be completed by the middle of December 2017</p> <ol style="list-style-type: none"> <li>1. The Room Management Safety File including RACI. (Mark Cummins SCC)</li> </ol>
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					<p>2. Access control request process document. Lee Parkin Capita (Rob Craine SCC)</p> <p><b>Action ongoing</b></p>
10.2	<p>An immediate training plan needs to be put in place for staff at the Porter's Lodge at the Town Hall. They should always follow the access control policy for the room.</p> <p>The Council needs to work with Capita to ensure that appropriate access controls are in place. These can be strengthened when roles and responsibilities for the room have been clearly defined and documented.</p>	1 - Critical	<p>Mike Weston Assistant Director ICT Service Delivery – to direct the completion of the audit and the update of the access policy/procedures.</p> <p>Mark Cummins, Facilities Manager – to ensure that rigour is applied to signing in process so that details can be captured on why access is required to the room. (This will simply require more space on the signing in sheets). Training as appropriate to be provided once the access control policy and procedures</p>	30.9.17	<p>The Town Hall Attendants at the porter's lodge, who are responsible for signing the key out and in, have been re-briefed on the critical nature of the services held in the machine room, and the protection the access control procedure provides.</p> <p>Dual access control is now in place on the machine room door. An individual who is approved to access the machine room has their badge enabled for access but must visit the porter's lodge to sign out a key to the outer door and complete the access request sheet. This fail safe will prevent access past the second door should an individual get unauthorised access to the key.</p> <p>The new door access control system provides a technical control for access. Reports can be run to confirm who has accessed the room in a given period, and failed attempts. These reports are made available on a monthly basis or on request.</p> <p>The Town Hall Attendants do not have access to the room directly. If an emergency situation occurs senior facilities staff are on the access control list for the room. Additional contractor access cards are held in the Town Hall safe.</p> <p>At the time of writing the reviewed access control procedure document is being written up, however the technical controls have been put in place. The documentation is expected to be</p>

			have been reviewed and updated.		completed by the end of November 2017, (Action One above). The delay has been due to some difficulties getting the new door access control implemented in the Town Hall. <b>Action complete</b>
10.3	It is believed that the fire door at the back of the Town Hall Server room is not alarmed.  Management, in conjunction with Capita, should now assess the risk associated with this and implement appropriate action.	2 - High	Mark Cummins, Facilities Manager	30.6.17	The door sensor is linked to the alarm system. If the door is left open the alarm cannot be armed.  If the door forced open, (break in), the alarm would not activate, however the PIR sensor would detect unauthorised entry and trigger the alarm.  <b>Action complete</b>
10.4	The Council should work with the Capita Security Manager to ensure that the risks associated with the positioning of the air conditioning units/back-up generator are appropriately assessed and action is implemented where required.	2 - High	Mike Weston, Assistant Director ICT Service Delivery	30.6.17	Due to fire regulations fix hard barriers could not be installed.    Portable maximum safety crash barriers, (sand filled), have been installed to protected the Air-Conditioning units, (photo above.) <b>Action complete</b>
10.5	Working in conjunction with the Capita Security Manager, management should ensure that there are appropriate business continuity arrangements in place for the room following a full business impact analysis. This should be completed once the roles and responsibilities in relation to the room have been clearly formalised and documented.	2 - High	Mike Weston, Assistant Director ICT Service Delivery	31.12.17  <b>Revised Timescale 31.3.18</b>	The strategic plan is to move the councils ICT infrastructure into a cloud based hosting service, so reducing dependency on the Town Hall Machine Room.  The migration process has started and the expected to complete by end of March 2018. <b>Action ongoing</b>

**11. Continuing Health Care in Learning Disabilities (People)** (issued to Audit and Standards Committee 8.5.17)

**As at July 2017**

This report was issued to management on the 24.4.17 with the latest agreed implementation date of 31.3.18. An update on progress with recommendation implementation will be included in the next tracker report.

**As at Jan 2018**

An update was requested from the Head of Service, Future Options, which is reproduced below – Internal Audit acknowledged in following up this report that not all the recommendations had passed the implementation date. Management stated that the outcomes from the current CHC project and the Whole Case Family Management system implementation would address most of the recommendations in this report.

As a result of the Adults Social Care reorganisational change, the Learning Disability Team no longer exists and so recommendations have been reassigned to the Head of Service, Localities. Internal Audit will conduct a follow-up review next year.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided by Andrew Wheawal, Head of Services, Future Options 1.12.2017.
11.1	Service managers to work with the CCG to formalise, agree and jointly sign a service specification which sets out the arrangements in place. This should be subject to periodic joint reviews (SCC & CCG) and state the process for implementing and agreeing amendments and changes.	1 - Critical	Karen Mosgrove – Interim Service Manager, Learning Disabilities  Now Robert Broadhead, HoS Localities	30.6.17  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  This piece of work required has been added to the overall area of CHC \ Panel issues \ concerns and procedures, this includes all adults with fully funded continuing health care (CHC) needs \ health needs and joint packages of care (JPOC). We are still developing this process. There has been some very positive movement here. This follows due to the recent Adults Social Care reorganisational change.  Therefore all of the below is now subject to change. The current CHC project addresses several of the recommendations in this report.  Throughout 2017, SCC has been working towards improving and streamlining the CHC process, starting from the point at which a health need is identified through to sign off at resource panel. There are three elements to this project:

					<ol style="list-style-type: none"> <li>1. Training and upskilling SCC staff on CHC and the process in Sheffield following the move to the Locality model.</li> <li>2. Reviewing internal processes, both administration and finance (SCAS) to ensure robustness and that funding is claimed from the CCG.</li> <li>3. Reviewing and improving the current process from start to finish, removing the various panels and seeding the process up.</li> </ol>
11.2	<p>Management to develop joint policies, procedures and forms in conjunction with the CCG for all jointly funded CHC service users in LD.</p> <p>The documents/forms to be used should capture all information required in appropriate formats for both SCC and CCG system recording purposes. Input should be sought from the Business Service and Systems Manager to ensure all funding information is recorded clearly, accurately and on a timely basis. Changes to funding packages should be transparent and this should facilitate accurate recharging and budgetary monitoring. The documents to have stated review dates which should be adhered to.</p> <p>All documents once produced and agreed to be posted, and clearly identifiable, on ELMA.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, Learning Disabilities</p> <p>Now Robert Broadhead, HoS Localities</p>	<p>30.6.17</p> <p><b>Revised Timescale 31.3.18</b></p>	<p><b>Ongoing</b></p> <p>A jointly agreed process is being developed with the CCG which includes information capturing and improvements to internal business support and SCAS processes to ensure accuracy is improved.</p>
11.3	<p>Management should develop formal terms of reference for meetings for the parties outlined. The terms of reference should ensure that membership roles and responsibilities, decision making arrangements, reporting arrangements, etc. are appropriately detailed.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead,</p>	<p>30.6.17</p> <p><b>Revised Timescale 31.3.18</b></p>	<p><b>Ongoing</b></p> <p>A terms of reference and standard operating procedures will be written for the new process and the meetings/Panel arrangements</p>



			HoS Localities		
11.4	Management to review all policy and procedural documents developed by CCG to ensure they are appropriate. Management to then meet with the CCG to agree and update these documents as appropriate. Once these policies and procedures have been agreed, all staff are to receive training in the policies and procedures. All policies and procedures should be made available to all staff (and clearly identified) on ELMA. All policies and procedures to be regularly reviewed.	2 - High	Karen Mosgrove – Interim Service Manager, LD  Now Robert Broadhead, HoS Localities	30.6.17  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  See 11.2
11.5	Management to develop clear procedures for the management and escalation of disputes by SCC staff/clients. Once the procedures have been agreed, all staff to be trained in the application and management of the procedures. The procedures and guidance should also be suitable for use by clients or their families, which staff should be able to advise as appropriate. All cases in dispute should be logged and managed centrally by senior managers to ensure a prompt response and resolution of the dispute.	3 - Medium	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities	30.9.17  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  The new process includes a dispute resolution function, the details are still to be fully developed.
11.6	Management should revisit the recharging framework/agreement for CHC care provision, to ensure a more equitable agreement is set up. To ensure that when a dispute or a review is ordered by the CCG, health funding is maintained at a certain level.	2- High	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities	30.6.17  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  Recharging will be looked at as part of the second element of the project mentioned above.
11.7	All records for each client to be centralised within carefirst/wisdom. Carefirst/wisdom should be the first point of reference for ALL records relating to clients, records should not be kept on individual's G drives, as this will impact on service delivery to the client.	2 - High	Karen Mosgrove – Interim Service Manager, LD Now Robert	30.6.17  <b>Revised Timescale</b> 31.10.18	<b>Ongoing</b>  More robust information storage and governance will be introduced as part of the Whole Family Case Management implementation.

			Broadhead, HoS Localities		
11.8	<p>Management to decide on the preferred document to be used to record the details/funding decisions made by the CCG panel. This should be formalised, and communicated to all relevant staff via procedural documents and training. The document to be retained as a formal record of acceptance of the funding agreed by either the SCC, CCG or a joint agreement between both parties, and to be formally signed and dated by the relevant officers.</p> <p>The signed formal document recording the funding decisions made should be copied to client records to ensure consistency and provide one source of reference for each client.</p> <p>See also recommendation made at 11.7 regarding use of Carefirst/Wisdom for all client records.</p>	3 - Medium	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities.</p>	<p>30.9.17</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p><b>Ongoing</b></p> <p>As in 11.2</p>
11.9	<p>Management to ensure that staff accurately record the funding agreements within Carefirst and input the 'end' date as required to ensure funding ceases. In cases where it is anticipated that funding will be required for a longer period than originally agreed, then a review is to be performed promptly to ensure it is presented to CCG panel in ample time to enable no breaks in funding that result in SCC covering the costs.</p>	3 - Medium	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities.</p>	<p>30.9.17</p> <p><b>Revised Timescale</b> 31.10.18</p>	<p><b>Ongoing</b></p> <p>To be included in the WFCM project.</p>
11.10	<p>Linked to the recommendations at 11.1 and 11.2, all decisions and agreements regarding client care packages and funding arrangements should be communicated to SCC.</p> <p>Following changes to funding, full details should be amended in Carefirst by the relevant team.</p> <p>Management to ensure enforcement by periodic, random checks of information held for clients.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities.</p>	<p>30.6.17</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p><b>Ongoing</b></p> <p>Better communication between SCC and CCG needed and will be addressed in the CHC project and new end to end process.</p>

11.11	<p>Client records to be updated with their unique NHS numbers to ensure accuracy and completeness in records.</p>	3 - Medium	<p>Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.</p>	<p>30.9.17 <b>Revised Timescale</b> 31.10.18</p>	<p><b>Ongoing</b> To be included in the WFCM project</p>
11.12	<p>Management should undertake a review/analysis of care packages where the review date has not been met and prioritise them for a review, on a risk basis eg: cost.</p> <p>All new packages of care that are entered into Carefirst should state either an end date where appropriate, or a date of review.</p> <p>All packages of care entered into Carefirst should have an annual review date unless the package of care is for a period of 1 year or less, and they are not extended.</p> <p>Additionally, review dates agreed with the CCG should be clearly entered within the client records and the Carefirst system should be used to issue a reminder to the relevant social worker. The review to be prioritised, performed and reported to CCG panel for funding decision within the agreed timescales</p> <p>Where a time limited care package has been agreed, and the care is required for a longer period, the case should be returned to CCG panel for approval, unless the cost falls within the agreed tolerance/parameters.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.</p>	<p>30.6.17 <b>Revised Timescale</b> 31.10.18</p>	<p><b>Ongoing</b> Ongoing now and to be included in the WFCM project.</p>
11.13	<p>Client Carefirst records to be clearly updated as to the source of funding for the care packages agreed by CCG panel, to enable ease of identification of funding source.</p>	3 - Medium	<p>Karen Mosgrove – Interim Service Manager, LD</p>	<p>30.9.17 <b>Revised Timescale</b> 31.10.18</p>	<p><b>Ongoing</b> Ongoing now and to be included in the WFCM project</p>

			Now Robert Broadhead, HoS Localities.		
11.14	Management should raise the issue of CCG paying providers direct, to ensure the accuracy of cost information regarding each client held in Carefirst.	2 - High	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.	30.6.17	<b>Complete</b>  This is already happening with customers that are in residential \ nursing home placements.
11.15	All records relevant to each client should be held within Carefirst. This should routinely include all documentation covering formal handovers from one service area to another such as children to adults. Carefirst (or its replacement) should be the first point of reference for all client records.	3 - Medium	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.	30.9.17  <b>Revised Timescale</b> 31.10.18	<b>Ongoing</b>  To be included in the WFCM project
11.16	Management within children's and adults services to agree the age ranges and responsibilities for clients aged 16-18 years. SCC to communicate this to the CCG. Ideally the starting age for adult care should correlate across all service areas and providers.	3 - Medium	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.	30.9.17  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  In development now within the 0-25 services

11.17	Requests for reviews of care packages fully funded by the CCG where the client is progressing from children's to adult care services should be allocated and performed within appropriate timescales. The timescales should be determined by management and communicated to all relevant officers. The CCG should also be informed of these timescales to ensure they provide adequate notice for the review requests they make.	3 - Medium	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.	30.9.17  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  In development now within the 0-25 services
11.18	In the interests of providing a 'seam free' service, which causes least disruption to the client, it would be prudent for SCC and the CCG to negotiate and agree a way forward to have a mutually agreed list of providers that can deliver the services required for each client.	4 – Efficiency/Effectiveness	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.	31 <sup>st</sup> March 2018  <b>Revised Timescale</b> 31.3.18	<b>Ongoing</b>  This will be addressed in the CHC project.
11.19	As good practice on a monthly basis SCC to inform the CCG of CHC funded clients who have died or no longer require funding to ensure that funding streams are ceased in respect of these clients.	4 – Efficiency/Effectiveness	Karen Mosgrove – Interim Service Manager, LD Now Robert Broadhead, HoS Localities.	31 <sup>st</sup> March 2018	<b>Complete</b>  Happening and ongoing.
11.20	Management to negotiate and agree with the CCG a reasonable annual percentage increase range in costs to cover small changes in care package delivery and annual price increases. This would mean that increased costs within the agreed tolerance range would not require a re-presentation of the client package to CCG panel. Increases outside these set parameters should require a review by panel. These tolerances should be communicated to all relevant staff to ensure that this requirement is understood and adhered to.	2 - High	Karen Mosgrove – Interim Service Manager, LD  Now Robert Broadhead, HoS Localities.	30.6.17	<b>Complete</b>  Happening and ongoing

11.21	<p>Officers should attend all CCG panel meetings to ensure that accurate details are recorded for the decisions made on each client's case presented. The decisions recorded should accurately reflect what services are to be provided, and whether SCC or the CCG will pick up the relevant associated costs. The CHC funding tracker should be used to record these details and reviewed and developed further to ensure it can capture all the required information that cannot be recorded in Carefirst.</p> <p>Carefirst replacement system should capture all information.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities</p>	<p>30.6.17</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p><b>Ongoing</b></p> <p>The CHC project is looking to reduce the number of meetings and Panels needed which will free up capacity to ensure the right officers can attend. The membership of Panels is being picked up as part of the project and process redesign.</p>
11.22	<p>Management to agree and determine a consistent and appropriate method of recording CCG panel decisions regarding funding in Carefirst/wisdom. This information to be communicated to officers who should also be reminded of the necessity for accuracy and consistency in inputting information into Carefirst/Wisdom.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities</p>	30.6.17	<p><b>Complete</b></p> <p>Happening and ongoing</p>
11.23	<p>Management to ensure that all packages that are fully funded by the CCG are transferred in their entirety to the CCG. Outstanding disputes to be resolved within a deadline timescale agreed by management with the CCG.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities</p>	30.6.17	<p><b>Complete</b></p>
11.24	<p>Management should prioritise queries and undertake analysis to determine the reasons for the outstanding payments.</p>	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead,</p>	30.6.17	<p><b>Complete</b></p> <p>Happening and ongoing</p>

			HoS Localities		
11.25	<p>Management to explore the feasibility of working with care providers within the city to provide appropriate and fair cost care packages for each client, which meet the particular needs of each client, rather than the label of the care grouping the client falls within.</p> <p>Each package of care should be tailored to the individual concerned with appropriate risk assessments etc. supporting the decision making process, however the decision process should include an assessment of the progression of the medical, mental and physical needs of the client and the risks they pose to themselves as well as to others involved in their care. This assessment should explore if these needs are best met within a specialist (e.g. learning disability) facility or within a more mainstream facility (e.g. dementia care).</p>	3 - Medium	<p>Karen Mosgrove – Interim Service Manager, Learning Disabilities</p> <p>Now Robert Broadhead, HoS Localities</p>	30.6.17	<p><b>Complete</b></p> <p>Happening and ongoing</p>
11.26	All care packages where the care provided to a client exceed the parameters agreed (as per recommendation made at 11.21) to be subject to review and re-presenting to CCG panel for approval.	3 - Medium	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities</p>	30.9.17	<p><b>Complete</b></p> <p>Happening and ongoing</p>
11.27	Management should develop and document a data-sharing protocol with the CCG regarding sharing of data on CHC care packages (including how to treat security breaches). Once this protocol has been agreed staff should be trained to follow the protocol. The protocol should be made available on ELMA.	2 - High	<p>Karen Mosgrove – Interim Service Manager, LD</p> <p>Now Robert Broadhead, HoS Localities</p>	<p>30.6.17</p> <p><b>Revised Timescale</b></p> <p>31.10.18</p>	<p><b>Ongoing</b></p> <p>Ongoing in line with the WFCM process change.</p>

**12. Strong Economy Projects (Place)** (issued to Audit and Standards Committee 8.5.2017)

**As at July 2017**

This report was issued to management on the 22.2.17 with the latest agreed implementation date of 29.9.17. An update on progress with recommendation implementation will be included in the next tracker report.

**As at Jan 2018**

A follow-up audit was undertaken in Nov 2017. The results are reproduced below. Of 9 original agreed recommendations, 8 have been implemented and 1 cannot be implemented (as explained below).

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position as a result of Internal Audit follow-up work 7.11.17.
12.1	<p>Deadlines should be set for the review, revision, approval and publication of the Regeneration Masterplans.</p> <p>Once drafted, the Masterplans should be submitted to the Stronger Economy Programme Board (SEP Board) for review and approval.</p> <p>Timescales should be adopted for the future review of the Masterplans.</p>	High	Ed Highfield – Director of Creative Sheffield	30.06.17	<p>The new City Centre Masterplan has been produced and we are well underway with Member briefings.</p> <p>The intention is to take the plan to Cabinet in December, although this date may slip depending on decisions made about the Local Plan. The action is however substantively complete.</p> <p><u>Internal Audit opinion</u> Internal Audit viewed the City Centre Masterplan and evidence of submission to the SEP Board for endorsement and onward submission to Cabinet.</p> <p><b>Action Complete</b></p>
12.2	<p>Representations should be made to the Sheffield City Region to raise concern at the tight application deadlines for SCRIF funding (and the impact that this has on the Council's internal capital approval processes), requesting that these be amended to ensure that those internal processes can be applied and projects developed with suitably levels of</p>	High	Ed Highfield – Director of Creative Sheffield	28.02.17	<p>It has not been possible to align SCR and SCC time scales and processes. They remain 2 separate and different processes.</p> <p>To address this, we have tightened up internal processes via the Place Programme Office and Strong Economy programme Board to ensure</p>



	scrutiny and governance.				<p>that business cases do not go to SCR before they have been through SCC's Gateway process.</p> <p><u>Internal Audit opinion</u> Given the statement made by the Director, the actions taken are viewed as a compensatory control. Therefore Internal Audit regards the action as complete.</p> <p><b>Action Complete</b></p>
12.3	<p>Internal Audit considers that the stated development and implementation of a SCRIF Programme Operating Model would address concerns regarding current non-compliance with the corporate Capital Gateway Framework. It is therefore recommended that deadlines be set for the early completion and roll out of Operating Model.</p> <p>Consideration should be given to whether training should be provided as part of the roll out of the Operating Model.</p> <p>Responsible managers should then be held accountable for its implementation and the embedding of the processes.</p>	High	Ed Highfield – Director of Creative Sheffield	30.09.17	<p>The new Programme Manager is in post and having a positive effect.</p> <p>Board structures and operating models have been reviewed by the new Programme Manager with changes currently being agreed with the Exec Director. The roll out of new arrangements e.g. board structure and membership, presents another opportunity to raise awareness of expectations, roles and the operating model</p> <p><u>Internal Audit opinion</u> Internal Audit was provided with the presentation given by the new Place Programme Manager and the new model and arrangements.</p> <p><b>Action Complete</b></p>
12.4	<p>Having reviewed the contents, Internal Audit considers that the adoption of the SCRIF Programme Operating Model would be a suitable response to a number of findings raised in this Audit Report and would provide robust control and governance for the delivery of SCRIF Projects.</p> <p>On that basis Internal Audit re-iterates its previous recommendation - that the SCRIF Programme Operating Model be finalised and promptly rolled-out to all relevant services as the basis for sound</p>	High	Ed Highfield - Director of Creative Sheffield	30.09.17	<p>The Strong Economy Board has ensured and oversees the operating model's implementation. For example, roles are clearer and there a much reduced instance of SCC Gateways being missed. The key is sustaining this improvement with the new board structures outlined above.</p> <p><u>Internal Audit opinion</u> Linked to 12.3, Internal Audit was provided with SEP Board minutes that evidenced monitoring of projects as part of the revised model.</p>

	<p>management of those projects.</p> <p>The Programme Board should then monitor all projects against the model to ensure procedures are fully embedded.</p>				<p><b>Action Complete</b></p>
12.5	<p>The requirement to submit changes or variations for approval by the CPG is outlined within the Capital Approvals procedures set out in the SCRIF Programme Operating Model. Therefore the recommendation raised at 12.4 regarding the completion and timely roll-out of the Operating Model, further applies.</p>	High	Ed Highfield – Director of Creative Sheffield	30.09.17	<p>As 12.4</p> <p><b>Action Complete</b></p>
12.6	<p>All future SCRIF projects should include within their costings an agreed budgetary provision for the recharging of the anticipated Programme Managers costs.</p> <p>Management should determine how this recharge is to be secured in relation to on-going projects, where no budgetary provision has been made.</p>	Medium	Ed Highfield - Director of Creative Sheffield	30.04.17	<p>Retrospective recharges have been resolved between CDS and Creative Sheffield.</p> <p>The new Place Programme manager is core funded and has taken on responsibility for many of the functions that were identified at 3.1 so the issue has been resolved.</p> <p><u>Internal Audit opinion</u> <b>Action Complete</b></p>
12.7	<p>Where project benefits are considered to be achieved over several years, consideration should be given to recharging the individual projects with a "levy" to fund future benefits determination, or to alternative methods of funding this work carried out by CRD officers.</p>	Medium	Ed Highfield - Director of Creative Sheffield	30.09.17	<p>This will not be possible.</p> <p>The way to resolve it would be to have a core funded element of the regeneration function. This is unfortunately not possible in the current financial climate. The regeneration team is a fully project-funded resource; therefore we have an inherent weakness in non-project chargeable tasks like long term strategic planning and benefits tracking.</p> <p>This is an acknowledged vulnerability that is being managed on a day-to-day basis by the service as best as the resources allow.</p> <p><u>Internal Audit opinion</u> Given the statement above, no further action to</p>

					take on this recommendation. <b>Action Complete</b>
12.8	<p>Under existing CRD and CDS service strategies, staff costs should be fully recharged to the respective projects, ensuring that:</p> <ul style="list-style-type: none"> <li>All costs are fully recovered by the service; and that</li> <li>Project accounts accurately record all associated costs, enabling further investigation of any adverse variances to budgeted expenditure.</li> </ul>	Medium	Ed Highfield - Director of Creative Sheffield	30.04.17	<p>A cleansing of Time Master codes took place after the audit; providing greater clarity at each Gateway stage about what development costs are being approved allowing more accurate controls and reporting.</p> <p>Project highlight reports are submitted to the Place Programme Office, covering the associated costs and variances etc.</p> <p>Project teams are now better established with earlier involvement of finance colleagues. As a result, budgets are more accurate before they come to the Programme Board. Budget variances are flagged by the Place Programme Office and discussed at each Board meeting via the highlight reports.</p> <p><u>Internal Audit opinion</u> A programme dashboard for September 2017 was provided for review. It was stated that all variances had been investigated and there were no issues to report. In addition, minutes provided for the September Board meeting supported the statement made by the Director.</p> <p><b>Action Complete</b></p>
12.9	<p>Management should carry out a lessons learnt review of the Porter Brook Pocket Park project, incorporating representation from all Council services involved in the project. Findings from the review should be considered for incorporation in to the SCRIF Programme Operating Model.</p> <p>Lessons learnt reviews should be programmed for each project to take place promptly following completion of delivery and settlement stages.</p>	Medium	Ed Highfield - Director of Creative Sheffield	30.04.17	<p>The specific lessons learned sessions took place, were written up and were fed back to the Board. A number of valuable improvements were made as a result. The appointment of the new Place Programme Manager has significantly helped with this and has created a more open, reflective and learning culture at the Board as the board matures.</p> <p><u>Internal Audit opinion</u> Internal Audit were provided with the lessons</p>

	Consideration should be given to the need to carrying out additional reviews where project benefits and outcomes are accrued over a longer term (as with "regeneration" projects).				<p>Learned session date 6.1.17.</p> <p><b>Action Complete</b></p>
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**Internal Audit proposes to remove this item from the tracker**

**13. PCI DSS Compliance (Corporate Review)** (issued to Audit and Standards Committee 8.12.16)

**As at July 2017**

This report was issued to management on the 18.11.16 with the latest agreed implementation date of 30.6.17. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

**As at Jan 2018**

An update on progress with recommendation implementation is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Senior Business Analyst, Business Change and Programme Delivery 22.11.17
13.1	The implementation of Call Secure is a vital part of the Council's plan to achieve PCI DSS compliance. Under no circumstances must Council Officers key in transactions. This should be clearly communicated throughout the project phase.	1 - Critical	Dave Phillips, Head of Strategic Finance	30.06.16 (or in line with project timescales)	<p><b>Action Complete</b></p> <p>Call Secure began its roll out to services when it went live on 25.9.17 and is on track for completion by 30.11.17. A clear communication and training programme has been adopted to ensure that officers are using Call Secure correctly.</p>
13.2	The roles and responsibilities for PCI DSS compliance must now be clearly formalised and resourced as appropriate. The roles and responsibilities should be clearly recorded within the relevant job descriptions.	1 - Critical	<p>Dave Phillips, Head of Strategic Finance</p> <p>This is being progressed via the PCI working group</p>	<p>31.03.17</p> <p><b>Revised Timescale</b> 31.1.18</p>	<p><b>Action Ongoing</b></p> <p>A corporate PCI working group has been established to address this recommendation with membership from officers of all relevant services. Terms of reference for the group including roles and responsibilities have been provided to Internal Audit. This supports a model going forward. The group's overall accountability is to ensure SCC has a PCI compliant card environment, including the key task of delivering</p>

					an annual PCI DSS survey, taking action to address any gaps as required. As such, there is a plan in place detailing owners' actions, dependencies and delivery dates. It is proposed that overall ownership should rest with SCC's delegated 151 Officer as detailed in the PCI TOR. The Draft PCI Policy was submitted to Internal Audit to evidence action take. The policy will be finalised/agreed at the PCI working group on the 20.12.17. It will then go to the IGB on the 18.1.18 for approval.
13.3	It is important that any outstanding actions relating to completed penetration testing are fully reviewed and appropriate action is taken.	2 - High	Dave Phillips, Head of Strategic Finance  This is being progressed via the PCI working group	31.03.17  <b>Revised Timescale</b> 31.12.17	<b>Action Ongoing</b>  A plan to address internet site vulnerabilities is in place to be completed by the end of December 2017. An independent penetration test is planned to be carried out by certified agency, Security Metrix, to ensure compliance.

**14. Appointeeship Service (People)** (issued to Audit and Standards Committee 22.7.16)

<b>As at Jan 2017</b>
This report was issued to management on the 11.7.16 with the latest agreed implementation date of 30.11.16. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

<b>As at July 2017</b>
A follow-up audit was undertaken in Feb 2017. Following this review, a number of recommendations were given revised implementation dates which have since passed and so the Head of Service has been contacted. The results reproduced below are a therefore a combination of the outcome of the follow-up review (where an audit opinion is given), and the managers update. Of 36 agreed recommendations, 28 have been completed, 7 are ongoing and 1 is outstanding.

<b>As at Jan 2018</b>
<b>Internal Audit:</b> An update of progress with the 8 recommendations ongoing in the last report was provided by the SCAS Service Manager, the results are reproduced below. It should be noted that the SCAS service has moved to the People Portfolio and is now overseen by the Head of Business Planning, Strategy and Improvement, People Services rather than the Head of Neighbourhood Intervention and Tenant Support. 5 recommendations were stated to have been implemented with 3 remaining as ongoing.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Charles Crowe - SCAS Service Manager 7.12.17.
14.1	<p>Internal Audit recommends that the business case is revisited to confirm and clarify the project plan and supporting plans to ensure a robust transition of service from the external providers.</p> <p>There should be a revised costing completed for the service, highlighting proposed costs versus actual costs including the direct costs of the new Card Payment System.</p> <p>Clarification is required as to what service users will be charged and what the impact of not charging clients will be on budgets.</p>	High	<p>Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities</p> <p>Charles Crowe - SCAS Service Manager, People Services</p>	<p>31.8.16</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p>The business case has been reviewed and is under consideration by senior management.</p> <p><b>Action ongoing</b></p>
14.2	<p>Management should validate the records of clients transferring in to SCC, to ensure that DWP have the correct details. This should mitigate the risk of future claw back of funds. This risk should also be included on the risk management plan.</p> <p>It is the responsibility of the Service to inform the DWP of client changes in circumstances to avoid benefit claw back. Management should develop a process for notifying changes to the DWP to mitigate the risk in future.</p>	High	<p>Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities</p> <p>Charles Crowe - SCAS Service Manager, People Services</p>	<p>31.8.16</p> <p><b>Revised Timescale</b> 31.8.17</p>	<p>A procedure has been drawn up and is in use. New cases are still limited to Safeguarding support.</p> <p><b>Action complete</b></p>
14.3	<p>Management need to establish the exact number of clients that have transferred, those yet to transfer, and the capital involved. A review of the timescales also needs to be conducted.</p> <p>With regard to those clients that have already transferred, a reconciliation of their accounts needs to be undertaken to ensure SCC have sound financial information going forward.</p>	Critical	<p>Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities</p> <p>Charles Crowe - SCAS Service</p>	<p>31.5.16</p> <p><b>Revised Timescale</b> 31.8.17</p>	<p>Reconciliations of the existing cases have been completed. All cases have now transferred.</p> <p><b>Action complete</b></p>

			Manager, People Services		
14.4	An SLA should be developed and put in place. It should cover the services the team will provide, to whom, when and at what level. It should spell out the differences for residents in care homes and those in the community. Additionally, it should include the setting up of direct debits, providing advice on household providers, how the clients will be referred to the service and the relevant forms required for requesting services/payments etc. Once complete, this should inform the staffing requirements for the service.	High	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities  Charles Crowe - SCAS Service Manager, People Services	31.8.16  <b>Revised Timescale 1.4.18</b>	The SLA is under review to fit with new business case.  This has been delayed until signoff of new model of support. The SLA will be part of implementation of new business model.  <b>Action ongoing</b>
14.5	Job descriptions for all staff who deal with appointeeships should be put in place. Each job description should be complete, cover all expected aspects of the appointeeships process and be reviewed on a regular basis.	Medium	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities  Charles Crowe - SCAS Service Manager, Communities	31.8.16  <b>Revised Timescale 31.8.17</b>	Post/JDs have been taken to Grading panel and approved. Approved recruitment now in process.  <b>Action complete.</b>
14.6	Management should formalise the stakeholders for the appointeeships service. This should include a full and up to date listing of external and internal stakeholders. It should specify how, when and what method of communication is preferred. This list should be reviewed on an annual basis.	Medium	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities Charles Crowe - SCAS Service Manager, People Services	Agreed  <b>Revised Timescale 31.8.17</b>	Stakeholders are recorded by client and the method of communication is recorded against the stakeholder on their record.  <b>Action complete</b>

14.7	<p>Management should ensure that the issues raised are addressed and data being held on appointees is held more securely.</p> <p>Findings</p> <ul style="list-style-type: none"> <li>- documents were not password protected</li> <li>- personal data was being sent via unsecure email and again not password protected</li> <li>- client records were not stored consistently; some were in locked cupboards, some were in a locked room.</li> <li>- client records were mainly stored as paper records, via loose leaf not secured in manila folder</li> <li>- paperwork was not referenced with regard to client name, number,</li> <li>- the executor services safe was located on a corridor, not in an available locked room</li> <li>- records were stored by client manager rather than alphabetically.</li> </ul>	High	<p>Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities</p> <p>Charles Crowe - SCAS Service Manager, People Services</p>	<p>31.8.16</p> <p><b>Revised Timescale</b> 31.8.17</p>	<p>Update provided by Executor Services Manager 8.6.17</p> <p>All staff now have GCSX emails and the spreadsheets we use can only be accessed by this team.</p> <p>80% of the paperwork has now been referenced. All client files are labelled and are stored in alphabetical order by worker. Client records kept in locked storage. Keys are locked in a key cupboard at end of each day.</p> <p>Safe has to stay where it is due to weight bearing floor.</p> <p><b>Action complete</b></p>
14.8	<p>Fraud awareness training should be undertaken, for all staff, ideally to be completed before the start of the next financial year.</p>	High	<p>Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities</p> <p>Charles Crowe - SCAS Service Manager, People Services</p>	<p>31.8.16</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p>All staff have received data protection and fraud prevention training.</p> <p>Still awaiting revised corporate fraud training, and external training was not possible due to budget constraints, will be requested as part of next years' training plan.</p> <p><b>Action ongoing</b></p>

**15. Intermediate Care Assessment Team (ICAT) to Short Term Intervention Team (STIT) (People)** (issued to Audit and Standards Committee 22.7.16)

**As at Jan 2017**

This report was issued to management on the 11.7.16 with the latest agreed implementation date of 30.11.16. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.



**As at July 2017**

A follow-up audit was undertaken in Feb 2017. Following this review, a number of recommendations were given revised implementation dates which have since passed and so the Head of Service has been contacted. The results reproduced below are a therefore a combination of the outcome of the follow-up review (where an audit opinion is given), and the managers update.

**As at Jan 2018**

**Internal Audit:** An update of progress with the 3 recommendations ongoing in the last report is provided below. Please note, 1 recommendation will be actioned with the implementation of the new Whole Family Case Management system in 2018.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided by Head of Access and Prevention, Communities 7.11.17.
15.1	It is recommended that a service or operational plan (or similar) is developed with more detail than existing documentation, to include items such as budgets, objectives, targets etc. with clear links to Council and City Outcomes.	Medium	Sara Storey – Head of Access and Prevention, Communities	30.11.16 <b>Revised Timescale</b> 30.9.17	The ICAT team no longer exists following the re-structure. Therefore we will not be writing a detailed operational plan for it. <b>Action no longer required</b>
15.2	All job descriptions should be updated in line with current council templates and standard information. There should be an additional section which details the worker's responsibilities in the ICAT team.	Medium	Sara Storey – Head of Access and Prevention, Communities	30.11.16 <b>Revised Timescale</b> 30.9.17	The ICAT team no longer exists following the restructure. Therefore there are no jobs within the ICAT team to review. <b>Action no longer required</b>
15.3	A data cleanse of the open service packages on CareFirst with regards to STIT/in-house packages should be undertaken with old service packages being closed and a differentiation made on the packages between these two types of packages. Once this data cleanse is complete, packages on CareFirst should be checked periodically to ensure that data is correct on an ongoing basis. This should be instigated once the data cleanse has taken place.	High	Sara Storey – Head of Access and Prevention, Communities	30.11.16 <b>Revised Timescale</b> 1.7.18	No update – Whole Family Case Management (WFCM) is due for implementation in 2018 and this action will not change before then. <b>Action dependent on introduction of new system – ongoing but with a long implementation date</b>

**Internal Audit proposes to remove this item from the tracker**

**16. SCAS - Residential and Nursing Agreements (People)** (issued to Audit and Standards Committee 1.8.16)

**As at Jan 2017**  
 This report was issued to management on the 12.7.16 with the latest agreed implementation date of 30.04.17. An update on progress with recommendation implementation will be included in the next tracker report.

**As at July 2017**  
 A follow-up audit was undertaken in May 2017 and the results are reproduced below.

**As at Jan 2018**  
**Internal Audit:** An update of progress with the 3 recommendations ongoing in the last report is provided below. 1 recommendation was stated as implemented with 2 remaining as ongoing.

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Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided by SCAS Service Manager on 7.12.17.
16.1	<p>A review of key performance indicators should be completed to enable more relevant management information to be available. Relevant measures to determine how many packages have been completed within different time brackets for example within 8 weeks, between 8-12 weeks, between 12–24 weeks, and how many over 6 months. The breakdown of package type i.e. short term/long term care should be included.</p> <p>Structured KPI's would highlight where issues are and assist management to establish if there are training and communication requirements which would help speed up the process.</p>	Medium	<p>Maxine Stavrianakos-                      Head of Neighbourhood Intervention and Tenant Support</p> <p>Charles Crowe - SCAS Service Manager</p>	<p>31.12.16</p> <p><b>Revised Timescale</b>                      30.9.17</p>	<p>KPI's have been revised and now show different types of support.</p> <p><b>Action complete</b></p>
16.2	<p>Monthly reconciliation should be completed of RA1 forms submitted against OEO payments made to ensure that the anticipated expenditure for care home provision has actually been paid and that the Carefirst reconciliation matches.</p> <p>A payment period tolerance should be introduced and where contracts are exceeding this, explanations why</p>	High	<p>Maxine Stavrianakos -                      Head of Neighbourhood Intervention and Tenant Support</p>	<p>30.9.16</p> <p><b>Revised Timescale</b>                      31.3.18</p>	<p>Sample checks of Carefirst payment and the RA1 forms are underway. A system check of link between Integra and Carefirst is under investigation. This is delayed by implementation of Integra and system issues caused.</p> <p><b>Action ongoing.</b></p>

	<p>and what affect this will have should be reported to management. More awareness is required about the contract dates covered when processing invoices for payment.</p> <p>It should be considered when looking at the future Carefirst system requirements, that it should be able to provide invoice and payment analysis so that it can support more robust budgeting and reconciliations.</p>		<p>Charles Crowe - SCAS Service Manager.</p>		
16.3	<p>Fraud awareness training should be undertaken by all staff as soon as possible, to ensure that all staff are aware of the process in place.</p>	Medium	<p>Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support</p> <p>Charles Crowe - SCAS Service Manager</p>	<p>30.9.16</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p>This remains ongoing, awaiting corporate roll out of revised fraud training. External fraud awareness training considered but cost prohibitive.</p> <p><b>Action ongoing – due to the corporate roll out of e-learning package.</b></p>

**17. The Markets Service (Place)** (issued to Audit and Standards Committee 28.9.16)

**As at Jan 2017**

The final report was issued to management on the 9.9.16 with the latest agreed implementation date of 31.3.17. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

**As at July 2017**

A follow-up audit was undertaken in May 2017 and the results are reproduced below. Of 18 recommendations agreed, 14 have been implemented and 4 are ongoing. Please note: Internal Audit have not conducted further onsite testing to validate the assurance provided by the Head of Service.

**As at Jan 2018**

**Internal Audit:** An update of progress with the 4 recommendations ongoing in the last report is provided below. 2 have now been completed and 2 are ongoing.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated Position & Revised Timescale from Richard Eyre, Head of Markets. 23.11.17
17.1	<p>Internal Audit notes the intentions of the Head of Markets and recommends that arrangements be put in place for the systematic replacement of all Moor Market Tenancies at Will with the preferred 5-year leases.</p> <p>Arrangements should include the monitoring of responses from traders to ensure that all leases are implemented on a timely basis and that no traders continue to operate on Tenancies at Will after an agreed date.</p>	High	Head of Markets	<p>30.12.16</p> <p><b>Revised Timescale</b> 31.3.18</p>	<p><b>Action ongoing</b></p> <p>Arrangements are in place to move all traders onto a lease after their initial start-up period (no longer than 12 months).</p> <p>It has proven to be difficult to implement across the market especially as there is no financial incentive for the trader to move onto a new lease (as it will cost the trader more).</p> <p>Currently 10% of traders have Tenancy At Wills with no renewal date so Head of Service has agreed with Markets Manager to extend the 100% implementation date to 31<sup>st</sup> March 2018.</p>
17.2	<p>Markets Management should carry out a thorough review of all Crystal Peaks Market traders to identify all of those without a current 5-year lease. All such traders should then be placed on a 5-year lease or removed from the Market.</p> <p>Robust arrangements should be put in place across the Markets Service for the monitoring of traders leases to ensure that:</p> <ul style="list-style-type: none"> <li>- No trader is given access to market stalls without first having returned a fully signed lease; and</li> <li>- All leases due for renewal are identified and actioned in advance of the termination date.</li> </ul> <p>Over and above this, Markets management should seek guidance from Legal &amp; Governance as to the recoverability of arrears relating to traders without a current lease, as well as the Council's vulnerability to legal obligations in relation to prolonged occupation by</p>	High	Head of Markets	<p>31.03.17</p> <p><b>Revised Timescale</b> 31.01.18</p>	<p><b>Action ongoing</b></p> <p>Review completed and work ongoing to move traders onto leases. It has proven a long process due to the lack of clear incentive for the trader. However only 7% are outstanding which aren't on a lease or license due to being a new trader. The outstanding ones are being addressed by the Markets Manager with Legal advice. A revised target of full compliance by end of January.</p> <p>No traders are given access to stalls without returning a license and made fully aware that no later than 6 months after the date of occupancy they will be required to move onto a lease. All leases/licenses are now tracked on a spreadsheet and actions reviewed monthly by the Markets Manager.</p> <p>L&amp;G have provided advice and on-going</p>

	traders without lease or licence. Where arrears were considered to be irrecoverable, arrangements should be made to write-off the income.				guidance. This includes that any trader who doesn't have a licence or a lease is automatically switched to a Tenancy At Will. This means that we have landlord rights and can terminate after 7 days' notice.
17.3	The monthly Markets debt management arrangements should be extended to incorporate the review and administration of debts in Crystal Peaks and Parkway Wholesale Markets.	High	Head of Markets	31.08.16  <b>Revised Timescale</b> 30.06.17	<b>Action complete</b>  All sites now form part of the Monthly Debt Management Group attended by ICAMs, Legal and Markets.
17.4	<p>Markets management should systematically review Crystal Peaks and Parkway Wholesale Markets traders' arrears on a case-by-case basis and determine action to be taken to address the arrears.</p> <p>Particular attention should be given to whether sufficient, timely and appropriate management action had been taken to recover the most significant levels of arrears following the previous Internal Audit report in January 2015.</p> <p>Procedures reflecting those in place for the Moor Market should be adopted for the Crystal Peaks and Parkway Wholesale Markets:</p> <p>The Markets Manager should be required to review arrears on a monthly basis and report to the debt recovery meeting on the current position and action taken.</p> <p>All action should be formally set out to the trader in question and retained on the respective tenancy file Once defined the situation should be monitored to ensure agreed action is followed</p> <p>Prompt review and action should be taken in line with the 60-day rule so as to maximise income retained by the Service.</p>	High	Head of Markets	31.08.16  <b>Revised Timescale</b> 30.06.17	<b>Action complete.</b>  As above

	<p>Consideration should be given to referring cases on to debt collection agencies or initiating legal action through the Legal &amp; Governance team.</p> <p>Over and above this, all other recommendations raised in respect of the management of arrears and debt recovery should automatically apply to Crystal Peaks and Parkway Wholesale Markets.</p>				
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**18. Council Processes for Management Investigations (Corporate)** (issued to Audit and Standards Committee 21.11.16)

**As at Jan 2017**

This report was issued to management on the 20.9.16 with the latest agreed implementation date of 31.12.16. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

**As at July 2017**

An update on progress made with the recommendation implementation is included below. Of 16 recommendations agreed, 10 have been implemented and 6 are ongoing.

**As at Jan 2018**

**Internal Audit:** An update of progress with the 6 recommendations ongoing in the last report is provided below. 1 has been completed and 5 are ongoing – all of these relate to the same action to refresh and roll-out guidance and training.

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Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided Finance Manager, Internal Audit 27.11.17.
18.1	<p>The Code of Conduct should be reviewed with specific reference to fraud awareness. Consideration should be given to using MyView or the Learning Development Hub to obtain confirmation from all employees that they have read the updated Code of Conduct. A full refresh of the fraud Internet site should be undertaken and then details published on the homepage to raise fraud awareness.</p>	High	<p>Lynsey Linton, Head of Human Resources</p> <p>Stephen Bower, Finance Manager, Internal Audit</p>	<p>31.12.16</p> <p><b>Revised Timescale 15.2.18</b></p>	<p><b>Action ongoing</b></p> <p>The documentation has now been fully reviewed and updated. Additional policies have been drafted for Anti Bribery and Knowing your Customer. There is also an overarching policy and framework that draws the other elements together. There is also a document to assist schools in identifying and managing fraud risk. These documents are being reviewed by the governance solicitor in Legal Services and will</p>

					then be presented to the Audit and Standards Committee for ratification.  This should be with the Audit and Standards Committee in the new year.
18.2	Internal Audit should review and update the counter fraud training course on line. There should be a corporate mandate for all employees to undertake this training by the end of the year.	High	Stephen Bower, Finance Manager, Internal Audit	31.12.16  <b>Revised Timescale</b> 31.3.2018	<b>Action ongoing</b>  Now that the policy and procedure documents have been updated. The e-learning package will be updated to tie in with the new/revised policies. This will be available by the end of march to tie in with the annual training and development cycle.
18.3	Senior management should request that all service areas review their risk registers, to ensure that the appropriate fraud risks have been identified and risk mitigation strategies put in place.	High	Stephen Bower, Finance Manager, Internal Audit	31.12.16  <b>Revised Timescale</b> 31.3.18	<b>Action ongoing</b>  Services review their risk register on a regular basis and fraud is included in this. The revised fraud risk document should encourage new areas to be examined.
18.4	The fraud reporting process should be updated on both the internet and the intranet, part of the refresh recommended in 1.5.	Medium	Stephen Bower, Finance Manager, Internal Audit	31.12.16  <b>Revised Timescale</b> 31.3.18	<b>Action ongoing</b>  The internet pages will be refreshed, when the new policies go live. This will also be at the same time that the whistle blowing policy is republished.
18.5	The method of recording of cases should be reviewed and all cases should include the relevant details including name of the investigating manager, hearing officer, a brief outline of both the allegation and the outcome.	High	Peter White, Human Resources Service Manager	31.12.16  <b>Revised Timescale</b> 30.9.17	<b>Action complete</b>  This has now occurred; reports from the system are used as the basis for discuss of ongoing cases in regular meetings with the Monitoring Officer, Head of HR and Internal Audit. The detail of the reports is evolving.
18.6	The fraud e-learning should be updated and be mandatory for all service staff to complete. This will ensure that all staff have adequate training and knowledge to identify potential fraud at early stage and take the appropriate action, further aiding consistency	High	Lynsey Linton, Head of Human Resources	31.12.16  <b>Revised Timescale</b> 31.3.18	<b>Action ongoing</b>  As above  The e-learning package will be updated to tie in

	across the Council.		Stephen Bower, Finance Manager, Internal Audit	with the new/revised policies. This will be available by the end of march to tie in with the annual training and development cycle.
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**19. Payroll Pension Arrangements (Resources)** (issued to Audit and Standards Committee 21.6.16)

<b>As at July 2016</b>
This report was issued to management on the 14.4.16 with the latest agreed implementation date of 1.7.16. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

<b>As at Jan 2017</b>
An update on progress made with the recommendation implementation is included below. 5 out of 7 recommendations have been implemented and with work ongoing on the remaining 2. There are known issues with processes at SYPA and so for the 2 ongoing recommendations a long revised implementation date is expected to enable improvements to be implemented within SYPA.

<b>As at July 2017</b>
An update on the 2 remaining recommendations is included below. As per the update in January, a long revised implementation date was given to enable improvements to be implemented within SYPA. This date has still not passed and so the action continues to be on-going.

<b>As at Jan 2018</b>
<b>Internal Audit:</b> An update of progress with the 1 recommendation ongoing in the last report is provided below. Please note that this recommendation will not be fully implemented until April 2018.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided by HR Service Manager 9.11.17.
19.1	These timescales SYPA has to respond/communicate with members and SCC should be altered so that they are very clearly defined. It is recommended that SYPA have a period of time from receiving the query to completing an initial verification of all required information, for example, through a checklist. SYPA will then have the timescales outlined in the Pensions Administration Strategy to reply to the query - this will	Medium	Peter White, HR Service Manager/ Shaun Lee – Payroll Manager	21.03.16  <b>Revised Timescale 1.4.18</b>	<b>Action ongoing</b>  SYPA have now shared the monthly returns technical specification and this is being reviewed by SCC.  Payroll was in-sourced from Capita on 1.10.17 and a complete systems review has been



	stop the process being unduly delayed.				<p>commissioned by the Councils systems provider Northgate.</p> <p>The Northgate report is due by the end November 2017 and will identify the key areas for improvement.</p>
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**20. Delivery of Capital Schemes and Capital Gateway Approvals (Place)** (issued to Audit and Standards Committee 19.4.16)

<p><b>As at July 2016</b></p>
<p>This report was issued to management on the 29.03.16 with the latest agreed implementation date of 31.12.16. An update on progress with recommendation implementation will be included in the next tracker report.</p>

<p><b>As at Jan 2017</b></p>
<p>An update on progress made with the recommendation implementation is included below. 6 out of 8 recommendations have been implemented and with work ongoing on the remaining 2.</p>

<p><b>As at July 2017</b></p>
<p>An update on progress with the 2 recommendations that were ongoing in the last report is included below. Both remain ongoing but are due for completion by the end of July 2017.</p>

<p><b>As at Jan 2018</b></p>
<p><b>Internal Audit:</b> An update of progress with the 2 recommendations ongoing in the last report is provided below.</p>

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Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - Taken from the Place SharePoint tracker system
20.1	<p>Transitional and successor planning arrangements should be introduced for the effective hand-over of responsibilities in order to ensure the prompt and effective roll-out of the new Capital Approvals Framework.</p> <p>In the short term, the acting post holder should be</p>	2 - High	Director of Business Strategy & Regulation, Place	<p>31.03.16</p> <p><b>Revised Timescale 31.7.17</b></p>	<p><b>Action complete</b></p> <p>The CDS Head of Service position has not been recruited to. (15.9.17)</p>

	given suitable support and guidance to avoid unnecessary delays and the effective embedding of the arrangements across the Council.				
20.2	<p>Consideration should be given to alternative methods of funding the PMO.</p> <p>Actions agreed as part of the Head of CDS's report in to fees and charges should be implemented within appropriate time frames so as to further embed the service as the Council's provider of project design, management and delivery functions.</p>	2 - High	Director of Business Strategy & Regulation, Place	<p>31.03.16</p> <p><b>Revised Timescale</b> 31.7.17</p>	<p><b>Action complete</b></p> <p>The Assistant Director of Finance confirmed approval to resource the PMO from General Fund.</p>

**Internal Audit proposes to remove this item from the tracker**

**21. Deprivation of Liberties Safeguards (DOLS) (People)** (issued to the Audit and Standards Committee 15.4.16)

**As at July 2016**

This report was issued to management on the 21.03.16 with the latest agreed implementation date of 30.9.16. An update on progress with recommendation implementation will be included in the next tracker report.

**As at Jan 2017**

An update on progress made with the recommendation implementation is included below. In summary 24 of the 31 recommendations have been completed and work is ongoing with the remaining 7 recommendations. A follow-up audit is currently underway and will validate the update provided through limited testing.

**As at July 2017**

A follow-up audit was undertaken in Feb 2017. Following this review, a number of recommendations were given revised implementation dates which have since passed and so the Head of Service has been contacted. The results reproduced below are therefore a combination of the outcome of the follow-up review (where an audit opinion is given), and the managers update. 11 recommendations were deemed to be complete and 1 was ongoing.

**As at Jan 2018**

**Internal Audit:** An update of progress with the 1 recommendation ongoing in the last report is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	<b>Latest update provided by Simon Richards, Head of Quality and Safeguarding on 23.11.17</b>

21.1	<p>The service should develop a detailed action plan to clear the backlog in the DOLS and CoP DOLS requests and reassessments. In clearing the backlog situation, management should also ensure that adequate resources are allocated to expedite new applications and upcoming reviews to prevent these cases being delayed. Progress on clearing the backlog to be reported monthly.</p>	Critical	Simon Richards - Head of Quality & Safeguarding	<p>31.03.16</p> <p><b>Revised Timescale</b> 31.07.17</p>	<p>Risks associated with the DoLS backlog are understood and proactively managed, taking into consideration the nationally acknowledged deficit between demand and available resources to meet that demand. Progress on clearing the backlog is reported monthly to ASCLT.</p> <p>Increases in outputs have been achieved following a business improvement cycle and additional funding agreed by PLT/Cabinet for the DoLS Standard Assessment Project.</p> <p>This has enabled the team to continue to manage resources to ensure the most urgent cases (new and renewals) are prioritised, but to also to start to reduce the numbers of outstanding Standard cases (many of which have been in place for long periods of time). The project (which started in August 2017) is performing well and has made an impact on the overall DoLS backlog.</p> <p>Given Standard cases make up 54% of the total backlog then a concerted focus on reducing the numbers of outstanding Standard cases should have the biggest impact on the backlog. These cases are currently assigned the lowest priority for allocation to a BIA because the person is likely to be settled in the placement with no objections from family and no issues that need addressing. As these cases are also more straightforward there is an option to conduct a 'light touch' assessment, which is being used in the project.</p> <p>Some progress has also been made in improving management of Court of Protection (Community) DoLS. ASC continues to work with Legal to progress Community DoLS and focus</p>
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					<p>on higher risk cases. ASCLT has recently asked Legal to provide some up to date advice/recommendations on the service's approach to Community DoLS, to help ASCLT to re-assess risk levels, and prioritise next steps, for this area accordingly.</p> <p><b>Action Complete</b></p>
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**Internal Audit proposes to remove this item from the tracker**

**22. Safeguarding administration and governance (People)** (issued to the Audit and Standards Committee 15.4.16)

**As at July 2016**

This report was issued to management on the 21.03.16 with the latest agreed implementation date of 31.3.17. An update on progress with recommendation implementation will be included in the next tracker report.

**As at Jan 2017**

An update on progress made with the recommendation implementation is included below. 8 out of 17 recommendations have been implemented and with work ongoing on the remaining 9.

**As at July 2017**

A follow-up audit was undertaken in Jan 2017. Following this review, a number of recommendations were given revised implementation dates which have since passed and so the Head of Service has been contacted. The results reproduced below are a therefore a combination of the outcome of the follow-up review (where an audit opinion is given), and the managers update. Of 17 recommendations, 12 have been completed and 5 are ongoing.

**As at Jan 2018**

**Internal Audit:** An update of progress with the 5 recommendations ongoing in the last report is provided below. 3 of these recommendations have been completed and the remaining 2 will be finalised very early in the new year.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided by Head of Quality and Safeguarding 30.11.17
22.1	Internal Audit recommends that the safeguarding processes explicitly include that there is no	Medium	Simon Richards, Head of Quality	30.6.16	As part of reviewing the Safeguarding Practice Guidance, this recommendation has been

	separate near misses policy and that near misses go through the same process as safeguarding.		and Safeguarding	<b>Revised Timescale</b> 31.8.17	<p>reviewed. However, as advised by the Associate Designated Nurse for Safeguarding Adults, it is not clear what additional assurances would be realised by including the recommended phrasing. This is because -</p> <ul style="list-style-type: none"> <li>• Under the Care Act definitions and the 3 point test – this mitigates for people at risk of harm or experiencing harm.</li> <li>• Under the old definitions (No Secrets) we used to consider “significant harm “ for inclusion in our workings out as to whether we progressed the case in safeguarding. This was always difficult and very subjective.</li> <li>• The Care Act attempts to simplify when we should act and by definition this could be interpreted as including near misses e.g. incorrect moving and handling is considered neglect/poor practice but no harm may arise (in effect a near miss) – however the poor practice still needs addressing</li> <li>• The current practice and the principles of safeguarding one of the key ones being prevention – is to prevent harm where possible rather than wait for a crisis.</li> </ul> <p>Therefore while we accept that it is important that safeguarding practice should address ‘near misses’, on reviewing the current Care Act compliant guidance, we do not intend to include any additional content using the phrasing ‘near miss’ as this is not required, and is not the current terminology used within the Care Act.</p> <p><b>Action Complete</b></p>
22.2	Management should introduce a more robust checking system, whereby a proportion of screened	Medium	Simon Richards, Head of Quality	31.7.16	This is now in place and the first checking audits were piloted in July 2017 and then in

	<p>out concerns get revisited by Safeguarding. This will enable Safeguarding to identify any trends and introduce more training within service if the same types of concerns are being screened out when they should be proceeding to the next stage.</p>		<p>and Safeguarding</p>	<p><b>Revised Timescale</b> 31.3.17</p>	<p>November 2017.</p> <p>A sample of cases will be reviewed each time:</p> <ul style="list-style-type: none"> <li>• Where a case has been screened out of safeguarding because it does not meet the 3 stage test, is this being appropriately followed/applied</li> <li>• Where a case has been screened out of safeguarding because another route is more appropriate have the correct actions been taken to address the person's needs</li> <li>• Re-referrals – to check assurance that they are 'legitimate' re-referrals</li> </ul> <p>These exercises have provided some assurance of current practice as well as identifying some learning, which can help us continue to strengthen Safeguarding Practice (including training and support within service).</p> <p>These sampling exercises were the first of a rolling quarterly programme of Safeguarding quality assurance exercises. We are reviewing the piloted audit approach to make sure it is proportionate and not unnecessarily risk averse and it will then be embedded in the new Quality Assurance Framework (2018/19).</p> <p><u>Internal Audit opinion</u> Evidence provided to demonstrate quarterly file audit from July.</p> <p><b>Action Complete</b></p>
<p>22.3</p>	<p>Internal Audit recommends that the Adults Safeguarding Office and Commissioning work more closely together when dealing with safeguarding concerns about care providers, and that this is included in the processes being put into place in</p>	<p>High</p>	<p>Simon Richards, Head of Quality and Safeguarding</p>	<p>30.9.16</p> <p><b>Revised Timescale</b></p>	<p>Adults Safeguarding Office, ASC First Contact and Commissioning now work more closely together when dealing with safeguarding concerns about care providers, therefore helping to ensure that teams are more aware</p>

	<p>Sheffield. This would ensure that both teams are aware of any problem or potential problem with a provider. In addition, it is advised that operational teams have a stronger link with both Adults Safeguarding Office and Commissioning, so that the operational teams are kept aware of policies, procedures and problems with providers.</p> <p>To ensure that all concerns with regard to safeguarding are captured, a contract concern form should be completed for all incidents related to an independent provider. Management should ensure that this is included as part of the new processes being put in place.</p>			<p>15.1.18</p>	<p>of any problem or potential problem with a provider.</p> <p>A draft protocol between First Contact and Commissioning is in place which reflects current practice and governance arrangements.</p> <p>Examples of current practice are:</p> <p><i>ASC First Contact / Commissioning interface:</i></p> <ul style="list-style-type: none"> <li>• The process of Incident reporting by professionals working with home care/care home using an incident reporting form (IRF) provides a point of contact to raise concerns which may require quality monitoring visits. If the Commissioning team assess the concern to constitute a potential safeguarding response is required then the IRFs are passed to First Contact for screening and allocation to relevant locality.</li> <li>• The reciprocal arrangement is when a safeguarding concern is received by first contact which does not meet the threshold – this will be passed to contracts as an IRF for information and action by Commissioning</li> </ul> <p>These arrangements ensure that concerns regarding incidents related to an independent provider are recorded/captured and actioned on appropriate systems for both First Contact and Commissioning.</p> <p><i>Locality Teams:</i></p> <ul style="list-style-type: none"> <li>• Now that ASC have the locality teams in place, the local intelligence relating to care providers in a specific locality will enhance</li> </ul>
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					<p>information sharing (for example on problems with providers) between the team managers, First Contact and Commissioning.</p> <ul style="list-style-type: none"> <li>This will help operational teams have a stronger link with both Adults Safeguarding Office and Commissioning, and will complement the ongoing work of the Adult Safeguarding Office ensuring operational teams are kept aware of policies and procedures.</li> </ul> <p>Governance of joint working arrangements will sit with the ASC safeguarding group (with the oversight of the Adults Safeguarding Office and support from Business Strategy as appropriate/required). Monitoring and performance management of the effectiveness of the protocol will be reported to this group. The draft protocol is scheduled for sign off at the next ASC safeguarding group meeting 15/01/17 – following this we would propose closure of this action.</p> <p><b>Action ongoing</b></p>
22.4	Management should ensure that there is a process in place to take account of feedback and learning from complaints.	Medium	Simon Richards, Head of Quality and Safeguarding	31.3.16 <b>Revised Timescale</b> 31.8.17	<p>We have an established process in place to take account of feedback and learning from complaints:</p> <ul style="list-style-type: none"> <li>- There is a quarterly analysis of complaints (including at Safeguarding) at Adult Social Care Leadership Team.</li> <li>- This includes looking at themes and learning, with appropriate follow up by Adults Safeguarding Office</li> </ul> <p><u>Internal Audit opinion</u> The ASCLT complaints report provided as evidence.</p>



					<b>Action Complete</b>
22.5	It is recommended that all data sharing agreements are logged with the Council's Information Sharing Agreements Sharepoint site.	High	Simon Richards, Head of Quality and Safeguarding	30.4.16 <b>Revised Timescale</b> 31.12.17	<p>The South Yorkshire Safeguarding Procedures includes a section on information sharing section (see SharePoint ISA site).</p> <p>The aim of this section is to facilitate and provide clear guidance on the exchange of personal and sensitive information for the investigation and responding to suspected Abuse and neglect of adults within south Yorkshire.</p> <p>An Information Sharing Agreement has been developed to further support detailed information sharing arrangements. This will be formally endorsed as a working document at the Safeguarding Operational Board on 15 December 2017 (and will be uploaded onto the SharePoint ISA site following this – following this we would propose closure of this action).</p> <p><b>Action ongoing</b></p>

**23. External Funding (Corporate Review)** (Issued to the Audit and Standards Committee 01.06.15).

<b>As at July 2015</b>
<b>Internal Audit:</b> This report was issued to management on the 07.05.15, with the latest agreed implementation date of 30.09.15. Therefore an update will be provided in the next high opinion update report.

<b>As at January 2016</b>
An internal audit follow-up review is scheduled for quarter 1 of 2016/17. A key challenge with regard to external funding is getting managers across portfolios to comply with the process, this has resulted in slippage in some of the original implementation dates. An update was provided by service management.

<b>As at July 2016</b>
<b>Internal Audit:</b> An update of progress with the 6 recommendations outstanding in the last report was provided.

**As at Jan 2017**

**Internal Audit:** An update of progress with the 4 recommendations outstanding in the last report is provided below. 3 recommendations have been implemented, and 1 has elements that are still ongoing.

**As at July 2017**

**Internal Audit:** An update of progress with the 2 recommendations ongoing in the last report is provided below.

**As at Jan 2018**

**Internal Audit:** An update of progress with the 1 recommendation ongoing in the last report is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided by External Funding Manager 8.6.17
23.1	<p>It is recommended that where appropriate approval has not been sought for external funding and where there is a lack of clarity with regards to the key funding arrangements (including match funding arrangements), this is clearly detailed and escalated to the relevant Executive Director/Director for information and appropriate action to be taken (where necessary).</p> <p>The External Team should continue to publicise the process across the Council with periodic updates placed on the intranet.</p>	High	Finance Manager, External Funding	<p>Management actions in progress at the time of the discussion meeting. Actions to be confirmed as satisfactory at the time of the follow-up review.</p> <p><b>Revised Timescale</b> 30.9.17</p>	<p>Where necessary, excessive delays in Leader's scheme reports are progressed with appropriate level of management. – <b>Action complete</b></p> <p>A presentation on the operation of the Leader's Scheme of Delegation in relation to external funding has now been delivered to all Portfolio Leadership Teams. - <b>Action complete</b></p> <p>Legal and Governance have recently changed the Leaders' Scheme approval levels (June 2016) so that the block approval report for annually recurrent grants, previously intended for Cabinet, can be signed off by the Cabinet Member. The report was approved by the Cabinet Member for Finance and Resources in August 2016. – <b>Action complete</b></p> <p>In agreement with Legal, a speedier approval process has been agreed whereby new non-</p>

					<p>EU grants below £100k can be signed off more efficiently without diminishing Finance and Legal controls. The scheme has operated from April 2017.</p> <p>Intranet updates are under review and are something that External Funding will be looking into during 2017/18 to coincide with the intranet provider refresh. In the meantime update information is included on FinancePoint.</p> <p><b>Action complete</b></p>
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Internal Audit proposes to remove this item from the tracker

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# AUDIT AND STANDARDS COMMITTEE

## STANDARDS REPORT 2015 - 2017

To be considered at the Council Meeting on 7 February 2018



## **FOREWORD**

I am pleased to present this report which is the first since the Audit and Standards Committees merged in August 2016.

This report provides a summary of Standards activities from June 2015 through to December 2017.

I would like to thank our three Independent Persons, Stuart Carvell, Marvyn Moore and David Waxman, for their work in assisting the Monitoring Officer. I would also like to thank Dave Ross, our Principal Committee Secretary until earlier this year.

I recommend that Council receives this report on Standards Committee activities in 2015 – 2017.

Councillor Josie Paszek  
Chair of the Audit and Standards Committee  
December 2017

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## 1. **Introduction**

- 1.1 This is the first Standards Annual Report of the merged Audit and Standards Committee and covers the period from June 2015 to December 2017.
- 1.2 Changes to the Standards regime were introduced in July 2012 following the Localism Act 2011. Although it was no longer a statutory requirement to have a Standards Committee, Full Council approved the retention of a Committee to deal with complaints and adopted a new Members' Code of Conduct and a Procedure for Dealing with Standards Complaints. The three Parish and Town Councils adopted a Joint Members Code of Conduct and a Joint Procedure for Dealing with Standards Complaints.
- 1.3 Three Independent Persons were appointed jointly with Barnsley Council and the South Yorkshire Joint Secretariat to assist the Monitoring Officer in dealing with complaints.

## 2. **Role of the Standards Committee until August 2016**

The responsibilities of the Standards Committee, as set out in the Constitution, were:

- a) Promoting and maintaining high standards of conduct by Councillors, Co-opted Members Representatives on Committees and Sub-Committees.
- b) Assisting Councillors, Co-opted Members and Representatives to observe the Councillors' Code of Conduct.
- c) Advising the Council on the adoption or revision of the Councillors' Code of Conduct and Protocols relating to Councillor and Officer Behaviour.
- d) Monitoring the operation of the Councillors' Code of Conduct.
- e) Advising, training or arranging to train Councillors, Co-opted Members and Representatives on matters relating to the Members' Code of Conduct.
- f) Discharging the functions of, hearing complaints against Councillors concerning the Members' Code of Conduct referred to them by the Monitoring Officer.
- g) The exercise of the above functions in relation to the Parish Councils wholly or mainly in its area and the Members of those Parish Councils.
- h) Advising the Council on the adoption and revision of its Whistle-blowing Policy and monitoring the operation of that Policy.
- i) Monitoring and reviewing procedures relating to gifts, hospitality and personal interests, for Councillors and officers.
- j) Monitoring the Council's response to complaints to the Ombudsman.
- k) Undertaking such other functions as the Council may delegate to the Committee.



### 3. **Standards-Specific Role of the Audit and Standards Committee**

3.1 The Standards responsibilities of the Committee, as set out in the Constitution, are:

- To promote and maintain high standards of conduct by Councillors, Co-opted Members and Representatives on Committees and Sub-Committees.
- To assist Councillors, Co-opted Members and Representatives to observe the Members' Code of Conduct.
- To advise the Council on the adoption or revision of the Members' Code of Conduct and Protocols relating to Councillor and Officer behaviour.
- To monitor the operation of the Members' Code of Conduct.
- To advise, train or arrange to train Councillors, Co-opted Members and Representatives on matters relating to the Members' Code of Conduct.
- To monitor, review and make recommendations to the Council with regard to the Learning and Development policy for Councillors, Co-opted members and Representatives.
- To discharge the functions of dealing with complaints against Councillors and Co-opted Members as set out in Procedure for Dealing with Complaints Regarding City, Parish and Town Councillors and Co-opted Members.
- To advise the Council on the adoption and revision of its Whistleblowing Policy and monitoring the operation of that Policy.
- To monitor and review procedures relating to gifts, hospitality and personal interests, for Councillors and officers.
- To monitor the Council's complaints process and the Council's response to complaints to the Ombudsman.

### 4. **Membership of the Committee**

4.1 The Standards Committee had 12 members comprising eight City Councillors and 4 non-voting-opted members (including 1 representative of the three Parish and Town Councils drawn from a pool of three representatives).

4.2 Following the merge of the Audit and Standards Committees in August 2016, the combined Committee has 7 (non-executive) Members with proportionality applied and a maximum of 3 non-voting co-opted members. (Where standards related matters are to be considered by the Committee, the three Parish/Town Councils would be invited to jointly send one representative to attend the meeting for those

items as an observer).

4.3 As of December 2017, the membership was:

- Councillor Josie Paszek (Chair)
- Councillor Adam Hanrahan (Deputy Chair)
- Councillor Dianne Hurst
- Councillor Alan Law
- Councillor Pat Midgley
- Councillor Peter Price
- Councillor Paul Scriven
- Liz Stanley (Independent Non-Voting Co-opted Member)
- 2 x vacancy for Independent Non-Voting Co-opted Member

## 5. **Monitoring Officer/Support to the Committee**

5.1 Gillian Duckworth is the Council's Monitoring Officer and Director of Legal and Governance. The Monitoring Officer is a statutory role that:-

- Supports the Standards Committee and the three Independent Persons;
- Contributes to the promotion and maintenance of high standards of conduct within the Council;
- Maintains systems and processes for dealing with allegations of breaches of the Code of Conduct for Members;
- Investigates and reports to the Standards Committee on allegations of breaches of the Code of Conduct for Members;
- Has rights of access to any information from Members and/or officers in connection with a standards complaint;
- Establishes and maintains registers of members' interests, gifts and hospitality;
- Acts a point of contact for advice and/or queries by elected members
- Maintains and updates the Constitution;
- Advises on various issues, poor administration and impropriety;
- Attends all meetings of the Cabinet whether public or private.

5.2 Further support to the Committee was provided by Jason Dietsch (Head of Member Services) and, until October 2017, Dave Ross (Principal Committee Secretary). Further support is now provided by Simon Hughes (Principal Committee Secretary) and Philippa Braithwaite (Democratic Services Team Manager).

5.3 The Council is required by the Local Government and Housing Act 1989 Act to provide the Monitoring Officer with "such staff, accommodation and other resources as are, in their opinion, sufficient to allow those duties to be performed". The Monitoring Officer has confirmed that she has the necessary resources to meet the requirements of her role.

## 6. Complaints

- 6.1 The number of complaints made per year and a breakdown by the findings is set out below:-

<b>Complainant</b>	<b>2015 (Jun-Dec)</b>	<b>2016 (Jan-Dec)</b>	<b>2017 (Jan-Dec)</b>
Take No Action (no breach)	2	17	20
Withdrawn or Invalid	4	1	1
Informal Resolution	2	1	1
Refer to Consideration Sub-Committee with an Investigation	0	1	2
Refer to Consideration Sub-Committee without an Investigation	0	1	0
<b>Total</b>	<b>8</b>	<b>21</b>	<b>24</b>

- 6.2 During the year a review was undertaken by the Monitoring Officer of the Procedure for Dealing with Standards Complaints. A revised Procedure was considered by the Audit & Standards Committee at its meeting on 16 November 2017 and adopted by Full Council on 6 December 2017.
- 6.3 The revised Procedure incorporates both the City and Joint Parish and Town Councils' Procedure and provides greater flexibility to respond to each complaint at an appropriate level and to ensure complaints are concluded sooner for the benefit of both parties. The Monitoring Officer will review the Procedure in a year's time.

## 7. Independent Persons

- 7.1 The Council must appoint at least one Independent Person. Their role is advisory and they do not have a vote on any Council committee. The Independent Person can be consulted by the Monitoring Officer, and also by the Member who is subject to a complaint and the Audit and Standards Committee.
- 7.2 The three Independent Persons, Stuart Carvell, Marvyn Moore and David Waxman, provide invaluable assistance to the Monitoring Officer in dealing with Standards complaints.
- 7.3 An Independent Person is involved in each complaint and consulted at each stage of the process.

## 8. **Parish and Town Councils**

8.1 The Monitoring Officer provides advice and support to the three Parish and Town Councils and this included the Standards complaints dealt with in 2015, 2016, and 2017 relating to both of the Parish Councils.

8.2 The Monitoring Officer and Head of Member Services led training and development sessions with Ecclesfield and Bradfield Parish Councils in June and October 2016 respectively.

## 9. **Training and Development**

9.1 As part of the induction for new Councillors, information was provided on the Members' Code of Conduct, the Standards regime, the Register of Interests, the key principles of good governance, the Member/Officer Relations Protocol and how the Council and decision making works. The induction also included a practical exercise, using case studies to help Members' understanding of the Members' Code of Conduct and Members' interests. A training session for the Standards Committee was also carried out by the Monitoring Officer in September 2017 regarding Standards related issues.

9.2 Specific training took place for Members of the Planning and Highways and Licensing Committees and which covered the related legal framework and decision making and particular requirements relating to Member's interests and bias.

## 10 **Policy and Corporate issues**

The Committee has provided oversight and responded to the following policies, protocol, reports and consultations:

- 10.1
- The Whistleblowing Policy in November 2016
  - Review of the Members' Code of Conduct in January 2017
  - Annual Governance Statement in July 2017
  - Review of the Monitoring Officer Protocol in November 2017
  - Consultation on Disqualification Criteria for Councillors in November 2017
  - Annual Ombudsman and Complaints Report 2016/17 in November 2017

## 11. **Other Areas of Work**

11.1 The Monitoring Officer has ensured that all new Councillors had submitted their Register of Interests form relating to Disclosable Pecuniary Interests and Other Interests and that existing Councillors had reviewed and updated their interests.

11.2 The Monitoring Officer maintains a regular dialogue with the Council's other

Statutory officers to consider and review governance arrangements. The Monitoring Officer also maintains a dialogue around governance with the Leaders and/or Whips of the political groups represented on the Council.

12. **The Year Ahead**

12.1 The work programme continues to ensure the Audit and Standards Committee receives updates on the Members' Code of Conduct and Complaints Procedure and an Annual Report on the complaints received. Meetings of the Consideration and Hearing Sub-Committees are arranged as and when required to deal with complaints. The Consideration Sub-Committee has met once during the period covered in this report.

13. **Recommendation**

13.1 That Council receives and notes this report on the work of the Standards Committee and Audit and Standards Committee in 2015 - 2017.

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## Audit and Standards Committee Report

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**Report of:** Gillian Duckworth, Director Legal & Governance

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**Date:** 11<sup>th</sup> January 2018

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**Subject:** Regulation of Investigatory Powers Act

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**Author of Report:** Steve Eccleston, Assistant Director, Legal Services

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### Summary:

- SCC is empowered to use covert surveillance in investigations which have the aim of preventing and detecting crime and disorder. Approval for surveillance must be given by a Magistrate in addition to sign off at a senior level under well-established formal procedures.
- SCC is a low user of RIPA powers, having made no applications in the 2017
- This report is produced in compliance with the Office of the Surveillance Commissioners (OSC) requirement that the use of RIPA is reported at a senior level in the organisation on a regular basis.
- A new addendum policy to the council's use of social media has been approved by the Information Governance Board (IGB) in order to manage the risk of use of Social Media slipping into covert surveillance. This will be rolled out across the council in 2018 supported by an eLearning package.

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### Recommendations:

- That Audit and Standards Committee notes this report and the attached Social Networking Guidance: Covert Social Networking Checks and Surveillance Policy

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**Background Papers:**

1. Report of the Office of the Surveillance Commissioner, 2017
2. Social Networking Guidance: Covert Social Networking Checks and Surveillance Policy
3. Central Record of RIPA authorisations for SCC
4. Report to IGB 20.10.17

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**Category of Report:** OPEN

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## **Regulation of Investigatory Powers Act**

### **1.0 INTRODUCTION**

- 1.1 On 23<sup>rd</sup> January 2017, the Council's use of covert surveillance was inspected by the Office of the Surveillance Commissioner (OSC). A number of recommendations were made designed to improve practices. In particular, work was required to mitigate the risk of council employee's use of social media slipping into covert surveillance. Also a refresh of training across the organisation and other policy/procedural changes.
- 1.2 Guidance recommends that Members be briefed on the Council's use of RIPA and this report is designed to serve that purpose. Changes in the law mean that surveillance is now rarely used by the council and, in general, risks related to the use of surveillance powers are very low.
- 1.3 Risks relating to surveillance arising out of the council (and societies) increasing use of social media have now been identified and this report sets out how the council proposes to manage those risks and issues.
- 1.4 Ensuring that the Council delivers best practice in the use of its powers will mean that the correct balances are struck enabling the rights of individuals to be protected and balanced against the rights of communities to be confident that the Council's regulatory powers are used to ensure their well-being.

### **2.0 BACKGROUND**

- 2.1 The Regulation of Investigatory Powers Act 2000 (RIPA) is the Act which defines when a public body can use surveillance to obtain information. The surveillance can take a number of forms, from undercover covert operatives (Covert Human Intelligence Sources – CHIS), through to covert surveillance (Directed Surveillance). All require authorisation under the Act

### **3.0 MAIN BODY OF THE REPORT**

Including Legal, Financial and all other relevant implications (if any)

- 3.1 The initial "gateway" regime under RIPA enables local authorities to undertake covert surveillance for "the prevention and detection of crime or preventing disorder" (section 22(2)(b)). The RIPA Order 2010 raised the seniority of the authorising officer in local authorities from an "Assistant Chief Officer, Assistant Head of Service, Service Manager or equivalent" to a "Director, Head of Service, Service Manager or equivalent" (Part 2 of Schedule 2).
- 3.2 A range of types of surveillance conduct may be used in the course of a

local authority investigation. Key to whether RIPA applies to this conduct is its covert nature and whether it results in the obtaining of private information about a person who has a reasonable expectation of privacy

- 3.3 An example given in the Code of Practice on Covert Surveillance and Property Interference (the Surveillance Code) distinguishes between local authority officers merely photographing the exterior of a shop as opposed to recording a pattern of occupancy in a designated building. The former is considered to fall into the general observation duties of the authority, while the latter will likely require authorisation as a form of directed surveillance.
- 3.4 Governance of RIPA and surveillance is delivered through the requirement that a member of the Executive Management Team is identified as the "Senior Responsible Officer" (SRO). In this case that is Eugene Walker, Executive Director, Resources. The responsibilities include oversight of the system generally and also training. Mr Walker is supported in this task by Steve Eccleston, Assistant Director Legal Services. Support in the delivery of good governance is provided by Information Management (IM) and specifically John Curtis. RIPA, as a legal regime, sits coherently alongside Information Security, FOIA & DPA. It is a procedurally based regulatory regime. Thus Legal Services provide expert legal input, including applications to the Magistrates Court and support with the triennial inspection. Responsibility for policy and procedure oversight, record keeping, data and governance of process sits with IM

### **The Human Rights Act**

- 3.5 The Human Rights Act 1998 requires that the exercise of any investigative power under RIPA 2000 must be both necessary and proportionate. For example, as a result of the controversy concerning certain local authority use of powers under RIPA 2000 against parents giving a false address to abuse the schools admissions system, the Surveillance Code now states that authorisation to engage in directed surveillance is "unlikely to be necessary or proportionate" for the investigation. However, while a breach of a provision of a relevant code of practice may be admissible as evidence, it does not directly give rise to any civil or criminal liability (section 72(2), RIPA 2000).
- 3.6 The Human Rights Act 1998 makes it unlawful for a Public Authority to act in a way which is incompatible with the European Convention of Human Rights, which, in Article 8, gives people the right to respect for their private and family life, home and correspondence. The advantage of properly obtaining authorisation under the Act, and in accordance with OSC guidance, is that such surveillance is rendered lawful and is admissible in legal proceedings. In summary, the use of surveillance under the HRA must be lawful, proportionate and necessary.

## **SCC use of RIPA**

- 3.7 In keeping with most Local Authorities, Sheffield is a limited user of RIPA in its investigations. There were 18 authorisations during 2011 and, in line with a steadily decreasing trend, there were none in 2017.

## **The 2017 Inspection**

- 3.8 On 23 January 2017, SCC received the report of the Office of The Surveillance Commissioners (OSC) triennial inspection. It was critical of what it identified as an insufficiency of training generally and also, specifically policy and training in the use of social media which could inadvertently slip into surveillance. This issue was identified as a national concern and was recently reiterated in the OSC's annual report. The inspection report is attached for information.
- 3.9 To remedy this, training on surveillance internally, and use of social media specifically, was commissioned. This was aimed at both EMT and operational investigators and took place over a whole day on the 5th September 2017, delivered by Act Now, a nationally recognised provider in this field. A follow up briefing was also held and, therefore, every member of EMT together with Gillian Duckworth Director of Legal Services have been trained in RIPA and surveillance.
- 3.10 Training was also held with operational staff from Trading Standards
- 3.11 A further full, bespoke training day was held on 19<sup>th</sup> December 2017, again delivered by a specialist trainer from Act Now, on the law and practice of managing undercover operatives known as Covert Human Intelligence Sources (CHIS). This was attended by Ian Ashmore, head of Environmental Regulation together with operational members of staff. SCC staff have now been trained in CHIS authorisation, handling and controlling as required by the Inspector
- 3.12 The inspection also required a policy to be drafted controlling and giving guidance in the use of social media to avoid the risk of it slipping into Directed Surveillance or Covert Human Intelligence Sources (CHIS). This policy has now been prepared is attached for the board to note.
- 3.13 Feedback on this policy has been obtained from a number of stakeholders including John Mothersole, Chief Executive, Eugene Walker, Executive Director Resources and SRO for RIPA, Lynsey Linton, Head of HR and Eddie Coates Madden Head of Communications. It has also been tested with a small project group in Children & Families, including the Principal Social Worker.
- 3.14 Key messages have been disseminated to staff via the front page of the intranet to ensure that undue risks were not created during the period of preparation of the policy

## **Conclusions**

- 3.15 SCC is a low user of surveillance powers under RIPA. Where surveillance is considered to be a lawful, necessary and proportionate step in an investigation an application is made to a Magistrate for authority.
- 3.16 In accordance with the most recent report from the OSC, general training has been provided to applicants and approvers for directed surveillance. Bespoke training has been provided to EMT. A full days training has been provided in the authorisation and lawful operation of CHIS. A new policy has been developed to manage the risk in the use of social media unintentionally slipping into covert surveillance and a package of eLearning is being developed. The policy will be launched once the training package is available

## **4.0 RECOMMENDATIONS**

- 4.1 That this report and the attached policy on Social Networking Guidance: Covert Social Networking Checks and Surveillance Policy are noted



**OFFICE OF SURVEILLANCE COMMISSIONERS**

**INSPECTION REPORT**

**Sheffield City Council**

**9<sup>th</sup> January 2016**

**Assistant Surveillance Commissioner:  
His Honour Norman Jones, QC.**



## **OFFICAL- SENSITIVE**

### **DISCLAIMER**

This report contains the observations and recommendations identified by an individual surveillance inspector, or team of surveillance inspectors, during an inspection of the specified public authority conducted on behalf of the Chief Surveillance Commissioner.

The inspection was limited by time and could only sample a small proportion of covert activity in order to make a subjective assessment of compliance. Failure to raise issues in this report should not automatically be construed as endorsement of the unreported practices.

The advice and guidance provided by the inspector(s) during the inspection could only reflect the inspectors' subjective opinion and does not constitute an endorsed judicial interpretation of the legislation. Fundamental changes to practices or procedures should not be implemented unless and until the recommendations in this report are endorsed by the Chief Surveillance Commissioner.

The report is sent only to the recipient of the Chief Surveillance Commissioner's letter (normally the Chief Officer of the authority inspected). Copies of the report, or extracts of it, may be distributed at the recipient's discretion but the version received under the covering letter should remain intact as the master version.

The Office of Surveillance Commissioners is not a public body listed under the Freedom of Information Act 2000, however, requests for the disclosure of the report, or any part of it, or any distribution of the report beyond the recipients own authority is permissible at the discretion of the Chief Officer of the relevant public authority without the permission of the Chief Surveillance Commissioner. Any references to the report, or extracts from it, must be placed in the correct context.

**OFFICAL – SENSITIVE**





Chief Surveillance Commissioner,  
Office of Surveillance Commissioners,  
PO Box 29105,  
London,  
SW1V 1ZU.

12<sup>th</sup>. January 2017.

## INSPECTION REPORT SHEFFIELD CITY COUNCIL

Inspection 9<sup>th</sup>. January 2017.  
Inspector His Honour Norman Jones, QC.  
Assistant Commissioner

### Sheffield City Council.

1. Sheffield City Council is the Local Authority responsible for the local government administration of the City of Sheffield. The authority covers an area of 142.06 square miles in South Yorkshire and serves a population of about 570,000.
2. The Chief Executive, as at the time of the last inspection, is Mr John Mothersole who is supported by four Executive Directors and 18 Directors.
3. Mr. Eugene Walker, Executive Director for Resources, is the *RIPA Senior Responsible Officer (SRO)* and has been appointed since the last inspection. The *RIPA Co-ordinating Officer*, as at the time of the last inspection, is Mr Steve Eccleston, Assistant Director Legal Services, although some of the responsibilities are now shared by Mr John Curtis, Head of Information Management.
4. I conducted the last inspection of Sheffield City Council for the OSC in January 2014.
5. The Council has substantially reduced its recourse to covert surveillance in the period since the last inspection. In the period preceding that inspection, 42 authorisations had been granted whilst, since the last inspection, there have been only two. This pattern had already commenced at the time of the last inspection with only five authorisations being granted in 2013. Both examined authorisations on this occasion were for *directed surveillance* and each was justified with neither being concerned with *self authorisation* or *confidential information*.
6. The Council Offices are situated at the Town Hall, Pinstone Street, Sheffield, S1 2HH.

### Inspection.

7. Mr. Eccleston and Mr Walker warmly welcomed me to Sheffield City Council. Mr Eccleston remained throughout the inspection the majority of which was attended by Mr Walker and Mr Curtis. The inspection was later joined by Mr Ian Ashmore, Head of Environmental Regulation (including Trading Standards and Environmental Health) and an authorising officer; Ms Elyse Senior-Wadsworth, Service Manager in Business Strategy and Children, Young People and Families (with responsibility for Information Governance) and Philip Glaves, Principal Officer - Fair Trading.
8. The inspection was conducted by means of discussion and interview with the *RIPA* officers and included an examination of the Central Record of Authorisations and the retained applications/authorisations, reviews, and cancellations. All officers engaged demonstrated a lively interest and a sound knowledge of *RIPA* principles.
9. Among the matters discussed were the reasons for the reduction in authorisation, actions taken on past recommendations, the management of *RIPA*, authorising officers, training, *CHIS*, social media, policy and procedures, reporting to Councillors and CCTV.

#### **Reduction in Authorisation.**

10. The reasons for the reduction in the level of authorisation were discussed with the officers. Principal reasons given include:
  - the loss of fraud benefit fraud investigation to the DWP;
  - the effects of the *Protection of Freedoms Act 2012* and the *RIP(Directed Surveillance and CHIS)(Amendment)Order 2012, SI 2012/1500* removing a number of offences from consideration for authorisation which had hitherto attracted a large number of authorisations, including in particular antisocial behaviour;
  - a change in the culture of investigation which now places greater emphasis upon deterrence and warning;
  - Trading Standards have been focused on investigations of a nature which would not naturally attract covert surveillance. The Department has been concerned to discover alternative more overt means for the obtaining of evidence and its resources have been concentrated in those areas, particularly that of rogue trading, which are particular problems in the Sheffield area. It is to be noted that Mr Ashmore was of the opinion that more covert surveillance was likely to be undertaken in the future particularly in relation to the investigation of sales of illicit tobacco.

#### **Examination of Documents .**

11. The **Central Record of Authorisations** is to be found in a spreadsheet format which is fully compliant with the *Code of Practice for Covert Surveillance and Property Interference, 8.1*. It is now maintained by Mr. Curtis and is completed up-to-date.
12. The two **applications/authorisations** were examined. Both were for *directed surveillance* with one relating to a benefit fraud investigation in March 2014, prior to the responsibility for such passing to the DWP, and the other to underage test purchasing at eight retail premises in February 2015.
13. The **application** provided a good outline of the intelligence basis for the benefit fraud investigation and an excellent outline of the proposed surveillance activity. Collateral intrusion was well considered, save that no consideration was given to intrusion upon the child of the family under surveillance. The considerations of *necessity* and *proportionality* covered all the essential elements. *Confidential information* was said to be "unlikely" to be acquired. If so that left open the possibility that there was some likelihood of acquisition and that would have required the authorisation of the CEO.

There was no such likelihood and the applicant should have so stated. The **authorisation** followed good practice of being hand written and there was good detail of what was being authorised with the "5W's" well considered. The articulation of *necessity* and *proportionality* was adequate but crammed into a very small box which, had the applicant given thought to prior to downloading the form, could have been expanded to provide sufficient space for a more detailed discussion. A review date was set but the expiry date was linked to the date of authorisation and not that of magistrate's approval. Such approval was obtained and a review was recorded giving thorough consideration of the actions already undertaken. The authorisation was appropriately cancelled with good detail of what had been achieved.

14. The test purchasing was to be conducted with a juvenile wearing a covert body video camera and entering eight shops unaccompanied but with a trading standards officer nearby outside to ensure the safety of the test purchaser. The **application** recorded that all shops visited had complaints recorded against them and had been written to and told that a test purchase would take place at some stage. Nevertheless there was no intelligence recorded against the premises individually which practice should be adopted. It also raises the question as to whether this form of test purchasing may be regarded as overt and thus not requiring authorisation. However the Council prefers to take a "belt and braces" approach on the issue. The consideration of *necessity* did not provide reasons why it was necessary to use covert surveillance as a tool of investigation and *proportionality* and did not balance the seriousness of the offence against the intrusion to be expected. One of the reasons given for the exercise was to be a "reminder to business regarding their obligations to challenge prospective purchasers" which does not fit easily into the single ground available to the Council. The **authorisation** followed best practice of being hand written and the actions proposed were well articulated but the authorisation did not indicate the specific addresses to which it should apply. *Necessity* and *proportionality* were well considered and an expiry date was set though linked to the date of authorisation rather than that of the magistrate's grant of approval. The authorisation was appropriately cancelled.

### Previous Recommendations

15. I made four recommendations in my previous report.

- (i) *Ensure that the principles of necessity and proportionality are fully articulated in applications and authorisations.*

These issues have been considered in feedback and training since the last inspection but could do with continuing attention. Applicants and authorising officers should recognise that they should always articulate as part of their consideration of *necessity* why it is necessary to use covert surveillance as a tool of their investigation. Furthermore they should readily identify each of the three basic elements of *proportionality* as (a) *that the proposed covert surveillance is proportionate to the mischief under investigation;* (b) *that it is proportionate to the degree of anticipated intrusion on the target and others;* (c) *it is the only option, other overt means having been tried or considered and discounted.* These issues are fundamental to the RIPA process and the RIPA Co-ordinating Officer should have them well in mind when he undertakes his gate keeping and oversight role in relation to any authorisation. This recommendation has been largely discharged but future robust oversight should continue to reflect the importance of these issues.

- (ii) *The RIPA Co-ordinating Officer should undertake a review of applications/authorisations before they are submitted to a prosecuting solicitor for presentation for a magistrate's approval.*

This practice has been adopted and this recommendation has been discharged.

- (iii) *Establish a corporate training programme to include regular refresher training and to engage both likely applicant and authorising officers. This to include instruction in relation to the issues raised in this report especially those of necessity, proportionality and CHIS.*

Such a programme has not been established and the only training undertaken since the last inspection has been in 2016 and concerned only six officers. (See **Training** below). This recommendation has not been discharged.

**See recommendation**

- (iv) *Amend the RIPA Policy and Code of Practice.*

Appropriate amendments have been made. This recommendation has been discharged.

**RIPA Management**

16. Mr Walker has been appointed as SRO since 2014. When he came to the role he had some previous experience of RIPA having been responsible for benefit fraud investigation which came within his previous remit, as Director of Finance. His knowledge of the subject depends in part upon that experience and later training by Mr Eccleston though he has not received formal corporate training by an external provider. He regards himself as having prime responsibility for the oversight of the RIPA process within the Council. He and Mr Eccleston are in close touch and he is informed if any issues arise. Mr Eccleston has been RIPA Co-ordinating Officer for a number of years and is very experienced in the field. He is regarded as the officer who "runs" RIPA within the Council. He received external professional training in 2016 and he keeps himself well abreast of RIPA developments, delivering some training to other officers. He performs a gate keeping role in the sense that applicants would be expected to first approach him for advice before making an application and seeking authorisation. Once an authorisation is granted it returns to Mr Eccleston and will also be reviewed by Mr Curtis for the purpose of completing the Central Record. Arrangements will be made by Mr Eccleston for attendance on the magistrate for approval and a protocol is in existence with the Magistrate's Court for the making of such applications. A prosecuting solicitor from the Council will attend with the applicant and if the magistrate raises questions to which only the authorising officer could provide an answer an application would be made for an adjournment for the officer to attend.
17. Mr Eccleston is aware that his responsibilities include the organisation of training and that little training has taken place in the previous inspection period. He recognises that no formal RIPA training programme exists at the Council and that steps must be taken to establish one. He is alert to the fact that a recommendation to this effect in the last report has not been addressed.
18. In addition he has responsibility for **raising RIPA awareness** within the Council although this, in future, will be undertaken by Mr Curtis who is ideally placed for the role in relation to his responsibilities for information governance. It is recognised that a risk faced by public authorities who engage little in covert surveillance is that of unauthorised surveillance. This is best prevented by ensuring a good degree of awareness of the requirements for authorisation within the Council staff. Some awareness raising actions have been taken by Mr Eccleston since the last inspection including the provision of inspection feedback to officers, the circulation of new RIPA information to officers and holding regular meetings with Trading Standards (now regarded as the Department most likely to engage covert surveillance). He has

discussed with Mr Curtis means of disseminating information and it is felt that the Information Governance Working Group will be a useful body for this purpose since it exists to disseminate information within the Council. The simple means of such dissemination could include the cascading down of information from management and the utilisation of Council newsletters to contain the basic information to recognise that authorisation may be required if surveillance is being undertaken and where to get advice on the subject.

### **See recommendation**

19. It was noted, however, that within the Trading Standards Department, Mr Ashmore was able to observe that officers had not lost interest in covert surveillance and that he had been approached by officers considering making applications. In those cases, following discussion with the officer, Mr Ashmore has tendered advice, which had been accepted, that the application should not proceed.

### **Authorising Officers.**

20. Five officers of appropriate rank, including the CEO and SRO, are designated to undertake authorisation for the Council. The CEO or, in his absence, whoever deputises for him (probably Mr Walker) are likely only to authorise the acquisition of *confidential information* or the employment of juvenile or vulnerable CHIS. The SRO should otherwise only authorise in exceptional circumstances and thus provide some extra resilience.
21. It is of some concern that of that number only Mr Ashworth and the SRO have received any recent training.

### **Training**

22. No significant training has been undertaken since the last inspection. It is to be noted that the last authorisation was now some two years ago and demonstrated some weaknesses, particularly on the part of the applicant. It is impossible to say what the standard of authorisation would be at the present time but unless officers receive regular training they become stale and there is an inevitable fall in quality. These issues were discussed with the officers and it was recognised that more training must be undertaken and embrace a wider audience. The institution of a training programme would provide some discipline to the process and should allow for refresher training at least at about 12/18 monthly intervals. This could be provided initially by an external professional trainer with follow-up sessions organised internally. Alternatively the already existing e-learning programme at the Council could be extended to include a RIPA module for all likely to engage in the obtaining and granting of authorisations. The training recently undertaken in May and September 2016 concerned the attendance of Mr Eccleston on a course run by an external provider followed by the later delivery of training by Mr Eccleston, based on that experience, to the SRO, Mr Ashmore, two Heads of Service and a prosecuting solicitor who would normally attend applications for judicial approval. It follows that three authorising officers have received no recent training and none has been delivered to likely applicants. Mr Ashmore observed that a considerable time had elapsed prior to his 2016 training since he had last received corporate RIPA training.
23. The Trading Standards Department has had the advantage of RIPA training within the aegis of its professional training, with a Training Standards Manager and other staff being the beneficiaries. In addition the large Regional Trading Standards Group, covering Sheffield and all other regional local authorities within Yorkshire and Humberside, provided training.



**See recommendation**

### **CHIS**

24. The Council does not employ *CHIS* in the usually understood sense of informants. Stringent authorisation provisions apply and only the CEO or the Director of Legal and Governance is permitted to authorise the employment of *CHIS*. Officers considered it unlikely that such sources would be employed in the normal course of events. Nevertheless the Council has to be prepared to manage a *CHIS* if one appears suddenly in circumstances where the Council has a duty to act. The extension of social media investigation (see **Social Media** below) may also lead to the employment of officers as *CHIS* particularly within the Trading Standards Department if that Department follows the example of some sister departments within the country. To do so it needs officers able to act as a controller and handler and training needs to be given to ensure that those officers understand and are competent to carry out those responsibilities. This does not mean training to the standard expected of police officers acting in those capacities who have to absorb the "tradecraft" required in highly sensitive situations.

**See recommendation**

### **Social Media.**

25. The Council publishes for its staff a *Social Networking Guidance* document which provides both direction and guidance on the usage of social media for Council purposes. It deals comprehensively with most forms of usage but is not directed to the issue of surveillance save in one short paragraph which advises that "*any monitoring or surveillance of a customer or employee is strictly controlled and you must be authorised to carry out this activity. For example, you must never become a "friend" of any service user or employee for the purpose of obtaining information, unless authorised.*" Whilst this provides good guidance to the staff in general, somewhat more comprehensive guidance is required to those likely to be engaged in covert surveillance. This should be provided as a section of the Council's *RIPA Policy and Code of Practice*. A "rule of thumb" guide, which may not cover all social networking sites, may be expressed thus:

Reviewing open source sites does not require authorisation unless the review is carried out with some regularity, usually when creating a profile, in which case *directed surveillance* authorisation will be required. If it becomes necessary to breach the privacy controls and become, for example, a "friend" on the Facebook site, with the investigating officer utilising a false account concealing his/her identity as a Council officer for the purposes of gleaning intelligence, this is a covert operation intended to obtain private information and should be authorised, at the minimum, as *directed surveillance*. If the investigator engages in any form of relationship with the account operator then s/he becomes a *CHIS* requiring authorisation as such and management by a Controller and Handler with a record being kept and a risk assessment created.

**See recommendation**

26. It was noted whilst discussing the issue of social media investigation that within the Childcare Department, where officers are dealing directly with families, those families are told at an early stage of their engagement with the Department that Facebook accounts may be looked at by officers and they are also told that other individuals may be spoken to including schoolteachers. The Department never considers going beyond the open source material on such sites and would never

breach privacy controls by seeking to become a "friend". On rare occasions, where there is urgency in the initial stages of an enquiry with no time to contact families, an approach to Facebook would be considered and an individual's account may be viewed on the same basis as above. If there are repeated visits to the site in those circumstances, unlike the situation where families have been warned in advance and hence the viewing of a site becomes overt, this latter procedure would require authorisation for *directed surveillance* unless the "immediate response" provisions of *RIPA*, section 26(2)(c) apply. Ms Senior-Wadsworth indicated that there had been no incidents of urgent actions in the last 12 months and where viewing had occurred concerning previously warned families it had been on only two occasions in the same period. She and her Department were well aware of the Council's general guidance and there was some awareness of *RIPA* within the Department, but that did not extend to considering authorisation when examining social media. She emphasised the importance of transparency with families dealt with by the Department and would be concerned if any actions were undertaken that may breach the building of trust.

27. The Trading Standards Department did engage in viewing suspected websites and was well aware of the risks of examining social media. Officers followed a practice of viewing the open source material on a website only once and perhaps taking a screenshot. There was awareness of the risks of requiring *directed surveillance* authorisation on repeated visits or if the privacy controls were breached with appreciation that if a relationship were formed with the site operators that would require *CHIS* authorisation. The Department does not operate covert social media accounts. Officers within the Department have received training from Trading Standards trainers on these issues.

### **Policy and Procedures**

28. The Council's *RIPA* policy and procedures are to be found in its *RIPA Policy and Code of Practice* document, last edited in December 2016. It has previously been described as "thorough and well constructed" and continues to remain so, though it may benefit from some further effort to ensure that the procedures for *directed surveillance* are clearly differentiated from those for *CHIS*. Well constructed flowcharts are to be found to assist officers in making applications and authorisations. It is kept under review by Mr Eccleston. It may benefit from a small number of amendments to include:

- Revising the name of the *SRO* to reflect the change of officer;
- adding to the list of *RIPA Co-ordinating Officer* responsibilities those for organising *RIPA* training and for ensuring *RIPA* awareness is high throughout the Council;
- clarify within the sections "General Rules on Authorisations" and "Authorisation Process" that *CHIS* authorisations last for 12 months (one month for a juvenile *CHIS*) and that the duration of all authorisations commences at the time of a magistrate's approval;
- add to the requirements for a Central Record of Authorisations reviews and magistrates appearances;
- introduce a section regarding the investigation of social media.

**See recommendation**

### **Councillors**

29. For the past two years reports have not been provided to Elected Members on the basis that there has been no covert surveillance activity. The importance of informing Councillors even when there was no such activity was discussed with the officers. Attention was drawn to the *Code of Practice for Covert Surveillance and Property*

*Interference, 3.35* and the *Code of Practice for CHIS, 3.27* which require an annual report supported by other regular reports to be delivered to Elected Members during the year. The officers undertook to deliver such reports to the Council's Audit Committee.

**See recommendation**

**CCTV**

30. A CCTV system continues to cover the city centre as described in the previous report. If the police require using the system for covert surveillance an authorisation, suitably redacted, must be produced and this is retained and filed. On occasions when the police have sought access without authorisation such access has been refused.

**Conclusions.**

31. Sheffield City Council has moved from a situation of being a moderate user of *RIPA* to one where such activity is rare and authorisation is therefore rarely sought. As a result it may be felt that less attention has been paid to ensuring the maintenance of good standards than has hitherto been the case. It was disappointing to note that the recommendation of the last inspection report that a "corporate training programme to include regular refresher training" should be established has effectively received no attention. It is only by regularly refreshing officers' knowledge that some confidence can rest in their capacity to make good quality applications and authorisations. Failure to do so means that officers are likely to make errors in the application/authorisation process which may ultimately cause considerable embarrassment to the Council in the course of litigation and possibly in the media.
32. Whilst both Mr Walker and Mr Eccleston impress as conscientious officers with a good knowledge of the subject who are determined that *RIPA* compliance must be maintained by the Council, nevertheless more robust attention should be paid to those practices which have to some extent fallen into abeyance in recent times.
33. It has not been possible on this occasion to assess the current quality of authorisation since none has been undertaken in the last two years. One of the two authorisations examined related to a Department which no longer exists at the Council. Nevertheless some concern continues including the articulation of *necessity* and *proportionality* in the most recent forms examined, issues which are at the heart of the *RIPA* process.

**Recommendations**

- 34.
- (i) Raise *RIPA* awareness throughout the Council. (Paragraph 18).
  - (ii) Establish a corporate training programme to include regular refresher training and to engage both likely applicant and authorising officers. This to include instruction in relation to the issues raised in this report especially those of necessity, proportionality and *CHIS*. (Repeat of last report)(Paragraphs 15(iii) and 23).
  - (iii) Ensure officers are trained to manage *CHIS*. (Paragraph 24).
  - (iv) Establish a social media policy for covert surveillance. (Paragraphs 25 and 28).
  - (v) Amend the *RIPA Policy and Code of Practice*. (Paragraph 28).
  - (vi) Ensure annual and regular *RIPA* reports are submitted to Elected Members. (paragraph 29).



**His Honour Norman Jones, QC,  
Assistant Surveillance Commissioner.**



## **INFORMATION MANAGEMENT BOARD**

**Report Title:** Regulation of Investigatory Powers Act 2000: Social Media & Surveillance Policy

**Reporting Officer:** Steve Eccleston & John Curtis

### **Officers and Boards Consulted:**

Eugene Walker, Executive Director Resources & SRO RIPA, John Curtis, Information Management, Linsey Linton Head, of HR, Gill Duckworth, Director Legal & Governance & Monitoring Officer, Ruth Bastin, Principal Social Worker: all on 20.10.17

**Date:** \*\* October 2017

### **1. Purpose**

1.1 To seek the approval of the Information Management Board to the attached policy governing and guiding how staff can lawfully interact with customers in their social media

### **2 Recommendations**

2.1 That the attached policy is approved

2.2 That the policy be placed before the Audit Committee for information and to ensure that there is proper visibility of the policy

### **3 Background and Update**

The Council makes occasional use of covert surveillance as part of criminal or other investigations. The use of surveillance is governed by the Regulation of Investigatory Powers Act 2000. Organisations using surveillance are answerable to the Office of the Surveillance Commissioner (OSC) which inspects on a periodic basis.

Surveillance is a council wide issue with central advice and governance provided by Information Management (IM) and legal input by Legal Services.

For information, the role of IM with regard to RIPA is relatively new. The sense is that RIPA, as a legal regime, sits coherently alongside Information Security, FOIA & DPA. It is a procedurally based regulatory regime. Legal Services will continue to provide expert legal input, including applications to the Magistrates Court and the triennial inspection. It seems right however that responsibility for policy and procedure oversight, record keeping, data and governance of process should sit with IM.

On 23 January 2017, SCC received the report of the Office of The Surveillance Commissioners (OSC) triennial inspection. It was critical of what it identified as an insufficiency of training generally and also, specifically policy and training in the use of social media which could inadvertently slip into surveillance. The inspection report is attached for information.

To remedy this, training on surveillance internally, and use of social media specifically, was commissioned. This was aimed at both EMT and operational investigators and took place over a whole day on the 5th September 2017, delivered by Act Now, a nationally recognised provider in this field.

The inspection also required a policy to be drafted controlling and giving guidance in the use of social media to avoid the risk of it slipping into Directed Surveillance or Covert Human Intelligence Sources (CHIS). This policy has now been prepared in draft and is attached for the board to consider. Feedback has already been obtained from a number of stakeholders including Eugene Walker, executive Director Resources and SRO for RIPA. It has also been tested with a small project group in Children & Families, including the Principal Social Worker.

Once the Information Governance Board has approved the policy it is proposed that it is submitted to the Audit committee for information. This delivers a level of visibility of surveillance related issues which the OSC required.

## Documents attached

1. Draft policy
2. OSC report

REF: <INSERT FILE REFERENCE>

# Social Networking Guidance: Covert Social Networking Checks and Surveillance Policy

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## Why read this note?

Although you may think that anything placed out on social media is fair game for anyone to read, this is not the case in law for public authorities such as councils. As council employees, you are not free to simply scan or read the public's social media posting such as Facebook, Twitter or Instagram.

You have to comply with good practice and the law in order to do that safely and lawfully. This note tells you how to do that.

## Status of this guidance

1. This guidance is issued as an annex to the Council's Social Networking Guidance published on July 2013, authored by HR and accessible at <https://myteam.sheffield.gov.uk/HRPoint/PublicLibrary/Forms/Conduct.aspx>

## Purpose of this guidance

2. The council encourages the use of social media (SM) as a way of interacting and engaging with customers. Detailed guidance and policy is available through the *Social Networking Guidance* outlined above. There is a risk, however, that visits to an individual's social media pages e.g. Facebook, Twitter, Instagram, Pinterest, Snapchat, Linked In, Google +, YouTube etc ***without the customer's knowledge*** could amount to ***covert surveillance***, something which can only be permitted in strictly limited and controlled circumstances.
3. **The key issue is whether the visit is covert.**
4. Social media content is also sometimes referred to as "Open Source Material". In this guidance the phrase "Social Media" or "SM" will generally be used for simplicity.
5. There may be occasions when, as part of a criminal investigation, covert observations of social media are necessary and appropriate. This guidance also applies to those situations. In short however, in those situations, Regulation of Investigatory Powers Act (RIPA) authorisation must be obtained. See <http://www.sheffield.gov.uk/home/your-city-council/ripa.html> and <http://intranet/managers/surveillance-investigation>. This guidance is therefore intended to support employees when using social media or internet open source information in furtherance of investigations as to when authorisation for surveillance activities should be sought.

## Top Tips & Easy Read version

- **Let the customer know if you visit their social media page. Just tell them!**
- **Don't keep repeatedly visiting a customer's social media profile just to see what they are up to**
- **Don't use council profiles / accounts to "friend" individuals' social media accounts, so that the council could end up interacting with them in their personal timeline**
- **Speak to your manager if you're unsure about how you're using social media**
- **Always be careful about how you refer to your work or the council when using your own personal social media accounts**
- **Make sure you complete the online Learning Hub training on social media (*in the process of preparation*).**
- **Your manager can take expert advice from Legal Services or from Information Management**

## How to use Social media confidently and without risks

6. Occasional (e.g. once or twice) visits to an individual's SM page e.g. their Face Book feed, without them knowing that you have done so, will not normally amount to covert surveillance (thus requiring authorisation under RIPA). Occasional (e.g. once or twice) visits might be necessary to identify someone for further overt communication. Or it might be justified as part of the preparation in order to decide whether an investigation is required which would then be authorised under RIPA. You must always record your visit, the reason for it and the nature of the information seen.
7. You must always be prepared to justify the reason for your visit to the page/website etc if asked.
8. Overt visits are acceptable. It is only covert (or "secret") visits amounting to directed surveillance which require formal authorisation. **Overt means you tell the customer that you are visiting.**
9. **You can make your visit to a SM site/page/feed overt by**
  - a. **Telling the person you have visited their site/page/feed and may do so again in the future**

**b. Including the fact that you may visit a SM profile in your consent forms when you first come into contact with a customer**

10. In an investigation, any warning or communication should make it clear that the target's activities will be monitored and potentially investigated (if relevant) should the conduct continue. The warning, the reason for it, and a screen shot of any web page should be saved on the relevant case file.

## **Guidance on covert observation of social media**

11. Before any covert investigation takes place using the internet or social media, the investigating officer should have regard to the potential need for a directed surveillance application or a covert human intelligence source (CHIS) application in accordance with the council's RIPA policy <http://www.sheffield.gov.uk/home/your-city-council/ripa.html>
12. The key considerations are to show that the surveillance is necessary, in that there is no other way of obtaining the information, and also proportionate – taking into account the following:-
  - balancing the size and scope of the proposed activity against the gravity and extent of the perceived crime or offence;
  - explaining how and why the methods to be adopted will cause the least possible intrusion on the subject and others
  - Considering whether the activity is an appropriate use of the legislation and a reasonable way, having considered all reasonable alternatives, of obtaining the necessary result; evidencing, as far as reasonably practicable, what other methods had been considered and why they were not implemented

## **Open source material**

13. Authorisation is not normally necessary for general open source investigations unless there is some ongoing monitoring of an individual. A case may require reconsidering if there is systematic retention, review and analysis of the information so as to profile the individual. Continued regard should be had to the right to respect for private life (Article 8 Human Rights Act 1998).

## **Covert Social Media Surveillance**

14. There may be circumstances where it is decided that it is inappropriate to send an overt warning to an individual: For example:
  - where the individual has a previous history of the behaviour complained of,



- where it is intended to carry out more detailed investigations into the social or business links which the individual has,
  - because serious issues are involved e.g. where the activity is clearly carried out with a deliberate intention to defraud, or
  - Where the activity is on such a scale, or linked with other illegal activity, that it is thought robust action is necessary.
  - Where vulnerable individuals are at serious risk of harm from the behaviour.
15. In these situations, a RIPA authorisation should be applied for and no further monitoring should take place until it has been granted.

### Guidance on “friending” a customer

16. Council SM accounts shouldn’t be generally used to “friend” or interact with a customer’s timeline. If such interactions are necessary then
- **the starting point is that they should be overt:** identify who you are, your role and why you are interacting with the customer in this way
  - remember to send periodic reminders of the fact that you are interacting in this way
  - ensure you have manager approval to interact in this way
  - discuss your interactions in supervision/1:1’s
  - record your interactions with screen shots in the case file
17. Any interactions in this way which are covert (or anonymous) can **only** take place if authorised through the CHIS routes (below)

### Covert Human intelligence Sources (CHIS)

18. A “CHIS” is, in simple terms, an undercover source. Anonymously or covertly “friending” a customer on SM is highly likely to amount to a CHIS. Thus, where a covert relationship which is more than merely transitory, is entered into with an individual then authorisation under RIPA for a CHIS should be sought. This applies to social media. An overt and explicit SM relationship cannot amount to a CHIS (thus requiring authorisation) but must still comply with all other council policies.

## Law and Official Guidance

### The Data Protection Act 1998

*Please note that this may be revised in due course post implementation of the General Data Protection Regulation (GDPR). In the meantime:*

- Only collect and process appropriate personal data to the extent that it is required to fulfil operational needs or to comply with legal requirements.
- Ensure the quality of the data we use.
- Apply retention schedules to determine the length of time we hold information and dispose of information securely when it has reached its disposal date.
- Ensure that individuals, about whom we hold data, can fully exercise their rights under the DPA 1998.
- Take appropriate security measures to safeguard personal information.
- Ensure that we do not transfer personal data outside the country without suitable safeguards.
- If in doubt seek advice from the Information Governance Team.
- Be aware that content you share and actions you take may show up on pages other than your own and could be re-shared by other users.

### Home Office Guidance

19. The Home Office has published a statutory Code of Practice, pursuant to s.71 RIPA, on Covert Surveillance and Property Interference (“the Home Office Code”). By s.72(1), the Council must have regard to the Home Office Code when exercising any powers and duties to which it relates. In relation to investigation using the internet, the Home Office Code states:

*2.29 The use of the internet may be required to gather information prior to and/or during an operation, which may amount to directed surveillance. Whenever a public authority intends to use the internet as part of an investigation, they must first consider whether the proposed activity is likely to interfere with a person’s Article 8 rights, including the effect of any collateral intrusion. Any activity likely to interfere with an individual’s Article 8 rights should only be used when necessary and*

*proportionate to meet the objectives of a specific case. Where it is considered that private information is likely to be obtained, an authorisation (combined or separate) must be sought as set out elsewhere in this code. [...]*

22. In relation to material in the public domain, it states:

*2.5 Whilst a person may have a reduced expectation of privacy when in a public place, covert surveillance of that person's activities in public may still result in the obtaining of private information. This is likely to be the case where that person has a reasonable expectation of privacy even though acting in public and where a record is being made by a public authority of that person's activities for future consideration or analysis.*

20. The Office of the Surveillance Commissioner (OSC) has published guidance on Oversight arrangements for covert surveillance and property interference conducted by public authorities and to the activities of relevant sources ("the OSC Guidance"). In relation to monitoring of social media, the OSC Guidance states:

*289. The fact that digital investigation is routine or easy to conduct does not reduce the need for authorisation. Care must be taken to understand how the SNS being used works. Authorising Officers must not be tempted to assume that one service provider is the same as another or that the services provided by a single provider are the same.*

*289.1 Whilst it is the responsibility of an individual to set privacy settings to protect unsolicited access to private information, and even though data may be deemed published and no longer under the control of the author, it is unwise to regard it as "open source" or publicly available; the author has a reasonable expectation of privacy if access controls are applied. In some cases data may be deemed private communication still in transmission (instant messages for example). Where privacy settings are available but not applied the data may be considered open source and an authorisation is not usually required. Repeat viewing of "open source" sites may constitute directed surveillance on a case by case basis and this should be borne in mind.*

*289.2 Providing there is no warrant authorising interception in accordance with section 48(4) of the 2000 Act, if it is necessary and proportionate for a public authority to breach covertly access controls, the minimum requirement is an authorisation for directed surveillance. An authorisation for the use and conduct of a CHIS is necessary if a relationship is established or maintained by a*

*member of a public authority or by a person acting on its behalf (i.e. the activity is more than mere reading of the site's content).*

21. In relation to activity taking place in public, the OSC Guidance states:

*124. Section 26(2) RIPA does not differentiate between current and historical surveillance product. Sections 48(2) of RIPA and section 31(2) of RIP(S)A define surveillance as including "monitoring, observing or listening" which all denote present activity; but present monitoring could be of past events or the collation of previously unconnected data. Pending judicial decision on this difficult point the Commissioners' tentative view is that if there is a systematic trawl through recorded data (sometimes referred to as "data-mining") of the movements or details of a particular individual with a view to establishing, for example, a lifestyle pattern or relationships, it is processing personal data and therefore capable of being directed surveillance.*

*125. The checking of CCTV cameras or databases simply to establish events leading to an incident or crime is not usually directed surveillance; nor is general analysis of data by intelligence staff for predictive purposes (e.g. identifying crime hotspots or analysing trends or identifying criminal associations). But research or analysis which is part of focused monitoring or analysis of an individual or group of individuals is capable of being directed surveillance and authorisation may be considered appropriate.*

## **The Human Rights Act 1998**

22. Article 8 of the European Convention on Human Rights provides as follows:

*(1) Everyone has the right to respect for his private and family life, his home and his correspondence.*

*(2) There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.*

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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## Audit and Standards Committee Report

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**Report of:** Director of Legal and Governance

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**Date:** 11 January 2018

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**Subject:** Work Programme

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**Author of Report:** Simon Hughes, Democratic Services  
(Tel - 0114 273 4014)

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**Summary:**

The report provides details of an outline work programme for the Committee

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**Recommendations:**

That the Committee:-

(a) considers the Work Programme and identifies any further items for inclusion;  
and

(b) approves the work programme.

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**Background Papers:** None

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**Category of Report:** OPEN

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## Statutory and Council Policy Checklist

<b>Financial Implications</b>
NO Cleared by:
<b>Legal Implications</b>
NO Cleared by:
<b>Equality of Opportunity Implications</b>
NO Cleared by:
<b>Tackling Health Inequalities Implications</b>
NO
<b>Human rights Implications</b>
NO:
<b>Environmental and Sustainability implications</b>
NO
<b>Economic impact</b>
NO
<b>Community safety implications</b>
NO
<b>Human resources implications</b>
NO
<b>Property implications</b>
NO
<b>Area(s) affected</b>
NONE
<b>Is the item a matter which is reserved for approval by the City Council?</b>
NO
<b>Press release</b>
NO

## **WORK PROGRAMME**

### **1. Purpose of Report**

1.1 To consider an outline work programme for the Committee.

### **2. Work Programme**

2.1 It is intended that there will be at least five meetings of the Committee during the year with three additional meetings arranged if required. The work programme includes some items which are dealt with at certain times of the year to meet statutory deadlines, such as the Annual Governance Report and Statement of Accounts, and other items requested by the Committee. In addition, it also now includes standards' related matters, including an annual review of the Members' Code of Conduct and Complaints Procedure and an Annual Report on the complaints received.

2.2 An outline programme is attached and Members are asked to identify any further items for inclusion.

### **3. Recommendation**

3.1 That the Committee:-

- (a) considers the Work Programme and identifies any further items for inclusion;  
and
- (b) approves the work programme.

**Gillian Duckworth**  
**Director of Legal and Governance**

<b>Date</b>	<b>Item</b>	<b>Author</b>
8 February 2018	(Additional meeting if required)	
8 March 2018	(Additional meeting if required)	
12 April 2018	Internal Audit Plan 2018/19	Kayleigh Inman (Senior Finance Manager)
	Internal Audit Annual Fraud Report	Kayleigh Inman (Senior Finance Manager)
	Compliance with International Auditing Standards	Dave Phillips (Head of Finance)
	Certification of Claims and Returns Annual Report 2016/17	External Auditor
	External Audit Plan 2017/18	External Auditor
	Annual Audit Fee Letter 2018/19	External Auditor
	Work Programme	Gillian Duckworth (Director of Legal and Governance)
14 June 2018	Summary of the Statement of Accounts	Dave Phillips (Head of Finance)
	Strategic Risk Management	Richard Garrad (Corporate Risk Manager)
	Work Programme	Gillian Duckworth (Director of Legal and Governance)
26 July 2018	Report to Those Charged with Governance (ISA 260)	External Auditor
	Statement of Accounts	Dave Phillips (Head of Finance)
	Annual Governance Statement	Gillian Duckworth (Director of Legal and Governance)
	Information Management Annual Report	John Curtis (Head of Information Management)
	Progress on High Opinion Audit Reports	Kayleigh Inman (Senior Finance Manager)
	Update on Standards Complaints	Gillian Duckworth (Director of Legal and Governance)
	Work Programme	Gillian Duckworth

		(Director of Legal and Governance)
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