

REPORT TO SHEFFIELD CITY COUNCIL AUDIT COMMITTEE
8 January 2015

Internal Audit Report on Progress Against High Opinion Audit Reports.

Purpose of the Report

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

Introduction

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

This report also details those high opinion audits that Internal Audit plan to remove from future update reports. The Audit Committee is asked to support this.

FINANCIAL IMPLICATIONS

There are no direct financial implications arising from the report.

EQUAL OPPORTUNITIES IMPLICATIONS

There are no equal opportunities implications arising from the report.

RECOMMENDATIONS

1. That the Audit Committee notes the content of the report.
2. That the Audit Committee agrees to the removal of the following reports from the tracker:
 - Freedom of Information (Resources)
 - Schools, appointments, terminations and amendments to pay (CYPF).
 - Carefirst Financials (Resources)
 - Projects – Risk Management and Reporting (Place)

Andrew Eckford
Interim Director of Finance.

**SHEFFIELD CITY COUNCIL
UPDATED POSITION ON HIGH OPINION AUDIT REPORTS AS AT 8 January 2015**

1. Waste Management Contract (Place). (Issued to the Audit Committee 15.08.14).

As at January 2015

Internal Audit: This report was issued to management on the 04.06.14, with the latest agreed implementation date of 31.03.15. Therefore an update will be provided in the next high opinion update report.

2. Adoption Service (CYPF). (Issued to the Audit Committee 18.07.14).

As at January 2015

Internal Audit: This report was issued to management on the 08.07.14, with the latest agreed implementation date of 31.12.14. Therefore an update will be provided in the next high opinion update report.

3. School Attendance - Multi Agency Support Teams (MAST) (CYPF). (Issued to the Audit Committee 22.08.14).

As at January 2015

Internal Audit: This report was issued to management on the 11.08.14, with the latest agreed implementation date of 31.12.14. Therefore an update will be provided in the next high opinion update report.

4. Subject Access Requirements (Resources). (Issued to the Audit Committee 17.07.14).

As at January 2015

Internal Audit: This report was issued to management on the 19.06.14, with the latest agreed implementation date of 30.12.14. Therefore an update will be provided in the next high opinion update report.

5. Short Term Intervention Team (STIT) (Communities). (Issued to the Audit Committee 17.07.14).

As at January 2015

Internal Audit: This report was issued to management on the 14.07.14 with the latest agreed implementation date of 31.03.15. Therefore an update will be provided in the next high opinion update report.

6. Car Parking Services (Place). (Issued to the Audit Committee 23.09.14).

As at January 2015

Internal Audit: This report was issued to management on the 23.09.13, with the latest agreed implementation date of 31.03.14. Following a piece of follow up work by Internal Audit in September 14, the Director of Regeneration and Development Services attended the November Audit Committee meeting and provided an update against the outstanding recommendations. At this meeting it was agreed that a further piece of follow up work would be undertaken by Internal Audit.

Because of timing issues, Internal Audit agreed to obtain evidence for those actions stated as having been completed in the November update – with further updates being provided in the next tracker against actions noted as still being 'in progress'. It was stated that these in progress actions were to be completed by the end of December 2014.
Internal Audit were provided with sufficient evidence to confirm that the 8 recommendations stated as being 'complete' in November had all been actioned see below.

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position - after Internal Audit follow up review 24.11.14 |
|-----|---|----------|------------------------------|------------------------------|---|
| 6.1 | Combinations on safes, doors etc should be changed at least every 3 months or more frequently in the event of staff leaving. | Medium | TT&PS Business Manager | 30.09.13 | Internal Audit evidenced a control sheet that records/confirms change of door access code and the notifications to staff authorised to hold the access code. Additionally Internal Audit evidenced that Chubb codes for the safe were changed every 3 months and this was recorded. Completed. |
| 6.2 | Income monitoring should incorporate the identification of trends that may indicate possible impropriety or underutilisation of the facilities. | High | TT&PS Business Manager | 30.09.13 | At the time of the follow up work undertaken by Internal Audit this recommendation was not to be actioned. Management confirmed that this risk was effectively mitigated by routine reconciliations and this was agreed at the time with the TT & PS Business Manager. Completed. |

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position - after Internal Audit follow up review 24.11.14 |
|-----|--|----------|------------------------------|------------------------------|---|
| 6.3 | Daily income records should be reconciled and evidenced against RingGo income. | High | TT&PS Business Manager | 30.09.13 | Internal Audit evidenced a daily income record maintained by Parking Services – this was reconciled to a monthly analysis report produced by RingGo income. Completed. |
| 6.4 | Parking Services management should provide the Director of Regeneration and Development Services with a report outlining the reasons for the forecast shortfall on parking income for 2013/14, together with the action to be taken. | High | TT&PS Business Manager | 30.09.13 | This has been actioned. Additionally, the Director of Regeneration and Development Services receives a monthly report on budget monitoring covering Parking Services business units. Internal Audit evidenced this. Completed. |
| 6.5 | Assistant Managers should carry out their monthly quality reviews (PCN processing) ensuring that the sample for each officer include an appropriate number of cancellations processed. | Medium | TT&PS Business Manager | 31.10.14 | Internal Audit evidenced the monthly PCN – this now includes an appropriate number of cancellations. Completed. |
| 6.6 | The monthly quality review (penalty notice processing) should be based on more representative transaction sample sizes to provide a greater level of assurance as to staff performance. | Medium | TT&PS Business Manager | 31.10.14 | The monthly PCN samples have now been increased. Internal Audit evidenced this from a sample of monthly reviews. Completed. |

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position - after Internal Audit follow up review 24.11.14 |
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| 6.7 | Monthly performance monitoring arrangements should incorporate the specific reviews of PCN cancellations due to failure to respond to formal challenges within the statutory deadlines. | Medium | TT&PS Business Manager | 31.10.14 Revised implementation date 31.12.14 | This original recommendation was broken into 3 areas. 2 of these were evidenced to be actioned (monthly monitoring against CEO's and monthly monitoring of back room staff specifically with regard to cancellations) however a systematic review of cancellations had yet to be put in place. Partly completed. |
| 6.8 | Parking services management should monitor and controls overtime in line with corporate guidelines. | High | TT&PS Business Manager | 30.09.13 | A system is now in place, with the TT & PS manager authorising overtime and contacting the relevant managers to confirm hours worked and performance met. Internal Audit evidenced copies of enquiries and responses seen. Completed. |

7. Care First Financials (Resources). (Issued to the Audit Committee 23.07.14).

As at January 2015

Internal Audit: This report was issued to management on the 09.05.14 with the latest agreed implementation date of 30.04.14. At the time of issue to the Audit Committee the following was stated "The review is of the computer application (CareFirst) only that is used by the service to monitor payments and provide management information. This was not a service review, but covered some issues which formed part of the wider management review that Members have already seen. This report has been completed for some time, but we delayed issuing the report until the wider review was complete. We have been provided with updates by management in the intervening period to show that action is being taken. We will follow-up in the usual way and follow-up review is in

the plan for later in the year”.

Internal Audit: A follow up audit was completed in September 2014 and the updated position is noted below.

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position as per Internal Audit follow up September 2014. |
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| 7.1 | It is recommended that the payment processes are fully documented - identifying all staff involved in the processes and the actions to be taken. | Medium | Bev Coukham, Director of Business Strategy, Communities | 30.04.14 | Completed. All processes and standard operating procedures are now fully documented. |
| 7.2 | It is recommended that when the processes are fully documented, they are formally reviewed to ensure that they have the required levels of control in place. Resources should be optimised to increase efficiency, whilst ensuring that the required levels of governance and control remain in place. | High | Bev Coukham, Director of Business Strategy, Communities | 30.04.14 | Completed. Processes have been reviewed and various improvements made. |
| 7.3 | It is recommended that the current process for entering information on to CareFirst is reviewed; this should include why the current process in relation to creation and authorisation (as detailed) is not being followed and what controls need to be in place going forward. Once the process has been agreed, this should be fully documented and communicated to all staff. (This links to recommendation one and two above.) | Medium | Bev Coukham, Director of Business Strategy, Communities | 30.04.14 | Completed. The process changes have been made. |
| 7.4 | Senior management within the service must address the issues relating to budget holders approving commitments on the system whilst the budget is overspent. Taking action as a matter of priority, reviewing service strategies and budgets to ensure that | High | Bev Coukham, Director of Business Strategy, Communities | Ongoing. | This has not been tested by Internal Audit but is under close scrutiny by the appropriate Directors as part of an overall recovery plan. |

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| | these align. | | | | It was stated by management that recovery action is continuing with appropriate Head of Service/Director budget approval as previously detailed. Each area has initiatives in place to improve their review rate. Learning Disabilities and Adults Services now have dedicated review teams. Improved workflow tracking is being rolled out to give better management information. This is used to support improved performance, both for individuals and teams overall. |
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Internal Audit proposes to remove this item from the tracker.

8. Schools, using independent payroll services (CYPF). (Issued to the Audit Committee 22.04.14).

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| As at January 2015 |
| Internal Audit: This report was issued to management on the 31.3.14, with the latest agreed implementation date of 31.03.2015. Therefore an update will be provided in the next high opinion update report. |
| Update against actions from management, provided 21st October 2014. Two recommendations were agreed to be completed by the HR Service Manager (Schools Statutory and Strategic HR Service) and an update against these is reproduced below. Please note that any recommendations agreed with individual schools will be followed up as part of the planned schools themed reviews. |

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position From Jo Roy, HR Service Manager 21.10.14. |
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| 8.1 | Schools should be encouraged to have open dialogue with each other and establish the decision making processes that has been adopted at each school in relation to their payroll / HR provider. Therefore, best practice can be shared and ultimately value for money | Medium | HR Service Manager (Schools Statutory and Strategic HR | Timescale – To be actioned at the next selection process. | This recommendation has been made in the May Employment Bulletin and the updated Guidance Booklet which was issued to schools in September |

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| | may be achieved. The HR Service Manager (Schools Statutory and Strategic HR Service) should encourage this practice. | | Service). | | 2014. |
| 8.2 | The HR Service Manager (Schools Statutory and Strategic HR Service) should produce and provide some guidance in this area and facilitate sharing best practice between schools that promotes VFM. Furthermore, encourage schools to negotiate "block" discounted charges for schools in partnership. | Medium | HR Service Manager (Schools Statutory and Strategic HR Service). | 30.09.14 Revised implementation date of 31.03.15 | Work in this area has been restricted due to the lack of engagement from Commercial Services. Emails requesting a meeting have been forwarded to Internal Audit. |

9. Delivery of Highways Schemes (Place). (Issued to the Audit Committee 08.04.14).

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| As at January 2015 | | | | | |
| Internal Audit: This report was issued to management on the 19.03.14, with the latest agreed implementation date of 30/09/2014. Internal Audit have a follow up review scheduled for quarter 4 in 2014/15 | | | | | |
| Update against actions from management as at 25th November 2014 | | | | | |
| The Director of Regeneration and Development Services, Dave Caulfield, provided an updated position against the recommendations and this is provided below. | | | | | |
| Additionally, he wished it to be recorded that a firm of consultants, Turner & Townsend, were appointed by Sheffield City Council in August 2014 to undertake a review of the council's approach to delivering its non-core transport capital programme (i.e. excluding the Streets Ahead PFI capital maintenance programme). This end to end review has just reported and a full change programme will be implemented over the next 6 months including picking up some early wins in the first three months. The remaining outstanding Internal Audit recommendations will be captured as part of implementing the change programme. | | | | | |

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position 25.11.14 from Dave Caulfield, Director of Regeneration and Development Services. |
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| 9.1 | Management should report to Cabinet setting out finalised LTP, LSTF and BBF funding levels, together with the respective programmes, for 2013/14. | Medium | Head of TT&PS | 31/05/2014 | Completed - 10/04/14 |
| 9.2 | TT&PS management should apply the Q number process, ensuring that known (unallocated) capital funding levels are accounted for from the outset of the financial year. Management should work with the South Yorkshire LTP Partnership body to ensure that capital funding | High | Head of TT&PS | 31/05/2014 | Completed. TT&PS requested Q number training from Business Partner Capital (BPC) by email 10/04/14. Following discussion with BPC, the advice was that best practice would be to |

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| | <p>allocations are identified and approved in advance of each financial year and thus are able to be accounted for through the Q number and Capital Approval Form (CAF) processes in a timely manner.</p> <p>Project Managers should receive training or be reminded of their responsibilities under the capital approvals process.</p> | | | | <p>prepare all the CAFs early to avoid the need to use Q Numbers. This practice will be adopted for 2015/16.</p> <p>However, it needs to be noted that several funding streams are still to be determined at a national level. Until this happens it is not possible to be definitive about those aspects of the 15/16 programme.</p> |
| 9.3 | <p>The link between the various funding sources, the SYLTP Partnership approved schemes and CAF approvals should be clearly demonstrated; as should the split where multiple funding sources are allocated to individual schemes.</p> <p>TT&PS management should maintain a record from the start of each financial year as to how approved capital funding sources had been applied across individual Business Units. This would provide a documented link between funding and schemes, and so ensure that all such funding had been appropriately applied in line with the funding body/accountable body conditions.</p> <p>In addition, this record should also set out the build-up of funding streams applied to individual schemes/Business Units from the various capital and revenue streams.</p> <p>This analysis should be revised to reflect any changes to the levels of funding or to the scheme budgets throughout the financial year.</p> | High | Head of TT&PS | 30/04/2014 | <p>Completed.</p> <p>14/15 programme approved by Cabinet Member Decision in April 2014. All CAFs for current spend passed to RDS Director to sign off. Capital Programme Group approved procurement strategy in July, then Cabinet in September.</p> <p>Completed. Q-Tier provides central overall record of approved funding sources across Business Units. Separate spreadsheet also used internally, sample supplied for 2013/14. System continued into 2014/15 with improved assistance from Finance.</p> <p>In progress - to update spreadsheet by December 2014 based on 2014/15 programme. Business Management (BM) to keep</p> |

Revised implementation date:
31/12/14

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| | | | | Revised implementation date: 31/12/14 | record, Transport Planning to provide information to BM to update. In progress – in the process of developing an activity report/chart for TT&PS Management Team (MT). To be ready by December 2014. |
| 9.4 | CAFs should be completed and submitted for formal approval on a timely basis in line with the corporate procedures. TT&PS managers should ensure that this is being done and that delays are minimised. | High | Head of TT&PS | 30/04/2014 | Completed. Internal mechanism set up for reminders including email reminders, physical chase up and records of when CAFs are submitted, progress meetings & discussed at TT&PS MT. Also exploring improved processes with Finance, including potential for multi-year CAFs where possible (but note national uncertainty above). |
| 9.5 | Terms of Reference for the Regeneration and Development Services Capital Programme Management Board should be drafted and formally approved setting out its remit, timetable and the governance arrangements. Meetings should be formally minuted as a record of submissions made to the Board and of the decisions taken and action agreed | High | Director of Regeneration and Development Services | 30/06/2014 | Completed. Discussed at RDS Capital Programme Board, RDS Director drafted and circulated Terms of Reference - 19/06/14. Approved by RDS Capital Programme Board July 2014. Meetings are minuted. |
| 9.6 | TT&PS management should carry out a review of operational arrangements for the delivery of highways schemes (along with management from Business | High | Transport Programme Manager | 30/06/2014 | Completed This recommendation was |

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| | <p>Partner (Capital), Highways Maintenance Client and Commercial Services).</p> <p>The review should determine whether current arrangements are fit for purpose, ensure an effective contribution towards the Council's strategic objectives and the Strategic Transport Plan, as well as providing effective utilisation of all available grant funding sources.</p> <p>Consideration should be given to operational structures across the TT&PS, as well as the interface with the Highways Maintenance Client Team (HMD) and Amey, as principal contractor.</p> <p>Particular focus should be placed on those planned schemes found to have been held up or subject to bottlenecks within the process, to determine the reasons and how these may be alleviated.</p> | | | <p>Implementation target for end to end review recommendations and change strategy is 30/06/15</p> | <p>addressed in two key ways:</p> <ol style="list-style-type: none"> 1. Review of 14/15 delivery - completed <p>14/15 capital programme delivery mechanism reviewed internally by SCC/Amey in April 2014. Action Plan endorsed by Chief Executives and South Yorkshire (SY) Executive Board in May 2014. Action Plan in process of being delivered with 14/15 'on track' for delivery.</p> <p>April Action Plan has led to improved coordination and forward planning as part of capital programme; also Amey capacity for non-core works was increased. Need to maximise the benefit of GIS mapping. Investigating scope for improved jointly accessed Programme Management software (Concerto).</p> <p>Focus is given to "top 20 " priority schemes at monthly SCC/Amey programme review meeting; also in monthly TTPS/Amey "programme block" meetings.</p> <p>"Top 20" includes those previously held up by bottlenecks etc and which includes all Local Sustainable Transport Fund (LSTF) projects</p> |
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| | | | | | <p>to be delivered by 31 March 2015.</p> <p>2. Wider 'end to end' review to identify if any further opportunities to deliver the programme more effectively - completed</p> <p>The 'end to end' Independent Review undertaken for RDS Director by Turner & Townsend (T&T) - September - November 2014. Just received final report and now considering recommendations. New Interim Head of TT&PS appointed and will play a key role in implementing the key recommendations and change strategy needed. Clear 1-3 month, 3-6 months and longer term actions identified.</p> <p>The Review considered the interface with Streets Ahead core contractual arrangements, the Amey/HMD/TT&PS interface and links with Finance and Procurement.</p> |
| 9.7 | As a matter of urgency, TT&PS management should review the circumstances that resulted in the reduction of funding for individual schemes and/or their placing under special measures. The review should consider what action was necessary to address these issues in the short term and to ensure compliance with the conditions set by the Mid-Term Review, so reducing the | High | Head of TT&PS | 30/06/2014 | <p>All Completed.</p> <p>Undertaken as part of 14-15 delivery review (April 2014). Review identified lack of capacity in TT&PS and Amey which have been addressed; also need for improved/new</p> |

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| <p>risk of further funding reductions.</p> <p>(As recommended at 1.6) a broader management review should also be carried out (with input from officers from HMD, Business Partner (Capital) and Commercial Services) to establish the reasons for the levels of slippage arising across highways schemes over the last two years and to identify, develop and implement actions to address these issues. Considerations should be given to the operational processes, consultation, service structure, individual responsibilities, and appropriateness of project management arrangements in the service, as well as interfaces with the other service partners.</p> <p>The Head of TT&PS should report to the EMT and Cabinet setting out the consequences of the Mid-Term Review, ie:</p> <ul style="list-style-type: none"> • The extent of the "scaled back" funding and the impact on the 2013/14 programme; • The extent of slippage to 2014/15; • The placing of schemes under special measures, why this was necessary and the action to be taken by the service in line with the report's requirement for "more detailed programme management scrutiny and/or changes to management of the projects"; as well as • Action to be taken to avoid further instances of slippage in future years. <p>Individual scheme forecasts should be revised to account for the changes to the schemes and CAF variations submitted where necessary.</p> | | | | <p>processes stemming from Streets Ahead core contract. Greater challenge of Passenger Transport Executive (PTE) targeted timescales required.</p> <p>Quarterly delivery reviews undertaken at SY level by Local Transport Plan (LTP) Office show good progress in improved SCC delivery and spend. Greater delivery problems elsewhere in South Yorkshire.</p> <p>RDS Director met Finance, Procurement and TTAPS to discuss these issues 08/07/14. Progress since 13/14 acknowledged.</p> <p>SY Team is reviewing scope for reallocating spend across all five SY partners in Dec / Jan to maximise 14/15 delivery. SCC position currently indicates no underspend on LTP; there is a collective concern for LSTF which ends in March 2015. SCC projects mostly on programme, issues exist across all 5 partners.</p> <p>13/14 Mid-Term Review now superseded by review of SYPTE and December review of overall SY programme spend to minimise underspend on LSTF.</p> |
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| | | | | | <p>T&T Review considered programme management issues and recommends a number of things to improve this.</p> <p>Monthly individual BU forecasts now achieving 95+% reporting; CAF variations agreed and submitted through Finance Support.</p> |
| 9.8 | <p>Officers assigned responsibility for the development and delivery of highways schemes should have received training for, and operate within, the corporate project management procedures. Equivalent roles and responsibilities should not be allocated to officers without the required skills and experience in project management.</p> <p>Quality assurance arrangements should be established to ensure that managers continue to work within the corporate project management framework.</p> | High | Head of TT&PS | <p>30/06/2014</p> <p>Revised implementation date 31/03/2015.</p> | <p>Not completed.</p> <p>Training not yet established. The need for better training is identified as key recommendation in the T&T 'end to end' Review. A change programme and associated package of training will be put in place.</p> <p>In progress - "Concerto" project management software is being purchased. Needs to be a supporting package of training to ensure it is properly embedded in the working practices of TT&PS and other SCC teams.</p> |
| 9.9 | <p>A comprehensive governance framework should be developed for the delivery of highways schemes. This framework should incorporate:</p> <p>Establishing timetables (monthly as a minimum requirement) for the reporting of all</p> | High | Head of TT&PS | 30/06/2014 | <p>Completed.</p> <p>Governance framework has now been 'refreshed' (Jan'14 onwards). Includes:</p> <p>Monthly project highlight</p> |

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| | <p>schemes/programmes by the project managers to the appointed responsible officer (the Scheme Programme Client);</p> <p>Formalised arrangements for the Scheme Programme Client to report on to Service and portfolio management.</p> <p>A review of the current schedule of meetings between TT&PS management, Highways Maintenance Client and the contractor, Amey</p> <p>Consideration given to whether existing arrangements are appropriate and effective. As a consequence of the review, Terms of reference should be established setting out the scope and remit of each of the retained groups.</p> <p>Establishing monthly meetings between TT&PS management and the Finance Partner (Capital).</p> <p>The principle of demonstrating matters discussed and actions to be taken either through detailed minutes or action plans.</p> | | | | <p>reports produced and reviewed internally by Head of TT&PS</p> <p>Monthly programme summary headlines report submitted to RDS Programme Management Board</p> <p>Monthly Programme Executive Summary produced by TT&PS for Exec Director Place and RDS Director – forms background for monthly and quarterly programme monitoring reports to SY Chief Executives by SY Office</p> <p>SCC/Amey monthly programme monitoring meetings held to review progress; SCC/Amey monthly “block allocation” progress meetings also initiated. TT&PS generated a list of meetings with Amey/HMD/SY (28/07/14).</p> <p>Monthly TTPS/Finance Support TT&PS meetings.</p> <p>SY Programme Monitoring Group continues on monthly basis, reports up to SY Strategic Leadership (Head of TT&PS level) and to SY Chief Executives.</p> <p>RDS Director and the GPL Programme Board have agreed to the preparation of 5 thematic Programme Business</p> |
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| | | | | | <p>Cases to GPL Programme Board as part of corporate "Gateway" process to agree the 15/16 transport capital programme.</p> <p>Further aspects of Governance to be reviewed as outcomes of T&T Capital Programme Delivery Review.</p> |
| 9.10 | <p>Projects scaled back and placed under special measures by the PTE should be reviewed to determine the specific causes for delay in delivery as well as potential bottlenecks.</p> <p>The results of this should feed in to the operational and structural review recommended at 1.6 but also, in the short-term, ensure that the obligations placed on management by the SYPTE Central Management Team were implemented, ie that appropriate arrangements are put in place to demonstrate to the improvements in scheme delivery, so avoiding further scaling back of funding.</p> | Critical | Head of TT&PS | 30/04/2014 | <p>Completed.</p> <p>Undertaken as part of internal April Review. Causes for delay identified included lack of capacity in TT&PS (scheme design) and Amey largely addressed. Limitations of working to Streets Ahead Core contractual conditions identified as a key issue in T&T Report.</p> |
| 9.11 | <p>Consideration should be given to providing the Principal Transport Planner Scheme Programme Client with the necessary training and support in corporate capital procedures, or assigning responsibility to an officer with suitable experience.</p> <p>The key capital functions listed opposite should be set out and re-established so as to provide effective and sensitive levels of financial control over the highways schemes and associated capital funding.</p> <p>Clarification should be provided on the respective roles</p> | High | Head of TT&PS | 30/05/2014 | <p>In progress.</p> <p>Considered as part of the T&T Capital Programme Delivery Review – clear recommendations on training and skills development to be implemented as 'early wins'. Loss of Head of TT&PS created temporary service delivery issues but Interim Head of TT&PS is picking up this recommendation and the other recommendations</p> |
| | | | | Revised implementation date | |

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| | and responsibilities of the Scheme Programme Client and Principle Engineer, Business Management so as to avoid ambiguity and potential duplication of those responsibilities. Job Descriptions should be revised accordingly. | | | 31/03/2015. | identified in the 'end to end' review. Need for clear delineation of client and project management functions identified in the T&T 'end to end' review and recommendations for clear process maps of 'who does what' and revised job descriptions will be prepared. |
| 9.12 | <p>Project managers should review the profiles established for all highways schemes. Inaccurate profiles should be revised to reflect anticipated/planned expenditure patterns and so provide the basis for the effective financial control of those schemes.</p> <p>In future this process should be carried out on a quarterly basis in line with the start, or as and when schemes are re-scheduled.</p> <p>Training should be arranged for project managers inexperienced in the principles of profiling budgets.</p> | Medium | Head of TT&PS | <p>30/04/2014</p> <p>Revised implementation date 31/03/2015.</p> | <p>In progress.</p> <p>Improved use of Q-Tier across all project managers with support from Finance.</p> <p>Monthly processes for monitoring spend; forecasting (including profiling); variations all improved in 14/15.</p> |
| 9.13 | <p>The Information Commissioner should be invited to review the ANPR data-sharing arrangements prior to their implementation.</p> <p>Subject to the Commissioner's approval, all of the parties (ie the four South Yorkshire local authorities and South Yorkshire Police) should enter in to a formal arrangement reflecting the approved procedures for each authority.</p> | Medium | Highways Network Manager | <p>Revised implementation date 31/03/2015.</p> | <p>In progress.</p> <p>Under discussion on South Yorkshire basis including SY Police</p> |
| 9.14 | TT&PS management should uphold the conditions of the construction contract waiver. The market testing of a nominated scheme from the 2013/14 programme | High | Head of TT&PS | 30/04/2014 | <p>Not progressed.</p> <p>Implementation on Procurement and Waiver</p> |

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| | <p>should be carried out so as to ensure that work is completed in advance of the financial year end.</p> <p>In future years, schemes should be nominated from the outset of the programmes being established, to ensure that market testing can take place in good time and the work be scheduled in line with the programme.</p> | | | <p>Revised implementation date 31/01/2015.</p> | <p>issues delayed by loss of previous Head of TT&PS but now identified as a priority for the new Interim Head of TT&PS to complete.</p> <p>Progress made on identifying schemes for market- testing, initial candidate proved unsuitable. Important to get ahead of timescales so that extra 3 months involved in tendering does not impact of delivery of in-year programme – as per recommendation.</p> <p>Capital Programme Group agreed (24/11/14) for TT&PS to review (jointly with Commercial Services + Capital Delivery Service) the most appropriate mechanism for market testing in the light of recent concerns re risk. Considering a benchmarking exercise for say 10-12 schemes using CDS database of unit rates to provide a more robust check.</p> |
| 9.15 | <p>TT&PS management should meet with the Commercial Services Construction Category Manager to determine the levels and frequency of financial data to be provided to him. Once determined, arrangements should be put in place to allocate responsibility and set up timetables to facilitate this information</p> | Medium | Head of TT&PS | <p>31/05/2014</p> <p>Revised implementation date 31/06/2015.</p> | <p>Not progressed.</p> <p>Delayed by loss of previous Head of TT&PS. New Interim Head of TT&PS now in place and identified as a priority to complete.</p> <p>Procurement and value for money are key issues reviewed</p> |

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| | | | | | as part of T&T Capital Programme Delivery Review. There are a number of clear recommendations to address these issues that will be implemented over the next 3-6 months. |
| 9.16 | The previously recommended operational review (point 1.6) should consider the operational structures required for the effective delivery of highways schemes. Specifically, whether current structures provide the most effective model or whether these give rise to bottlenecks or un-necessary duplication. Once the structure has been clarified, specific roles and responsibilities for all service areas and individual officers should be developed and issued, so as to avoid any ambiguity over those responsibilities or the expectations placed on individuals. | Critical | Head of TT&PS | 30/06/2014 Revised implementation date 31/06/2015. | In progress. The T&T Capital Programme Delivery Review has identified the key issues and some clear actions to address the weaknesses identified. This will need further business process mapping and consideration of alternative procurement options to agree a final operational structure that delivers the transport capital programme in the most effective and efficient way. |

10. Schools, appointments, terminations and amendments to pay (CYPF). (Issued to the Audit Committee 22.04.14).

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| As at May 2014 |
| Internal Audit: This report was issued to management on the 31.3.14. A number of recommendations were made relating to recruitment and termination of contracts, therefore these will be reviewed when Internal Audit carry out a follow up review in quarter 4. Three recommendations were agreed to be completed by the 30/04/2014, by the HR Service Manager (Schools Statutory and Strategic HR Service) and an update against these is reproduced below. |
| As at January 2015: Internal Audit undertook a follow up review in August 2014 and the updated position against the three recommendations for HR are noted below. Please note that any recommendations agreed with individual schools will be followed up as part of the planned schools themed reviews. |

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position |
|------|--|----------|---|------------------------------|--|
| 10.1 | Leaver's details should be promptly actioned on payroll once they cease working for the school. The 3 discrepancies identified should be verified and corrected if required, by the HR Service Manager (Schools Statutory and Strategic HR Service). | Medium | HR Service Manager (Schools Statutory and Strategic HR Service) | 30.04.2014 | <p><u>Update provided from Jo Roy, Service Manager, Human Resources, 23.5.14</u></p> <p>All audit actions have now been completed. I have contacted our payroll provider and corroborated the information provided with the Business Manager or Head Teacher at each school.</p> <p><u>As per Internal Audit follow up report 05 August 2014</u></p> <p>The 3 discrepancies were verified as being followed up and no anomalies or errors were found to be on Payroll.</p> <p>The discrepancies were in relation to the name of one employee being different on payroll, and for the other two discrepancies the information in personnel files was missing/incorrect.</p> <p>Action complete.</p> |
| 10.2 | Amendments / variations should be actioned promptly and correctly on payroll. The Head Teacher and / or HR Service Manager (Schools Statutory and Strategic HR Service) should follow up and ensure the 3 variations requested have been appropriately actioned either through a request to the payroll provider or via the monthly payroll summary reports. | High | HR Service Manager (Schools Statutory and Strategic HR Service) | 30.04.2014 | <p><u>Update provided from Jo Roy, Service Manager, Human Resources, 23.5.14</u></p> <p>All audit actions have now been completed. I have contacted our payroll provider and corroborated the information provided with the Business Manager or Head Teacher at each school.</p> <p><u>As per Internal Audit follow up report 05 August 2014.</u></p> <p>Action complete.</p> |

| Ref | Recommendation | Priority | Original Responsible Officer | Original Implementation Date | Updated position |
|------|---|----------|---|------------------------------|---|
| 10.3 | HR Service Manager (Schools Statutory and Strategic HR Service) should remind and refresh schools about HR / payroll procedures in relation to recruitment, termination and variations to pay. Providing advice and sample documents where necessary. | High | HR Service Manager (Schools Statutory and Strategic HR Service) | 30.04.2014 | <p><u>Update provided from Jo Roy, Service Manager, Human Resources, 23.5.14</u></p> <p>Guidance on Schools appointments, terminations and amendments to pay has been included in the May Employment Bulletin which was circulated to Schools on 22/5/14. This included links to best practice guidance. The recommendations will be added as an addendum to the current Guidance Booklet and incorporated into the updated booklet which is circulated in September.</p> <p><u>As per Internal Audit follow up report 05 August 2014</u></p> <p>The employment bulletin for May was provided to support the statement.</p> <p>Action complete.</p> |

Internal Audit proposes to remove this item from the tracker.

11. Projects – Risk Management and Reporting (Place). (Issued to the Audit Committee 10.01.14).

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| <p>As at April 2014</p> <p>Internal Audit: This report was issued to management on the 23.12.13. Eight recommendations were agreed in the report and the updated position is produced below.</p> <p>NB: The updated position was requested from the Head of Capital Delivery Service in February, which pre-dates the agreed implementation date for the recommendations. This was at the request of Audit Committee members who were keen to see the 'direction of travel'.</p> <p>As at June 2014: Internal Audit undertook a follow up review in May 2014 and found that of the eight agreed recommendations, 1 had been satisfactorily implemented and 7 were considered ongoing and not fully actioned. It was acknowledged that fundamental changes to the capital delivery process have been made and recently launched and the audit recommendations have been incorporated into this wider strategic review. The Capital Programme Office process was under development, and once in place this will be supported by capital gateways/ reviews. The Head of Capital Delivery Service has agreed a revised timeframe (July 2014) for the implementation of the remaining 7 recommendations.</p> <p>It is suggested that an overarching report be brought by the Head of Capital Delivery Service to the Audit Committee to outline the strategic change to Capital</p> |
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Delivery arrangements, rather than try to capture this on a recommendation by recommendation basis.

As at January 2015:

The Head of Capital Delivery Service provided an update to the November Audit Committee meeting, where the Committee noted and agreed the progress made.

Internal Audit proposes to remove this item from the tracker.

12. Freedom of Information Arrangements (Resources). (Issued to the Audit Committee 02.12.13).

As at November 2013

Internal Audit: This report was issued to management on the 23.10.13.

As at 3rd March 2014: 13 recommendations were agreed in the original report, and the updated position is reported below.

NB : A new process for Freedom of Information requests has been outlined which captures the recommendations raised in this audit report. The new process will be introduced from April 2014, and as a result 11 of the original recommendations made have revised implementation dates.

As at January 2015: Internal Audit undertook a follow up review in September 2014 and the updated position is recorded in the box below

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
|------|---|----------|------------------------------|--|--|
| 12.1 | <p>A new model is proposed:</p> <p>1. A central point would be established and would be responsible for: - the customer facing interfaces within the process - receiving the requests, acknowledging requests, allocating requests to Portfolios, monitoring and reporting on the progress of requests, sending out the information once collated. - providing accurate and timely monitoring information to Officers to allow them to monitor the process effectively within the Portfolio.</p> <p>2. The Directors of Business Strategy</p> | Critical | John Curtis | <p>31.01.14</p> <p>Revised Date 30.04.14</p> | <p><u>3rd March 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>A number of workshops have been held to assess and review the FOI process. A new process has been outlined and agreed with the Executive Management Team, and portfolio representatives. This new process establishes a new information Governance Model whereby all requests will initially be reviewed and handled centrally. This will be introduced in April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>A new process is now in place and to date we have seen a significant improvement in meeting our statutory duty</p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
|------|---|----------|------------------------------|--|--|
| | <p>would be responsible for:</p> <ul style="list-style-type: none"> - ensuring that there are adequate processes in place across Portfolios to provide the information required and to ensure quality control processes. They should have in place a process and structure that ensures that FOI requests are responded to efficiently and effectively. <p>3. The Information Governance Team would be responsible for:</p> <ul style="list-style-type: none"> - advising on complex cases (when requested) that are outside the skills/knowledge base of the Portfolio. This may include refusal notices etc. - Training on the requirements of the law. <p>4. Individual officers would be responsible for:</p> <ul style="list-style-type: none"> - cooperating with the process and providing the information required. <p>All roles and responsibilities should be clearly defined, documented and shared with all relevant parties.</p> | | | | <p>(responding within 20 working days). This is currently at 93% which is significantly higher than what we achieved previously.</p> <p>A number of letter templates have been devised to support the process and consistency. This includes, letter templates where exemptions maybe appropriate. The Information and knowledge management team also provide assistance and advice and commonly draft the refusal notices. All refusal notices are being quality assured by the central team to ensure that they are correctly and appropriately used.</p> <p>A Standard Operating Procedure, Process Map and Policy support the overall process and outlines roles and responsibilities, as well as escalation.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>A new model is now embedded across the Council.</p> <p>This has resulted in overall performance improvements which have resulted in just over 90% of cases being responded to within the statutory 20 working days.</p> <p>A new policy, process map and standard operating procedure, alongside training for FOI representatives, have been key to this improvement.</p> <p>Central logging and overall management of the FOI process has also meant a consistent process and reporting/logging of requests.</p> <p>Action Complete</p> |
| 12.2 | Once the new process for FOI has been established, the Policy should be amended to reflect this. | High | John Curtis | 31.01.14 Revised Date 31.03.14 | <p>A new policy has been drafted and will be assessed at the next Information Governance Board (IGB). This will be presented to the IGB in March 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head</u></p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
|------|--|----------|------------------------------|--|---|
| | | | | | <p><u>of Information and Knowledge Management.</u></p> <p>A new policy has been agreed.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>A new policy is in place which also includes a process map and standard operating procedure.</p> <p>Action Complete</p> |
| 12.3 | <p>Where Portfolios are not meeting the targets, this should now be fully investigated. Where there is clear evidence of complexity of process, this should be rectified by review and simplification wherever possible. Where there are clear resourcing issues, this needs to be monitored and reported to the appropriate manager. Gathering estimates of staff time allocated to answering the requests will aid the process of resourcing appropriately.</p> <p>It is important that the individual requesting the information is contacted upfront to acknowledge receipt of the Freedom of Information request and to explain the process. Where delays occur, the requestor should be informed of this as soon as possible as regular communication may stop complaints. As all FOI requests must be answered, it is important that resources are allocated appropriately as complaints tend to increase calls on resources.</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 30.04.14</p> | <p>The new information governance model to be adopted proposes the use of standard, workable and consistent templates to be used. This will support consistency in our approach around refusals. This will be developed in March/April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>The new tracker system records if a request is late what the reason has been. This will assist with understanding why something was delayed and should assist with reducing any reoccurrence. All requestors receive confirmation of their request. If it is anticipated that there may be a significant delay in response, the requestor will be informed.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>Overall performance has improved to just over 90% in the first three months.</p> <p>Action Complete</p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
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| | The implementation of a consistent and streamlined process across all Portfolios will ensure that all Portfolios can meet the desired target. | | | | |
| 12.4 | The process for refusals needs to be workable, appropriate and consistent. The central team should know where previous similar requests have been refused and the reasoning behind this. This information can then be passed to the Portfolio (the Portfolio should know if any circumstances have changed that would facilitate the providing of the information). A nominated individual within the Portfolio should make an informed decision on whether a refusal is appropriate. A decision should be made on whether the Portfolio should prepare the refusal notice (and who will authorise this) or whether this is a role to be undertaken by the Information Governance Service. For consistency, once the refusals have been prepared and approved, these should be recorded and sent out by the central point. We need to clearly monitor when we make such decisions as the Council should provide information where it is available and should not discriminate against individuals. The question should be raised that if we are refusing a request from a member of the public, would we refuse the same request coming from an MP or the press. | High | John Curtis | 31.01.14 Revised Date 30.04.14 | <p>A workshop was held with portfolio representatives which assessed overall what the council wide and portfolio requirements were. A requirements document was produced and has been assessed. A newly developed SharePoint site is being developed. This will be in March/ April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>All requestors are responded to in a fair and transparent way. Refusals are drafted commonly by the central team and all refusals are quality assured by the team to ensure consistency in approach. We will review where refusals have been used and develop further training in this area as appropriate.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>Refusal notices and templates for partial and full exemptions are now in place. The information and Knowledge Management Team overall assess with the service areas whether or not it is in the public interest to provide the information and where appropriate, draft exemptions (full or partial).</p> <p>Action Complete</p> |
| 12.5 | A review of how SharePoint is being used must be undertaken. Again, there needs to be a consistent approach applied that is fit for purpose. A review needs to be undertaken of what systems the Council | High | John Curtis | 31.01.14 Revised Date 30.04.14 | <p>A workshop has taken place looking at the councils requirements for a system to support the FOI process. A requirements specification was drafted and has been reviewed. Overall a newly developed SharePoint site has been created and is being modified for April 2014.</p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
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| | already has in place that can monitor and report on activity and whether these would be more suitable for managing FOI requests. All staff involved in the FOI process should ideally use one system that can log and track the requests through the whole process. Staff should use this system consistently and be trained to do this. | | | | <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>One council system is in place and is being used. Some changes have been made to develop the system further. A further meeting is taking place with all FOI representatives across the council to discuss the system and process.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>Sharepoint is used to log and track FOI requests. This has helped with performance management.</p> <p>Action Complete</p> |
| 12.6 | <p>The process for responding to information requests is similar in Portfolios but the level of staff involvement differs. A sample should be obtained of information request responses from each Portfolio and the cost of producing these responses. There should be a consistency of approach and cost. It is obvious that the cost of involving Directors is always significantly higher than utilising business support staff.</p> <p>It would appear appropriate that the process should be a business support role, within a framework, which highlights where decisions need to be escalated.</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 31.07.14</p> | <p>We are assessing what information can be collated and presented regarding FOI Requests. This will also try to assess the costs of responding to requests. A meeting has taken place with Communications to see if some information can also be made available via the internet. This will be developed Late Spring/ Early Summer.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>This is ongoing. It will be challenging to assess the total cost relating to responding to requests is, but we will try to calculate indicative costs.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>The post holder for Housing is now based within the Information and Knowledge Management Team. Overall, portfolios have</p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
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| | | | | | <p>stated that the new process is more effective and efficient.</p> <p>Action Complete</p> |
| 12.7 | There should be a clear protocol for training requirements. Once the new process for FOI has been established, focused and specialised training should be provided to the limited number of staff who manage and deliver the FOI processes within Portfolios and potentially, for staff who will form the central point for logging and closing the FOI requests. | High | John Curtis | <p>31.01.14</p> <p>Revised Date 31.12.14</p> | <p>Training has been mandated for all Portfolio representatives and admin support. There will be a refresh of Information governance training for all staff. This will be developed over 2014/2015.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>It is mandated in the standard operating procedure that any one acting as the portfolio rep should receive training.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>Overall the Information and Knowledge Management Team are better placed to assess FOI requests and whether or not information should be provided. The team are more effectively utilised and their skills/knowledge has without doubt taken pressure away from other staff who were not always aware of the FOI Act and appropriate sections of the Act that could be applied.</p> <p>Action Complete</p> |
| 12.8 | The message of the importance of the Council's obligations under the Freedom of Information Act must be shared with staff across Portfolios. Having a Corporate system that monitors refusals can also help to establish any patterns of refusals which are not appropriate. | High | John Curtis | 31.01.14 | <p>A meeting has taken place with Communications and messages will be within Managers brief and key brief for all staff. This messages outlines at high level the new process and our statutory responsibilities. The Intranet has also being updated to reflect this. This was sent on March 3rd 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
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| | | | | | <p>This was undertaken as detailed above, and a more robust process has assisted in reminding staff that we have a legal responsibility to respond. A number of other councils have asked to see what SCC has set up.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>FOI requests are better managed with chasers being undertaken by Business Support. PIROs are engaged when necessary and are seen as an escalation point.</p> <p>Action Complete</p> |
| 12.9 | <p>Once the new process for FOI has been established, the issues surrounding the ownership of requests should be addressed and Portfolios should be clearly briefed. A 'hub and spoke' model with Portfolio representatives would appear to be a better way to manage this process</p> <p>The Council has 20 days to respond to an FOI request. The following is only an indicator of how this model could work:</p> <p>Day 1-2 - The central team receive, log and distribute the request to the Portfolio. They respond to the requester as appropriate. (This would appear to be a business support role).</p> <p>Day 3-4 - The request is rejected or accepted and is distributed to relevant Officers within service areas for information gathering.</p> <p>Day 5-6 - The request is accepted or rejected (for example, if it will take too long to collate the information etc.)</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 30.4.14</p> | <p>A workshop has taken place with Portfolio representatives and outlining the new process that is being put into place for April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>Overall the standard operating procedure outlines the process and includes a timeline where business support will send out reminders.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>The Information and Knowledge Management Team 'own' and manage the process alongside business support who carry out the administration eg: logging and chasing of requests. Overall, there are still FOI representatives who help and assist portfolios across the Council. Performance standards are detailed within the Standard Operating Procedure.</p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
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| | Day 5-14 - The information is collated. Day 15-16 - The response is sent to Portfolio representatives for sense checking. | | | | Action Complete |
| 12.10 | As noted in previous recommendations, the set-up of a central point for logging all requests should now be fully evaluated. The Council should have a central email and postal address that the public can easily identify and use. All FOI requests, regardless of how they enter the Council, should be diverted to the central point for recording and monitoring. | High | John Curtis | 31.01.14 | <p>An email address FOI@Sheffield.gov.uk has been established. A page also exists on the internet site to outline to the public this central point of access. This is already in place.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>See above, which is working well.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u> FOI@sheffield.gov.uk is now in place. A clear FOI internet page where a member of the public can request information is now in place.</p> <p>Action Complete</p> |
| 12.11 | Going forward, information should be provided to the Portfolio representatives on the communications that have taken place with the Information Commissioners Office (ICO). Lessons learnt for the future should be shared with all relevant officers This could potentially be a role for the newly formed central team or for the Information Governance Service who lead on communications with the ICO. This role should be clearly established as part of the new process and the format of the contact set to suit requirements – this may simply be an email circular for example. | High | John Curtis | 31.01.14 Revised Date 31.12.14 | <p>The audit report has been shared to Portfolio Information Risk Owners and the Information Governance Board. Further updates will be provided regarding the implementation of the new FOI Process. This will be developed over 2014/15.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>The SharePoint FOI tracker now also records when the ICO has become involved with a request. This will provide greater knowledge of the history of the initial FOI request, Internal review and ICO judgement. This information will be shared with portfolios and other appropriate groups so that any trends / and learning can be shared, which may help with future requests and how they are handled.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
|-------|--|----------|------------------------------|--|--|
| | | | | | <p>A FOI representative group exists so that FOI and other associated information management areas can be discussed.</p> <p>Action Complete</p> |
| 12.12 | <p>Training, as recommended in recommendation number seven, should incorporate the concerns raised by the ICO. Clear advice and guidance should be provided to all Portfolio representatives on what the process should be when a review of the FOI request is required. Any new FOI process should clearly identify how reviews will be dealt with and roles and responsibilities in relation to this should be clearly defined and documented.</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 30.04.14</p> | <p>This will be clear within the guidance and process map. This will be developed in March/ April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>This is clearly outlined in the process map and standard operating procedure, and has been communicated and used within the training given to FOI representatives.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>It is intended that Information Governance eLearning will be refreshed. FOI portfolio representatives and others are mandated to receive training related to the FOI Act and SCC process. This is detailed within the Standard Operating Procedure.</p> <p>Action Complete</p> |
| 12.13 | <p>Any new process introduced for answering FOI requests should clearly identify when it is appropriate to engage with the Information Governance Service and Legal Services. This links to the recommendation already raised on the roles and responsibilities of staff in the new process.</p> | High | John Curtis | <p>31.01.14</p> <p>Revised Date 30.04.14</p> | <p>This will be clear within the guidance and process map. This will be developed in March/ April 2014.</p> <p><u>Update as at 20th May 2014 provided from John Curtis, Head of Information and Knowledge Management.</u></p> <p>This is detailed within the standard Operating Procedure and Process map.</p> <p><u>As per Internal Audit follow up report 30 September 2014</u></p> <p>The new process map and Standard Operating Process makes it</p> |

| Ref | Recommendation | Priority | Original responsible officer | Original implementation date | Updated position |
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| | | | | | <p data-bbox="1328 177 2047 240">clear who and when different areas should be involved in the overall process. There are clear lines of responsibility.</p> <p data-bbox="1328 272 1541 300">Action Complete</p> |

Internal Audit proposes to remove this item from the tracker.

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