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

Internal Audit Tracker Report on Progress with Recommendation Implementation

Purpose of the Report

1. The purpose of this 'rolling' report is to present to members of the Audit and Standards Committee progress made against recommendations in audit reports that have been given a high opinion (using the old system), a no assurance opinion, or a limited assurance with high organisational impact opinion (using the new system).

2. As the report tracks recommendations until they have been fully implemented, there will be a period when reports are included that use both the old and new style of internal audit opinion.

Introduction

3. An auditable area receiving one of the above opinions is considered by Internal Audit to be an area where the risk of the activity not achieving objectives is high and sufficient controls were not present at the time of the review. All reports will have been issued in full to members of the Audit and Standards Committee at their time of issue.

4. Where Internal Audit has yet to undertake follow up work, the relevant Portfolio managers were contacted and asked to provide Internal Audit with a response. This work included indicating whether or not the recommendations agreed therein have been implemented to a satisfactory standard. Internal Audit clearly specified that as part of this response, managers were required to provide specific dates for implementation, and that this information was required by the Audit and Standards Committee.

5. This report also details reviews that Internal Audit proposes to remove from future update reports because all agreed recommendations have now been implemented. The Audit and Standards Committee is asked to support their removal.

FINANCIAL IMPLICATIONS
There are no direct financial implications arising from the report.

EQUAL OPPORTUNITIES IMPLICATIONS
There are no equal opportunities implications arising from the report.

RECOMMENDATIONS

1. That the Audit and Standards Committee notes the content of the report.

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

- Housing Responsive Maintenance Van Stock Controls (Place)
- Housing Benefits Accuracy Rectification Plan (Corporate)
- IT Resilience/Recovery (Corporate)
- Pro-Active Fraud Work – Appointeeships (People)

Executive Summary

New Reports added

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

Four new reports have been added to this tracker, and will be followed up in the usual way.

Title	Assurance	Impact
Assurance Reviews		
Software Licensing	No Assurance	High Organisational Impact
Hardware Asset Management	Limited Assurance	Medium Organisational Impact
Business Partnering		
Controcc Early Payment to Care Providers	Limited Assurance	
Enforcement Agent Review	Limited Assurance	Medium Organisational Impact

Recommendation implementation

In total, updates have been provided on all 28 recommendations due for implementation. Of these, 16 (57%) have been implemented and 12 (43%) are ongoing, indicating work has been started but not yet fully completed. No recommendations were considered to be outstanding.

Items to Note

Of two critical recommendations ongoing in the last update report, both remain ongoing. These are contained within the OHMS application review and relate to arrangements for upgrading and maintaining the system, which are both in progress as part of the Tech2020 programme.

Report to EMT

The tracker report was presented to the Executive Management Team on the 2nd July 2019.

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

EMT particularly focused on the 2 critical priority recommendations deemed to be ongoing, and discussed how these related to wider 2020 Programmes.

SHEFFIELD CITY COUNCIL
UPDATED POSITION ON TRACKED AUDIT REPORTS AS AT JULY 2019

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

Audit Title	Total				Complete				Ongoing				Outstanding	
	Critical	High	Medium	Ec/eff	Critical	High	Medium	Ec/eff	Critical	High	Medium	Ec/eff	High	Medium
Housing Responsive Maintenance Van Stock Controls		6	1			6	1							
Housing Benefits Accuracy Rectification Plan		1				1								
IT Resilience/Recovery		2				2								
OHMS Application Review	2								2					
Revenues and Benefits Contact Centre		1	2							1	2			
Proactive work - Appointeeships		1	1			1	1							
The Licensing Service			1								1			
Training Centres		1	1				1			1				
Subject Access Requests		2				1				1				
Controls in Town Hall Machine Room		1								1				
Appointeeship Service		3				2				1				
Council Processes for Management Investigations		2								2				
Total	**2**	**20**	**6**			**13**	**3**		**2**	**7**	**3**			

Shaded items to be removed from the tracker

1. Software Licensing (Resources) (issued to Audit and Standards Committee 1.5.19)

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

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

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

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

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

4. Controcc Early Payment to Care Providers (issued to Audit and Standards Committee 8.5.19)

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

5. Housing Responsive Maintenance Van Stock Controls (Place) (issued to Audit and Standards Committee 3.5.18)

As at July 2018
This report was issued to management on the 24.4.18 with the latest agreed implementation date of 30.6.18.   Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

As at Jan 2019
Internal Audit: A follow up audit was undertaken in late October 18 and an update on progress with recommendation implementation is included below.

As at Jul 2019
Internal Audit: An update on progress with recommendation implementation is included below.   This has been taken from the Place Resilience Sharepoint Site.

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Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position taken from Place Sharepoint Tracker
5.1	Procedural documentation should be produced (covering the issues listed opposite) and issued to all staff involved with van stocks. The procedural documentation should set out the control framework and the expectations placed on staff. **Management Comment** *Over and above this the Head of Housing Responsive Maintenance, is to produce an Action Plan to be rolled out to management and staff to ensure consistent application of procedures.*	2 - High	Service Manager, Stores, Logistics & Fleet	30/06/18 Revised implementation date: 31/01/2019	**Action complete** Procedural documentation has been written and implemented in service with improvements to the ICT providing enhanced reporting. The Service has developed its Service Plan with specific emphasis on performance management to ensure that there are clearly communicated expectations in relation to compliance with procedures across the Service.
5.2	The service review should consider the suitability and development requirements of the Callsys management system. The service review should then conclude whether to continue with the development of Callsys or to purchase a more suitable management system. In the short term, management should collate a log of all Callsys functionality issues and development requirements. Priority should be given to working with the systems developers to address the most significant of these. **Management Comment** *It was confirmed that the service review would consider the applicability of Callsys, together with the feasibility of procuring a bolt-on stock control package. The review was likely to take 12-18 months to complete.* *In the intervening period, a number of developments outstanding on Callsys are to be raised by*	2 - High	Head of Housing Responsive Maintenance,	30/06/18 (relates to the interim action re Callsys) Revised implementation date: 30/11/2018	**Action complete** The Project Team have actively reviewed stores and logistics have worked with the System developer to identify interim development opportunities that provide greater intelligence to monitor stock usage and these are being actively used in service by Operational Managers. The Project Team continue to identify developments with the developer balanced with defining system requirements to feed into the wider ICT strategy.

	management for Cohesis (the system's developers) to progress. *The Head of Service had prioritised these issues and the stores ones were not considered a priority over operational ones.* *In addition management are now pursuing exploring other warehouse ICT management systems.*				
5.3	Operational service management should be reminded of the importance of formally transferring all van stocks where vans are transferred between operatives. Operational expediency should not justify the failure to apply key stock controls. Continued failure to do so should result in escalation to the Head of Service.	2 - High	Head of Housing Responsive Maintenance	30/04/2018 Revised implementation date: 30/11/2018	**Action complete** A new Head of Service is now in post. Operational managers have been reminded of the procedures and this is being managed within Service.
5.4	Service management should systematically review van stocks' exposure to theft and fraud. Suitable mitigation strategies should be developed in line with the risk exposure. The risk mitigation strategies should be periodically reviewed so as to ensure that these remain operational and effective. Head of Housing Responsive Maintenance was further referred to the Council's Corporate Risk Manager, as well as the Place Resilience Team for further guidance on risk management arrangements in the Portfolio. **Management Comment** *Head of Housing Responsive Maintenance confirmed that since reporting, he had met with service management and identified the service risks.*	2 - High	Head of Housing Responsive Maintenance	30/06/2018 Revised implementation date: 30/11/2018	**Action complete** The Service has updated its risk management procedures and has ensured that van stocks are identified as a significant risk that is suitably mitigated against.

	A risk register had now been set up on the Portfolio Share Point site. *It was agreed that fraud and theft risks will be identified and mitigation strategies considered in line with anticipated loss calculations.* *Using historic data relating to van stock write-offs, management had established an "acceptable loss" figure of £0.31/van stock/day. Action would be taken to determine whether the service could improve on this.*				
5.5	Maintenance Managers should be reminded of the need to carry out prompt, thorough and effective investigations in to reported van stock discrepancies. Responses should be monitored by the Service Manager, Logistics, Stores & Fleet and any late or inadequate responses should be escalated to Operational Service Managers.	2 - High	Head of Housing Responsive Maintenance	30/04/18 Revised implementation date: 30/11/2018	**Action complete** Procedures are in place and this is being managed within Service. Reminders to operational managers will be issued by the HOS.
5.6	Procedural documentation for the control of van stocks (discussed previously in this report) should clearly set out management's responsibilities under the Council's Fraud & Corruption Policy to take disciplinary action against any operatives found to have stolen or misappropriated any of those stocks. All staff and management should be made aware of the Council's zero tolerance of fraud and theft.	3 - Medium	Head of Housing Responsive Maintenance	30/06/2018 Revised implementation date: 31/01/2019	**Action complete** The HOS will ensure that appropriate disciplinary action is taken where necessary if there is a failure to comply with reasonable management instructions and the Council's Fraud & Corruption Policy.
5.7	Management should introduce arrangements for the systematic review of repairs and maintenance jobs and the materials booked out to them as a deterrent against the misappropriation of van stocks. Management should consider the effective targeting of inspections through the use of specific exception reports. Internal Audit acknowledges that such reports are not currently available via Callsys (see previous Audit Findings), but further recommends that management work with the system's developers	2 - High	Head of Housing Responsive Maintenance	30/06/2018 Revised implementation date: 30/11/2018	**Action complete** The Service has reviewed its QA procedures and will ensure that quality checks are carried out and include physical checks on materials booked to jobs from van stocks against what was installed. Implementation of the checks started 30th November 2018.

	to determine whether a short term solution is available to provide equivalent levels of information and control.			

Internal Audit proposes to remove this item from the tracker.

6. Housing Benefits Accuracy Rectification Plan (Corporate) (issued to Audit and Standards Committee 21.5.18)

As at July 2018
This report was issued to management on the 25.4.18 with the latest agreed implementation date of 30.6.18. Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

As at Jan 2019
Internal Audit: A follow up audit was undertaken and an update on progress with recommendation implementation is included below.

As at Jul 2019
Internal Audit: An update on progress with the final recommendation ongoing in the last report is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Senior Finance Manager, Income Collection & Management and Revenues & Benefits.
6.1	Capita should provide Client Team management with evidence of the specific actions being undertaken during regular updates to enable meaningful and effective changes to be made to the rectification plan to ensure the error rates are reduced. Commercial Services Contract Management should ensure any contract penalty is invoked. The contract should be reviewed to the introduction of a penalty system that provides a series of stepped deterrents as error rate increase. If this is not feasible for the existing contract, upon expiry, consideration should be given to the introduction of stepped deterrents for similar ongoing	High	Emma Hall, Contract Director, Sheffield Revenues and Benefits, Capita Demi Turner, Senior Procurement & Supply Chain Manager Jon West, Senior Finance Manager,	31st March 2018 Revised implementation date 31.3.19	**Action complete** The improvement of accuracy continues to be of critical importance to the service. A full detailed analysis of the accuracy results and the initiatives implemented are shared at the Service Operation Board and reported to the joint Capita/SCC Management Board. Although results since November have shown a dip in performance, analysis has shown this was due to new additional resilience staff being brought in who were unfamiliar with Sheffield policies and procedures. Measures which have been put in place to tackle this started to show improvements in February, with March and

error rate increases in any future contract. Managers comments The contract already caters for performance deductions when the KPI's are not met. The payment mechanism is applied monthly. The PI for accuracy has not been met now on 3 consecutive occasions. Client team and Commercial Services to review next steps under the contract. SCC cannot compel Capita to accept a stepped deterrent system under the current contract. Upon expiry of the Capita contract, consideration will be given to the introduction of stepped deterrents in any future contract.		Income Collection & Management and Revenues & Benefits		April's results still to be finalised. Service credits for each quarter in 2018/19 have been invoked. These relate to KPI 4 (No. of PI's Achieved) of which missing the target for Accuracy PI forms part of the failure of this KPI. The Capita contract will end in 2020 when the service will be delivered in-house therefore final recommendation is no longer applicable.

Internal Audit proposes to remove this item from the tracker.

7. IT Resilience/Recovery (Corporate) (issued to Audit and Standards Committee 22.12.17)

As at July 2018
This report was issued to management on the 20.11.17 with the latest agreed implementation date of 31.5.18.   Due to the timescales for completion of this report an update will be included in the next tracker.

As at Jan 2019
Internal Audit: An update on progress with recommendation implementation is included below.

As at Jul 2019
Internal Audit: An update on progress with two recommendations ongoing in the last report is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position taken from the Place Resilience Tracker 5.6.19.
7.1	Services need to strengthen and document their continuity arrangements in the event of a serious ICT	2 - High	Mick Crofts, Director of	May 2018	**Action complete**

	incident. Services should ask themselves what simple measures they need to take in the event of ICT failure. For example, retaining team contact numbers off the Council's network. A service may work with key clients; again, they would need to ensure that they could contact these clients if required. If payments are made to vulnerable clients, they would need to identify how they could continue to make those payments in the event of a serious incident/ICT failure. This should not require services to produce lengthy written documents, rather request that they retain the core information required and the plan to be undertaken. Services should be supported to undertake this planning.		Business Strategy & Regulation via Business Continuity Group	Revised implementation date: 31.3.19	Following agreement at the Directors Group – all Directors have now submitted BC Plans for their service area as being fit for purpose. Quality assurance is taking place to help improve plans further, followed by testing. The Business and Information Solutions Team continue to work to redesign, align and improve ICT effectiveness and reliability across the Portfolio, in line with TEC 2020 and the Place Change Programme.
7.2	It is important that in the event of a serious incident/outage, staff understand the contingency arrangements in place and when they need to enact these. Once plans have been fully updated across the Council, these should be communicated appropriately with all staff. All plans should be tested on a regular basis (at least annually) to ensure that they remain fit for purpose.	2 – High	Mick Crofts, Director of Business Strategy & Regulation via Business Continuity Group	May 2018 Revised implementation date: 31.3.19	**Action complete** All Directors have now submitted BC Plans for their service area as being fit for purpose. Quality assurance is taking place to help improve plans further, followed by testing.

Internal Audit proposes to remove this item from the tracker.

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

As at July 2018
This report was issued to management on the 4.1.18 with the latest agreed implementation date of 30.4.18. An Internal Audit follow-up review has been completed and the results are included below.

As at Jan 2019
Internal Audit: An update of progress with the 5 recommendations ongoing in the last report is provided below.

As at Jul 2019
Internal Audit: An update on progress with two recommendations ongoing in the last report is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Service Manager, Systems and Business Information on 5.6.19.
8.1	Discussions should now take place between the systems team and BCIS to determine the likely extent of any outage and the implications of this. An options paper should then be prepared to explore the business continuity arrangements required in the absence of formalised disaster recovery arrangements.	1 - Critical	Maxine Stavrianakos, Head of Neighbourhood Intervention & Tenant Support	April 2018 Revised implementation date: 31.12.19	**Action ongoing** It has been agreed by BCIS and HLT to move the hosting of OHMS to the supplier, Northgate. This will resolve this issue but the hosting move will be delayed until December 2019, in line with the revised end date of the Capita contract.
8.2	Because the system is not currently up to date and considerable expense and effort will be required to enable this, it is recommended that an options review is undertaken to ascertain what the best method is to take the application forward. This should include the do nothing option, update the current version with a view to moving to the new product or to look at other potential solutions. This will need input from the Housing Service to ensure that the solution adopted is the most cost effective in delivering their service requirements.	1 - Critical	Maxine Stavrianakos, Head of Neighbourhood Intervention & Tenant Support	April 2018 Revised implementation date: 31.10.19	**Action ongoing** OHMS will be upgraded to the latest version by October 2019.

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

As at Jan 2018
This report was issued to management on the 10.10.17 with the latest agreed implementation date of 31.12.17.   Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

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

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

As at Jul 2019
Internal Audit: An update on progress with recommendation implementation is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Customer Service management and the Revenues and Benefits Client Team 6.6.19.
9.1	Strategic and operational management in Customer Services and Revenues & Benefits should review Revenues & Benefits contact centre performance and to ensure the KPI is realistic and can be achieved in line with other service pressures and resources.	2 – High	Paul Taylor, Head of Customer Services Andrea Gough, Service Delivery Manager, Customer Services Tim Hardie, Head of Commercial Business Development John Squire, John Squire, Finance Manager Revenues and Benefits Client Team	31st December 2017 Revised implementation date: 30.1.20	**Action ongoing** **Customer Service Management Comments** A plan of improvement measures was agreed in late 2017; although some timescales have slipped the areas under discussion are still live. This plan was also shared during Briefing Sessions for the staff team and their input was welcomed. Agreement has been given for the Contact Centre to procure a telephony system ahead of the rest of the Council. A suitable solution has been identified and is in the final stages of procurement. The new system will be in operation by – at the latest – the end of December 2019. Under this new system callers will either have their call answered or will join a queue where they will be told approximately how long they will be waiting for their call to be answered. Ahead of the new telephony system going live, Customer Services procured some extra voice channels which means that the former situation

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					whereby once the queues were full, callers would be asked to call back later and had their call terminated is no longer happening. Since mid-March 2019 all callers to the Revenues and Benefits front-end system are able to join the queue, although wait times can still be lengthy. Discussions are ongoing with colleagues in the Revenues and Benefits Client Team regarding whether the KPI for Revenues and Benefits (currently all calls being answered within 300 seconds) should be brought into line with the other Contact Centre KPIs - i.e. answer a minimum of 85% of all calls. The current KPI is extremely hard to achieve and so there would be a positive motivational effect for team members from introducing the more attainable 85% target. **Revenues and Benefits Client Team** The insourcing of the back office functions of the Revenues and Benefits Service should afford the opportunity to review and improve the relationship between the front and back ends of the service. To prepare for this a Customer Experience discovery piece has recently been commissioned by BCIS at the request of Resources Leadership Team.
9.2	Management should ensure that all staff have an appraisal and complete a learning and development plan, as per the corporate requirements.	3 –Medium	Andrea Gough, Service Delivery Manager, Customer Services	30th October 2017 Revised implementation date: 31.8.19	**Action ongoing** We are currently in the middle of the PDR cycle and all managers are being strongly reminded of the need to complete PDRs with their team members. The last year has seen a concerted cultural change in respect of Contact Centre personnel, reflected in a change to more holistic 1:1 sessions with time being spent giving people more opportunity to speak about workloads and potential stressors rather than simply focusing in

					on numbers of and performance on calls. We also spend time working through peoples' career aspirations and PDRs should reinforce this.
9.3	All contact centre staff should complete the mandatory e-learning modules, specifically the information management module.	3 - Medium	Andrea Gough, Service Delivery Manager, Customer Services	31st December 2017 Revised implementation date: 31.8.19	When this audit was last reviewed 86% of Customer Services personnel had completed the Information Management module.

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

As at Jan 2018
This report was issued to management on the 13.11.17 with the latest agreed implementation date of 31.1.18.   An update on progress with recommendation implementation will be included in the next tracker report.

As at July 2018
An Internal Audit follow-up review has been completed and the results are included below.

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

As at Jul 2019
Internal Audit: An update on progress with two recommendations ongoing in the last report is included below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Update provided by Executor Services Managers, SCAS on 6.6.19
10.1	A standardised approach should be introduced for recording details of the payments that are made on client accounts. This does not have to be an onerous task but the schedule (or similar) should record the payments that are made and the	3 - Medium	Charles Crowe, SCAS Service Manager Liam Duggan,	December 2017 Revised implementation	**Action complete** Each client's daily/weekly spends amounts are logged on a master spreadsheet, any amendments and updates are then stored and a

	decision making that has taken place around the payments. This can then be used for reference if any queries are received on accounts and for continuity purposes should a Client Resource Officer leave the service. Payment schedules should be retained on a client's file. When significant changes are made to payments on a client's account, management authorisation at an appropriate level should be required. Management should determine the level at which this should be necessary.		Head of Business Strategy - Business Planning	date 31.1.19	new sheet is saved. Once we move onto Barclays and Trojan (new banking system) this sheet will no longer be needed. Delays with the implementation of Trojan have occurred but the service are now transferring the data over. It is estimated that by the 1st Aug 2019 the master spreadsheet will cease being used.
10.2	Once the permanent staffing structure is in place, management should review the information management training requirements of all staff within the service. Effective training does not have to be an onerous task. Many organisations are now finding that shorter, more targeted training is more effective for staff development with training often lasting only 15 minutes at a time. The information management training requirements of this team could potentially be broken down in to shorter manageable sessions covered in team meetings etc. This could include training on Data Protection Law, handling and sharing information appropriately, dealing with information security breaches and how to deal with these etc. Evidence that training has been undertaken should always be clearly documented. Management should liaise with the Information Governance Team to ensure that they have the means to communicate securely with all third parties outside of the organisation – for example, GCSX email accounts for all staff; including the relevant training in the use of this.	2 - High	Charles Crowe, SCAS Service Manager Liam Duggan, Head of Business Strategy - Business Planning	January 2018 Revised implementation date 31.1.19	**Action complete** Available information management training has been completed by staff on the Development Hub.

Internal Audit proposes to remove this item from the tracker.

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

As at Jan 2018
This report was issued to management on the 22.11.17 with the latest agreed implementation date of 31.3.18.   An update on progress with recommendation implementation will be included in the next tracker report.

As at July 2018
An Internal Audit follow-up review has been completed and the results are included below.

As at Jan 2019
Internal Audit: An update of progress with the 9 recommendations ongoing in the last report is provided below.

As at Jul 2019
Internal Audit: An update on progress with the final recommendation remaining is included below.

The Licensing Service (Place)

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position taken from Place Sharepoint Tracker 5.6.19
11.1	Deadlines should be set for the prompt development and implementation of the service Business Continuity Plans. Once completed, this should be rolled out to officers as well as members of the Licensing Committee.	Medium	Head of Licensing Service	31/12/17 Revised implementation date: 31/07/19	**Action ongoing** Business Continuity Plan for Licensing Service has been completed, pending sign off from Licensing Management Team. The next step, over the next few weeks is to share plan with the remainder of Licensing Service. After consideration and in consultation with Internal Audit, it has been decided that the BCP is not relevant to the Licensing Committee so this element of the recommendation will not be undertaken.

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

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

As at July 2018
17 recommendations were either on-going or outstanding at the last update. Progress has been made, with 11 recommendations now complete and 6 ongoing.

As at Jan 2019
Internal Audit: An update of progress with the 6 recommendations ongoing in the last report is provided below.

As at Jul 2019
Internal Audit: An update on progress with 2 recommendations ongoing in the last report is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by the Strategic Support and Development Manager on 5.6.2019
12.1	Management should look to develop a simple, concise 'financial performance dashboard/report' that can be prepared on a more regular/timely basis. If possible the information included should still include a breakdown of the actual expenditure and forecasted outturn position for individual areas of income and expenditure, as this provides useful information that Management can use when evaluating progress against recovery plans, and determining areas where further savings could potentially be made (if necessary).	High	S.Bulman - Strategic Support and Development Manager, LLS	31.7.17 **Revised Timescale:** 31.12.18	**Action Ongoing** The replacement data system has only just become operational and there are still some 'teething' issues which have meant some of the data has not been available. These issues should be resolved over the next few weeks and the new system will be fully operational by the start of the new academic year. In the meantime we have continued to use the Qtier process to identify income and expenditure against budget.

| 12.2 | Quarterly invoices should be raised with the school in respect of ongoing room hire incurred, whilst awaiting confirmation (or otherwise) as to whether the costs will be paid centrally going forward. The school themselves can then liaise with SEN to recover invoices paid to date. | Medium | C.Charnley - Operations & Development Manager, Business Strategy – left role in 2017. S.Bulman - Strategic Support & Development Manager, LLS. | 30.6.17 **Revised Timescale:** 31.12.2018 | **Action complete** It was agreed that outstanding charges up to 31st March 19 would be written off and the school would pay from 1st April 19 onwards. An invoice was raised on 24th April for the £20k charges for this year. |

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

As at July 2017
This report was issued to management on the 18.1.17 with the latest agreed implementation date of 31.10.17.   Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

As at Jan 2018
A follow-up audit was undertaken in December 2017. The results are reproduced below. Of 7 agreed recommendations, 4 are complete and 3 are ongoing.

As at July 2018
3 recommendations remained ongoing from the previous update. 1 of these has now been actioned, with 2 being linked to the SCC2020 Records Management Project.

As at Jan 2019
Internal Audit: An update of progress with the 2 recommendations ongoing in the last report is provided below.

As at Jul 2019
Internal Audit: An update on progress with 2 recommendations ongoing in the last report is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Service Manager - Business Support 10.6.19.
13.1	The Corporate SAR process should be reviewed and roles and responsibilities clearly re-defined where necessary. The specialised role of the Information Governance team in the process should be fully defined and documented. This role should be advisory in nature and not form part of the business as usual process. Any issues noted should be recorded to try to ensure that they can be included in future training and development.	2 - High	Elyse Senior-Wadsworth, Service Manager - Business Support	31.10.17 **Revised Timescale** 31.12.18	**Action complete** The team was in post from November 2018, and the backlog of outstanding SAR's has been completed. SAR's are now managed and completed within 30 days or agreed extensions for large requests as per the protocol. As a result of the proactive approach taken to resolve the SAR backlog the ICO monitoring of progress has ended (January 2019). Triage of all SAR's received with contact made at point of receipt with all requestors (link contact person for each SAR in place during the work). Overriding trend is the numbers of SAR's continue to rise. Based on the improvements made to processing SAR's a business case is in progress to create a permanent dedicated team to continue the work started. If agreed phase 2 will include widening out the role to include other types of requests service receive which require redaction e.g. legal / professional requests. Paper completed on the requirement for ongoing scanning of paper records to improve response rates further. Training and development of the team on going, e-Learning - Understanding the GDPR hosted by FutureLearn.com has been completed. Taught training sessions organised by Mark Jones are in progress • Overview of Data Protection, • Data Protection exceptions / disclosing (Children's) • Privacy by Design

13.2	A Portfolio data map should now be produced for responding to subject access requests. This should clearly detail the routine information that should be checked when a subject access request is received, where this can be located and who is responsible for this source of information.	2 - High	Elyse Senior-Wadsworth, Service Manager - Business Support	31.10.17 **Revised Timescale** 30.9.19	**Action ongoing** Data map draft is now in place but will be kept under review as Records Management work progresses.

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

As at July 2017

This report was issued to management on the 27.4.17 with the latest agreed implementation date of 31.12.17.   An update on progress with recommendation implementation will be included in the next tracker report.

As at Jan 2018

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

As at July 2018

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

As at Jan 2019

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

As at Jul 2019

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

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Assistant Director ICT Service Delivery 13.5.19.
14.1	Working in conjunction with the Capita Security Manager, management should ensure that there are appropriate business continuity arrangements in place for the room following a full business impact	2 - High	Mike Weston, Assistant Director ICT Service Delivery	31.12.17 **Revised Timescale** 31.1.20	**Action Ongoing** The equipment in this room will be replaced by AN, the Council's new datacentre provider, as a

| analysis. This should be completed once the roles and responsibilities in relation to the room have been clearly formalised and documented. | | | | result of the transition away from Capita.

The Corporate Resilience Group has provided feedback on disaster recovery requirements for core applications and these are currently being assessed by ANS to determine the costs of building application disaster recovery. However the new arrangements are unlikely to be in place before Capita exit SCC in January 2020. |
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15. Appointeeship Service (People) (issued to Audit and Standards Committee 22.7.16)

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

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

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

As at July 2018
An update of progress with the 3 recommendations ongoing in the last report is provided below. All 3 recommendations remain ongoing – 2 recommendations are being addressed through the introduction of the new Whole Case Family Management system, and 1 item relates to the corporate roll-out of the Fraud e-learning package and so is beyond the control of the Service. This item is being actioned by Internal Audit in consultation with the Learning and Development Service.

As at Jan 2019
Internal Audit: An update of progress with the 3 recommendations ongoing in the last report is provided below.

As at Jul 2019
Internal Audit: An update on progress with 3 recommendations ongoing in the last report is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position provided by Executor Services Manager, and Customer Accounts Team Manager 6.6.19.
15.1	Internal Audit recommends that the business case is revisited to confirm and clarify the project plan and supporting plans to ensure a robust transition of service from the external providers. There should be a revised costing completed for the service, highlighting proposed costs versus actual costs including the direct costs of the new Card Payment System. Clarification is required as to what service users will be charged and what the impact of not charging clients will be on budgets.	High	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities Charles Crowe - SCAS Service Manager, People Services	31.8.16 **Revised Timescale** 31.1.19	**Action complete** The Business Case has been signed off and the deputyship programme has now started.
15.2	An SLA should be developed and put in place. It should cover the services the team will provide, to whom, when and at what level. It should spell out the differences for residents in care homes and those in the community. Additionally, it should include the setting up of direct debits, providing advice on household providers, how the clients will be referred to the service and the relevant forms required for requesting services/payments etc. Once complete, this should inform the staffing requirements for the service.	High	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support, Communities Charles Crowe - SCAS Service Manager, People Services	31.8.16 **Revised Timescale** 31.11.19	**Action complete** The SLA was completed some time ago for both Residential and Community clients. A copy was provided to Internal Audit.
15.3	Fraud awareness training should be undertaken, for all staff, ideally to be completed before the start of the next financial year.	High	Maxine Stavrianakos - Head of Neighbourhood Intervention and Tenant Support,	31.8.16 **Revised Timescale** 31.8.19	**Action ongoing** This remains ongoing, awaiting corporate roll out of revised fraud training.

		Communities Charles Crowe - SCAS Service Manager, People Services		

16. Council Processes for Management Investigations (Corporate) (issued to Audit and Standards Committee 21.11.16)

As at Jan 2017
This report was issued to management on the 20.9.16 with the latest agreed implementation date of 31.12.16.   Due to the timescales for completion of this report, an update on progress with recommendation implementation will be included in the next tracker report.

As at July 2017
An update on progress made with the recommendation implementation is included below. Of 16 recommendations agreed, 10 have been implemented and 6 are ongoing.

As at Jan 2018
Internal Audit: An update of progress with the 6 recommendations ongoing in the last report is provided below. 1 has been completed and 5 are ongoing – all of these relate to the same action to refresh and roll-out guidance and training.

As at July 2018
An update of progress with the 5 recommendations ongoing in the last report is provided below.

As at Jan 2019
Internal Audit: An update of progress with the 3 recommendations ongoing in the last report is provided below.

As at Jul 2019
Internal Audit: An update on progress with 2 recommendations ongoing in the last report is provided below.

Ref	Recommendation	Priority	Original Responsible Officer	Original Implementation Date	Updated position - provided Finance Manager, Internal Audit 6.6.19.
16.1	Internal Audit should review and update the counter	High	Stephen	31.12.16	**Action ongoing**

	fraud training course on line. There should be a corporate mandate for all employees to undertake this training by the end of the year.		Bower, Finance Manager, Internal Audit	**Revised Timescale** 30.9.19	Now that the policy and procedure documents have been updated. The e-learning package will be updated to tie in with the new/revised policies.
16.2	The fraud e-learning should be updated and be mandatory for all service staff to complete. This will ensure that all staff have adequate training and knowledge to identify potential fraud at early stage and take the appropriate action, further aiding consistency across the Council.	High	Lynsey Linton, Head of Human Resources Stephen Bower, Finance Manager, Internal Audit	31.12.16 **Revised Timescale** 30.9.19	**Action ongoing** As above The e-learning package will be updated to tie in with the new/revised policies. This has been delayed due to unplanned investigation work taking priority.

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