Sheffield City Council

Audit and Standards Committee Report

Report of: Senior Finance Manager, Internal Audit

Date: 25th July 2019

Subject: Internal Audit Annual Report 2018/19

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

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Summary: The purpose of this annual Internal Audit report to Members is to highlight the work that has been undertaken by Internal Audit during the year and supports the Council's Annual Governance Statement (AGS).

Recommendations:
Members are asked to:

Note the content of the report and the opinion of the Senior Finance Manager.

Background Papers:

Category of Report: **Open**

* Delete as appropriate

If Closed, the report/appendix is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).'

Statutory and Council Policy Checklist

Financial implications
~~YES~~/NO   Cleared by: K Inman

Legal implications
~~YES~~/NO

Equality of Opportunity implications
~~YES~~/NO

Tackling Health Inequalities implications
~~YES~~/NO

Human rights implications
~~YES~~/NO

Environmental and Sustainability implications
~~YES~~/NO

Economic impact
~~YES~~/NO

Community safety implications
~~YES~~/NO

Human resources implications
~~YES~~/NO

Property implications
~~YES~~/NO

Area(s) affected

Relevant Scrutiny Committee if decision called in
Not applicable

Is the item a matter which is reserved for approval by the City Council?   ~~YES~~/NO

Press release
~~YES~~/NO

REPORT TO SHEFFIELD CITY COUNCIL AUDIT AND STANDARDS COMMITTEE
25th July 2019

Purpose of the Report

1. The purpose of this annual report to Members is to highlight the work that has been undertaken by Internal Audit during the year. The report provides a review of the performance of Internal Audit for the year 2018/19, gives an opinion on the adequacy of the Council's system of internal control, and supports the Council's Annual Governance Statement (AGS).

Introduction

2. It is a requirement of the Public Sector Internal Audit Standards (PSIAS) that an annual report is produced on the work undertaken by the Internal Audit section. This report has been prepared by the Council's Senior Finance Manager (Internal Audit).

3. It is not the intention of this report to give a detailed summary of every audit that has been undertaken during the previous year, rather to give a broad review of the control arrangements.

4. The Executive Directors are responsible for ensuring that internal control arrangements are sufficient to address the risks facing their Services and Internal Audit assesses the adequacy of these arrangements. Internal Audit provides analyses, appraisals, recommendations, and advice concerning the activities reviewed.

Executive Summary of Audit Opinion

5. From the work undertaken by Internal Audit during the year, I am satisfied that the risk management, governance and internal control framework are adequate to allow the Council to conduct its business appropriately.

6. A total of 5 audit assignments were given an audit opinion of high risk of failing to deliver objectives, and these assignments have been reported to the Audit and Standards Committee. These audits will or have been subject to follow-up reviews to assess progress implementing agreed recommendations, and the outcomes of follow-up work are also reported to the Audit and Standards Committee via the recommendation tracker.

7. From the routine planned internal audit work undertaken and reported upon during 2018/19, management's response to control issues arising from individual reviews has been positive overall, with actions to further enhance controls being agreed and formally accepted. Implementation of agreed recommendations has also generally improved during 2018/19 as reported to the Audit and Standards Committee.

8. Internal Audit carried out planned pro-active initiatives in areas of perceived high fraud risk to seek assurance that the selected processes contained robust counter fraud controls, and made recommendations where vulnerability was identified.

9. Internal Audit also co-ordinated the submission of SCC data and compliance with privacy notice requirements, as part of the statutory biennial National Fraud Initiative (NFI) operated by the Cabinet Office.

10. Internal Audit has investigated or assisted service managers to investigate other allegations of irregularity and associated disciplinary procedures throughout council services (refer to para 38 and 39 for further details).

11. A detailed annual report on fraud and investigations was presented to the Audit and Standards Committee in June 2019.

12. Assurance has also been taken from the certification of internal control completed by Directors of Service under the AGS arrangements. Legal Services co-ordinated the compilation of the AGS on behalf of the Council, whilst ensuring that responsibility for items included within the statement lies with the senior management of the Council.

13. The Council's Annual Governance Statement (AGS) to be presented to this Audit and Standards Committee meeting (July 2019) includes three area of significant control weakness. One relates to the early payment of care providers during the system handover between the old and new Care Management Systems, which did not comply with Financial Regulations; one concerns the SEND Ofsted inspection and resulting report issued in May 2019, and the final one relates to managers' non-compliance with HR procedures.

14. As the Senior Finance Manager (Internal Audit) I am not aware of any other significant control weaknesses that have not been included within the Council's Annual Governance Statement.

Legislation Surrounding Internal Audit

15. Internal Audit is an independent appraisal function within the Council. The Internal Audit section is part of Finance and Commercial Services, which contributes to satisfying the Executive Director – Resources statutory responsibilities. There are two key pieces of legislation that impact upon Internal Audit in local authorities, these are:

    Section 151 of the Local Government Act 1972 requires that "every local authority … make arrangements for the proper administration of its financial affairs and to ensure that one of the officers has responsibility for the administration of those affairs". The Council has designated the Executive

Director - Resources as the Responsible Financial Officer in relation to this section and one of the ways he exercises responsibility for financial administration is through the work of Internal Audit.

Internal Audit is a statutory service in the context of the Accounts and Audit Regulations 2015 which state in respect of Internal Audit that:

"A relevant body must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices".

Professional Requirements

16. In addition to legislation, Internal Audit is governed by policies, procedures, rules and regulations established by Sheffield City Council (the Council). These include the Council's constitution, financial regulations, standing orders, and conditions of service and codes of conduct for members and officers.

17. The Internal Audit section also has to meet the standards laid down by professional bodies such as CIPFA and Chartered Institute of Internal Auditors (CIIA).

18. The Public Sector Internal Audit Standards (PSIAS) came into force on 1 April 2013, and were updated in 2017. The PSIAS include key principles that public sector internal audit functions must follow, and cover a range of areas including governance, performance standards and reporting requirements. The PSIAS standards are now also supported by a CIPFA statement on the Role of the Head of Internal Audit.

19. PSIAS require that an external assessment of every local authority internal audit section is completed every five years. The opinion provided as part of this external assessment in June 2016 was that the Internal Audit section at SCC 'generally conforms', which means the assessor concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the individual standard or element of the Code of Ethics in all material respects. This is the highest assessment opinion that can be given. The next external assessment will be conducted in 2020/21.

20. As part of the standards, Internal Audit is required to undertake regular self-assessments. Following the update of the standards, a self-assessment was completed in May 2019, and the summarised results are reproduced in Appendix A. The revised self-assessment still shows compliance or partial compliance with 95% of the standards, and non-compliance with 2% (3% of the elements are not applicable).

21. The main area where Internal Audit differs from the PSIAS relates to the positioning and independent of the service. The PSIAS sets an expectation

that the 'chief audit executive' (CAE) will report directly to a member of the management board (EMT).

22. At present the Senior Finance Manager (SFM), who is the designated CAE, reports to the Head of Strategic Finance (Deputy s151 Officer) who reports to the Director of Finance and Commercial Services, who reports to the s151 Officer (Executive Director – Resources). This point has previously been brought to the attention of the Audit and Standards Committee. The SFM does have unrestricted access to other senior officers, including the Chief Executive and to the members of the Audit and Standards Committee, where required.

23. Since the external inspection, the SFM in IA has been given management oversight of the External Funding Team and Risk Management, within Strategic Finance. The revised standards acknowledge that CAEs are often assigned other management areas, and so adequate safeguards need to be introduced to maintain objectivity and transparency. Arrangements to maintain independence and objectivity have been defined and documented for the Council, and include measures such as amending the reporting arrangements for audits of the External Funding Team and the Risk Management function to ensure these audits are not reviewed/overseen by the SFM (designated CAE).

24. It should be noted that both the External Funding Team and the Risk Management team are compliance functions designed to monitor the application of policies and procedures, and so their remit does not conflict with the role of Internal Audit. It is for this reason that partial compliance is noted against the following sections of the standard – Code of Ethics, Purpose, Authority and Responsibility, Independency and objectivity.

25. There are two areas of non-compliance which relate to relatively minor operational practices which will be corrected in 2019/20.

Relationship with External Audit

26. Internal Audit have quarterly liaison meetings with external audit representatives to discuss and share work programmes, progress of work and key findings and recommendations.

Internal Audit Resources

27. Internal Audit had an agreed budget for 2018/19 as outlined in the table below, which also summarises the end of year budget position.

2018/19			
	Outturn	Budget	Variance
Total	455,171	517,600	(62,429)

28. The underspend for the financial year was as a result of a number of vacancies resulting from previous temporary promotions which have since become permanent. In addition an Audit Manager went on maternity leave (0.86 FTE) and her duties were covered by the remaining Internal Audit managers from April 18 to Dec 18. Temporary vacancies are notoriously difficult to recruit to, and so agency appointments were attempted. The service has also been supported by rotation of CIPFA trainees who are funded centrally.

Structure

29. The current establishment structure of the section is shown in Appendix C to this report. The service currently has 12.93 FTE officers.   This includes a Risk Advisor and Risk Technician (1.4FTE) who transferred into the team in December 2018.

30. The Internal Audit section strives to maintain high professional standards by employing and training appropriately qualified staff who are members of or actively studying for professional qualifications. All of the internal audit team are either professionally qualified, or are actively studying for relevant qualifications. The section includes members of the Chartered Institute of Public Finance and Accountancy (CIPFA), Chartered Institute of Management Accountants (CIMA), Association of Chartered Certified Accountants (ACCA), Chartered Institute of Internal Auditors (CIIA), and Association of Accounting Technicians (AAT).

Planning Processes and Performance Monitoring

31. A report is submitted to the Audit and Standards Committee in April each year to outline how the annual plan is devised. The strategy for Internal Audit work is to focus on areas of high-risk activity in order to provide assurance that risk and internal control systems are being properly managed by Directors in service areas.

32. Management are asked to contribute to the planning process, however the plan and its contents are entirely the responsibility of Internal Audit.

33. The audit plan is discussed with senior managers and ultimately agreed with the Executive Director - Resources.

34. The 2018/19 original plan contained 100 reviews. At the mid-year point 10 reviews were deferred/deleted and 12 reviews were added. As this difference did not amount to 15% of the plan, this was not reported to the Audit and Standards Committee as it did not constitute a significant change.

35. The Internal Audit service uses a risk based approach to audit; this is now used almost exclusively for our reviews. This requires closer working with management to identify the risks inherent in the council's activities and then to test the controls that are in place to mitigate these.

36. The audit plan delivery for 2018/19 is as follows:

Audit Area	Original plan	Revised plan	Completed	Deferred or WIP
Corporate	3	5	5	
Place	20	24	18	6
People	34	33	24	9
Resources & ICT	21	19	14	5
Main Financial Systems	13	13	13	
Benefits / Pro-active Work	9	8	8	1
Total (Planned Reviews)	**100**	**102**	**81**	**21**
Business Partnering activities			18	
Investigations undertaken directly			29	
Man't Investigations assisted			36	
Overall Total			**164**	

37. A total of 81 assurance reviews were completed out of a revised 18/19 plan of 102. The target for the year was to complete 90 reviews. Some reviews were deferred/deleted due to issues that only became apparent towards the end of the year after the mid-plan had been completed. In addition, the increase in resource dedicated to investigations (over and above that included in the original plan) during 18/19 had a knock-on effect on the delivery of planned audits. Finally sickness absence levels during quarter 3 and 4 have been significantly higher than usual due to long-term sickness.

38. New for 2018/19, an allocation of resources was added to the tactical plan for Business Partnering. This has been successfully utilised this year and 18 reviews were undertaken at the request of senior managers from within the Council's Portfolios.

39. Internal Audit conducted 29 re-active investigations and assisted managers with a further 36 re-active investigations. These cases were from all Council portfolios and included cash theft, falsification of mileage claims, excessive use of internet during work time and personal use of SCC vehicles. These investigations led to a number of dismissals and other sanctions. The Police were notified and involved where appropriate. A report of fraud-related activity conducted by Internal Audit was submitted to the Audit and Standards Committee in June 2019.

40. Internal Audit also co-ordinated the submission of SCC data and compliance with privacy notice requirements, as part of the statutory biennial NFI (National Fraud Initiative) operated by the Cabinet Office. The latest data matches were received in January 2019. The risk scoring has been changed for this exercise and Internal Audit has supported service areas in understanding the new system. All received matches have been allocated to the relevant service areas for review and investigation. Internal Audit will continue to monitor the progress of the match work, as well as spot check the validity of the work and outcomes to ensure reasonable completion of the exercise. This work is expected to continue throughout 2019/20.

<u>Audit Reporting</u>

41. Internal Audit reports are typically made up of a number of findings and recommendations. Dependent upon the nature of these findings, the recommendations are given one of four categories – critical, high, medium or efficiency/effectiveness.

42. All Internal Audit reports are then given an overall opinion as to the likelihood of the service/system under review being able to meet its objectives. In October 2018, a revised approach to the audit opinions was introduced. An assurance opinion and an organisational impact assessment are now provided in place of the previous four categories of opinion.

43. The opinions from the original approach were defined as:

- The risk of the activity not achieving its objectives is **<u>high.</u>**
  Internal Audit's overall opinion is that controls to manage the operational risks are not present or ineffective.
- The risk of the activity not achieving its objectives is **<u>medium – high.</u>**
  Internal Audit's overall opinion is that controls to manage the operational risks are inadequate or operating poorly.
- The risk of the activity not achieving its objectives is **<u>medium – low.</u>**
  Internal Audit's overall opinion is that the controls to manage the operational risks are mostly in place but there are some weaknesses in their operation.
- The risk of the activity not achieving its objectives is **<u>low.</u>**
  Internal Audit's overall opinion is that controls to manage the operational risks are in place and operating effectively.

44. Using the new approach the opinions are expressed as:

Overall Audit Assessment
Substantial Assurance - There is an effective system of internal control in place designed to achieve the Service objectives with only minor issues being identified which require improvement.
Moderate Assurance - There is a sound system of internal control in place with some weaknesses being present which may put some of the Service objectives at risk. Issues require management attention.
Limited Assurance - The system of internal control in place has some major weaknesses which may put the achievement of the Service objectives at risk. Issues therefore require prompt management attention.
No Assurance - There are significant weaknesses in the system of control which could result in failure to achieve the Service objectives. Immediate management action is therefore required.

Risk Rating for the Council – Organisational Impact	
Low	The issues identified have no corporate impact.
Medium	The issues identified have the potential to impact at a corporate level.
High	The issues identified are of high corporate importance. They are either of high financial materiality, present significant business or reputational risk to the Council, have a likelihood of attracting adverse media attention, are potentially of interest to elected representatives, or present a combination of two or more of these factors.

45.   As the method changed mid-way through the financial year, both approaches have been used in 2018/19.

46.   The opinions relate to the system at the time of the review and do not take into account the effects of the agreed recommendations. Internal Audit follow-up on the recommendations made, in a process that increases in relation to the significance of the opinion.

47.   To give an indication of the risk profile results were:

High	4 reports
Medium High	14 reports
Medium Low	8 reports
Low	1 reports
No assurance	1 reports
Limited assurance	10 reports
Moderate assurance	22 reports
Substantial assurance	9 reports

   (Note: the outputs above includes 16 pieces of work completed during 18/19 which were started in 17/18 – effectively year end work-in-progress).

48.   A dashboard summary of the outcomes from the Main Financial Systems audits has also been produced. Four of the nine systems reviewed were given a substantial assurance, and four received a moderate assurance opinion. Overall the dashboard shows that the controls over the majority of the key systems are generally sound (Appendix D).

49.   A summary of the key actions arising from the medium-high opinion audit reports and the limited assurance, medium impact reports are included in Appendix E, as requested by members.

50.   In addition to the above, Internal Audit undertook 30 pieces of productive work across the Council that did not generate an opinion, and therefore do not

appear in the breakdown above. These included 22 pieces of follow-up work and 8 grant sign-offs which were completed during 2018/19.

51. A further 18 pieces of work resulted from the Business Partnering resource. A schedule has been included in appendix F outlining the work undertaken.

52. It should be noted that although the vast majority of recommendations made by Internal Audit are agreed by management, there are occasions where recommendations are not agreed. In such instances Internal Audit outline the potential risks. A judgement is drawn by senior Internal Audit staff, and where the risk is significant this will always be escalated to senior management to ensure that they are aware of the decisions made. Ultimately non-agreement of recommendations can be reported to the Audit and Standards Committee to enable managers to justify their actions.

53. As the Senior Finance Manager, I am satisfied that the coverage undertaken of the Council's activity by Internal Audit in the past year has been sufficient for me to be able to give an overall opinion on the Council's internal control system/environment.

Annual Governance Statement

54. Under Regulation 4 of the Accounts and Audit (England) Regulations 2011, the Council is required to conduct a yearly review of our system of internal control. This review forms part of the Annual Governance Statement (AGS) that accompanies the accounts each year. Co-ordination of the AGS is undertaken by the Legal and Governance Service; however Internal Audit is actively involved in the review and shortlisting process. This provides an opportunity for the Senior Finance Manager to flag any control non-compliances that may not have been included on the service and portfolio returns.

55. In 2018/19, three governance issues were included on the AGS report. The non-compliances were:

- The early payment of care providers during the system handover between the old and new Care Management Systems, which did not comply with Financial Regulations;
- The SEND Ofsted inspection and resulting report issued in May 2019;
- The level of manager compliance with HR processes such as PDR completions, contract changes and the leavers self-service process.

56. Action to strengthen controls in these areas have been devised and agreed and the Monitoring Officer will continue to monitor and report on progress to EMT and the Audit and Standards Committee.

57. As the Senior Finance Manager, Internal Audit, I am not aware of any other significant control weaknesses that have not been included within the Council's Annual Governance Statement.

Reviewing the Service

58. Internal Audit is constantly striving to improve the service that it provides to the Council. As outlined in the Internal Audit planning report presented to the Committee in April 2018, an allocation of internal audit resource was re-assigned from assurance work to offer advice and guidance as change projects occur – this resource was entitled **Internal Audit Business Partnering**. This resource has been successfully utilised, enabling the team to offer a pro-active, supportive role to assist services in embedding change.

59. The team has a number of performance indicators which are used to monitor the service delivered. As outlined in the planning report, these PI's were revised for the 18/19 financial year to more accurately measure the work of the team. The key targets are highlighted within the annual FCS service plan and are shown below.

60. In order to gauge client satisfaction, all audit reports are issued with a standard questionnaire which requests client feedback on a number of aspects of the audit process including usefulness and conduct of the audit. The questions are analysed and to make service improvements.

61. The achievement of the performance targets is shown in the table below:

	2018/19 Target	2018/19 Achievement	2017/18 Achievement
PERFORMANCE TARGETS			
▪ % of audit resource spent on productive activities	88%	90%	n/a new target
No of planned assurance reviews delivered	90	81	n/a new target
▪ No of days of business partnering activity delivered by year end	300	410	n/a new target
▪ Conduct a minimum of 4 pro-active fraud reviews	4	4 complete	3 complete
▪ Quality measures – average >85% scoring 4 or better on customer questionnaire (1 is poor – 5 is good)	85%	100%	100%

62. The total number of assurance reviews undertaken was below target as additional resources were allocated to business partnering activities, which included investigations. The productivity PI shows that all auditors were engaged in productive work as this result exceeded the target.

63. Customer satisfaction questionnaires scores are seen to be excellent; however work is required to increase return rates (only 7 surveys were received in 18/19).

64. Internal Audit managers review the performance indicators on a quarterly basis and determine what action can be taken. The performance indicators are also discussed with all audit staff at service planning meetings, to help identify ways of improving service delivery and performance targets. They are also discussed during the Performance Development Reviews (PDR's) with individuals.

Chief Audit Executive's (Senior Finance Manager's) Opinion

65. The Council has a system of internal control designed to manage risk to a reasonable level. Internal controls cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.

66. With an organisation as large and complex as the Council, some controls will inevitably fail or some risk will materialise which could not reasonably be foreseen.

67. From the work undertaken by Internal Audit during the year however, I am satisfied that the risk management, governance and internal control framework are adequate to allow the Council to conduct its business appropriately.

FINANCIAL IMPLICATIONS

68. There are no direct financial implications arising from the report.

## EQUAL OPPORTUNITIES IMPLICATIONS

69. There are no equal opportunities implications arising from the report.

RECOMMENDATIONS

70. That the Audit and Standards Committee notes the content of the report and the opinion of the Senior Finance Manager.

Kayleigh Inman
Senior Finance Manager

Summary of Compliance with Public Sector Internal Audit Standards – Reassessment May 19   **Appendix A**
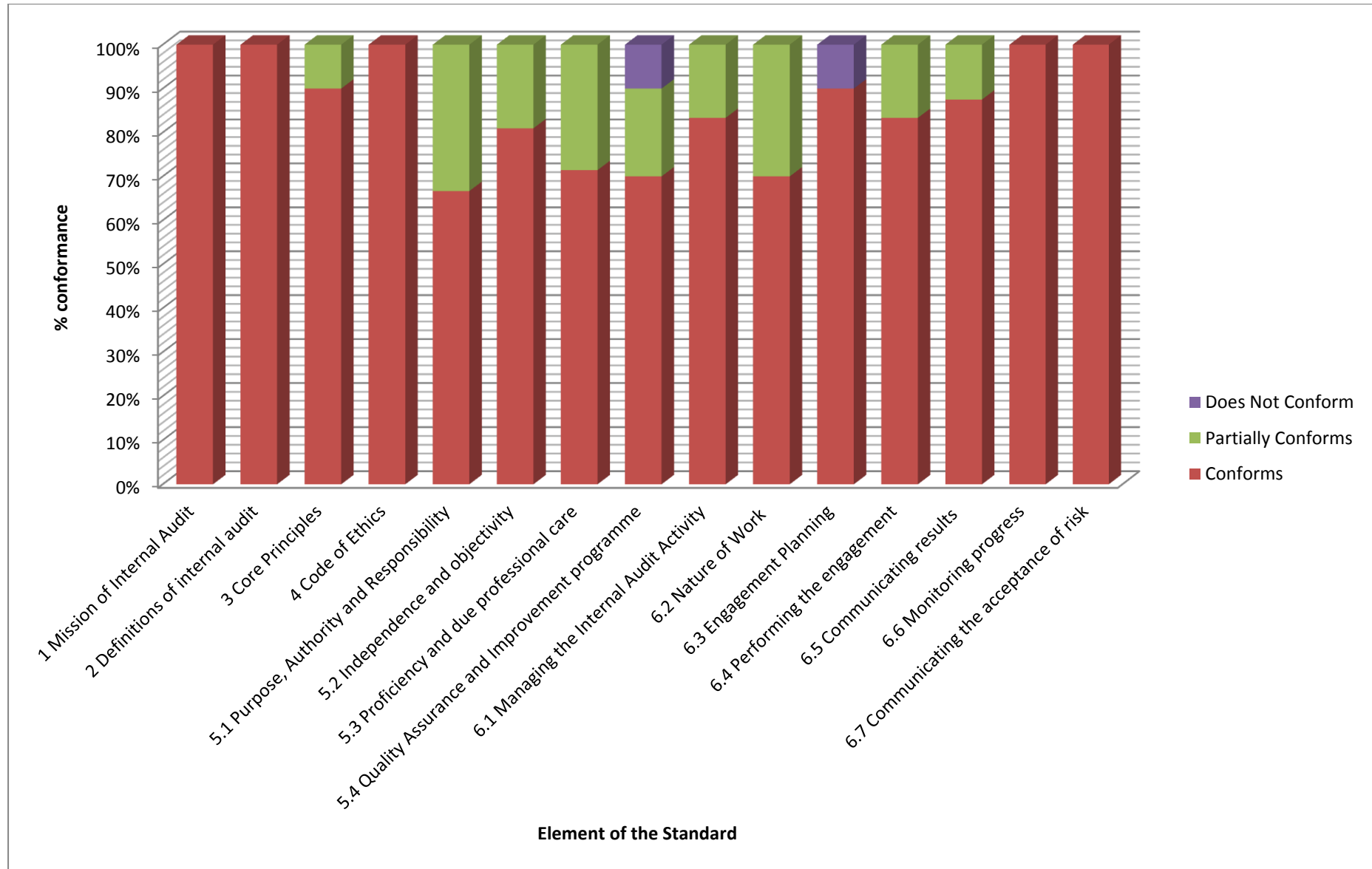
Sheffield City Council
Internal Audit Quality Assurance & Improvement Programme

Introduction
Internal Audits Quality Assurance and Improvement Programme (QAIP) is designed to provide reasonable assurance to the various stakeholders of the service that Internal Audit:

•   Performs its work in accordance with its Charter, which is consistent with the Public Sector Internal Audit Standards (PSIAS), definition of internal auditing and code of ethics;
•   Operates in an efficient and effective manner;
•   Is adding value and continually improving internal audits' operation.

The Senior Finance Manager, Internal Audit, is ultimately responsible for the QAIP, which covers all types of internal audit activities. The QAIP must include both internal and external assessments. Internal assessments are both ongoing and periodical and external assessments must be undertaken at least every 5 years.

Internal Assessments
Internal assessments are made up of both ongoing reviews and periodic reviews.

Ongoing Reviews

Ongoing assessments are conducted through:
•   Supervision of each audit assignment
•   Regular, documented review of working papers during assignments by appropriate internal audit staff;
•   Review of procedures used for each assignment to ensure compliance with the applicable planning, fieldwork and reporting standards as outlined in the quality procedures manual;
•   Feedback from customer surveys on individual assignments;
•   Analysis of key KPI's established to improve internal audit effectiveness and efficiency;
•   Review and approval of all no assurance opinion draft and final reports by the Senior Finance Manager;
•   Review and approval of all limited, moderate and substantial opinion draft reports by the Finance Managers.

Periodic Reviews
Periodic assessments are designed to assess conformance with Internal Audit's Charter, the Standards, the Definition of Internal Auditing, the Code of Ethics and the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders. Period assessments will be conducted through:

•   Quality audits undertaken on a scheduled basis for performance in accordance with Internal Audit's Quality Procedures Manual;

- Review of internal audit performance KPI's by the Audit Management Team on a quarterly basis;
- Quarterly performance reporting to the Director of Finance and Commercial Services and annual reporting to the Audit and Standards Committee;
- Annual benchmarking exercise with core city authorities on cost and productivity.
- Annual self-reviews of conformance with the Public Sector Internal Auditing Standards.

Any resultant action plans will be monitored by the Senior Finance Manager (Internal Audit) on a quarterly basis.

External Assessment
External assessments will appraise and express a judgement about Internal Audits' conformance with the standards, definition of internal auditing and include action for improvement, as appropriate.

An external assessment will be conducted every 5 years by a qualified, independent assessor from outside the council. The assessment will be in the form of a self-assessment with independent external validation. The format of the external assessment will be discussed with the Audit and Standards Committee.
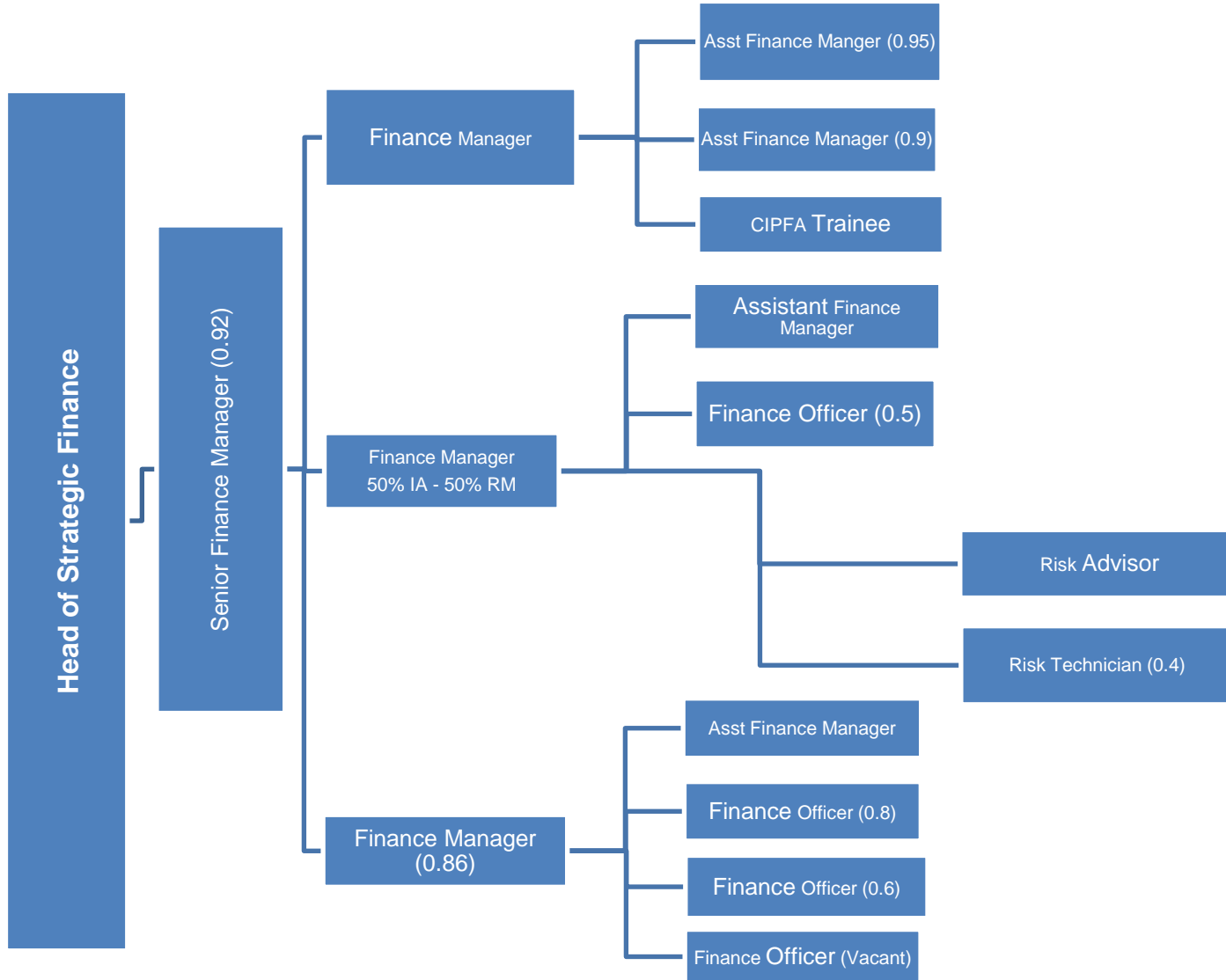
Reporting
Internal assessments – reports on performance will be made to the Audit and Standards Committee on an annual basis.

External assessments – results of external assessments will be reported to the Audit and Standards Committee and Section 151 Officer at the earliest opportunity following receipt of the external assessors report. The external assessment report will be accompanied by an action plan in response to any significant findings and recommendations contained in the report.

Follow-up – the Senior Finance Manager, Internal Audit will implement appropriate follow-up actions to ensure that recommendations made in the report and actions plans developed are implemented in a reasonable timeframe.
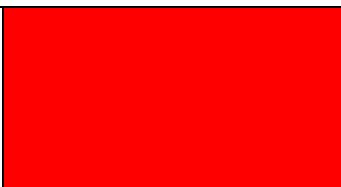
Updated July 2019

Head of Strategic Finance

Senior Finance Manager (0.92)

Finance Manager

Asst Finance Manger (0.95)

Asst Finance Manager (0.9)

CIPFA Trainee

Finance Manager
50% IA - 50% RM

Assistant Finance Manager

Finance Officer (0.5)

Risk Advisor

Risk Technician (0.4)

Finance Manager (0.86)

Asst Finance Manager

Finance Officer (0.8)

Finance Officer (0.6)

Finance Officer (Vacant)

Main Financial Systems Dashboard

Activity Title	Scope	Assurance Opinion	Organisational Impact
Debtor Controls	Raising accounts, aged debt reduction, dispute resolution and write off processes.	✔ ✔ ✔	Medium
Creditors (P2P)	Reconciliations to the general ledger, control of P2P process, Performance Indicators.	✔ ✔ ✔ ✔	Low
Payroll	Validity of transactions, budget monitoring information, data sharing controls and additional voluntary contributions process.	✔ ✔ ✔	Medium
Council Tax	Liability, collections, billings and refunds.	✔ ✔ ✔ ✔	Medium
Business Rates System	Bill calculation and dispatch, exemptions and reliefs, refunds, efficiency of collection.	✔ ✔ ✔ ✔	Low
Housing Benefit Direct Payments - Impact on HRA	Review plans in place for the migration of tenants from Housing Benefit to Universal Credit to control rent arrears and income collection costs.	✔ ✔ ✔	High
Resources Financial Reporting	Budget setting, budget monitoring controls, reporting arrangements.	✔ ✔ ✔ ✔	Low
Integra Application	Access and security of the system, back-up and continuity arrangements.	✔ ✔	Medium
Cashiers Service Review	Petty cash and cash handling controls, fraud risk management and banking.	✔ ✔ ✔	Medium
Cash Handling	An overview of cash usage to identify potential areas for reduction or to determine whether we require cash to be used all.	not applicable - Business Partnering Activity	not applicable - Business Partnering Activity

Opinion

No Assurance - There are significant weaknesses in the system of control which could result in failure to achieve the Service objectives. Immediate management action is therefore required.	✔
Limited Assurance - The system of internal control in place has some major weaknesses which may put the achievement of the Service objectives at risk. Issues therefore require prompt management attention.	✔ ✔
Moderate Assurance - There is a sound system of internal control in place with some weaknesses being present which may put some of the Service objectives at risk. Issues require management attention.	✔ ✔ ✔
Substantial Assurance - There is an effective system of internal control in place designed to achieve the Service objectives with only minor issues being identified which require improvement.	✔ ✔ ✔ ✔

Organisational Impact Statement

High - The issues identified are of high corporate importance. They are either of high financial materiality, present significant business or reputational risk to the Council, have a likelihood of attracting adverse media attention, are potentially of interest to elected representatives, or present a combination of two or more of these factors.	(red)
Medium - The issues identified have the potential to impact at a corporate level.	(amber)
Low - The issues identified have no corporate impact.	(green)

Summary of the key actions arising from Medium-High Opinion and Limited Assurance reports issued in 2018/19

Resources

MFS Debtors Controls 17/18 (b/fwd)

Executive Summary

The opinion reflects the findings and subsequent recommendations with regard to the issues that occurred with the implementation of Integra ie:

- Non production of KPI's since August 2017
- Delay with issuing of debt reminders - resulting in 10,000 debt reminders totalling £6.7m having to be issued in March 2018

Internal Audit are however assured that these reminders are now part of the routine debt collection process.

Also, following a recent audit of Social Care Accounting Service (SCAS) Debt Recovery, several areas of non-compliance with Financial Regulations were identified. In order to eliminate the delays in collecting debts, the timescales set out in Financial Regulations will need to be adhered to, and where necessary, enforced by the Income Collection and Management Team (ICAM) and by the Integra system itself. Business Unit Managers were reminded of the requirements to:

- raise sundry debtor invoices within10 working days of the date of supply or month-end;
- send a reminder within 14 calendar days of the invoice date;
- send a Notice of Intent within 30 calendar days of the invoice date;
- resolve disputed invoices within 28 days of the invoice date; and
- authorise the write-off of debts within one month of a request from ICAM.

It was agreed in that audit report that ICAM will follow the debt recovery procedures, and within the timescales, prescribed by Financial Regulations. ICAM will:

- refer all accounts where a reminder and notice of intent have been issued to the debt collection agency (or ICAM if >£2k) after 37 days of the invoice date, unless a payment arrangement is in place that is being maintained, or the account is subject to an ongoing dispute, or where a write off request has been received.
- resume debt recovery procedures, or write off the debt where appropriate, after an account has been in dispute for 28 days, unless an extension has been requested and agreed within the 28 day period; and
- request the write-off of debts after 12 months of the invoice date unless there is on-going recovery action.
- In accordance with Financial Regulations, ICAM will apply these actions for all sundry debtors, not only SCAS.

MFS – Creditors 17/18 (b/fwd)

Executive Summary

Internal Audit has twice requested an update on two outstanding recommendations from the previous year's audit. These were previously agreed with the Senior Commercial Manager for Process Performance and Planning (Commercial Services). This officer has

now left the authority, and the Commercial Services team has now been replaced by a Procurement and Supply Chain Team. Internal Audit did not receive any assurances that the responsibilities for these outstanding recommendations would be transferred to another officer or service.

The outstanding recommendations have therefore been re-iterated in this year's report and for this reason Internal Audit have given this year's report a medium - high opinion.

High Priority Actions
- All orders with a value above the tendering thresholds should be subject to peer review.
- 10% of orders with a value above the threshold for written quotations should be subject to peer review.

MFS – Payroll 17/18 (b/fwd)

Executive Summary
A medium-high opinion has been given, however Internal Audit acknowledge that a number of recommendations relate to SCC service managers and not Payroll directly.

With the majority of HR processes now being automated (via MyView), Payroll rely on SCC service managers to complete and submit employee information in a timely, accurate and effective manner.

Internal Audit has therefore recommended a robust system of performance monitoring to be undertaken; this should enable the Payroll Service to identify and address areas of weakness directly with service managers.

High Priority Actions
- Leavers should be processed in a timely manner.
- Overpayments should be managed appropriately.
- Establishment checks should take place regularly.

AIM-AXIS - Application Review – Implementation (b/fwd)

High Priority Actions
- Review and update the system's Access Control Policy.
- Reduce the 90 day expiry date for users not logging on to the system.
- Review current active users with system administrator access for appropriateness.
- Explore the capability of the audit log facility and how this can be used for proactive monitoring of the system going forward.
- Explore the need to document the key steps to be undertaken by all users if the system experiences a significant period of downtime.

Cyber Security (b/fwd)

Executive Summary

This is a complex audit area which, due to the nature of the controls to be tested, required significant input from Capita. The technical controls associated with Cyber Security were tested by putting together an initial questionnaire for Capita to complete that was based upon the principles of the National Cyber Security Centre's ten steps to Cyber Security. The response to this provided the basis for undertaking more detailed testing. A small number of the initial responses were selected and further information and supporting evidence was requested for these. A decision was taken that if the information and evidence provided for the sample was satisfactory, Internal Audit could take assurance that all responses were reliable.

The information and supporting evidence now provided by Capita provides some sample based level of assurance on the technical controls associated with Cyber Security. However, obtaining this information was difficult and was only achieved after escalation with BCIS Senior Management. There is concern that this information was not readily available to Internal Audit and it could therefore be assumed that this is not readily available to service personnel.

The Council has made its intention known that the contract for IT services will now be terminated with Capita and that new contracts will be negotiated for the provision of the Council's IT services in line with the Council's 2020 vision. Recommendations have been raised with a view to what is now required going forward. As the intended new supplier arrangements envisage a number of specialist suppliers as well as elements of internal supply, it is critical that a framework is in place that covers all areas of Cyber Security and that all relevant parties understand the requirements on them and also the required routes for escalation and consistency of approach.

It is therefore recommended that Cyber Essentials accreditation is sought or at least, the NCSCs ten steps to Cyber Security (highlighted at Appendix A) are fully covered.

High Priority Actions
- Cyber Security to remain on the Council's Corporate Risk Register.
- A Cyber Security Policy to be produced.
- The NCSCs ten steps to Cyber Security to form the basis of a Council Cyber Security Framework agreed and reflected in the new IT contracts.
- Incident response plans to support the Cyber Security Policy/contract arrangements.
- Ongoing training and awareness programmes in place for staff and Members.

HR Transition – Insourcing (b/fwd)
It is apparent that the Council has made significant improvements to the control environment since the service was returned to the Council. It is important to note that there are still some improvements that are required to ensure that the integration of the payroll service with HR is complete.

It is also evident that that the external service provider did not support management in providing a service which was as efficient and effective as would have been anticipated. This audit reviewed the processes in place and what is required to ensure that we have a complete and robust governance framework in place going forward. The report does not

look back in detail at the process operated previously; however, it is important that this is borne in mind, as it has an impact on the work to be undertaken.

As well as improving the process in place, the service have taken a prudent decision to strengthen the controls team in the service significantly to ensure that the controls are working effectively and reported in a timely manner.

It is noted that the service is to bring in a new payroll system in 2019. Therefore some of the responses to recommendations raised may be delayed; however, the introduction of the new system should ensure that all of the issues are rectified by the time that new system goes live.

Pro-Active High Fraud Risk Analysis (b/fwd)

Executive Summary

With a highly complex and diverse organisation such as the Council is appreciated that the risk of fraud will never be eliminated, the key is that it is identified and managed in an appropriate manner.

Fraud risk management across SCC has greatly improved over the last 10 years. The introduction of risk management framework and fraud risk management guidance, training and assessments have all contributed to a greater understanding of the risks faced by the Council.

High risk fraud types are predominantly, but not exclusively, found in service areas that handle cash, have remote / off site working and / or work with vulnerable service users.

Over the past two years Internal Audit has noted an increase in the fraud allegations relating to staff working off site. Such allegations include timesheet fraud, inappropriate use of IT, excessive use of non-Council websites and theft. It is not possible to say if this is due to an increased prevalence of this type of fraudulent activity or because the controls in place and particularly whistleblowing are operating more effectively to highlight the cases when they occur.

In some cases service management have had difficulty investigating the cases as basic controls such as timesheets and activity records had not been completed. All staff should be reminded that such basic correctly completed controls not only protects the council and allows for accurate monitoring of activity to take place, but can also protect individuals from malicious allegations. Also, in relation to off site visits, staff whereabouts must always be known, to ensure their wellbeing and compliance with Health & Safety.

Internal Audit has the delegated responsibility to record allegations of fraud, theft and corruption relating to SCC officers and members on behalf of the Section 151 Officer of the Council. There is still an apparent lack of awareness that allegations must be reported to Internal Audit, as soon as service management are aware of them. Work continues with Human Resources to ensure allegations reported to HR are also then notified to Internal Audit in a timely manner. This is because allegations are often routed through them in the first instance, and are often presented as issues with employees rather than as fraud. Information Management Team has been proactive in notifying Internal Audit of

data related potential misconduct cases, where service management and HR have not yet done so.

Pro-Active Staff Expense Claims (Limited Assurance, Medium Impact)

Executive Summary

The Council's HR and Payroll were insourced in October 2017, having previously been outsourced to Capita. This audit represents the first full review of staff expense claims since that date. MyView, the current self-service system for mileage and expense claims, is set to be replaced by summer 2019 as part of the SCC2020 strategy. Although the findings detailed in this report relate to MyView, the corresponding recommendations should primarily be borne in mind through the development of the new system.

A key conclusion which can be drawn from this audit is that a large number of the issues surrounding staff expense claims arise due to non-compliance of managers with the established policies and processes, and although this report is directed to Payroll management, it is imperative that managers across the Council are reminded of their responsibilities with regards to such processes, and that there are appropriate measures in place to identify and address non-compliance.

High Priority Recommendations:

- Managers to be reminded that all employees who use their own vehicle for work purposes must have business insurance in place.

- Managers to be reminded that VAT receipts for the purchase of fuel must be retained within service areas.

- Payroll to clarify their position on inappropriate expense claims highlighted in this report and consider challenging with authorising officers.

- Payroll to clarify their position on acceptable timescales for mileage claims and remind managers that under current policies, claims must be entered on a monthly basis.

- Payroll to examine the viability of a process to scan and store all receipts for expense claims online.

- Fraud risk communication to be produced and distributed to managers.

- Managers to be reminded that it is their responsibility to authorise expense claims and that this should not be routinely delegated.

Registry Office (Limited Assurance, Medium Impact)

Executive Summary

From the outcomes of the internal audit testing, there was no evidence to suggest that the Service was not delivering its statutory duties and in the one instance where the Service is not meeting the target set down by the GRO (in relation to the registration of deaths),

actions have been put in place to address this and progress made is being monitored. It can be seen from the implementation plan attached that the majority of the recommendations have been raised under the financial resources are not managed risk. If the recommendations raised in this area are fully actioned, it is likely that in future audits, the opinion would be assessed as moderate assurance.

The Register Office undertakes a number of activities and payments for services are made in a number of different ways; this includes payments made directly to Registrars, payments taken by the general office and payments made online. The Register Office has made progress in establishing procedures for recording and monitoring daily activity and the income received but the processes taking place (of which there are a significant number and many are paper-based) are not as yet fully documented – this could potentially lead to issues in consistency and continuity of practices. The Service is about to install terminals within the main reception area of the Register Office that customers will use to access services. This should lead to efficiencies within the general office but also allows an opportunity for the Service to review all processes taking place, to establish any further efficiencies and to consider how reporting from the Stopford system (the system that the Service uses to manage activities) can be utilised to enable the rationalisation of the daily manual reconciliation processes that currently take place.

The service is also currently working on reviewing fees and charges. This work has been ongoing for some time and should now be finalised as soon as possible.

High Priority Actions
- Processes to be clearly documented for all key activities undertaken by the Service.
- Notes to always be recorded on the cashbook when there are discrepancies. Register Office Manager to review the discrepancies on an on-going basis and undertake spot checks on the daily banking processes.
- Once the new terminals are installed, key processes and cashing up procedures to be reviewed to identify opportunities for efficiencies.
- Where merchant receipts are retained, full card number to be obscured in line with PCI DSS regulations.
- Tamper checks to be undertaken on chip and pin devices in line with PCI DSS regulations.
- Refund codes to be changed on a regular basis.
- Work on Service price increases to be finalised and a timescale set for these to be implemented.
- Fraud risks and the actions to mitigate against these to be captured as part of the Service's risk management processes.

Enforcement Agent Review (Limited Assurance, Medium Impact)

Executive Summary
During the investigation into the allegations regarding the Enforcement Agent, it became apparent that a lack of effective line management, had resulted in early warning signs that procedures were not being followed being missed or ineffectively addressed.

High Priority Actions:
- The Enforcement Team manual should be reviewed and updated appropriately.

- Receipt books should be kept securely and the issue of books should be recorded.
- A process for the acceptance of card payments after Enforcement Team hours should be considered.
- Cash banking arrangements should be reviewed to ensure they are practical.
- Write off arrangements should be reviewed and the updated appropriately.
- Enforcement Agent visits should be listed and subsequently logged.
- Regular reconciliation of payments accepted by the Enforcement Agent should be undertaken.
- Receipt book completion should be reviewed to ensure correct completion and assist with the reconciliation process.
- Enforcement Team management should familiarise themselves with fraud indicators.
- The new debt management system should be introduced at the earliest opportunity.
- Regular and effective one to ones between management and the Enforcement Agent should be undertaken.
- Taking Control of Goods forms should be used where appropriate and be reviewed on a regular basis by management.
- An effective performance management system should be introduced.

Hardware Asset Management (Limited Assurance, Medium Impact)

Executive Summary
Internal Audit requested a full list of all hardware assets from Capita. Testing was undertaken to determine the accuracy of the data provided. Floor 8 at Moorfoot was selected for testing. All hardware assets on this floor were verified against the data provided by Capita. Details of the outcomes of the testing are recorded in the implementation plan attached.

The Council's contract with Capita will soon come to an end and a new contract is in place for the management of hardware assets. The recommendations that have been raised relate to ensuring that as the new contract begins, appropriate processes are in place for the management of all hardware assets. This report should be read in conjunction with the Internal Audit report on Software Asset Management (March 2019).

Please note that the agreed timescales for action on the implementation plan are April 2020. The extended timescales allow for the termination of the Council's contract with Capita (this has now been delayed to later in the year) and the time required for BCIS management and the new vendors to bed in the appropriate processes.

High Priority Actions:
- Policy on Hardware Asset Management to be produced.
- Assurance to be sought that there is an appropriate asset repository/database (CMDB) in place when the new contract starts.
- Asset baseline to be established once the new vendor contract begins.
- The new IT hardware requisition process to be clearly defined, documented and communicated to all staff across the Council.
- Assurance to be sought on how the new CMDB will be integrated with requisition, change, discovery and audit processes.
- Clear asset disposal processes to be implemented.

<u>Liquid Logic (CareFirst Replacement) Data Quality Review (Limited Assurance, Medium Impact)</u>
Draft report stage

<u>Integra Application (Limited Assurance, Medium Impact)</u>

Executive Summary
This application review focused on risks relating to access and security of the system and back-up and continuity arrangements. The opinion therefore relates only to these areas and not to all aspects of the application which were not tested as part of this review.

From the testing undertaken, the areas that are controlled by the FSSG team – access and security of the system - appear well controlled. Role based definitions govern user access and the team have processes in place to support the removal of users from the system. However, the audit log enquiry facility is currently unusable and so no proactive monitoring of the system's activity takes place.

Although Internal Audit requested information on the system's back-up and continuity arrangements from Capita, no information was received. Internal Audit did receive information from Commercial Services regarding Capita's contract obligations in this area but it is noted that Capita do not provide any direct assurance on this. Internal Audit also has some concerns regarding Capita's lack of engagement with the FFSG team when support is required. It is these issues that have resulted in the opinion of limited assurance at this time.

High Priority Recommendations:

- Request activity reports from Capita that could potentially identify unauthorised access to the system or abnormal behaviour.
- Formalise the process with Capita for obtaining assurance on the contract obligations in relation to back-up and continuity arrangements.

People

<u>Better Care Fund Financial and Performance Monitoring (b/fwd)</u>

High Priority Actions
- Executive Management Group (EMG) should seek to align the current suite of performance metrics to areas of financial monitoring. This should then enable areas of poor performance to be identified and targeted.
- EMG meeting minutes should be more detailed, capturing how the EMG are managing the overspend via the various improvement and recovery boards in place across SCC and the CCG; including work being undertaken by the EMG working group.

<u>Independent Sector Provision – Home Care (b/fwd)</u>

High Priority Actions

- More robust sample testing on service users' invoices is required
- A Process should be developed to address providers who routinely invoice too much
- More stringent tests are required on temporary additional support
- Penalties should be introduced within for future tender specification/contracts

Social Care Accounts Service – Debt Management Team (b/fwd)

Executive Summary

Controls to manage operational risks are in place, though some have not been operational for all of the financial year because of the introduction of Integra, and some action has yet to be implemented. Action is required in key areas to ensure that debt recovery activities are carried out in accordance with the Council's Financial Regulations. In other areas, there is scope to improve the operation of controls to ensure the maximisation of income due to the Council and reduce costs.

During the 2017/18 financial year, the new Integra general ledger became operational. From June 2017 onwards, this led to several issues affecting the operation of debt recovery processes, not all of which have been resolved:

- The temporary inability to raise invoices, issue reminders and notices;
- IT issues affecting functionality of the new system in terms of reporting, processing periodical and repayment arrangements;
- Changes in payment methods affecting PayNet, bar coding errors and direct debiting;
- A backlog in processing debt write-offs; and
- An increase in the level of invoices being disputed.

These difficulties contributed to a deterioration in debt collection rates from May 2017 onwards. The 60 day collection rate fell from 86% in May to 78% in January 2018. During the same period, the average age of SCAS's sundry debt increased from 50 to 80 working days resulting in an adverse effect on cash flow of around £1million since the introduction of the Integra ledger. At the end of February 2018, the outstanding SCAS debts totalled over £2.9 million.

Deficits in Special Schools (b/fwd) (Limited Assurance, Medium Impact)

High Priority Actions
- The Sheffield Inclusion Centre should review its debt collection policy to ensure debt is collected on time.
- The power to remove delegated authority should be considered where schools repeatedly fail to adhere to their deficit recovery plans.
- Licensed deficits should not be approved without a detailed, completed deficit recovery plan to outline how the school plans to bring the financial position back to a balanced budget.
- All recovery plans should show a year on year improvement and should not be approved until this is the case. If short term reductions cannot be made, then an extended timeline should show when the deficit will be cleared.

- Finance Business Partners to ensure they are challenging all spend contrary to recovery plans.

Disclosure and Barring Service (DBS) process in Schools

Executive Summary

All 20 schools sampled provided a completed CRSA questionnaire. Internal Audit has based the findings on the written detail provided in the CRSA questionnaire, and on occasions supporting evidence.

The Director of Business Strategy will need to ascertain if this is a representative sample for the schools in Sheffield as a whole and if extrapolated, whether a similar picture would be identified. The reasons for this level of non-compliance identified within the findings/ recommendations in this report also needs to be established, as it could indicate wider issues, for example, training issues, lack of expertise or skills, reduced resources and increased workloads.

It is important to note that not all recommendations will apply to all schools. It remains the responsibility of the Headteacher to work with the governing body of the school to ensure that where a recommendation may be appropriate an action plan is designed and implemented.

High Priority Actions

Five schools did not return sufficient evidence to demonstrate that their Single Central Record (SCR) was recording information deemed mandatory. It is therefore recommended that the Headteacher should ensure that the school's SCR records all details required mandatorily by the Department for Education.

Five schools did not provide sufficient evidence that all checks on contractors and freelance staff with regular unsupervised access to children were recorded on the SCR. The recommendations therefore ensure full compliance, it could be that some of the schools are compliant, but have simply not demonstrated this.

It is recommended that the Headteacher puts in place a process which ensures any contractor and freelance staff that may have regular and unsupervised access to children is vetted in the same way a regular member of staff would be.

Two schools indicated that they do not have a policy which requires new governors to undergo a DBS check. In addition to this, two schools responded that they had members of their governing body who had not undergone a DBS checking process.

It is recommended that the Headteacher ensures the safer recruitment policy includes governors and requires that all new governors obtain appropriate DBS certificates.

Continuing Health Care in Adults (Limited Assurance, Medium Impact)

Executive Summary

It was clear that since the previous audit of CHC in Learning Disabilities, work has taken place to carry out improvements and there had been a number of changes to the delivery

model within the Council. Social work had moved to a localities-based model, therefore, Learning Disabilities no longer existed as a service on its own; instead provision was arranged for all clients groups on an area basis.

There had also been the introduction of a new whole family case management system (Liquid Logic). Work had been ongoing, for some time, in conjunction with the CCG around processes and procedures in place with regards to CHC funding. To that end, a new Operating Procedure was due to be signed off in November 2018.

High Priority Actions
- Operational process notes for Liquid Logic should be put in place
- Processes and procedures covering recharges to be completed and put into place
- Increases to provision involving CHC funding should be returned to the CCG to agree before an increase is put in place
- Work should continue with Transitions, and a process be developed to enable an easier forecast for changes from Children to Adults
- All chargeable services should be paid for
- Work should continue on the dispute and resource allocation procedures
- All service users should be charged a contribution, even if there is a dispute

Carers Assessment (Limited Assurance, Medium Impact)
Draft Report Stage

IR35 Process in Schools

Executive Summary
All the Schools visited as part of the audit sample testing were aware of the legislation and are making significant efforts to apply this in practice. The key issues identified related to inconsistencies of understanding and practice which enhanced communications should help to address. Advice from the Tax Manager has been sought on a couple of the issues arising from the review. These will be raised separately with individual schools.

High Priority Actions
- Communications to schools to be refreshed and re-issued on an ongoing basis.
- Schools update to clearly detail responsibilities in relation to the engagement of Personal Service Companies (PSCs) via agencies.

Place

Place Change Programme – Implementation Stage (b/fwd)

Executive Summary
The Audit Opinion was based on a number of issues regarding the Capita Transformation Team contract and performance monitoring. The recommendations related to contractual and governance arrangements for the delivery of subsequent phases of the Place Change Programme, as well as any further contracts awarded to the Capita Transformation Team by the Council. As such, these were referred to Commercial Services management, responsible for future contractual arrangements.

High Priority Actions

- The Capita Implementation Director should be required to address concerns regarding the assumption applied by the contractor's officers in calculating the individual initiative benefits figures.
- PCP governance arrangements should specifically include the monthly monitoring of the contractor's performance.
- The Phase 1 contract, as well as any subsequent Transformation Team contracts, should be sufficiently detailed to provide robust governance arrangements as well as an effective performance monitoring framework.

SLA's in Housing (Limited Assurance, Medium Impact)

Executive Summary
The Service Level Agreements tested for this audit were:
- Customer Services
- Grounds Maintenance
- Enhanced Service for Capital Commercial Services
- Communications
- Enhanced Health and Safety Service.

Consideration was also given to the overall list of SLAs charged to the Housing Revenue Account to ensure that as far as possible, charges appeared inclusive and appropriate.

It is acknowledged that a number of recommendations relate to Service Level Agreement Partners alongside the Housing & Neighbourhoods Team.

Internal Audit has therefore recommended a robust system of performance monitoring to be undertaken by Housing and Neighbourhoods; this should enable the service to identify and address areas of weakness directly with partners.

NB: Internal Audit found no evidence of improper charging to the housing revenue account (HRA) from the general fund.

High Priority Actions
- A process for reviewing the services charged to the Housing Revenue Account should be implemented.
- SLAs should be sufficiently detailed.
- Review meetings with SLA partners should be held regularly and actions documented.
- Formal performance monitoring reports should be produced.

Business Partnering Activities

PCI Legacy Issues
PCI Working Group
Info Governance Working Group
CCTV Working Group
British Red Cross Analysis of Charges
Use of Procurement Cards (moderate assurance, medium impact)
Cash Handling Procedures
Risk Management
Council's Human Aspects Partnership (CHAP) plan
Fraud eLearning Package
SCAS end-to-end Process Review
Controcc Early Payments to Care Providers
Carefirst Data Breach – Single Assessment Process System Review
Place Boards - Governance and Reporting Arrangements (not yet finalised)
Enforcement Agent Review (limited assurance, medium impact)
School Annual Report

Grants/Account sign-off
Moor Markets Service Charge Review
Crystal Peaks Market Service Charge Review
Lower Don Valley Flood Defence Charges
Disabled Facilities Grant sign-off
Disabled Facilities Grant sign-off part 2
Make Learn Share Europe Grant sign-off
Air Quality Grant sign-off
Local Authority Bus Subsidy Grant sign-off

Investigations
Investigation Advice to Management
Fraud Report

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