

Audit and Standards Committee

Thursday 15 October 2020 at 5.00 pm

To be held as a video conference.

The Press and Public are Welcome to Attend

Membership

Councillors Sioned-Mair Richards (Chair), Simon Clement-Jones (Deputy Chair), Angela Argenzio, Adam Hurst, Mohammed Mahroof and Josie Paszek.

Independent Co-opted Members

Alison Howard.

PUBLIC ACCESS TO THE MEETING

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 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 Abby Brownsword in Democratic Services on 0114 273 5033 or email abby.brownsword@sheffield.gov.uk.

FACILITIES

N/A

**AUDIT AND STANDARDS COMMITTEE AGENDA
15 OCTOBER 2020**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of the Press and Public**
To identify items where resolutions may be moved to exclude the press and public.
- 4. Declarations of Interest** (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting.
- 5. Minutes of Previous Meeting** (Pages 9 - 14)
To approve the minutes of the meeting of the Committee held on 30th July 2020.
- 6. Final Accounts Audit Process**
Verbal report of the Council's External Auditors (Ernst and Young)
- 7. Progress on High Opinion Audit Reports** (Pages 15 - 46)
Report of the Head of Strategic Finance
- 8. Code of Corporate Governance** (Pages 47 - 66)
Report of the Director of Legal and Governance
- 9. Work Programme** (Pages 67 - 74)
Report of the Director of Legal and Governance.
- 10. Dates of Future Meetings**
To note that meetings of the Committee will be held at 5.00 p.m. on:-

Thursday 26th November 2020
Thursday 21st January 2021
Thursday 18th February 2021 (additional meeting, if required)
Thursday 18th March 2021 (additional meeting, if required)
Thursday 15th April 2021
Thursday 10th June 2021
Thursday 29th July 2021

This page is intentionally left blank

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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.

This page is intentionally left blank

Audit and Standards Committee

Meeting held 30 July 2020

NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

PRESENT: Councillors Sioned-Mair Richards (Chair), Simon Clement-Jones (Deputy Chair), Angela Argenzio, Adam Hurst, Mohammed Mahroof, Josie Paszek and Alison Howard (Independent Co-Opted Member)

.....

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence submitted to the meeting. The Chair wished to say a few words and pay tribute to Councillor Pat Midgley who had recently passed away. Councillor Midgley would be sadly missed.

2. EXCLUSION OF THE PRESS AND PUBLIC

2.1 The Chair stated that the report and appendices at agenda item 9 (Strategic Risk Management) (See minute no. 10 below) were not available to the public and press because they contained 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. Accordingly, the public and press would be excluded from the meeting during consideration of that item of business.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest made.

4. MINUTES OF PREVIOUS MEETING

4.1 **RESOLVED:** That, the minutes of a meeting of the Committee held on 23rd January 2020 were approved as a correct record.

4.2 The Chair of the committee agreed that Councillor Argenzio update the Committee on a recent webinar – ‘CIPFA- Audit in a time of Covid’ that she and the co-opted member Alison Howard recently attended.

4.3 The webinar took place on 24th June 2020 and lasted approximately two hours, it was organized by CIPFA and was very topical and well run. Deadline had shifted for financial deadlines and it was expected that a report would be provided on the impact of Covid 19 in the Annual Governance statement. The session also looked

at the challenges of remote working and how fraud and error checks were going to be dealt with.

- 4.4 It was advised that the Q&A's would be circulated to the Committee around the webinar and this would be provided as a supplement at the next meeting.

5. 2019/20 UNAUDITED STATEMENT OF ACCOUNTS

- 5.1 Dave Phillips, Head of Strategic Finance attended the meeting to present the report.

- 5.2 The purpose of the report was to provide Members of the Committee with a summary of the 2019-20 Unaudited Statement of Accounts and explain the core statements and a number of the key notes to the accounts.

- 5.3 A full set of the unaudited accounts was now available on the Council's website and a full set of the final audited accounts would be presented to the Committee on 26th November 2020.

- 5.4 The report also set out the approval process for the Statement of Accounts and the Audit and Standards Committee's role in this process. It was explained that The Accounts and Audit (Coronavirus) (Amendment) Regulations 2020 had implemented new deadlines by amending the Accounts and Audit Regulations 2015.

- 5.5 The revised deadlines applicable to local authorities were as follows-
- No later than 31 August 2020-Unaudited accounts to be certified by the Executive Director of Resources,
 - July-Oct 2020 – The Statement of Accounts was subject to audit by the Authority's auditors, Ernst and Young, and their findings would be reported to the Committee in November 2020. During this time there was a period where the public could inspect the accounts and related documents (Tuesday 1 September 2020 to Monday 12 October 2020)'
 - No later than 30 November 2020 – Accounts to be re-certified by the Executive Director of Resources,
 - No later than 30 November 2020 – The Committee would consider and approve the Statement of Accounts'
 - No later than 30 November 2020 – Publish on the Council's website along with any certificate, opinion or report issued by the auditor.

- 5.6 Dave Phillips, Head of Strategic Finance advised that the Council's position was satisfactory and an underspend had been reported. It was advised that the cost of Covid was currently over £80m, but this impacted mainly from 2020/21 onwards, not 2019/20, but the pressures on the Council going forward were great.

- 5.7 It had been a challenging time pulling the accounts together from home, however the team had managed to get the accounts ready at the beginning of July.

- 5.8 Ruth Matheson, Finance Manager, advised the Committee that the Members would

be given a first look at the accounts to review and ask questions, subject to the external audit by Ernst and Young. Training would be offered to Members and Officers would also provide some assistance.

- 5.9 Members asked questions around the officers' remuneration note and could the rise in pay be explained.
- 5.10 Dave Phillips advised that this was cumulative impact of annual pay rises of up to 2% that had been given in the last few years, and these rises had an effect on the staff pay banding increments. It was confirmed that the increases were not the result of additional senior staff being employed. Councillor Josie Paszek requested that an explanatory note be added to the report to explain this.
- 5.11 Councillor Clement-Jones asked for confirmation whether the pandemic had impacted upon the Council's reserves.
- 5.12 Dave Phillips explained that the Council's reserves were likely to be adversely impacted by the costs of Covid, but that available reserves were sufficient to meet the impact in the short-term. However, in the medium term, if further Central Government support for Covid costs and lost income was not forthcoming, then the Council's financial position would become very challenging.
- 5.13 Councillor Angela Argenzio requested that an explanation be supplied behind the movements of the surpluses and adjustments that were shown at Appendix 5- Expenditure and Funding Analysis Statement. Dave Phillips advised that this would be supplied.
- 5.14 Councillor Mohammed Mahroof commented on the high salaries of the Chief Executive and Executive Directors. It was suggested that the Council benchmarked with other local authorities to see where Sheffield was at in terms of chief officer salaries. Councillor Mahroof asked how many officers from the BAME community were in the top pay brackets and requested that this information be shown in the report. Gillian Duckworth, Director of Legal and Governance explained that information relating to BAME would be found in the Council's performance monitoring reporting which did not currently get reported to the Audit and Standards Committee, however the Committee could be provided with this if necessary.
- 5.15 **RESOLVED:** that, (1) The Audit and Standards Committee notes the core statements and the key notes to the Unaudited Statement of Accounts for 2019/20 and,
(2) independent training be provided to the Committee.

6. REVIEW OF THE MEMBERS CODE OF CONDUCT

- 6.1 Gillian Duckworth, Director of Legal and Governance attended the meeting to present the report.

- 6.2 The purpose of the report was to provide the committee with an amended Code of Conduct and Councillor Complaints Procedure taking into account recommendations from the Audit and Standards Committee on 24th October 2019 arising from the ethical standards workshop held with the Committee Members on the 26th September 2019 which considered the report by the Committee on Standards in Public Life dated January 2019 and to consider whether the committee should provide a response to the LGA consultation on the Code of Conduct.
- 6.3 Gillian Duckworth apologised for the delay with this report which had been postponed due to a heavy agenda in January and also the delays caused by Covid.
- 6.4 The report included the amended Code of Conduct and Complaints Procedure following the ethical standards workshop which considered 15 areas of best practice against the current practice of the Council.
- 6.5 Following the workshop the best practices/current practices were put into a traffic light system so that it was clear where the Council needed to improve.
- 6.6 Taking this into account changes were made to the Code of Conduct as outlined in appendix A the report. Revisions were also made to the complaints procedure in line with the best practice recommendations; this was outlined in appendix B to the report.
- 6.7 The Committee also considered the LGA consultation. The LGA have committed to reviewing the current model member code of conduct, as recommended by the Committee on Standards in Public Life's report into Ethical Standards. It is the intention that the LGA would create additional guidance, working examples and explanatory text alongside the draft model code of conduct and they were asking for comments on the consultation draft.
- 6.8 A link to the LGA consultation pages had been sent to all Members and the Council's Monitoring Officer (Director of Legal and Governance) wished to provide a response to the consultation in consultation with the chair of the Audit and Standards Committee in order to reflect the views of the committee.
- 6.9 Councillor Simon Clement-Jones asked if all Parish Councils had been invited to the workshop and whether they had contributed to the comments.
- 6.10 Gillian Duckworth confirmed that all Parish Councils were invited to attend the workshop. Ecclesfield Parish Council contributed to the comments and get training from the City Council. Stocksbridge and Bradfield Parish Councils use the Association of Parish Councils for their training.
- 6.11 Councillor Angela Argenzio asked how the Council ensures that new Councillors receive the appropriate training.
- 6.12 Gillian Duckworth advised that all Councillors are notified of training, the group whips are also made aware of any training needs. It was also advised that cross-

party training would be useful.

- 6.13 Councillor Mohammed Mahroof commented that members needed support for social media and asked what was available in terms of training.
- 6.14 Gillian Duckworth confirmed that the Council provided social media training and information governance training and if members had any particular needs or requests for training then they should contact Democratic Services.
- 6.15 The Committee were advised that Democratic Services would look to ensure that all mandatory training is offered to members. Members are also encouraged to complete the LGA training modules and also to interact with officers around their individual personal development.
- 6.16 Councillor Sioned-Mair Richards requested that the response submitted to the LGA Consultation should be a cross party response
- 6.17 **RESOLVED:** that (1) the Committee accepts the proposed changes to the Code of Conduct and the Procedure for Dealing with Complaints regarding City, Parish and Town Councillors and Co-Opted Members for approval and forward to full Council for adoption and:-

(2) the Monitoring Officer submits a response to the LGA Consultation, in consultation with the Chair Councillor Sioned-Mair Richards, Deputy Chair Councillor Simon Clement-Jones and Councillor Angela Argenzio to ensure a cross party response.

7. WORK PROGRAMME

- 7.1 Gillian Duckworth, Director of Legal and Governance, presented the report which gave an outline of the Committee's work programme.
- 7.2 It was suggested that the Code of Corporate Governance be added to the work programme for the October 2020 meeting.
- 7.3 It was confirmed that a report on Counter Fraud/Covid – What's being done, will be added to a future meeting.
- 7.4 **RESOLVED:** That; including the changes above, the work programme be approved.

8. DATES OF FUTURE MEETINGS

- 8.1 It was noted that meetings of the Committee would be held at 5.00pm on:-

Thursday 15th October 2020
Thursday 26th November 2020
Thursday 21st January 2021

Thursday 18th February 2021 (additional meeting, if required)
Thursday 18th March 2021 (additional meeting, if required)
Thursday 15th April 2021
Thursday 10th June 2021
Thursday 29th July 2021

9. EXCLUSION OF THE PRESS AND PUBLIC

- 9.1 **RESOLVED:** That the public and press be excluded from the meeting before discussion takes place on the following item of business (Strategic Risk Management) on the grounds that, if the public and press were present during the transaction of such business, there would be a disclosure to them of exempt information as described in paragraph 3 of Schedule 12A to the Local Government Act 1972, as amended.

10. STRATEGIC RISK MANAGEMENT

- 10.1 Helen Molteno, Finance Manager, attended the meeting and presented the report.
- 10.2 The purpose of the report was to provide an update to the Committee on the corporate risk management programme in the Council during the Covid 19 pandemic.
- 10.3 **RESOLVED:** That the current assessment of the Council's risk management arrangements be note.

**REPORT TO SHEFFIELD CITY COUNCIL AUDIT AND STANDARDS
COMMITTEE
15th October 2020**

**Internal Audit Tracker Report on Progress with Recommendation
Implementation**

Purpose of the Report

1. The purpose of this 'rolling' report is to present to members of the Audit and Standards Committee progress made against recommendations in audit reports that have been given a high opinion (using the old system), a no assurance opinion, or a limited assurance with high organisational impact opinion (using the new system).
2. As the report tracks recommendations until they have been fully implemented, there will be a period when reports are included that use both the old and new style of internal audit opinion.

Introduction

3. An auditable area receiving one of the above opinions 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. All reports will have been issued in full to members of the Audit and Standards Committee at their time of issue.
4. Where Internal Audit has yet to undertake follow up work, the relevant Portfolio managers were contacted and asked to provide Internal Audit with a response. This work 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, managers were required to provide specific dates for implementation, and that this information was required by the Audit and Standards Committee.
5. This report also details reviews that Internal Audit proposes to remove from future update reports because all agreed recommendations have now been implemented. The Audit and Standards Committee is asked to support their removal.

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:
 - Early Payments to Care Providers
 - Subject Access Requests

Executive Summary

Reports received in full by the Committee

As agreed, the Audit and Standards Committee members will receive, in full, reports with no assurance (regardless of the organisational impact) and limited assurance with a high organisational impact. In addition, limited assurance, medium impact opinion reviews would be reported on a discretionary basis.

Four reviews were added to the Recommendation Tracker report in July 19. These were not followed-up for the last report due to longer than usual implementation dates, and so were included in this report.

These reports are:

- Software Licensing (Resources)
- Hardware Asset Management (Resources)
- Early Payment to Care Providers (People)
- Enforcement Agent Review (Resources)

New reports added to this Tracker

For this period, 3 new reports have been added.

Title	Assurance	Impact
Assurance Reviews		
Information Security Incidents	Limited Assurance	High Organisational Impact
Direct Payments	Limited Assurance	Medium Organisational Impact
Automatic Number Plate Recognition (ANPR) governance controls	Limited Assurance	High Organisational Impact

Recommendation implementation

In total, updates have been provided on 52 out of 52 recommendations that are due for implementation. Of these, 25 (48%) have been implemented and 27 (52%) are ongoing, indicating work has been started but not yet fully completed.

Items to note

There are four critical recommendations ongoing in this report.

Two critical recommendations are contained within the OHMS application review and relate to arrangements for changing the application host and upgrading the system. Progress has been delayed due to the ongoing insourcing of the Capita IT contract, with action now being scheduled for November 2020.

One critical recommendation is contained within the Information Security Incidents report and relates to the requirement for staff to complete the relevant information management and cyber security training. Action is now scheduled for September 2020.

The final critical recommendation is contained within the Software Licensing report and relates to undertaking appropriate due diligence to ensure that the Council has in place the required volume of software licences to cover the operational activity of the Council. Action is now scheduled for March 2021.

Report to EMT

The tracker report was circulated to the Executive Management Team on the 6th October 2020.

Members of EMT noted the content of the report and that the ongoing recommendations, whilst in-progress, have all exceeded their original implementation dates.

EMT discussed the Software Licensing recommendations and the Hardware Asset Management recommendations, which are deemed to be ongoing.

UPDATED POSITION ON TRACKED AUDIT REPORTS AS AT Sept 2020

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
Information Security Incidents	1	4	3						1	3	3		1	
Software Licensing	1	8				2			1	6				
Hardware Asset Management		7				3				4				
Enforcement Agent Review		13				12							1	
Early Payment to Care Providers		4	2	1		4	2	1						
OHMS Application Review	2								2					
Revenues and Benefits Contact Centre		1								1				
Subject Access Requests		1			1									
Controls in Town Hall Machine Room		1								1				
Appointeeship Service		1								1				
Council Processes for Management Investigations		2								2				
Total	4	42	5	1	1	21	2	1	4	18	3		2	

Shaded items to be removed from the tracker

1. Information Security Incidents (Corporate) (issued to Audit and Standards Committees 21.1.20)

As at Sept 2020

Internal Audit: This report was issued to management on the 12.9.19 with the latest agreed implementation date of 31.12.19. An update on progress with the recommendations is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Roger Norton during the Internal Audit follow up review 11.8.20
1.1	There should be clarity on information sharing required across Services and the expectations on and accountabilities of all parties involved. This should be clearly documented so that all parties can discharge their responsibilities effectively.	High	Mark Jones, Senior Information Management Officer	December 2019 Revised Implementation Timeframe: 30.09.20	<p>Action ongoing</p> <p>The requirement for an information sharing and disclosure document was begun by the previous DPO Mark Jones but not completed prior to him leaving the Council. Timescales for this should be revised to take account of the current recruitment process.</p> <p>The action for the Data Protection Office to have regular one to ones with the assistant directors Legal & Governance is fulfilled via regular meetings between the DPO and the Assistant Director Legal and Governance. A forum has also been set up to include the Caldicott Guardians</p>

<p>1.2</p>	<p>At the IGB in April 2019 it was recommended that the Board ask their managers to remind staff to complete the relevant information management and cyber security training in the next three months. Numbers completing training should be re-visited in July 2019 to identify if this action has taken place. If the numbers have not increased significantly at this point, clear action needs to be taken.</p> <p>The relevant information should be provided to Directors/Heads of Service and they should send an email out directly to all staff who have not completed the training, asking them to do so as a matter of urgency and by a specific date. It should be made clear that access to the Council's managed service will be removed if the training is not completed by a set date and not reinstated until this has been undertaken.</p> <p>Going forward, where training is updated, or staff are required to undertake refresher training, they should be given a set period of no more than three months to undertake the training. If they do not, access should be revoked. The issue of mandatory training should be covered in PDRs.</p> <p>Directors should be provided with lists of all staff not completing mandatory training on a quarterly basis. If take up continues to be low, steps should be taken to remove staff from the Council's managed service.</p>	<p>Critical</p>	<p>Mark Jones, Senior Information Management Officer</p>	<p>Actions detailed to be undertaken over the coming months.</p> <p>Review of this in January 2020 and referral to IGB where necessary.</p> <p>Revised Implementation Timeframe: 30.09.20</p>	<p>Action ongoing</p> <p>As of the end of March 2020 approximately 64% of individuals have completed the mandatory training.</p> <p>The training is currently being revised by the Councils IM team working with learning and development as per the actions recommended. The revised training is expected to be available August 2020</p> <p>The raising of the completion figure will require wider support and monitoring of completion rates but manager, the mandatory inclusion in PDRs.</p> <p>Completion rate has been fairly stable and not improved. As noted in the management comments this lack of improvement in completion rate should be raised at IGB.</p>
------------	---	------------------------	--	--	--

3.1	<p>A case folder to be created for each individual security incident.</p> <p>Regular reviews of SharePoint to be undertaken to ensure all fields are completed etc.</p> <p>Information management team to consider if the Council is currently using any other systems that would provide a better alternative for the recording of security incidents than SharePoint.</p>	Medium	Mark Jones, Senior Information Management Officer	<p>December 2019</p> <p>Revised Implementation Timeframe: 31.12.20</p>	<p>Action ongoing</p> <p>The action to create a case folder for each individual security incident has been completed. The action to review whether other systems can provide better reporting has been undertaken and the Councils new service management tool “Service Now” is being considered and the intention is that all incident reporting should be reported via Service. Business change resource has been employed to investigate the feasibility of a project to complete the required work. The action to undertake regular review of SharePoint fields has not been completed. This would be a BAU task for which currently there is insufficient resource within the IM team to complete.</p>
3.2	<p>After a period of six months, the workings of the new SOP should be reviewed and evaluated to ensure that it is fit for purpose (the Information Governance Working Group also to be involved in this as representatives of this group hold key responsibilities within the process). Any amendments to the process, in light of the review, should be ratified by the IGB (Information Governance Board).</p>	Medium	Mark Jones/Information Governance Working Group	<p>December 2019</p> <p>Revised Implementation Timeframe: 30.09.20</p>	<p>Action ongoing</p> <p>As per the recommendation that the SOP should be reviewed after six months. The review of this SOP is on the agenda for review at the Information Management Working Group (IMWG) to be held on July 7th 2020.</p>

<p>4.1</p>	<p>Incident management reports to be completed for all incidents regardless of risk. Where risk is lower, reports can be tailored to reflect this - with only key details recorded.</p> <p>The report to be sent to the relevant Head of Service/Information Asset Owner for sign off and agreement to actions.</p> <p>The report to be retained within the relevant G Drive folder.</p>	<p>High</p>	<p>Mark Jones, Senior Information Management Officer</p>	<p>December 2019</p>	<p>Progress on this matter was to be monitored to understand the resource implications of the production of such reports.</p> <p>The result of this is that very little progress has been made – there is insufficient resource within the IM to consistently produced Incident management reports for all risk levels and the production of reports over the period has been very inconsistent over the period with completion of the reports depending on the level of workload within the IM team at any given time based on external factors such as incident in progress/ volume of FOI requires open etc.</p> <p>Consequently there is also limited progress on the action to send incident reports to heads off service for sign-off and agreement to actions.</p> <p>Unable to progress due to resource implications.</p>
<p>5.1</p>	<p>Information management team to establish programme of checking on agreed actions (in conjunction with the Information Governance Working Group). Priority to be given to high risk incidents.</p>	<p>Medium</p>	<p>Mark Jones, Senior Information Management Officer</p>	<p>December 2019</p> <p>Revised Implementation Timeframe: 30.09.20</p>	<p>Action ongoing</p> <p>As per the management comments summary aggregate reporting should be embedded first.</p> <p>No significant progress has been made in establishing a programme of checking on agreed actions. Serious consideration needs to be given to whether the IM team should have this governance and audit role. Currently the IM team do not believe that they could carry out this role with the current resources available to the team.</p>

5.2	Once incident management reports have been produced, review how the information gathered can be presented to the IGB as part of quarterly reporting on information security incidents (this can be undertaken in conjunction with the Information Governance Working Group). The reports should be used to support greater trend analysis in reporting to the Board so that support and training can be targeted where appropriate.	High	Mark Jones, Senior Information Management Officer	December 2019 Revised Implementation Timeframe: 30.09.20	Action ongoing As noted above incident management reports are not produced for every incident and there for no significant progress has been made towards effective trend analysis during the period.
5.3	Information relating to outstanding claims and costs should be reported quarterly to the Information Governance Board (IGB) so that the financial implications are visible to senior management.	High	Mark Jones, Senior Information Management Officer	December 2019 Revised Implementation Timeframe: 30.09.20	Action ongoing The provision of information relating to outstanding claims with need to be provided by Strategic Insurance. Tim Sharp has moved from Risk to the IM team but will continue to liaise with insurance to provide the required information to IGB.

2. Direct Payments (People) (issued to Audit and Standards Committees 2.3.20)

As at Sept 2020
Internal Audit: This report was issued to management on the 15.1.20 with the latest agreed implementation date of 30.6.20. This report will be followed up and included in the next tracker.

3. Automatic Number Plate Recognition (ANPR) Governance controls (Place) (issued to Audit and Standards Committee 25.8.20)

As at Sept 2020
Internal Audit: This report was issued to management on the 6.8.20 with the latest agreed implementation date of 31.1.21. This report will be followed up and included in the next tracker.

4. Software Licensing (Asset Management) (Resources) (issued to Audit and Standards Committee 1.5.19)

As at July 2019
Internal Audit: This report was issued to management on the 18.3.19 with the latest agreed implementation date of 1.4.20. The recommendations will be implemented post the current contract and hence the longer than usual implementation timescale. Internal Audit will maintain a watching brief of this area.

As at Sept 2020
Internal Audit: An update on progress with the recommendations is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Mike Weston – Assistant Director ICT Service Delivery on 22.9.20
1.1	<p>An effective management plan for software licensing begins with a clear statement of policy.</p> <p>The Council should have a Policy in place that details its goals for enforcing all applicable copyrights, managing software assets to obtain maximum benefit and acquiring properly licensed software through an approved procurement process that minimizes the risk of acquiring illegal software.</p> <p>All roles and responsibilities in relation to this should be clearly defined. This will include defining the roles and responsibilities of the suppliers contracted to manage software licensing on behalf of the Council. The recommendations below will link to the detail in this policy.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 30.10.20</p>	<p>Action ongoing</p> <p>We have a new policy drafted that details BCIS goals for managing software assets. The policy includes goals, procurement process, roles and responsibilities etc. but due to Covid-19 this has been delayed and will be finalised and presented to BCIS SMT for approval in October.</p>
2.1	<p>Appropriate due diligence should now be undertaken and a true up of all software assets, to ensure that the Council has in place the required volume of software licences to cover the operational activity of the Council. This should be completed prior to the end of the Council's contract with the IT supplier. Any costs associated with this should be dealt with within the contract.</p>	Critical	<p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>Software assets fall into server software and EUC software. A validation exercise is currently in flight utilising the 3rd party, Phoenix to audit the Server estate. Once completed and in conjunction with the completion of the tech refresh of EUC devices, then a validation exercise can be completed across EUC estate. This will enable a true up to ensure operation compliance.</p> <p>We have also agreed terms of reference with Internal Audit for Proactive Business Partnering Review of IT Assets.</p>

2.2	<p>Roles and responsibilities for software licensing management to be clearly defined and documented. This links to the recommendation above on the Council having in place a clear statement of policy on Software Licensing.</p> <p>Management to seek the relevant assurance that staff/suppliers employed to manage the Council's software licensing requirements have the necessary skills and expertise to undertake the work.</p> <p>Management to seek assurance that periodic reviews will be undertaken to ensure compliance with the terms and conditions of licences.</p> <p>Management to seek assurance that staff/suppliers are skilled in delivering efficiencies within the licensing processes and to clarify and document how this will work in practice.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>Roles and responsibilities are defined in the SAM policy document. We are ensuring that relevant training is provided to relevant staff, although Covid-19 has hindered the progress of the training. We do utilise our SME partners for advice where pertinent.</p> <p>Regular internal auditing will be included in the final process documentation once completed (again, Covid -19 has hampered progress of this).</p> <p>Licence Management as a function is being handled internally and not outsourced. PDRs and skills matrices are being developed as part of a council wide initiative, which will include licence management skill sets for relevant staff.</p>
3.1	<p>Assurance to be sought on the use of an appropriate discovery tool to track and monitor software assets.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>An exercise with 3rd party, Phoenix is currently in flight implementing an appropriate SAM tool into the server estate. Once successful, we will be looking to implement into the EUC estate.</p>

3.2	<p>Management to seek assurance that an appropriate software licence inventory is in place and that this records all details of licences being managed. This should include items such as the quantity of licences, the type of licences in place, the owner of the licence and the location of the contract etc.</p> <p>If the discovery tool employed does not identify all types of licence in operation, separate arrangements should be in place to record these licences; for example, having separate processes in place to update the inventory etc.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	01/04/2020	<p>Action complete</p> <p>The CMDB in Service Now will hold all pertinent information relating to licences; supplier, licence, users, implementation date etc.</p>
3.3	<p>BCIS management to seek assurance that a full baseline of the Council's software assets has been established.</p> <p>Results of this to be agreed with the appointed supplier/s.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>Baseline will be established as per the output the exercise in flight as per above.</p>
3.4	<p>Management to define and document the process for software licensing procurement going forward. Inventory records should be reconciled to requisitions for software licences and the scope for efficiencies considered in all procurement.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	01/04/2020	<p>Action complete</p> <p>Procurement process of all software licences has been defined in the SAM document.</p>

3.5	The steps to be taken regarding the re-harvesting of software licences to be considered as part of the disposal/decommission of IT assets process.	High	Gary Sweet, ICT Client Service Delivery Officer Mike Weston, Assistant Director - ICT Service Delivery	01/04/2020 Revised Implementation Timescale 31.3.21	Action ongoing Harvesting of licences has been documented and finalisation of procedures needs to be undertaken (Covid-19 has delayed the progress of this finalisation).
4.1	<p>Agreement with the supplier to establish what reporting on software assets will be required and how frequently this will be provided.</p> <p>Reporting on both hardware and software assets could be consolidated in to a dashboard style report for ease of use.</p> <p>There should be a clear process to follow up and resolve any issues that occur.</p>	High	Gary Sweet, ICT Client Service Delivery Officer Mike Weston, Assistant Director - ICT Service Delivery	01/04/2020 Revised Implementation Timescale 31.3.21	<p>Action ongoing</p> <p>Licence Management functions will be conducted internally, that being said, the 3rd party, SCC do provide a monthly report as to what has been procured.</p> <p>Internally, regular auditing will be conducted to ensure that we are regularly validating our CMDB with that purchase, implemented, harvested etc. Any discrepancy in the results will be investigated and reconciled appropriately; this will be part of the final process documentation.</p>

5. Hardware Asset Management (Resources) (issued to Audit and Standards Committee 1.5.19)

As at July 2019

This report was issued to management on the 18.3.19 with the latest agreed implementation date of 1.4.20. The recommendations will be implemented post the current contract and hence the longer than usual the longer than usual implementation timescale. Internal Audit will maintain a watching brief of this area.

As at Sept 2020

Internal Audit: An update on progress with the recommendations is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Mike Weston – Assistant Director ICT Service Delivery on 22.9.20
1.1	Policy document to be produced and agreed. Policy document to be communicated as appropriate.	High	Gary Sweet, ICT Client Service Delivery Officer Mike Weston, Assistant Director - ICT Service Delivery	01/04/2020 Revised Implementation Timescale 31.3.21	Action ongoing Policy documentation has been created and is being validated/ finalised. Covid-19 has impacted progress in finalising the operational version.
2.1	Assurance to be sought that the supplier has in place an appropriate asset repository/database (CMDB) through which they will manage the Council's assets and that designated Council Officers have access to this system/monitoring information is provided from the system on a periodic basis.	High	Gary Sweet, ICT Client Service Delivery Officer Mike Weston, Assistant Director - ICT Service Delivery	01/04/2020	Action complete The Service Now CMDB is in place and is managed by internal IT teams and access provided to all pertinent parties.

<p>2.2</p>	<p>Asset extracts received from the IT supplier should be sample checked for accuracy over the coming weeks. Identified issues to be addressed directly with the IT supplier.</p> <p>The new supplier, SCC, will need to establish an asset baseline once the contract commences. This will be achieved by the use of an appropriate discovery tool that should deliver a clear and accurate view of hardware devices deployed across the multi-platform/multi-site networks of the Council. This should be used in conjunction with the asset information sample checked by BCIS and inform the end of contract negotiations with the IT supplier.</p> <p>The use of a discovery tool will only identify assets connected to the network. A process will need to be in place for standalone assets etc.</p> <p>Assurance to be sought from the new supplier on how the discovery tool will be utilised on an on-going basis and how this will be used to update the CMDB.</p>	<p>High</p>	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>Regular auditing of the asset estate will be included into operational procedures.</p> <p>As previously mention, the exercise being conducted with Phoenix will identify all hardware assets which will enable identification and reconciliation etc.</p> <p>Devices not attached to the network, will be covered by audit policy that will regularly validate and verify that accurate CMDB records hold true. Progress has been stalled due to Covid-19.</p>
<p>2.3</p>	<p>The new IT hardware requisition process to be clearly defined, documented and communicated to all staff across the Council.</p>	<p>High</p>	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p>	<p>Action complete</p> <p>Hardware requisition process has been documented.</p>

2.4	<p>Assurance to be sought on how the new CMDB operated by the Council's supplier SCC, will be integrated with requisition, change, discovery and audit processes. Once this has been fully agreed between all parties, the processes should be fully defined and documented with all roles and responsibilities clearly specified.</p> <p>Any process should report on users with more than one laptop/asset. Review of these users will ensure that the issue of assets not being disposed of correctly is addressed. A comprehensive starters and leavers process will also aid the process.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>CMDB is managed internally and processes to update and maintain the CMDB have been written and are regularly reviewed.</p> <p>Due Covid-19, the vast majority of users now have two devices. Current policy is in place mandating that anyone that can work from home, works from home. Desk top devices remain in secure office locations while laptops (Tech refresh) are being deployed. There will be an exercise to collect all old devices once covid-19 restrictions are lifted.</p>
3.1	<p>Assurance to be undertaken on the IT asset disposal process going forward. This should include details of how end user computers will be disposed of (including how data will be removed and hard disks securely cleaned or physically destroyed) and how software licences will be re-harvested etc.</p> <p>Following disposal, the CMDB should always be updated with a certificate of disposal or destruction.</p> <p>A process should also be clearly defined and documented regarding the disposal of server hardware or other operational systems (including business applications). As for desktops, software licences should be re-harvested where appropriate and hard disks securely cleaned/destroyed.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p>	<p>Action complete</p> <p>Processes in place to securely dispose of IT equipment including updates to CMDB.</p>

4.1	<p>Agreement with the supplier SCC on the following needs to take place:</p> <ol style="list-style-type: none"> 1. What reporting from the CMDB will be undertaken for the Council? 2. How frequently will this reporting take place? 3. In what format will this reporting take place? 4. Has the reporting to be undertaken been clearly defined within the appropriate contractual documentation? <p>How this information will be monitored by the Council also needs to be fully defined and documented. There should be a clear process to follow up and resolve any issues that occur.</p> <p>Reporting in a dashboard format may prove beneficial.</p>	High	<p>Gary Sweet, ICT Client Service Delivery Officer</p> <p>Mike Weston, Assistant Director - ICT Service Delivery</p>	<p>01/04/2020</p> <p>Revised Implementation Timescale 31.3.21</p>	<p>Action ongoing</p> <p>CMDB is managed internally and dashboards available. Auditing regularity and process to be finalised.</p>
-----	---	-------------	--	--	---

6. Enforcement Agent Review (Resources) (issued to Audit and Standards Committee 1.5.19)

As at July 2019
This report was issued to management on the 15.3.19 with the latest agreed implementation date of 31.8.19. An update on progress with recommendation implementation will be included in the next tracker report.

As at Sept 2020
Internal Audit: A follow up review was undertaken in March 2020, from the information provided Internal Audit is satisfied that progress has been made against the original recommendations. All 13 recommendations were accepted following the original review; all but one of these have been satisfactorily implemented. The only recommendation outstanding relates to fraud training which is not yet available to the service (refer to the table below for full details).

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Finance Manager Income Collection and Management Team on 27.3.2020
-----	----------------	----------	------------------------------	------------------------------	---

2.4	Management should be aware of fraud indicators and escalate concerns regarding employee performance to ensure appropriate action is taken to protect both the Council and the employee.	High	Len Rubie, Finance Manager Income Collection and Management Team	30.6.2019 Revised Implementation Timeframe: 31.1.21	The availability of the fraud e-learning has been delayed.
-----	---	-------------	--	--	--

7. Early Payment to Care Providers (People) (issued to Audit and Standards Committee 8.5.19)

As at July 2019
This report was issued to management on the 22.3.19 with the latest agreed implementation date of 30.6.19. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report. Please note at the time of issue to the Audit and Standards Committee members, an update on progress had already been submitted to EMT (2 nd April).

As at Sept 2020
Internal Audit: A follow-up review with Service Management in August 2020 was undertaken and now considers the updated positions for all seven recommendations satisfactory with new controls in place that are operating effectively. Internal Audit testing took place which verified the updated positions. .

Page 32

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided during the follow up review as at February 2020 and August 2020
1	<p>Senior management should consider whether and what level of disciplinary action should be undertaken against the officers involved on this decision - in line with SCC policies.</p> <p>Service managers need to be alerted to the non-compliance with the Councils Finance Regulations and Standing Orders on this occasion.</p>	High	John Doyle – Director of Business Strategy, People	30 June 2019	<p>Action complete</p> <p>An update from John Doyle, provided on 2nd May 2019 reported:</p> <p>HR advice has been sought and the issue has been addressed appropriately in the service reflecting the work we have done between audit, finance and the service managers. There is no doubt the seriousness of this has been fully reviewed, fully understood and the activity and approach since the initial issue has fully reflected this.</p>

2	<p>As a matter of urgency, management should ensure that the early payments made to all categories of providers are reconciled. This should explicitly address the double payment error payment noted in the briefing paper. No further payments should be made to providers until management have assurance that the issue has been resolved.</p> <p>Results of the reconciliation should be presented to Internal Audit for verification, alongside evidence of the non-VAT liability of the payments.</p>	High	Charles Crowe – SCAS Service Manager	30 June 2019	<p>Action complete</p> <p>There are now processes in place for early payment approvals. Early payments were required to manage the Coronavirus response and approval was sought from the DoF&CS.</p> <p>There was a particular risk associated with early payments being made at the point of transfer between two systems. Early payments are now made through a single system which lowers the inherent risk of overpayment or double payments.</p> <p>ContrOCC automates robust claw-back processes where any over or double payment is detected.</p>
---	--	-------------	--	--------------	---

3	<p>Going forward project governance controls/decision making needs to be strengthened. Management should review what key decisions need to be made as the Whole Family Case Management (WFCM) project draws to a close and ensure they are formally approved and recorded.</p> <p>Any future decisions to pay in advance should be notified to the Director of finance and Commercial Services as per the regulations.</p>	High	<p>Dominic Sleath - Head of Business Strategy, information and Performance Analysis</p> <p>Liam Duggan – Head of Business Planning, Strategy and Imp</p> <p>Liz Gough – Interim Director of Finance and Commercial Services</p>	30 June 2019	<p>Action complete</p> <p>The next key decision will concern the implementation of the provider portals and the optimisation of these technologies. A focused session at the board will be required to review financial risks especially payment period and what decisions will be needed to ensure a safe cutover.</p> <p>Any subsequent decision to implement a new ContrOCC module e.g. Visits, will also need a full assessment by the WFCM board.</p> <p>All decisions to pay in advance are now notified to the Director of Finance and Commercial Services as per regulations. No additional payment controls are possible via the ContrOCC system itself. Controls have been added via the FSSG team whereby larger payment files above a threshold now first require authorisation from service management. This process has been triggered on a number of occasions during 2019/20.</p> <p>Procedural guidance has been written and issued to staff in order to protect officers from accidentally releasing any payments early. New reporting capability developed in response to the early payment issue has also identified a very small number of low value payments which have been released an average of 8 days early in error as part of the payment to care home providers for retrospective care. Retrospective payments are released every day and require a manual intervention to ‘filter’ out the next month’s payment line from historic payment lines now due.</p>
---	--	------	---	--------------	---

4	Management to seek clarity on the Commissioning role going forward with regard to the early payment of providers. Management to ensure that the required approval/authorisation controls for this are in place. Assurance needs to be given that officers outside of Commissioning that currently have the capacity to amend contract details will have this facility removed immediately.	High	Liam Duggan – Head of Business Planning, Strategy and Imp	30 June 2019	Action complete Officers in SCAS with access rights to contracts have been reviewed. Only those with a need to access this in order to set up direct payments remain.
5	Management should develop some form of exception reporting within Controcc to identify and verify if/when early payments – or any extraordinary payments etc are made.	Medium	Charles Crowe	30 May 2019	Action complete The report was made available to FBP on the 7th February 2020.
6	Risk Management controls need to be strengthened. Management need to review the risk management plan/risk register for the WFCM project to ensure that all current risks and issues are robustly managed and treated.	Medium	Liam Duggan/Charles Crowe	30 May 2019	Action complete Risk management for Income and Payments Project a regular item with robust mechanism for review and escalation as required.
7	In line with good project management principles, the actions and outcomes taken in regard to this incident should be included and documented in the PIR/lessons learnt phase of the WFCM project. Additionally this should be shared with senior management/stakeholders to provide assurance that this has been done.	Efficiency/ effectiveness	Liam Duggan	31 March 2020	Action complete A PIR was undertaken and these issues were fed into this.

8. OHMS Application Review (Corporate) (issued to Audit and Standards Committee 24.5.18)

As at July 2018

This report was issued to management on the 4.1.18 with the latest agreed implementation date of 30.4.18. An Internal Audit follow-up review has been completed and the results are included below.

As at Jan 2019

Internal Audit: An update of progress with the 5 recommendations ongoing in the last report is provided below.

As at Jul 2019

Internal Audit: An update on progress with two recommendations ongoing in the last report is included below.

As at Jan 2020

Internal Audit: one of the remaining two recommendations was due to for implementation within the timescales for completion of this report. The result is included below

As at Sept 2020

Internal Audit: An update on progress with two recommendations ongoing in the last report is included below.

Page 36

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Service Manager (Applications, Systems & Data)
					29.9.20

1.1	Discussions should now take place between the systems team and BCIS to determine the likely extent of any outage and the implications of this. An options paper should then be prepared to explore the business continuity arrangements required in the absence of formalised disaster recovery arrangements.	1 - Critical	Beverley Mullooly, Head of Neighbourhood Services	April 2018 Revised Implementation Timeframe: 31.11.2020	Action ongoing It has been agreed by BCIS and HLT to move the hosting of OHMS from Capita to the supplier, Northgate as part of ending the Capita IT contract and the Tech 2020 changes. This was planned for quarter 3 19/20, however for several reasons and issues, the OHMS application will continue to be hosted by Capita until November 2020. This was proposed and agreed between BCIS and Capita.
1.2	Because the system is not currently up to date and considerable expense and effort will be required to enable this, it is recommended that an options review is undertaken to ascertain what the best method is to take the application forward. This should include the do nothing option, update the current version with a view to moving to the new product or to look at other potential solutions. This will need input from the Housing Service to ensure that the solution adopted is the most cost effective in delivering their service requirements.	1 - Critical	Beverley Mullooly, Head of Neighbourhood Services	April 2018 Revised Implementation Timeframe: 31.11.2020	Action ongoing The OHMS application will be upgraded to the latest version after the hosting arrangement has been resolved.

9. 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.

As at July 2018
A progress update on the agreed recommendations is included below

As at Jan 2019
Internal Audit: An update of progress with the 4 recommendations ongoing in the last report is provided below.

As at Jul 2019

Internal Audit: An update on progress with recommendation implementation is included below.

As at Jan 2020

Internal Audit: An update on progress with the two remaining recommendations is included below.

As at Sept 2020

Internal Audit: An update on progress with the final remaining recommendation is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Revenues and Benefits Client Team 25.9.20.
-----	----------------	----------	------------------------------	------------------------------	---

2.1	Strategic and operational management in Customer Services and Revenues & Benefits should review Revenues & Benefits contact centre performance and to ensure the KPI is realistic and can be achieved in line with other service pressures and resources.	2 – High	<p>Paul Taylor, Head of Customer Services</p> <p>Andrea Gough, Service Delivery Manager, Customer Services</p> <p>Tim Hardie, Head of Commercial Business Development</p> <p>John Squire, Finance Manager Revenues and Benefits Client Team</p>	<p>31st December 2017</p> <p>Revised Implementation Timeframe: 1.7.21</p>	<p>Action ongoing</p> <p>Customer Service Management Comments There have been two recent significant developments with regards to the Revenues and Benefits Contact Centre performance. From January 2020 a number of Council Tax enquiries were temporarily diverted to Capita’s Contact Centre operation. The rationale for this was to mitigate against any short-term disruption of the insourcing of Finance functions from Capita. It currently appears that these arrangements will run for a year. The effect of this change was to significantly improve the performance of the Customer Services Contact Centre Revs and Bens team so that it has regularly exceeded its KPI of 85% calls answered.</p> <p>Secondly, as a response to the COVID-19 pandemic, Customer Services redoubled its efforts to enable operatives to take calls from their own home. This has now been substantially achieved with the vast majority of the Revs and Bens team taking calls from home since July 2020. Performance continues to be considerably better than the service’s KPI.</p> <p>The new Storm telephony system is now installed and callers who wait for longer than 60 seconds are now given an approximate estimation of how long they might be waiting for their call to be answered (although this does not apply to customers being directed to the Capita service)</p> <p>Going forward the new system also offers the possibility of web chat conversations (real time conversations by text) and the potential for callers to ask to be called back. We are also</p>
-----	---	----------	---	---	--

					<p>giving some thought as to whether Revenues and Benefits could make some use of our existing out of hours contact centre.</p> <p>The “back office” (processing) Revenues and Benefits team re-joined Sheffield City Council as part of the insource from Capita on 6th January 2020.</p> <p>In the medium term the expectation is that having both front and back-end operations in-house will give scope for greater flexibility, including e.g. moving more resources onto the telephones at times (e.g. the billing run) when we know that things will be particularly busy.</p> <p>In preparation for the insource a Customer Experience discovery piece was commissioned by BCIS at the request of Resources Leadership Team. The findings of this work are now being channelled into an action plan as well as feeding into the SCC-wide Customer Access/Customer Experience work which is under way.</p> <p>In the short-term it should be noted that Finance will shortly be initiating debt recovery action and this will potentially impact on the performance of the Revenues and Benefits Contact Centre.</p>
--	--	--	--	--	--

10. 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.

As at July 2018

3 recommendations remained ongoing from the previous update. 1 of these has now been actioned, with 2 being linked to the SCC2020 Records Management Project.

As at Jan 2019

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

As at Jul 2019

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

As at Jan 2020

Internal Audit: Despite multiple requests, an update on progress with the final recommendation has not been provided to Internal Audit. The statement below is that provided at the last update.

As at Sept 2020

Internal Audit: An update on the final recommendation is provided below.

Page 41

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Senior Manager – Business Support 29.9.20
5.1	A Portfolio data map should now be produced for responding to subject access requests. This should 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.	2 - High	Elyse Senior-Wadsworth, Service Manager - Business Support	31.10.17	Action complete Data map is now in place. We have clarity on where data for social care requestors would be held. Stream lining out core systems has made this much simpler.

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

As at July 2017

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.

As at Jan 2018

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.

As at July 2018

A progress update on the 2 outstanding recommendations is included below. 1 action has been completed and 1 is now part of the wider SCC2020 programme of work.

As at Jan 2019

Internal Audit: The timescale for implementation of this recommendation is March 2019 and so a further update has not been requested.

As at Jul 2019

Internal Audit: An update on progress with final recommendation ongoing in the last report is provided below.

As at Jan 2020

Internal Audit: The revised implementation date for the final recommendation has not been reached however an IT update is on the agenda for the January Audit and Standards Committee meeting and this will cover the work being undertaken on ICT business continuity.

As at Sept 2020

Internal Audit: An update on the final recommendation is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Assistant Director ICT Service Delivery 22.9.20
6.1	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 Revised Implementation Timescale 31.3.21	Action Ongoing The equipment in this room has been upgrade to new hardware under the contract with ANS, the Council's new datacentre provider and plans have been developed to split the equipment between Moorfoot and the Town Hall to build in resilience for core network functionality such as Active Directory, Internet Service Provision, Domain Name Serviced and Proxy. Further work is required to set up some application resilience, but all apps moving to Azure have a level of resilience built in as they are replicated in two Microsoft Azure Data Centres.

12. Appointeeship Service (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. Of 36 agreed recommendations, 28 have been completed, 7 are ongoing and 1 is outstanding.

As at Jan 2018
Internal Audit: 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.

As at July 2018

An update of progress with the 3 recommendations ongoing in the last report is provided below. All 3 recommendations remain ongoing – 2 recommendations are being addressed through the introduction of the new Whole Case Family Management system, and 1 item relates to the corporate roll-out of the Fraud e-learning package and so is beyond the control of the Service. This item is being actioned by Internal Audit in consultation with the Learning and Development Service.

As at Jan 2019

Internal Audit: An update of progress with the 3 recommendations ongoing in the last report is provided below.

As at Jul 2019

Internal Audit: An update on progress with 3 recommendations ongoing in the last report is provided below.

As at Jan 2020

Internal Audit: An update on progress with the final recommendation remaining is included below.

As at Sept 2020

Internal Audit: An update on progress with the final recommendation remaining is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position on 22.9.20
7.1	Fraud awareness training should be undertaken, for all staff, ideally to be completed before the start of the next financial year.	High	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities Charles Crowe - SCAS Service Manager, People Services	31.8.16 Revised Implementation Timescale 31.1.21	Action ongoing This remains ongoing, awaiting corporate roll out of revised fraud training.

13. 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.

As at July 2018

An update of progress with the 5 recommendations ongoing in the last report is provided below.

As at Jan 2019

Internal Audit: An update of progress with the 3 recommendations ongoing in the last report is provided below.

As at Jul 2019

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

As at Jan 2020

Internal Audit: An update on progress with the two remaining recommendations is included below.

As at Sept 2020

Internal Audit: An update on progress with the two remaining recommendations is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided Finance Manager, Internal Audit 9.9.20.
8.1	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 Revised Implementation Timescale 31.1.21	Action ongoing Now that the policy and procedure documents have been updated, the e-learning package has been redrafted to tie in with the new/revised policies. Work is ongoing linking the e-learning package to the new e-learning standard template. It will then be submitted to the Learning and Development team to convert into an e-learning module.
8.2	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 across the Council.	High	Lynsey Linton, Head of Human Resources Stephen Bower, Finance Manager, Internal Audit	31.12.16 Revised Implementation Timescale 31.1.21	Action ongoing As above Progress has been delayed due to unplanned investigation work taking priority and the current long term absence of the Finance Manager.



Audit and Standards Committee Report

Report of: Director of Legal and Governance

Date: 15th October 2020

Subject: Code of Corporate Governance

Author of Report: Abby Brownsword, Democratic Services
(Tel - 0114 273 5033)

Summary:

The report provides an update to the Council's Code of Corporate Governance.

Recommendations:

That the Committee:-

approve the updated Code of Corporate Governance

Background Papers: None

Category of Report: OPEN

Statutory and Council Policy Checklist

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

CODE OF CORPORATE GOVERNANCE

1. Purpose of Report

- 1.1 To provide an update to the Council's Code of Corporate Governance

2. Code of Corporate Governance

- 2.1 Governance is about how local government bodies ensure that they are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner. It comprises the systems and processes, and cultures and values, by which local government bodies are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities.

- 2.2 Each local government body operates through a governance framework which brings together an underlying set of legislative requirements, governance principles and management processes. CIPFA produce a Framework document which is intended to be followed as best practice for developing and maintaining a local code of governance and for discharging accountability for the proper conduct of public business, through the publication of an annual governance statement that will make the adopted practice open and explicit. The Framework defines the principles that should underpin the governance of each local government body. It provides a structure to help individual authorities with their own approach to governance.

Whatever form of executive arrangements are in place, authorities are urged to test their structures against the principles contained in the Framework by:

- Reviewing their existing governance arrangements against this Framework.
- Developing and maintaining an up-to-date local code of governance, including arrangements for ensuring its ongoing application and effectiveness.
- Preparing a governance statement in order to report publicly on the extent to which they comply with their own code on an annual basis, including how they have monitored the effectiveness of their governance arrangements in the year, and on any planned changes in the coming period.

- 2.3 The Code of Corporate Governance annexed to this report sets out how Sheffield City Council complies with the governance framework and will be used to assess our effectiveness as part of the Annual Governance Statement.

3. Recommendation

- 3.1 That the Committee:-

approve the updated Code of Corporate Governance

Gillian Duckworth
Director of Legal and Governance

This page is intentionally left blank

CODE OF CORPORATE GOVERNANCE

Introduction

The Code of Corporate Governance follows the latest guidance issued by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE), entitled "Delivering Good Governance in Local Government (2016)". This code brings together in one document the various governance and accountability arrangements currently in place.

The guidance defines the seven core principles, each supported by sub-principles that should underpin the governance framework of a local authority:

- A. Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rules of law.
- B. Ensuring openness and comprehensive stakeholder engagement.
- C. Defining outcomes in terms of sustainable economic, social and environmental benefits.
- D. Determining the interventions necessary to optimise the achievement of the intended outcomes.
- E. Developing the Council's capacity, including the capability of its leadership and the individuals within it.
- F. Managing risks and performance through robust internal control and strong public financial management
- G. Implementing good practices in transparency, reporting, and audit, to deliver effective accountability.

Principles A and B are the overarching requirements for acting in the public interest; achieving good governance in local government also requires effective arrangements for the outcomes of Principles C to G.

Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

Summary:

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

Sub-principles:

- Behaving with integrity
- Demonstrating strong commitment to ethical values
- Respecting the rule of law

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none"> • Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation • Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles) • Leading by example and using the above standard operating principles or values as a framework for decision making and other actions • Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively • Seeking to establish, monitor and maintain the organisation’s ethical standards and performance • Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation’s culture and operation 	<ul style="list-style-type: none"> • Constitution • Member and Officer Codes of Conduct • Member Register/Declarations of Interests • Protocol for Member/Officer Relations • Financial Regulations • Contract Standing Orders • Anti-Fraud and Corruption Policies (Fraud Risk Management, Fraud Response Plan) • Anti-Money Laundering Policies • Audit and Standards Committee • Monitoring officer protocol • Procedure for dealing with complaints regarding city, parish and town councillors and co-opted members • Executive Decision Making Procedure • Executive Procedure Rules

- Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values
- Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation
- Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations
- Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements
- Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders
- Dealing with breaches of legal and regulatory provisions effectively
- Ensuring corruption and misuse of power are dealt with effectively

- Overview and Scrutiny Committee terms of reference and workplan
- Scrutiny Procedure Rules
- Corporate Plan
- Business and Service Planning Guidance
- Whistleblowing Policy
- Ethical Procurement Policy
- Dignity and Respect at Work policies
- Personal Development Reviews
- Job descriptions/person specifications
- Gifts and Hospitality policy

Principle B - Ensuring openness and comprehensive stakeholder engagement

Summary:

Local government is run for the public good; organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

Sub-principles:

- Openness
- Engaging comprehensively with institutional stakeholders
- Engaging stakeholders effectively, including individual citizens and service users

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none"> • Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness • Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided • Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear • Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action • Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably • Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively • Ensuring that partnerships are based on: <ul style="list-style-type: none"> (a) Trust 	<ul style="list-style-type: none"> • Council Constitution • Freedom Of Information Publication Scheme • Access to Information Rules • Executive Decision Making Procedure • Record of decision making and supporting materials • Forward Plan • Corporate Plan • Overview and Scrutiny terms and reference and work plan • Health and Wellbeing Board • Accountable Care Partnership • Medium Term Financial Analysis • State of Sheffield Report • Sheffield City Partnership Board (SCPB) • Equality Impact Assessments • Record of public consultations • Budget Consultation • Themed consultations to inform policy and strategy

<p>(b) A shared commitment to change</p> <p>(c) A culture that promotes and accepts challenge among partners, and</p> <p>(d) That the added value of partnership working is explicit</p> <ul style="list-style-type: none"> • Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes • Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement • Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs • Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account • Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity • Taking account of the impact of decisions on future generations of tax payers and service users 	<p>development e.g. Transport, Air Quality, City Centre Masterplan</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment • SCC Open Data Portal – includes spend information for anything above £250 • Full Council meetings • Local Area Panels • Equality Hubs Network • Fairness, Tackling Poverty and Social Exclusions Partnership • Neighbourhood Policing Partnerships • Welfare Reform Group • SCPB Framework for an Inclusive and Sustainable Economy • Housing and Neighbourhoods Advisory Panel • Safer and Sustainable Communities Partnership • Tenant Challenge for Change
--	--

Principle C - Defining outcomes in terms of sustainable economic, social, and environmental benefits.

Summary:

The long-term nature and impact of many of local government’s responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the authority’s purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Sub-principles:

- Defining Outcomes
- Sustainable economic, social and environmental benefits

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none">• Having a clear vision, which is an agreed formal statement of the organisation’s purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation’s overall strategy, planning and other decisions• Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer• Delivering defined outcomes on a sustainable basis within the resources that will be available• Identifying and managing risks to the achievement of outcomes• Managing service users’ expectations effectively with regard to determining priorities and making the best use of the resources available• Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision• Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation’s intended outcomes and short-term factors such as the political cycle or financial constraints• Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through	<ul style="list-style-type: none">• Corporate Plan• Joint Health & Wellbeing Strategy• Transport Strategy• Air Quality Strategy• City Centre Masterplan• Economic Strategy• Green City Strategy• Business and Service planning guidance• Budget process• Risk management framework• Record of decision making and supporting materials• Equality Impact Assessments• Medium Term Financial Analysis• Performance Management Framework• Consultations• SCPB Framework for an Inclusive and Sustainable Economy• Tackling Poverty Framework

- consultation where possible, in order to ensure appropriate trade-offs
- Ensuring fair access to services

- Housing Strategies including Homelessness Prevention, Older People's Independent Living

Principle D - Determining the interventions necessary to optimise the achievement of the intended outcomes.

Summary:

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

Sub-principles:

- Determining interventions
- Planning interventions
- Optimising achievement of intended outcomes

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none"> • Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided • Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts • Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and target • Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered • Considering and monitoring risks facing each partner when working collaboratively, including shared risks • Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances • Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be 	<ul style="list-style-type: none"> • Executive Decision Making process • Business continuity plans • Risk management framework • Business and Service planning guidance • Capital Programme monthly monitoring and approval by Cabinet • Project Boards and Business Planning Operational Group • Achieving change procedure • Corporate plan • Budget consultation • Equality Impact Assessments • SCC Consultations • Performance Management Framework • Employee Opinion Survey • Medium Term Financial Analysis • Ethical Procurement Policy

measured

- Ensuring capacity exists to generate the information required to review service quality regularly
- Preparing budgets in accordance with objectives, strategies and the medium term financial plan
- Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy
- Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints
- Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term
- Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage
- Ensuring the achievement of 'social value' through service planning and commissioning

Principle E - Developing the entity’s capacity, including the capability of its leadership and the individuals within it.

Summary:

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership in local government entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

Sub-principles:

- Developing the entity’s capacity
- Developing the capability of the entity’s leadership and other individuals

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none"> • Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness • Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently • Recognising the benefits of partnerships and collaborative working where added value can be achieved • Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources • Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained • Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body • Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing 	<ul style="list-style-type: none"> • Constitution • Executive Decision Making Procedure • Service and Business Planning guidance • Performance Management Framework • Local Area Panels • Benchmarking performance against other local authorities, eg core cities, key cities • Corporate plan • Sheffield City Partnership Board • Health & Wellbeing Board • SCC Consultations • Corporate Asset Management Plan • Leader’s Scheme of Delegation • Portfolio schemes of delegation • Responsibility for functions (Part 3 of Constitution)

strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority. Developing the capabilities of members and senior management to achieve effective leadership and to

enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:

- Ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged
- Ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis
- Ensuring personal, organisational and systemwide development through shared learning, including lessons learnt from governance weaknesses both internal and external
- Ensuring that there are structures in place to encourage public participation
- Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections
- Holding staff to account through regular performance reviews which take account of training or development needs
- Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing

- Protocol for Member/Officer Relations
- Elected Member and Officer Codes of Conduct

- HR policies
- Workforce Strategy
- SCC Communications Strategy
- Induction programme
- Personal Development Reviews
- Senior Responsible Officer for safety and employee wellbeing

Principle F - Managing risks and performance through robust internal control and strong public financial management.

Summary:

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

It is also essential that a culture and structure for scrutiny is in place as a key part of decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

Sub-principles:

- Managing risk
- Managing performance
- Robust internal control
- Managing data
- Strong public financial management

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none">• Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making• Implementing robust and integrated risk management arrangements and ensuring that they are working effectively• Ensuring that responsibilities for managing individual risks are clearly allocated• Monitoring service delivery effectively including planning, specification, execution and independent post implementation review• Making decisions based on relevant, clear objective analysis and advice pointing out	<ul style="list-style-type: none">• Executive Decision Making Procedure• Risk Management Framework• Internal Audit• Performance Management Framework• Overview and Scrutiny Committees• Audit and Standards Committee• Whistleblowing Policy• Internal Audit

the implications and risks inherent in the organisation's financial, social and environmental position and outlook

- Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible
- (Or, for a committee system)
- Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making
- Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement
- Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)
- Aligning the risk management strategy and policies on internal control with achieving objectives
- Evaluating and monitoring risk management and internal control on a regular basis
- Ensuring effective counter fraud and anti-corruption arrangements are in place
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor
- Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body:
 - ☑ Provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment
 - ☑ that its recommendations are listened to and acted
- Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data
- Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies

- Information Governance arrangements and compliance with GDPR
- Financial Regulations
- Business and Service Planning guidance
- Equality Impact Assessments
- Anti-Fraud and Corruption Policies (Fraud Risk Management, Fraud Response Plan)
- Monthly Financial Reporting
- Quarterly performance management reporting
- Compliance with CIPFA Code of Practice
- Annual Governance Statement
- Information Asset Register
- Information Governance and Security Policy
- ICT Acceptable Use Policy
- Data Protection Policy
- Social Networking Policy

Principle G - Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Summary:

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Sub-principles:

- Implementing good practice in transparency
- Implementing good practices in reporting
- Assurance and effective accountability

Behaviours and actions demonstrating good governance	Evidence
<ul style="list-style-type: none"> • Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate • Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand • Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way • Ensuring members and senior management own the results reported • Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement) • Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate • Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations 	<ul style="list-style-type: none"> • Cabinet and full Council meetings • Executive Decision Making Procedure • Publication of agendas, minutes, reports and decisions • Audit and Standards Committee • Overview and Scrutiny Committees • Performance Management Framework • Annual Statement of Accounts • Leader’s Scheme of Delegation • External Assessments eg Ofsted, CQC • Internal Audit • Monthly revenue and capital monitoring reports to Cabinet • Health and Wellbeing Board • Safer and Sustainable Communities Partnership Board • State of Sheffield Report • SCC Open Data Portal – includes spend information

<ul style="list-style-type: none">• Ensuring that recommendations for corrective action made by external audit are acted upon• Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon• Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations• Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement• Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	<p>for anything above £250</p> <ul style="list-style-type: none">• Housing and Neighbourhoods Advisory Panel• Freedom Of Information Publication Scheme• Access to Information Rules• Tenant Challenge for Change• Contractual arrangements with third parties
---	--

This page is intentionally left blank



Audit and Standards Committee Report

Report of: Director of Legal and Governance

Date: 15th October 2020

Subject: Work Programme

Author of Report: Abby Brownsword, Democratic Services
(Tel - 0114 273 5033)

Summary:

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

Recommendations:

That the Committee:-

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

(b) approves the work programme.

Background Papers: None

Category of Report: OPEN

Statutory and Council Policy Checklist

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

2.3 The Annual Ombudsman Report has been moved to January 2021 as there is currently no officer in post to provide the report. The Information Management Annual Report has been moved to November 2020 due to changes in personnel which has meant that the preparation of the report has been delayed.

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

This page is intentionally left blank

Audit and Standards Work Programme 2019-20- Working Copy

Date	Item	Author
October 2020	Audit Training	External Facilitator (Gary Bandy)
26 November 2020	Statement of Accounts 19/20	Dave Phillips (Head of Strategic Finance)
	Report of those Charged with Governance (ISA 260)	(External Auditor) Ernst & Young
	Annual Internal Audit Opinion Report	Linda Hunter (Senior Finance Manager)
	Information Management Annual Report	(Senior Information Management Officer)
	Annual Governance Statement	Gillian Duckworth (Director of Legal and Governance)
	Work Programme	Gillian Duckworth (Director of Legal and Governance)
21 January 2021	Progress on High Opinion Audit Reports	Linda Hunter (Senior Finance Manager)
	Formal Response to Audit (ISA 260) Recommendations	Dave Phillips (Head of Strategic Finance)
	Counter Fraud/Covid – What’s Being Done	Dave Phillips (Head of Strategic Finance)
	Annual Audit Letter 2019/20	Ernst and Young (External Auditor)
	Universal Credit Update	Tim Hardie (Director of Finance and Commercial Services)
	Strategic Risk Management	Helen Moltano (Corporate Risk Manager)
	Annual Ombudsman Report	Corleen Bygraves-Paul (Service Delivery Manager)

Audit and Standards Work Programme 2019-20- Working Copy

	Update on the Insourcing of ICT	Mike Weston (Assistant Director of ICT Service Delivery)
	Review of Members' Code of Conduct	Gillian Duckworth (Director of Legal and Governance)
	Review of Standards Complaints Procedure	Gillian Duckworth (Director of Legal and Governance)
	Annual Standards Report	Gillian Duckworth (Director of Legal and Governance)
	Work Programme	Gillian Duckworth (Director of Legal and Governance)
18 February 2021	(Additional meeting if required)	
18 March 2021	(Additional meeting if required)	
15 April 2021	Internal Audit Plan 2021/22	Linda Hunter (Senior Finance Manager)
	Compliance with International Auditing Standards	Dave Phillips (Head of Strategic Finance)
	Certification of Claims and Returns Annual Report 2019/20	External Auditor (EY)
	External Audit Plan 2020/21	External Auditor (EY)
	Annual Audit Fee Letter 2020/21	External Auditor (EY)
	Whistleblowing Policy Review and Update	Gillian Duckworth (Director of Legal and Governance)
	Work Programme	Gillian Duckworth (Director of Legal and Governance)
June 2021	Audit Training	External Facilitator (Gary Bandy)

Audit and Standards Work Programme 2019-20- Working Copy

10 June 2021	Summary of Statement of Accounts	Dave Phillips (Head of Strategic Finance)
	Internal Audit Annual Fraud Report	Linda Hunter (Senior Finance Manager)
	Annual Ombudsman Report	Ben Marston (Service Delivery Manager)
	Work Programme	Gillian Duckworth (Director of Legal and Governance)

This page is intentionally left blank