

List of Outstanding audit actions

APPENDIX 1

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
Person Responsible: Alexander Cowen (1)							
Title: Adult Safeguarding (1)							
	Adults & Communities	Based on our tests where we matched the key case dates between IAS and the safeguarding spreadsheet, the current process of updating the spreadsheet does not appear to be reliable and there is an increased risk of incorrect case progress being reported. We confirmed that the Council was looking into options to enhance functionality of IAS to enable reporting from IAS itself. We consider this to be the preferable option to ensure accuracy of reported information and reduced time spent by staff on duplication.	The Council will agree the timing to phase out the use of the safeguarding spreadsheet once the IAS reporting function goes live.	Medium	No Action Taken	31/03/18	No Action Taken
Person Responsible: Simon Broad (1)							
Title: Adult Safeguarding (1)							
	Adults & Communities	No multi agency audits have taken place during the year and from the meeting minutes of the SAB Performance Sub Group; it is not clear whether any lessons from the previous year's audit have been addressed. Further, meeting minutes of the SAB Performance Sub Group indicated that the group had not been attended in full consistently.	The Council will agree the work plan, terms of reference and membership of the SAB Performance Sub Group.	Medium	Partially Completed	30/06/17	SMT 26th July advised will be completed in Nov 2017 This date has now pushed back to Jan 2018
Person Responsible: Colin Moone (6)							
Title: Allocations (2)							
	Place & Development	Through discussion with the Lettings and Voids Manager we confirmed that the implementation of this process has stalled due to ongoing IT issues. It was originally intended to begin in January 2015 however to date renewal requests have still not been sent out.	The IT issues regarding sending out renewal letters will be addressed to ensure these are being sent out on an annual basis.	Medium	Partially Completed	30/09/17	9/11/2017 - P&D SMT - This is an IT issue IT have told us that the Renewal Letters part of the system will be available in January 2018.
	Place & Development	Through review of the Housing Strategy 2016 - 2021 that was presented to the Cabinet in April 2017 for approval we confirmed that there are plans in place under Theme 4; Homelessness and Housing Need to review the Allocation Scheme to ensure it is appropriate and up to date adequately covering their duties.	The Housing Allocation Scheme will be reviewed and updated with consideration of amendment to the: · Five year residency requirement; · Lack of home ownership requirement; and · The working household's additional preference criteria.	Medium	Partially Completed	30/09/17	The new scheme will be going live at the beginning of April 2018.
Title: Homelessness (3)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Regeneration	<p>The Housing Demand Manager confirmed that when they became involved in the acquisition of private sector tenancies they created a list of 'incentive' amounts that the Council would offer to landlords to effectively top up the Local Housing Allowance (LHA) rates to make them more comparable to the market rates.</p> <p>These rates are subject to negotiation for example if the property is highly desirable or the landlord has a large number of available properties. The Housing Demand Manager confirmed they approve all incentive amounts with the purchase orders for payment going through them.</p> <p>A sample of five new tenancy agreements entered into in 2016/17 was selected. Through review we confirmed that all of these were long term tenancies of 24 months and that the required safety checks were performed prior to letting, with the purchase order and emails evidencing the Housing Demand Manager approving the agreement.</p> <p>We noted that four of the five had appropriate incentive amounts agreed for them, but for one of the properties the incentive was particularly inflated. Through discussion and review of the supporting emails we confirmed that the Housing Demand Manager was on leave at the time of the agreement. The Landlord contacted</p>	<p>A policy around incentives will be drafted which includes detail on the standard incentives, the situations when these can be inflated, the required approval to increase an incentive, as well as the tenancy length requirement (12 month minimum) to ensure consistency of approach.</p>	Medium	Partially Completed	30/09/17	9/11/2017 Advised that this is now complete q3 2017/18 Follow Up found that authorisation is not only required when incentive amount is agreed
	Regeneration	<p>If the suitability of accommodation check is not being undertaken completely as laid out in the Private Rented Sector Toolkit there is the risk that the Council is placing clients in unsuitable accommodation and discharging their duty inappropriately which could open the Council up to legal action.</p> <p>The DGS referral spreadsheet was obtained and a sample of five cases that had a referral in 2016/17 were picked. These five cases were viewed on Capita and in all cases we confirmed that a DGS referral form as laid out in the Private Rented Sector Toolkit was completed appropriately providing assurance as to the process and that applicants are being assessed correctly and approved prior to the assistance being given.</p>	<p>A review will be carried out to assess the staffing levels in the teams responsible for completing the suitability of accommodation checklist to determine if these need to be adjusted to provide the manpower to complete the suitability of accommodation checklists.</p>	Medium	Partially Completed	30/09/17	The Housing Standards Team have drafted a new procedure to deal with this area. It is currently being consulted on and will be agreed in January 2018.

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Regeneration	<p>Through discussion with the Housing Inspector involved with the Deposit Guarantee Scheme (DGS) we learnt that the DGS Landlord forms have not been being completed recently due to discussions around changing the pack provided to the landlords which includes the DGS information, as well as a lack of Officers in the team.</p> <p>Private Landlords are provided with information on the arrangement when they agree to let property to Council clients and the required safety check evidence is required with the Council undertaking an inspection for deposit assurance purposes.</p> <p>It is important to provide the DGS Landlord forms as this provides the Landlords with their rights as well as the Council's expectations regarding the relationship. If this is not being provided there is the risk that Landlords are not adequately informed which could result in a breakdown of relationship if the Council cannot provide them with expected reparations or if they expect the guarantee could be used for rent arrears for example.</p> <p>For a sample of five private sector properties rented in 2016/17 we confirmed that the appropriate certifications had been completed providing assurance as to the safety aspect of the properties.</p>	<p>The Deposit Guarantee information for Landlords will be reviewed and updated. This will be provided and a signature required along with the safety check information whenever a new private landlord is used for a Deposit Guarantee Scheme client of the Council.</p>	Medium	No Action Taken	30/09/17	9/11/2017 P&D SMT This action is now complete q3 follow up The deposit guarantee information has not been reviewed
Title: Management of Housing Stock (1)							
	Place & Development	<p>For the remaining four cases, we confirmed in all instances; • A completed and signed Mutual Exchange Application Form had been received; • An Officer Checklist had been completed and retained; and • The required checks had been completed.</p> <p>However, we found three of the cases had breached the 42 days statutory deadline, while for the remaining case, the application form on DIP was missing the signature page and had not been date-stamped so we were unable to assess the timeliness of the decision. Where the deadline is missed, the Council cannot refuse the application which impacts the Council's ability to effectively manage its housing stock as the mutual exchange/transfer may not be in the Council's interests.</p>	<p>The Tenancy Management Policy and Fact Sheet 9 (Mutual Exchange/Transfer) will be updated to include; • A requirement to set submission deadlines when requesting information from the tenant or external landlords; • The timescales to be given; and • Refusal as the consequence for missing the deadline. Once approved, this will then be communicated to relevant staff and implemented to ensure effective management of applications, with compliance will be monitored as a KPI.</p>	Medium	No Action Taken	31/03/18	Change of resp
Person Responsible: Barry Stratfull (6)							
Title: Asset Management (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Regeneration	The Council does not have in place an Asset Management Procedure which details the roles, responsibilities, and key processes in ensuring that asset management is effectively managed; including maintenance of an up-to-date asset register.	<p>The Principal Asset Manager, Principal Accountant for Capital & Treasury and Group Property & Regeneration Solicitor should oversee the preparation of an Asset Management Procedure that clearly outlines the responsibilities of all involved departments and staff. The procedures will clearly outline:</p> <ul style="list-style-type: none"> •How to identify assets; •Responsibility of staff in reporting new assets and disposals to the finance team, the legal team and the asset management team; •Documentation to be held for assets owned by the Council; •Responsibility in recording all assets into the Land Terrier and the Asset Register; •Timeliness and responsibility of reconciliations between the asset values in the asset register and the general ledger; •Timeliness and responsibilities for all involved teams within the asset revaluation process and updating of results. •Formal written verification procedures covering how regular reconciliations are to be completed against the asset register and the Councils property management records. <p>The policy and procedure will be approved by CMT and communicated across all directorates.</p>	Medium	No Action Taken	31/03/17	<p>We confirmed that a procedure had not been defined which outlined responsibility of all departments involved in asset management.</p> <p>We further identified following discussions with the Principal accountant that the processes were well known within the staffing structure however, there was no documented procedure.</p> <p>As such we have restated the action.</p>
Title: Asset Register (1)							
	Regeneration	We obtained a rough two-sided step by step guidance document from the Principal Asset Manager which outlined the process to be followed for the Principal Asset Manager/Management Support Officer for the following; • Notifications from Legal Services; • Notifications from Finance; • Auditing process	The Principal Asset Manager, Principal Accountant for Capital & Treasury and Group Property & Regeneration Solicitor should oversee the preparation of an Asset Management Procedure that clearly outlines the responsibilities of all involved departments and staff.	Medium	Partially Completed	31/07/17	No action has been taken on this Will be completed bt Sept 2017 12th Oct 2017 - Barry to send out to ensue this is done
Title: Council Tax (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	The Council, in liaison with arvato, will instigate a process for checking a sample of discounts on an annual basis to ensure that residents in receipt of a discount are still eligible.	The Council, in liaison with arvato, will instigate a process for checking a sample of discounts on an annual basis to ensure that residents in receipt of a discount are still eligible.	Medium	Partially Completed	31/03/18	All discounts except Single Person discount were checked during 2016/17 - the contractor issued a change control for SPD on 26th January 2017 to excuse a SPD for 2016/17 on the basis that the major system to check against was Eletorial registration and this was considerably out of date, which made doing an SPD review virtually impossible. A plan is in place to complete an SPD review in 2017/18 as the Elecorial registration database is now in a much better state. The implementation meeting for this review is scheduled for 27th June 2017 amended as per q1 follow up
Title: Creditors (1)							
	Finance and Resources	We obtained a report from Agresso of suppliers and sorted by the 'last updated' field. We then selected a sample based on those that have been updated since April 2017. This was due to the Council being unable to run a report of amendments. We selected a sample of ten amendments and tested to confirm whether validation checks had been undertaken and whether these checks had been evidenced. Our sample consisted of five bank detail amendments, three email address amendments, one payment address amendment and one instance where we could not ascertain the detail of the amendment, linked to the issue documented above.	All amendments to supplier standing data (including changes to email addresses and bank details) will be supported by a fully completed and authorised form (with any relevant correspondence), clearly evidencing the verification checks undertaken and uploaded to Agresso.	High	No Action Taken	31/05/18	No update received
Title: Debtors Management (1)							
	Finance and Resources	The Collection Strategy Policy document was obtained and we found that procedures are in place for the collection of debt. This policy is dated April 2012 and has not been reviewed since creation. Through discussions with the AR & Social Care Charges Manager at arvato, we found that the debt collection policies in place are not reflective of current practices and is not being followed by arvato due to not being fit for purpose.	The Council will ensure the debt collection policies and procedures are updated to reflect current practices and ensure debt collection expectations are being met. These will be relayed to arvato to ensure policies are agreed and followed.	Medium	Partially Completed	31/03/18	This is in progress This is in progress - and a first draft has been completed but due to resource issues this is still awaiting finalisation
Title: Payroll (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	We confirmed through observation that access to the system has been restricted by username and passwords. We obtained a list of payroll leavers from arvato HR, and noted that three payroll staff had left the employment of arvato during the current financial year. We reviewed Agresso user access reports and noted that access had not been revoked for all three payroll leavers.	On termination of employment for payroll staff, the T-HR & Payroll Service Manager will inform the SBC Agresso Support Team via email, copying the Financial Systems Accountant so access is removed.	Medium	No Action Taken	31/03/18	This is to be actioned
Person Responsible: Neil Wilcox (2)							
Title: Asset Management (2)							
	Regeneration	Testing carried out to confirm that acquisitions of assets are appropriately recorded on the Council's asset register identified that completion memorandums could not be located in all instances. This brings into question whether the Legal department had actually sent these out to allow for amendments to be made to asset management managed records, including the asset register. Medium	The Legal Department will ensure that completion memorandums are communicated and obtained on file for all asset acquisitions made.	Medium	No Action Taken	31/03/17	We were advised by the Principal Accountant that this action had been implemented, however we were not provided with the evidence to confirm this and therefore have not agreed this action as implemented as we have not seen the evidence. Following review with the Assistant Director Finance and Audit, it was accepted that the actions within the report would be reassigned for completion by the end of March 2017.
Title: Debtors Management (1)							
	Finance and Resources	These reminder letters were shown on Agresso with the date the letter was sent. For the remaining 2/20 debts tested, we could not confirm if reminder letters had been sent as these debts had been exported over from Oracle without exporting reminder information as shown in Oracle.	The Council will review all debtors transferred from Oracle to Agresso to ensure that reminder letters have been sent.	Medium	No Action Taken	31/03/18	No Action Taken
Title: Matrix Management of Agency Staff (1)							
	Finance and Resources	Staff were not inputting sufficient notes into the Matrix system when approving staff, for instance, whether sufficient budget is available.	We will ensure that all staff approving new agency workers or approving the extension of existing agency contracts on the Matrix system input relevant notes of checks that have been carried out, for instance: · Whether adequate budget is available for the post; · The post was required urgently out of hours and therefore, there is only authorisation from one member of staff; or · The reason why the contract has been extended. If this information is not detailed then the approval will be refused.	High	No Action Taken	31/05/16	No Action
Title: Payroll (1)							
	Finance and Resources	From a sample of 10 leavers for the current financial year, six users had not had their access to the system revoked. There was also no process in place to remove contractor system access.	A list of leavers will be provided to the Agresso Support Team each month which will be used to revoke Agresso access for leavers. A similar process will also be set up for contractors.	Medium		30/09/17	
Person Responsible: Andrew Pate (5)							
Title: Asset Register (2)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	We reviewed 10 assets acquired in the current financial year and found five instances where the Terrier system and the CIPFA asset register had been updated. However, we found one instance where the Terrier system had not been updated with a leasehold buy back of an asset; and four instances where the CIPFA asset register had not been updated with the acquisitions. The exceptions noted above across both the Terrier system and CIPFA asset register mean that reliance cannot be placed on the information held within the systems until year end as they are not reflective of the council's assets. If asset records are not updated there is a risk of incorrect information being used by management which could lead to incorrect financial statements.	The Principal Asset Manager together with the Group Accountant Capital, Treasury and SUR will ensure that the Terrier system and CIPFA asset register are updated with details of all new assets acquired by the Council as they occur.	Medium	No Action Taken	31/03/18	No update received
	Finance and Resources	We were informed by the Service Lead Finance that the asset management procedure covering, among other things; identification of new assets, asset disposals as well as asset verification had not been developed. This had been raised in the 14/15, 15/16 and 16/17 internal audit review of this area and management actions had been agreed to ensure that the procedure was developed. Through our review, we have identified control gaps in relation to the asset verification process and asset disposal process that could be mitigated by the implementation of appropriate asset management procedures and these exceptions have been documented below. Failure to have formal procedural guidance increases the risk of inconsistent action being undertaken by members of staff involved in the acquisition and disposal of assets.	The Group Accountant Capital, Treasury and SUR will develop an Asset Management Procedure that clearly outlines the responsibilities of all involved departments and staff. The procedures will clearly outline: <ul style="list-style-type: none"> • How to identify assets; • Responsibility of staff in reporting new assets and disposals to the finance team, the legal team and the asset management team; • Documentation to be held for assets owned by the Council; • Responsibility in recording all assets into the Land Terrier and the Asset Register; • Timeliness and responsibility of reconciliations between the asset values in the asset register and the general ledger; • Timeliness and responsibilities for all involved teams within the asset revaluation process and updating of results. • The process for disposals and acquisitions of assets. • The requirement for the Principal Asset Manager to oversee the preparation and implementation of a physical asset inspection process which will allow the Council to take assurances on the integrity of asset details maintained in asset managed records. Once developed the procedure will be approved by the Capital Strategy Board and communicated across all service lines 	Medium	No Action Taken	31/03/18	No update received
Title: Purchasing Cards (3)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	<p>We selected a sample of 15 card holders (10 current and 5 closed) and we noted that Cardholder Agreement forms had not been maintained for 9/15 cardholders following the move from Co-Op to Lloyds. We were informed that Procurement would have had responsibility for the forms at the time of the move and we acknowledged that the collection forms for those previously Co-Op cardholders were retained by the Purchase Card Programme Administrator. Therefore we note that it was likely a storage issue and from review of the limits of the individuals in testing, we found nothing untoward in terms of suitability of their role to have a purchase card, or their monthly expenditure. In addition, in two of 15 instances the single transaction limit had been left blank on the forms. This should be filled in on the Cardholder Agreement forms for completeness, however we noted from the Deputy Section 151 Officer that this would mean that the limit would then be set at the standard rate as stipulated in the policy (£500 single transaction limit). Without retention of agreement forms the Council cannot be assured that the cardholder had understood and agreed the terms and conditions of card usage, and the card could be misused, causing inappropriate use of the Council's financial resources.</p>	<p>The Council will ensure that for all purchase cards in use, a Purchasing Card Agreement Form will be maintained centrally by the Finance team. Financial Limits will be recorded on Cardholder Agreement forms.</p>	Medium		31/03/18	

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	For the remaining selected sample of Council staff cardholders (eight of a sample of ten active cardholders), we confirmed that: • All receipts were attached to the cardholder Purchase Cards Return form for the sample and so claims reviewed included the receipts and journal form to allow the validation of expenditure against the receipts for each of the months sampled where there was a spend on the card. • However in all eight instances there was no evidence of the Purchase Card Return journals having received a separate peer review prior to being uploaded in Agresso Finance System, and we noted that the Purchase Card Programme Administrator does not perform a reconciliation or peer review. Instead, the Purchase Card Programme Administrator matches the total from the holding account from (A1828) against that of the purchase card (A0000) journal to ensure it is zero monthly. There is an increased risk of inappropriate transactions if expenditure on purchase cards are not checked, and therefore spot checks will provide assurance to the Council that both journals are being posted correctly and expenditure on the receipts/invoices is for official Council purchases only (as required in the Purchase Card Policy).	Spot checks by Finance on a sample of submissions each month will be conducted and recorded to ensure that that expenditure on the detailed receipts provided are for official Council purchases and in line with the Purchasing Card Policy.	Medium		31/03/18	
	Finance and Resources	We discussed the lack of update with the Head of Procurement who stated that Procurement are reliant on Finance for reports on expenditure from Agresso, and the lack of oversight and communication of responsibilities for this process. This has meant that the Council have not been publishing expenditure on purchase cards. The code requires that Local authorities must publish details of every transaction on a Government Purchasing Cards and therefore could have an impact on the perceived transparency of the organisation if up to date data on expenditure is not available.	As part of the Councils Transparency code, the Council will publish expenditure on purchase cards, broken down by merchant, on its public internet site.	Medium		31/03/18	
Person Responsible: Simon Pallett (5)							
Title: Business Continuity & IT Disaster Recovery (2)							
	Finance and Resources	Whilst data backup and replication services have been designed to provide a secure copy of data, no servers are provided as part of the data copy provision for recovery.	Management will ensure that arvato provide recovery time profiles for key systems as soon as the DR infrastructure has been implemented, which will include the provision of recovery servers.	Medium	Partially Completed	31/03/17	Back up servers now provisioned. Dual site resilience scheduled September 2018

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	No IT DR testing strategy has been designed and no testing of DR arrangements has been undertaken for a number of years. In addition, no process is in place regarding the assessment of BCP performance and no related	The Council will ensure that a test strategy is formulated and a test plan put in place and ensure that it is tested regularly	Medium	Partially Completed	31/03/17	Follow up audit - may 2017 - no action taken Restores tested on individual system level. Not on whole enterprise yet. To be scheduled post dual site resilience
Title: Information Governance (3)							
	Finance and Resources	We were informed by the Service Lead Digital & Strategic IT that the 2016/17 internal audit report actions had been used as the improvement plan with the intention to merge the internal audit actions with actions from the General Data Protection Regulation work into a formal IG Improvement Plan. At the time of our review, the formal improvement plan had not been produced. We were also informed that the improvement plan will be produced following the Digital & IT team restructuring and filling of posts. The lack of a formal IG Improvement Plan to identify actions necessary to embed IG arrangements may increase the risk that staff may adopt incorrect processes which are non-compliant with the Data Protection Act. This could result in data protection breaches and expose the Council to reputational risks as well as the risk of penalties from the Information Commissioner.	The Council will develop and finalise the IG Improvement Plan to identify the actions necessary to embed robust IG arrangements and ensure compliance with the HSCIC IG toolkit requirements. Each action will be assigned a responsible owner and completion deadline. The plan will be reviewed and revised on an annual basis and will be subject to approval by the IT and Information Governance Board. It will drive the IG agenda within the Council and progress against the plan will be monitored at each meeting of the IT and Information Governance Board, with progress updates reported to CMT periodically.	Medium	Partially Completed	31/03/18	Initial draft completed March 2018. Updating May 2018 from Data Mapping Workshops
	Finance and Resources	We were informed by the Service Lead Digital and IT Strategy that a framework for records management had been drafted however it had not been discussed with relevant services leads and therefore had not been finalised. We reviewed the policy and confirmed that it reflected these processes and the responsibilities of all staff as well key staff roles in relation to records management, however it had not been updated with GDPR. Upon enquiry, we were informed that the policy will be updated with GDPR prior to regulations going live This exposes the Council to the risk of penalties due to non-compliance with the provisions of the Data Protection Act, as well as an increased risk of data breaches due to records being held indefinitely.	The drafted Records Management Policy will be discussed with relevant service leads and finalised Once finalised, the policy will be presented to the IT and IG Board for approval. Upon approval, the policy will be circulated to staff and made accessible via the intranet. The Council will ensure that the policy is also updated to provide guidance in line with GDPR prior to regulations going live. The policy will be reviewed annually thereafter, with version control included within document to record approval and next review details.	Medium	Partially Completed	31/03/18	Records Management Policy approved by IGB in January 2018. Retention periods from Data Mapping Workshops under review/challenge

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	The Data Protection and Privacy Policy was last reviewed and updated in 2012, however did not include any details regarding a Caldicott function within the Council.	<p>The Data Protection and Privacy Policy will be reviewed and updated to ensure it details;</p> <ul style="list-style-type: none"> •The requirement for the Council to have in place a Caldicott function; •The specific resources within the Council to fulfil the roles within the function, including the Caldicott Guardian, Data Protection Officer as well as those staff at directorate level with responsibility for supporting the Caldicott Guardian; •The additional training requirements for staff within the function; •The mechanisms for ensuring the effectiveness of the function, including the development and monitoring of an annual data protection work programme which identifies the work necessary to ensure the Council meets its data protection and confidentiality obligations; and •The governance arrangements for monitoring the effectiveness of the function. <p>Once updated, the policy will be presented to CMT for approval, and then subsequently circulated to staff and made accessible via the intranet.</p> <p>The roles will be formally assigned to the relevant staff and details published via the staff intranet. The role of Caldicott Guardian will also be communicated on the Council website.</p>	Medium	No Action Taken	31/03/17	No Action
Person Responsible: Joe Carter (5)							
Title: Business Continuity Planning Arrangements (5)							
	Regeneration	<p>A formal group will be established to drive the Council's business continuity agenda. The group's remit will be defined within Terms of Reference which will include;</p> <ul style="list-style-type: none"> •Responsibilities; •Membership and quoracy; •Meeting frequency; and •Accountability and reporting. 	<p>"A formal group will be established to oversee the Council's business continuity agenda. The group's remit will be defined within Terms of Reference which will include;</p> <ul style="list-style-type: none"> • Responsibilities; • Membership and quoracy; • Meeting frequency; and • Accountability and reporting. <p>"</p>	High	No Action Taken	31/03/18	Amended as per follow up audit April 2017 Amended as per q1 follow up

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Regeneration	The Council did not have an overarching Business Continuity Management (BCM) Policy covering the framework for BCM in the organisation	The Council will develop an overarching Business Continuity Management (BCM) Policy covering the framework for BCM in the organisation. The policy will set out; <ul style="list-style-type: none"> •Scope, aims and objectives of BCM in the Council; •The Council's commitment to BCM; •The activities that will be required to deliver these; and •Roles and responsibilities of staff in relation to BCM. Version control to state approval details and next planned review date. Once finalised, the policy will be subject to ratification by CMT and communicated to staff.	High	Partially Completed	31/08/16	Completed as per Joe Carter RHR SMT
	Regeneration	We also identified a lack of arrangements for testing the effectiveness of the BCP	"A formal and documented process will be established, implemented and maintained for exercising and testing business continuity procedures in order to assess their effectiveness. This will be documented within the Council's overarching Business Continuity Management Policy. A testing schedule will be defined for the Council BCP as well as the Directorate and Service BCPs which details the intervals at which each element of these will be tested. Exercises/tests will; <ul style="list-style-type: none"> • Be based on appropriate scenarios with clearly defined aims and objectives to minimise the risk of disruptions; and • Produce formalised post exercise reports that contain outcomes and lessons learnt, recommendations and actions to implement improvements. "	Medium	No Action Taken	31/03/18	Not Complete

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Regeneration	A Business Impact Analysis (BIA) was last undertaken in July 2013 and has not been reviewed and updated since.	<p>"The Council will establish and maintain a documented process for undertaking business impact analysis and risk assessments at Service, Directorate and Council-wide level that;</p> <ul style="list-style-type: none"> • Establishes the context of the assessment and defines the criteria for evaluating the potential impact of a disruptive incident; • Takes into account legal and other commitments; • Includes systematic analysis and prioritisation of risk treatments; • Defines the required output from the business impact analysis and risk assessment; and • Specifies the requirements for this information to be kept up-to-date. <p>The business impact analysis will include;</p> <ul style="list-style-type: none"> • Identifying activities that support the provision of services; • Assessing the impacts over time of not performing these activities; • Setting prioritised timeframes for resuming these activities at a specified minimum acceptable level (RTO - Recovery Time Objective), taking into consideration the time within which the impacts of not resuming them would become unacceptable (MTPD - Maximum Tolerable Period of Disruption); and • Identifying dependencies and supporting resources for these activities, including 	High	Partially Completed	30/09/16	Partially Complete as per Follow Up audit 04/17
	Regeneration	A formal programme of training for staff in relation to business continuity management had not been established.	<p>"A formal programme of business continuity training will be developed and delivered to staff covering, but not limited to;</p> <ul style="list-style-type: none"> • The roles and contributions of staff to the effectiveness of BCM within the Council; and • The roles and contributions of staff to the effectiveness of BCM within the Council; and • The implications of non-conformance with the policy. <p>• The implications of non-conformance with the policy.</p> <p>"</p>	Medium	No Action Taken	31/03/18	No action taken as per follow up Audit
Person Responsible: Frederick Narmh (6)							
Title: Capital Expenditure (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	For the remaining projects, we were provided with reasons why procurement were not needed. However, in the absence of a procurement review board, there is potentially a lack of control over ensuring the due process set out within the Financial Procedure Rules are followed, and without evidence being retained to demonstrate that three quotes or a tender exemption was obtained, contracts awarded may not be recorded within the contracts register, resulting in a lack of control over capital expenditure.	The Terms of Reference for the Procurement Review Board need to be updated, and meetings of the group will be recommenced to ensure there is sufficient control over compliance with the Financial Procedure Rules.	Medium		31/03/18	
Title: Creditors (1)							
	Finance and Resources	The Council (i.e. Procurement) does not feature on the current workflow on Agresso to approve amendments to supplier details.	The workflow on the Agresso system will be changed for amendments to supplier details. A comprehensive segregation of duties to approve and verify amendments of supplier details will be implemented between arvato P2P and Council Procurement.	Medium	Partially Completed	31/07/17	This issue has been sent to the agresso project team and will form part of the implementation plan. Been sent to Agresso project team but won't be done until after HR system has been implemented
Title: Governance (1)							
	Finance and Resources	In addition, the contracts register does not meet the detailed requirements for each contract to be published. The current information against each contract on the register was limited to: <ul style="list-style-type: none"> Title; Description; Supplier; Contract End Date; Expiry Date; Contract Extension Date; and Project Category. 	The Council will ensure that the contract register format and information published against each contract will be updated to comply with the requirements stated within Annex A of the Local Government Transparency Code 2015, and include: <ul style="list-style-type: none"> Reference number Title of agreement Local authority department responsible Description of the goods and/or services being provided Supplier name and details Sum to be paid over the length of the contract or the estimated annual spending or budget for the contract Value Added Tax that cannot be recovered Start, end and review dates Whether or not the contract was the result of an invitation to quote or a published invitation to tender Whether or not the supplier is a small or medium sized enterprise and/or a voluntary or community sector organisation and where it is, provide the relevant registration number. 	Medium	Partially Completed	30/04/17	In progress as per Fred Narmh As per FN this is almost complete - est date of completion This will be published by 13st March 2018
Title: Information Governance (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	We were informed by the Service Lead Digital & Strategic IT that the action had been delegated to the Assistant Director of Procurement, who went on sick leave since January 2017 and officially left the Council in August 2017. The Assistant Director of Procurement vacancy has now been scrapped in the new organisational structure and the review and re-scoping of the contracts database element of the vacancy has been delegated to the Head of Procurement from 01 November 2017. We were also informed that the agreed management action will be forwarded to them for implementation as the process of reviewing the contract database had been underway. If the Council is unable to sufficiently assure itself that appropriate data protection clauses are contained within all contracts, and where appropriate clauses are not included; there is a risk that the Council may not be able to hold third parties to account should they be involved in a data protection breach involving Council data. The Council is also unable to evidence compliance with the toolkit requirement.	The Council will ensure that, as part of the review and re-scoping of the contracts database, fields are included for evidencing the review of contracts for appropriate clauses relating to data protection and requirements for reporting information governance incidents.	Medium		31/03/18	
Title: Procurement (2)							
	Finance and Resources	From a supplier expenditure report covering the 2016/17 financial year, we selected a sample of five suppliers with expenditure between £5,000 and £49,999 and requested evidence to demonstrate compliance with the CPR from the purchase order approvers. We obtained a response for only three of our sample. For two of the suppliers, the expenditure was under existing contracts.	The Procurement team will undertake quarterly spot checks to monitor compliance with the requirement to obtain three quotes.	Medium	Partially Completed	31/08/17	As Per F N - This action has been completed q 3 follow up partially complete. there are no physical records of these checks. Should include orders raised through purchase order route this is not part of the original recommendation
	Finance and Resources	We were informed by the Head of Procurement that there was currently no monitoring and analysis undertaken of procurement expenditure.	The Procurement team will undertake monthly monitoring and analysis of expenditure by supplier and by type of expenditure to monitor compliance with the Council and EU procurement thresholds requiring formal contracts to be awarded and to identify any potential efficiencies and savings that could be delivered through consolidation of contracts.	Medium	Partially Completed	30/06/17	As per FN - This will be undertaken by Fixed Term contract post
Person Responsible: Diane Lister (1)							
Title: Chalvey Early Years Centre (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Childrens, Learning & Skills Services	We confirmed through review of the School's Financial Policy and Procedures that for any purchases between the value of £5000 and £50,000, the School is required to obtain three quotes to ensure that the purchase is providing the school with good value for money. We obtained a list of all invoices since August 2016 (the last six months of the financial year) and noted that there were no high value purchases over £5000 as a single purchase.	The School will ensure that for any purchases exceeding £5000, (either as a single purchase or within a single financial year) the appropriate quotation/tendering process is undertaken with evidence retained to ensure that value for money of purchases is being given adequate consideration.	Medium	Partially Completed	30/06/17	Aware & will do but no purchases over £5000 have been made since June 2017
Person Responsible: Sushil Thobhani (1)							
Title: Governance (1)							
	Finance and Resources	The transactions list for expenditure exceeding £500 for the period of January 2016 to March 2016 will be uploaded to the Council website and then maintained on a quarterly basis.	The transactions list for expenditure exceeding £500 will be updated and the latest version will be uploaded and maintained on a quarterly basis.	Medium	Partially Completed	31/03/18	Completed as per Fred Narmh Amended as per q1 follow up
Person Responsible: Kim Bryant (1)							
Title: General Ledger (1)							
	Finance and Resources	We were informed that although Agresso has the functionality to implement a requirement for the changing of passwords on a regular basis, this was not currently being utilised by the Council.	The Council will implement a password policy and activate password control within Agresso, requiring passwords to be changed on a quarterly basis.	Medium	Partially Completed	31/08/17	Implementation date change Advised that this was easily done I Scheduled for implementation 31 July 2018 as per Simon P
Person Responsible: Craig Brewin (1)							
Title: Governance (1)							
	Finance and Resources	We were unable to identify the publication of a list of grants to voluntary, community and social enterprise organisations.	The Council will meet the requirement to publish details of all grants to voluntary, community and social enterprise organisations on an annual basis. For each identified grant, the following information will be published as a minimum: <ul style="list-style-type: none"> • Date the grant was awarded • Time period for which the grant has been given • Local authority department which awarded the grant • Beneficiary • Beneficiary's registration number • Summary of the purpose of the grant amount 	Medium		30/04/17	
Person Responsible: Sanjay Dhuna (1)							
Title: Governance (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	The Council will ensure that a breakdown of how the authority has spent a surplus on the parking account is included when the information for 2016/17 is uploaded to the Council's website.	The Council will publish parking account information to comply with the Local Government Transparency Code. The information will include: • A breakdown of income and expenditure on the authority's parking account. The breakdown of income must include details of revenue collected from on-street parking, off-street parking and Penalty Charge Notices • A breakdown of how the authority has spent a surplus on its parking account.	Medium	Partially Completed	31/03/18	Completed as per email from Kam Hothi amended a sq1 follow up
Person Responsible: TBA (4)							
Title: Health & Safety (4)							
	Finance and Resources	We identified that compliance with mandatory Health and Safety training across directorates (with the exception of the Chief Executive's Directorate) up to the end of August 2016 was between 40-60% compliant.	An exercise will be carried out to identify all staff eligible for the mandatory and optional training courses regarding health and safety along with staff that have already completed this training. Following this, a Health and Safety Compliance Report will be presented and challenged at the Corporate Management Team and the Senior Management Team. This report will include the compliance rates of health and safety training for all levels of staff across all directorates.	Medium	No Action Taken	30/06/17	No Action
	Finance and Resources	We found that: We could not obtain the risk assessments or the self-audits for the Chief Executive Directorate; Actions raised from risk assessments were not monitored to ensure they had been implemented; We could not obtain the directorate action plan for Adult Social Care; and Accident/incidents were not being monitored within RHR and Chief Executive's Directorate.	A Health and Safety Report will be produced to replace the action plan. This will include: Compliance of risk assessments and self-audits completed. completed Risks and respective actions raised from risk assessments Risks and respective actions raised from self-audits Accident and incident statistics along with detailed of cases and action taken. This report will be completed and updated for each directorate and reviewed at each directorate Health and Safety meeting. This will ensure actions are being monitored and therefore completed in a timely manner.	Medium	Partially Completed	30/06/17	In progress
	Finance and Resources	We found that when target dates for actions raised within self-audit had passed, an explanation was not always provided and a revised target date had not been set.	Target dates will be set for all actions identified as a result of self-audits. These will also be added to the Directorate Health and Safety Action Plan. Where the target date has passed for a particular action, explanations will be provided and revised targets dates will be set.	Medium	Partially Completed	30/04/17	In progress
	Finance and Resources	We found that we could not obtain at the time of the audit, the risk assessments or self-audits for the Chief Executive Directorate as well as self-audits and action plan for Adult Social Care.	As per the H&S Policy, H&S leads will ensure that risk assessments and self-audits are readily available and stored securely.	Medium	No Action Taken	30/04/17	No Action
Person Responsible: Surjit Nagra (6)							
Title: Health & Safety (2)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	High risks identified in Health and Safety Risk Assessments will be reported up from service lines to their respective Directorate Health and Safety meeting for monitoring. Higher level risks will also be reported up from the Directorate Health and Safety meeting to the Corporate Health and Safety Committee for regular review.	High risks identified in Health and Safety Risk Assessments will be reported up from service lines to their respective Directorate Health and Safety meeting for monitoring. Higher level risks will also be reported up from the Directorate Health and Safety meeting to the Corporate Health and Safety Committee for regular review.	High	Partially Completed	31/03/18	Health & Safety now a standing item on Agenda for CMT and SMTs Project team chaired by Strategic Directorate of RHR to review the entire H&S process Amended as per q1 follow up
	Finance and Resources	The following will be included as standing agenda items for each Directorate Health and Safety Committee to ensure that relevant matters are regularly discussed and monitored: <ul style="list-style-type: none"> •Update from Service Lines; •Review of high level risks and actions arisen from risk assessments and self-audits; •Compliance of risk assessments and self-audits; •Accident and Incident Reports/Statistics; and •Training compliance 	The following will be included as standing agenda items for each Directorate Health and Safety Committee to ensure that relevant matters are regularly discussed and monitored: Update from Service Lines; • Review of high level risks and actions arisen from risk assessments and self-audits; Compliance of risk assessments and self-audits; Accident and Incident Reports/Statistics; and Training compliance.	Medium	Partially Completed	31/03/18	H&S discussed at SMT and CMT's
Title: Information Governance (2)							
	Finance and Resources	We were informed that the Council has a mandatory IT training e-learning course on Information Security Awareness relating to internet security, data handling, and guidance on how data should be handled and this was available to all staff via the Intranet, along with Data Protection Awareness and the Government Connect courses. Intranet print screens and course content were provided as evidence. We were also informed that Data Protection Awareness course had not been updated and that it was to be updated in time to ensure compliance when the GDPR goes live Upon enquiry, we were informed that the Human Resources unit monitors completion of the mandatory IT training maintains a training log. The Human Resources unit submits the training log to the Corporate Management Team (CMT) monthly and non-compliance is communicated to relevant Service Leads by CMT. We reviewed the provided Information Security training report as of 6 September 2017. Through review of this report we noted that as of 6 September 2017, 590 out of 1097 members of staff had undertaken the Information Security training. We therefore reviewed CMT minutes dated 11 October 2017, however we could not confirm that the training report had been discussed at the CMT meeting as there had been no record made in the minutes. We	The Data Protection Awareness training will be updated to provide guidance in line with GDPR prior to regulations going live. A review will be undertaken to ensure the additional training needs of staff within specialist IG roles are identified and the training needs document will be updated with the identified training requirements.	Medium	Partially Completed	31/03/18	E-learning courses revised March 2018. New GDPR module launched April 2018 Note - Remaining action - reports to CMT re training stats should be reassigned to HR (Surjit Nagra) - not an Alex Cowen responsibility

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	Upon enquiry, we were informed that the Human Resources unit monitors completion of the mandatory IT training maintains a training log. The Human Resources unit submits the training log to the Corporate Management Team (CMT) monthly and non-compliance is communicated to relevant Service Leads by CMT. We reviewed the provided Information Security training report as of 6 September 2017. Through review of this report we noted that as of 6 September 2017, 590 out of 1097 members of staff had undertaken the Information Security training. We therefore reviewed CMT minutes dated 11 October 2017, however we could not confirm that the training report had been discussed at the CMT meeting as there had been no record made in the minutes. We were also informed by the Organisational Development Officer that CMT has requested the report format to be revised, therefore no reporting is due to be submitted until the revision of the report format is finalised in January 2018. In addition, we were provided with Data Security presentation dated 01 July 2017 that had been communicated to all staff and the presentation was also available to all staff on Insite. This includes the responsibilities of staff with regards data security and instructions over sending information by email. With regards to the ensuring the	Training reports will be discussed at DMT quarterly and CMT half-yearly and details of the discussion will be recorded in the minutes.	Medium		31/03/18	
Title: Matrix Management of Agency Staff (3)							
	Finance and Resources	We were advised by the Procurement & Contracts Analyst that these reports are not presented at a more senior Committee, such as the Corporate Management Team (CMT).	This will be achieved by OD/HR BPs sharing with SMTs the quarterly spreadsheet produced by Procurement and Commercial Services listing all agency staff engaged by the Council and demonstrating why these agency staff are required.	Medium	No Action Taken	30/09/16	No Action
	Finance and Resources	The Employment and Appeals Committee's Terms of Reference did not detail key information such as meeting frequency.	We will ensure that the Employment and Appeals Committee's Terms of Reference is updated to ensure it makes reference to all areas, such as: <ul style="list-style-type: none"> • Meeting frequency; • Membership; and • Last and next review date. 	Medium	Partially Completed	31/07/16	Surjit advised in progress

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	We noted that the Council did not have an assigned Contract Manager for Matrix.	The Council will formally assign a Contract Manager who will have responsibility for managing the Matrix contract.	High	Partially Completed	31/05/16	Corporate procurement will continue to manage the Matrix contract on an interim basis till the contract expires. Following the eminent expiry of the Matrix contract in 2018, it is anticipated that HR will actively manage the new service contract with a dedicated resource. HR to assist in Managing this contract that has been extended for a further year. HR to manage. Contract is up for tender - interim to be appointed to manage all HR contracts As per FN A fixed term contract person will be appointed to manage Matrix by mid Oct 2017
Person Responsible: Tina Tushingam (2)							
	Title: Holy Family Catholic School (2)						
	Children's Learning & Skills Service	Without a regular inventory checks being completed by relevant staff, there is a risk that assets that have been stolen, are missing, or are damaged will not be picked up to be resolved by the School.	The School will ensure annual inventory checks are taking place with any discrepancies being investigated. Those discrepancies identified over a predetermined sum will be reported to the Governing Body. To coincide with Asset Tagging.	Medium	Partially Completed	30/09/17	Asset tags to be added to equipment in half term Also looking at bespoke asset register systems but this is dependent on costs
	Children's Learning & Skills Service	We identified two exceptions where the DBS check confirmation was obtained after the employee start date, and a required risk assessment of the employee was not completed.	The School will ensure where a DBS check confirmation is not obtained prior to an employee start date, an appropriate risk assessment is undertaken on the employee to ensure they are fit for service.	Medium	No Action Taken	31/07/17	Completed as per Tina q3 17/18 Follow up - No action taken
Person Responsible: Rhian Richards (3)							
	Title: Housing Regulation (3)						
	Regeneration	We identified through discussion with the Housing Regulation Manager that there was currently no set target timescale for responding to HMO licence applications. The reviewed sample of five HMO licences took on average 84 working days from receipt of the completed application to the licence being granted, with 137 working days being the longest time taken. Without a set target for responding to HMO licence applications, there is a risk that applications will not be effectively managed and reviewed in a timely manner, potentially resulting in dissatisfied applicants. The Housing Regulation Manager informed us that they had recently discussed the introduction of a target of eight weeks from receipt of a HMO application to decision to grant or refuse the licence with the Housing Regulation team.	The eight-week target timescale from receipt of a HMO application to decision to grant or refuse the licence will be incorporated into the Housing Regulation Procedure to be developed and published on the HMO licensing page on the Council website. Compliance against the target will then be monitored by the Housing Regulation Manager.	Medium	Partially Completed	31/03/18	This is under review as we are expanding the HMO Licensing Scheme. We are due to go to Cabinet in September with the proposal to introduce a new Scheme which will include new fee structure as well KPIs.

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Regeneration	We identified that, although system templates were built into the Flare system for certain processes, these did not cover all types of cases. We were also informed that there was a need to review the templates, aligned to the development of the flow charts, to ensure they reflect current processes. Without up-to-date procedural documentation, there is a risk that staff will adopt incorrect and/or inconsistent processes, potentially resulting in ineffective management of cases. There is also some risk to continuity in the event of staff absence or turnover.	A Housing Regulation Procedure will be developed to cover the processes for dealing with and managing housing regulation cases Flare system templates will be reviewed in conjunction with the development of the overarching procedure and use of these will be incorporated into the document, aided by the use of flow charts.	Medium	Partially Completed	31/03/18	Some work has been done in this area but this need to be expanded to covers all areas This work will be done in parallel to the overall system improvement we rolling out
	Regeneration	We confirmed through review of the minutes and papers of the Neighbourhood and Community Services Scrutiny Panel meeting held on 17 January 2017 that a set of overview indicators were approved, which included four indicators relating to Housing Regulation. The Panel requested a report on performance against the indicators at its meeting on 26 June 2017. However, we found that, although the four indicators were measuring different elements of the work of the Housing Regulation, performance against these indicators was not entirely controllable by the Housing Regulation team, therefore meaning they were not effective performance measures. For instance; • Number of licensed HMOs will be dependent on the number of applications received that then meet the necessary criteria, which is outside the control of the Housing Regulation team; and • Number of private sector dwellings improved will be dependent on properties necessitating improvement being identified, which is also outside the control	The current suite of indicators will be reviewed to ensure these meet the characteristics of effective performance measures. Once reviewed and agreed, targets will be agreed for each indicator, and performance reported against each target. Flare reporting functionalities will be reviewed to ensure performance can be accurately reported each quarter.	Medium	No Action Taken	31/03/18	No response
Person Responsible: Vijay McGuire (1)							
Title: Income and Debtors Management (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	arvato have not been escalating debt relating to Adult Social Care in line with Slough Borough Council's debt recovery policy.	A review will be undertaken between Finance, arvato and Adult Social Care to identify which of the outstanding debtors should be chased in line with the Income Collection and Debt Recovery Policy. Any decision made will be reflected in an updated policy, to be shared between the above parties and council staff.	Medium	Partially Completed	31/03/17	<p>The collection Policy needs to be updated and this is with Neil Wilcox. There is currently no date for completion. Adult Social Care are made aware by arvato of any large invoices outstanding and instruction requested as to how to proceed - responses are varied and in a large number of cases no responses are received. The first part of this action is with Finance.</p> <p>Person under Jacky A's supervision will have policy completed and signed off by end of Financial year</p> <p>Paula Bass will get Adult Social care to advise arvato what to do with the various debts</p> <p>The updated Policy is a Finance action which remains outstanding - Neil Wilcox is aware.</p> <p>Arvato have requested Finance involvement to assist in reviewing the outstanding debts to date no response has been received. To date arvato have been working with Victoria Tutty in Adults to do the best that they can without the updated policy</p>
Person Responsible: Karen Lewis (1)							
		Title: Management of Housing Stock (1)					
	Place & Development	We reviewed the Tenancy Strategy and Policy 2013-2018, accessible via the Council's website, and confirmed that this covered in sufficient detail the areas required by the Act. However, we noted that it still made reference to the Sustainable Community Strategy and the Corporate Plan, which have since been replaced by the Five Year Plan, and the Slough demographic and housing context data referred to within the document was from 2012.	The Tenancy Strategy and Policy will be reviewed and updated to ensure it is aligned to the strategic priorities set out within the Five Year Plan. The strategy will then be issued to CMT and Cabinet for approval, and subject to the required consultation. Once finalised, it will be updated on the Council website and then reviewed annually thereafter.	Medium	Partially Completed	31/03/17	The government will be publishing a "wide ranging" Social Housing Green Paper imminently (Spring 2018). The Strategy will need to take account of what are anticipated to be fairly radical changes to the way social housing is developed and managed.
Person Responsible: Johnny Kyriacou (4)							
		Title: Management of the Pupil Premium (4)					

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Children's Learning & Skills Service	We confirmed through review of the school's website that it had published a document titled 'Pupil Premium Funding 2015/16' which set out how the pupil premium funding for 2015/16 had been spent. As noted in the findings above, while we also identified through review and discussion with the Deputy Headteacher and Assistant Headteacher (PP lead) that impact and attainment data is reviewed regularly, this was not covered in the document as per the DfE requirement to publish this information.	Wexham School The school will ensure its published pupil premium strategy outlines the impact of its pupil premium spend in the previous year; through specific measures to track and assess the overall effectiveness of pupil premium spend.	Medium		31/12/17	
	Children's Learning & Skills Service	Through review of the school's website, we noted it had published a document titled 'Pupil Premium Funding 2016/17'. We reviewed the document against the DfE requirement to publish a pupil premium strategy and the detail that must be included by schools. We confirmed the school's pupil premium allocation had been outlined within the document.	Wexham School As part of the review of its pupil premium strategy for 2017/18, the format of the current document published on its website will be updated to ensure the following is covered as per the DfE requirements: • A summary of the main barriers to educational achievement faced by eligible pupils at the school; • How the school will spend the pupil premium, the reasons for that approach and how the expenditure areas are aligned to address each of the identified barriers; • How the school will measure the impact of the pupil premium by identifying measures and setting targets; and • The date of approval and next review of the school's pupil premium strategy.	Medium		31/12/17	
	Children's Learning & Skills Service	Claycots Through review of the school's website, we noted the school had published a Pupil Premium Policy and a separate spend statement for 2016/17. We reviewed the documents against the DfE requirement to publish a pupil premium strategy and the detail that must be included by schools. We confirmed; • The school's pupil premium allocation had been outlined within the spend statement for 2016/17; • The Pupil Premium Policy covered the school's identified priorities for pupil premium spend, and the spend statement identified which priority each area of spend fell under; and • The spend areas were in line with the conditions of the grant.	As part of the review of its pupil premium strategy for 2017/18, the school will ensure that it details; • How the school will measure the impact of the pupil premium by identifying measures and setting targets; and • The date of next review of the school's pupil premium strategy. For clarity and to align it to the DfE guidance, the documents will be amalgamated and renamed 'Pupil Premium Strategy'.	Medium	No Action Taken	31/12/17	Amended recommendation

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Children's Learning & Skills Service	We confirmed through review of the school's website that it had published a document titled 'Pupil Premium 2015/16' which set out how the pupil premium funding had been spent in the previous year. As noted in the findings above, while we also identified through review and discussion with the Director of Inclusion & Wellbeing that impact and attainment data is reviewed regularly, this was only covered briefly in the document and was not linked to specific measures identified to track and assess the overall effectiveness of pupil premium spend.	Claycots The school will ensure its published pupil premium strategy outlines the impact of its pupil premium spend in the previous year; through specific measures to track and assess the overall effectiveness of pupil premium spend.	Medium		31/12/17	
Person Responsible: John Griffiths (1)							
Title: Neighbourhood ASB Enforcement (1)							
	Place & Development	We reviewed our sample of 10 Capita and 10 Flare cases to confirm whether initial contact had been made with the complainant / referring agency via telephone or a face-to-face visit within the required time-frame. Of the 10 Flare cases, we noted one was notified to the Council anonymously, so could therefore not be followed up and responded to. Of the remaining nine cases, we identified; • Two had not been responded to and the cases were closed without any action; • The remaining seven had not been responded to within the required time-frame. The initial contact took on average 13 working days; and • Of these seven cases, the complainant had not been contacted in one case, while contact had not been made via telephone / face-to-face visit in two cases.	The Council will review the current structure and resources within Neighbourhood Enforcement teams, and assess whether additional resources are required to ensure ASB cases are responded to in a timely manner. As part of this, the role of the Resilience and Enforcement Team in coordinating ASB activity will be reinforced.	High	No Action Taken	31/01/18	No action taken
Person Responsible: Michelle Isabelle (3)							
Title: Neighbourhood ASB Enforcement (3)							
	Place & Development	We reviewed the ASB Policy and confirmed it adequately detailed the strategy and overarching aims of the Council with regards to managing ASB. We noted there were a total of 14 Fact Sheets which were split between 'ASB Policy and Procedure' and 'ASB Legislation'.	The Policy and Fact Sheets will be re-circulated to all relevant staff, and they will be required to confirm that they have read and will comply with it. Training covering policy application will be provided to ensure consistent understanding and application.	Medium		31/10/17	

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Place & Development	Through discussion with two of the Enforcement Team Leaders, we identified that monthly supervisions were not being held monthly. There is therefore the risk that cases may not be appropriately responded to without regular oversight from Team Leaders. Through review with the Tenancy Team Leaders, we confirmed existence of a system control within Capita requiring Team Leaders to review cases at monthly intervals. However, following review of the ASB Policy, Team Leaders must ensure that, as part of this review, consistent application of the policy is monitored, and non-compliance flagged for corrective action.	Team Leaders will ensure that ASB cases are reviewed monthly, and following review and approval, and subsequent dissemination of the ASB Policy, that consistent application of the policy is monitored.	Medium		31/10/17	
	Place & Development	For the four Capita cases highlighted above where the method of notification had not been recorded, we were unable to confirm the accuracy of the date of notification logged on the system. For the remaining six cases, the notification was either face-to-face or via telephone, and as such, there was no supporting evidence to cross-reference the date of notification to.	Council staff will be reminded of the need to record details of the notification on Flare within the notes for all ASB cases, to ensure a clear audit trail exists for reported ASB cases. This will be reviewed by the Resilience and Enforcement Team Assistance when assigning cases to ensure the date of notification has been accurately recorded.	Medium		31/10/17	
Person Responsible: Ian Blake (1)							
Title: Neighbourhood ASB Enforcement (1)							
	Place & Development	We noted through review of Fact Sheet 6 - ASB Case Management Systems that it stated that the Council was working to align the categorisation of ASB cases on both systems, so that the Council can easily capture its overall performance. We noted the Fact Sheet detailed three categories, which we confirmed were from the National Standards for Incident Recording (NSIR), and 15 types of ASB, which we confirmed were in line with HouseMark ASB categorisation, to be used to categorise ASB cases.	The Council will review and update the ASB categories and types on both Capita and Flare to ensure these are aligned and reflect the categories and types defined within Fact Sheet 6 - ASB Case Management Systems. Training will subsequently be provided to Team Leaders and Officers on definitions of categories and types to ensure correct assignment and consistent application.	Medium		31/03/18	
Person Responsible: George Grant (4)							
Title: Payroll (1)							
	Finance and Resources	It was found that the budget holder listing held by the Transactional Finance Team was not up to date.	Slough Borough Council will provide an up to date listing of budget holders and their associated budget codes and updates will be provided upon any changes being made to budget holders.	Medium		30/09/17	
Title: Schools Financial Value Standard (3)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	A reminder will be issued to the Chair of the Governing Body of Khalsa Primary School highlighting the importance of ensuring SFVS responses accurately reflect the arrangements within the school. The Council will also ensure that any other schools found to have a lack of accuracy with their SFVSs will be sent a reminder as actioned in the point above.	A reminder will be issued to the Chair of the Governing Body of Khalsa Primary School highlighting the importance of ensuring SFVS responses accurately reflect the arrangements within the school.	Medium	No Action Taken	31/03/18	Change of resp. Amended as per q2 follow up
	Finance and Resources	A reminder will be issued to the Chair of the Governing Body of Khalsa Primary School highlighting the importance of ensuring SFVS responses accurately reflect the arrangements within the school. The Council will also ensure that any other schools found to have a lack of accuracy with their SFVSs will be sent a reminder as actioned in the point above.	A reminder will be issued to the Head Teachers of the schools identified with exceptions regarding the narrative provided within their SFVS returns (Arbour Vale School; Chalvey Early Years Centre; Lea Nursery; Slough Centre Nursery; St Anthony's Catholic Primary School; St Ethelbert's Catholic Primary School) of the need to provide sufficient narrative to evidence the basis for their responses to each standard.	Medium	No Action Taken	28/02/17	Completed as per George Grant 17/08 Amended as per q2 follow up
	Finance and Resources	5 We noted not all schools produced action plans to address areas of non-compliance. Where action plans were produced, we identified these either did not cover all areas of non-compliance or actions were not time-bound and/or assigned	Refer to management action regarding the review of SFVS returns by the Council's Schools Finance team.	Medium	Partially Completed	31/12/16	Neil advised that he would raise this with George Grant and Coral Miller in February 2017 Advised by George Grant 17th Aug 2017
Person Responsible: David Askwith (1)							
Title: Rent Accounts (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Place & Development	We confirmed through review that a Policy and Procedure Monitoring Spreadsheet was in place detailing the Council's key policies with respect to rent accounts. We compared the next review dates as stated on the individual policies and procedures to the Monitoring Spreadsheet and noted the following: • Income Management Procedure – dates reconciled; • Former Tenant Arrears (FTA) Policy and Procedure – the next review date was stated as January 2016, however the procedure had been reviewed in September 2017 and was awaiting ratification from the Cabinet; • Temporary Accommodation Income Management Procedure – the document stated a next review date of February 2019 whereas the Monitoring Spreadsheet stated June 2017; • Discretionary Housing Payments (DHP) Policy – the document stated that it was applicable for 2017/18, whereas the Monitoring Spreadsheet stated it was due for review in March 2017; and • Anti-Fraud and Corruption Policy and Strategy – the document was due for review in September 2016 whereas the Monitoring Spreadsheet stated September 2017. It was therefore clear that the Policy and Procedure Monitoring Spreadsheet was not being subject to regular review. We also noted that the Monitoring Spreadsheet stated bi-annual review of the Anti-Fraud and	The Policy and Procedure Monitoring Spreadsheet will be updated to reflect the correct policy and procedure review dates. Moreover, the Spreadsheet will be reviewed on a quarterly basis to ensure policies and procedures are subject to regular review as required.	Medium	No Action Taken	31/03/18	change of res
Person Responsible: Phil Brown (1)							
Title: Risk Management (3)							
	Finance and Resources	The RMS can be improved in the following areas: 1. The process for escalation of Directorate and Project level risks to the Corporate Risk Register. 2. The guidance on 'how to populate the risk register' does not mention the requirement for identified risks to be linked to strategic objectives. 3. The Strategy did not include guidance on identifying target risk ratings and documenting actions required to address any gaps in control to mitigate risks; 4. The Strategy did not state when is it due next for review.	The Council will ensure future Risk Management Strategy updates will include the following: •Next review date and requirement for it to be reviewed annually; •'How to populate the risk register' guidance to be updated to ensure it is specific to the Intelex risk system •Inclusion of the requirement for risks to be linked to strategic objectives, •Escalation of Directorate and Project risks to the Corporate Risk Register; and •Guidance on identifying target risk ratings and documenting actions required to address any gaps in control to mitigate the risks.	Medium	No Action Taken	30/04/17	The Council will ensure future Risk Management Strategy updates will include the following: • Next review date and requirement for it to be reviewed annually; • 'How to populate the risk register' guidance to be updated to ensure it is specific to the 4risk system • Inclusion of the requirement for risks to be linked to strategic objectives, • Escalation of Directorate and Project risks to the Corporate Risk Register; and • Guidance on identifying target risk ratings and documenting actions required to address any gaps in control to mitigate the risks.
Person Responsible: Nic Barani (3)							
Title: Schools Financial Value Standard (3)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Finance and Resources	Of the 16 schools which submitted a return, seven reported either partial or non-compliance for one or more standards, therefore requiring an action plan. Of these seven schools, only one had included a fully completed action plan with responsible owners and deadlines; <input type="checkbox"/> Cippenham Nursery (one partial compliance standard)	For the 2017/18 submissions, submitted SFVS returns will be subject to review by the Council's Schools Finance team to ensure; <input type="checkbox"/> The SFVS return has been fully completed, with a response, supported by sufficient narrative, provided against all the standards within the SFVS return template; <input type="checkbox"/> The return has been appropriately signed off by the Chair of the Governing Body of the school; <input type="checkbox"/> An action plan with time-bound and assigned actions has been included to address all areas of reported partial or non-compliance. <input type="checkbox"/> Where exceptions are identified, schools will be requested to address these and re-submit their return.	Medium	No Action Taken	28/02/18	No action
	Finance and Resources	We identified instances where the SFVS return had been submitted without an appropriate signature from the Chair of the Governing body.	Each of the schools identified as not submitting a signed SFVS return (Chalvey Early Years Centre; Lea Nursery; Slough Centre Nursery; St Anthony's Catholic Primary School; St Joseph's Catholic High School; and St Mary's CE Primary School) will be contacted and requested to re-submit their return, duly signed by the Chair of the Governing Body / Management Committee of the school.	Medium	No Action Taken	31/03/18	Follow up audit finding that this action was not complete
	Finance and Resources	We noted that the main reason for the above actions not being completed properly was because no action plan template had been used. Where Cippenham Nursery had used an action template, we confirmed all actions were appropriately SMART (Specific, Measurable, Attainable, Realistic and Time-bound).	The Council will create a tailored best practice guide that will be provided to all the maintained schools annually. This will include: <input type="checkbox"/> The minimum amount of narrative expected to satisfy each of the 25 standards <input type="checkbox"/> A breakdown of key SFVS criteria expected of the school <input type="checkbox"/> A link to the detailed SFVS 'Support Notes' and 'Additional Resources' guidance provided by the Education Funding Agency.	Medium	Partially Completed	30/09/17	There are plans in progress and will be completed shortly
Person Responsible: Jacqueline Laver (1)							
Title: Special Educational Needs Funding (1)							
	Childrens, Learning & Skills Services	For the Priory School we obtained the 1516 and 1617 SEN information reports. We confirmed these were in an easy to follow format containing the information expected as laid out in the 2014 SEND regulations. The Priory School Head Teacher confirmed that the 1617 report will be sent over to the Council prior to the end of the year for inclusion in the Local Offering for next year.	The Council will ensure the Local Offer is updated annually with the new SEN Information Report for all schools. In line with the above, the Governing Bodies of each school will ensure their schools are annually reviewing the SEN Information Report, and will ensure review dates for SEN funding information are clear.	Medium		31/12/17	
Person Responsible: Ranvir Chahal (1)							
Title: Special Educational Needs Funding (1)							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Completion Notes
	Childrens, Learning & Skills Services	For Wexham Court Primary School we obtained the SEN report as currently detailed on their website - this was not a dated document and therefore when reviewing you could not confirm that it was up to date. However through review of June 2017 minutes from the school's Pupil Support and Transforming Learning Committee we did confirm that the Local offer was recently reviewed. The information required as laid out in the 2014 SEND regulations was included making it clear to users the SEN services the school provide.	The Council will ensure the Local Offer is updated annually with the new SEN Information Report for all schools. In line with the above, the Governing Bodies of each school will ensure their schools are annually reviewing the SEN Information Report, and will ensure review dates for SEN funding information are clear.	Medium		31/12/17	

Location:
Slough Borough Council

Monday, July 02, 2018 9:31:55 AM (UTC+00:00) Dublin, Edinburgh, Lisbon, London by Phil Brown